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Local News

INDIA

Medical Relief in Madras

In the last triennial report on the working of the civil hospitals and dispensaries in the Madras Presidency it is stated by Lieutenant-Colonel Shortt, I.M.S., that the rural medical relief scheme inaugurated in that Presidency in 1925 continued to operate successfully. In the earlier part of the triennium, however, the Government was prevented by financial stringency from giving effect to the opening of new dispensaries required in rural areas. Conditions gradually improved, and their opening and maintenance were sanctioned at the end of 1937, at which date there were only 404, compared with 428 at the end of 1935. Permission was given by the Government for rural medical practitioners to be employed by district boards for the furtherance of public health work, such as the verification of vaccinations, births, and deaths, with the control of epidemic diseases under the guidance of district health officers. These practitioners may, if required by the health department, perform inoculations, for which they are paid and receive travelling allowances. Although rural medical practitioners, being neither Government servants nor employed by local bodies, are not normally authorized to perform post-mortem examinations or to grant certificates, yet, under the existing rules, in very urgent cases they are now permitted to grant such certificates subject to certain conditions and to receive fees for doing so. With a view to widening the scope of maternity relief and to enable the rural population to avail themselves widely of the services of trained and qualified midwives for labour cases the Government has undertaken to meet the subsidies paid to the midwives from provincial funds, and it has authorized the appointment of more midwives in rural areas. The leprosy campaign continued to be pushed by a combination of Government and voluntary efforts. The group leprosy scheme was found to work well; more clinics were opened and some new leprosy centres were instituted. In various hospitals there has been a marked increase in the amount of radiological work. The Barnard Institute of Radiology in the Madras Government General Hospital has been particularly active; it found the ultra-short-wave apparatus very useful, both in respect of its specific therapeutic value and as an adjunct to deep x-ray therapy. Five cancer treatment centres in the Presidency were opened in 1937, and a refresher course in radium therapy was given to the five district medical officers and to radiologists attached to these centres.

Pasteur Institute of India

On September 30 last the Pasteur Institute of India, Kasauli, which has had a world-wide reputation for its anti-rabic work, closed its doors so far as this part of its activities is concerned. It was in 1893, just eight years after Pasteur employed his anti-rabic treatment on his first human case of dog bite, that, at a public meeting in Lahore, it was decided to establish an institute in the Punjab on the same lines as the Pasteur Institute in Paris. A committee was formed and the Government of India promised to give the services of a medical officer. Actually the services of Major David Semple, R.A.M.C., were not made available until 1900. A bungalow in Kasauli, known as Manor House, was found, and the Pasteur Institute of India was formally opened there for the treatment of dog bite and similar cases on August 9, 1900. It was the earliest Pasteur Institute in the British Empire. In the first year 321 persons received anti-rabic treatment in Kasauli, and the numbers increased to over 1,000 in 1905, over 5,000 in 1915, and over 8,000 in 1925. The dried cord method of Pasteur was in use from 1900 to 1907. Then the

dilution methods of Högyes of Budapest using a live vaccine was employed for some years, and in 1912 the carbolized vaccine of Semple was introduced. Following reports from Europe concerning certain vaccines of other types it became necessary about 1925 to carry out very large scale investigations of different vaccines on comparative lines. By 1933 the investigations were complete, and the method of treatment selected was Semple's carbolized vaccine but of a greater strength and dosage than Semple had employed, and using the original Pasteur virus in preference to certain Indian viruses which had been tried. Another important development was the decentralization of treatment. Formerly all cases requiring anti-rabic treatment had to attend a Pasteur Institute. It was found, however, that Semple's vaccine when properly bulbed could be transported to, and stored in, distant places without detriment. Accordingly the Railway Centre, Allahabad, was opened in 1924 as the first out-centre for anti-rabic treatment, and centres in Lahore and Rawalpindi were opened a year later. By 1932 about 300 persons were attending the Institute daily for treatment, of whom over 200 could be accommodated in the various quarters for different social groups which had been acquired or constructed near the Institute from time to time. After 1932 the decentralization proceeded rapidly and was complete by 1938, when nearly 200 centres were being supplied with Kasauli vaccine. With this decentralization the number of persons treated with this vaccine rose; in 1938 it was over 22,000. The total treated from 1900 to 1938 was 276,912. It was suggested in 1937 that the routine work of manufacturing and issuing anti-rabic vaccine could be carried out by the Central Research Institute, Kasauli, along with the large-scale manufacture of other biological products. Suitable arrangements were made between the Government of India and the Pasteur Association of India, and this work has accordingly been transferred.

Tropical Diseases Research

The report for 1938 of the Calcutta School of Tropical Medicine and the Carmichael Hospital for Tropical Diseases gives an account of the research work into tropical diseases which has been carried out. The hospital, which is purely a research institution and has extensive laboratory facilities, receives difficult cases from all parts of India for diagnosis and usually treatment; it does not deal with the simpler routine cases. Much of the research work is financed by the Indian Research Fund Association as well as by the Imperial Council of Agricultural Research and the Rockefeller Foundation. Since the first case of leptospiral jaundice in India was discovered in 1937 in the Calcutta School of Tropical Medicine, ten more authentic cases have been identified with a mortality rate of 63.6 per cent., a much higher figure than that recorded for Japan, possibly because many milder cases have passed unnoticed in India. Treatment by anti-leptospiral serum was first tried in Japan with good results, and active researches are proceeding in Calcutta to obtain an effective specific serum against the local strains of leptospirae. A number of fractional gastric analyses showed that in Indians suffering from gastro-intestinal disturbances hyperchlorhydria was more common than achlorhydria or hypochlorhydria. There was no evidence to support the view of workers in other countries that the secretion of acid was in inverse ratio to an atmospheric low temperature; the largest number of cases of achlorhydria were noted in December, one of the coolest months of the year. It was found that in acute malarial attacks there was a tendency for the blood cell to be larger than normal, the van den Bergh (indirect) reaction being by no means constantly positive, and even falling within normal limits in most cases. This reaction seemed to be a function of the host's reticulo-endothelial cell response rather than of the blood-cell destruction by the malarial parasite. The Bengal Delta malarial inquiry has shown the coastal lagoons to be malariogenic inversely to the stage of their development, and the shutting off of the tidal water by bunds to have a protective value on the local population. In one estate the screening by jungle of breeding-places of malarial mosquitos was remarkably successful, the spleen index falling from 55 to

5 per cent. Colonel R. N. Chopra, I.M.S., Director of the Calcutta School, remarks that this again indicates that malaria control is a local problem and that much research and continued observations are necessary before the most suitable measures applicable to a particular place can be defined. The Anaemia Research Department found that the refined liver extracts containing the haematopoietic principle which is absent in pernicious anaemia are inactive in many cases of tropical macrocytic anaemia, which subsequently respond well to treatment with crude liver extracts. The report contains details of these and many other investigations and of the general work of the Calcutta School and Carmichael Hospital.

ENGLAND AND WALES

Liverpool School of Tropical Medicine

The annual report for 1938-9 of the Incorporated Liverpool School of Tropical Medicine records progress in the extension to the school building, which, it is hoped, will be completed early in 1940. In the department of tropical medicine research continued on the therapeutic action of guanidine and amidine compounds. Certain aromatic diamidines have now been produced which have proved to be of remarkable activity in trypanosomiasis and certain other protozoal infections. Arrangements were made for Dr. Lourie to spend some time at Bathurst, Gambia, in order to test some of these compounds on human beings infected with sleeping sickness and other conditions. Another investigation of some importance concerned the significance of the Machado reaction in South American trypanosomiasis, and it is hoped that this may help to decide the question of possible relationship between this form of the disease and the heart disease which is so prevalent in South America. Among experiments in the department of entomology may be mentioned an investigation into the persistence of certain dye substances in insects, with a view to finding a connexion between the site at which certain insect-borne diseases are contracted and the breeding-places of the vectors. The insectarium has been improved by the provision of a constant-humidity device and aluminium blinds for the additional control of temperature in summer. As a result the amount of live material available for study has been considerably increased. At the Sir Alfred Lewis Jones Research Laboratory, Freetown, Sierra Leone, a satisfactory strain of murine typhus was obtained from local wild rats, after numerous unsuccessful attempts. In the early part of 1939 it was reported that sleeping sickness had invaded the eastern border of the Protectorate in epidemic form. A five-weeks survey of the district was carried out, revealing the existence of a grave epidemic. Recommendations for measures of control were put forward, together with an offer of assistance in training personnel in the technique of diagnosis and treatment.

The Health of Leeds

Leeds looks back upon 1938 as one of the best years in its history so far as the health of the city was concerned. The general death rate, the infant mortality rate, and the tuberculosis death rate were the lowest on record, but the most noteworthy achievement was the fall of the maternal mortality rate to the low figure of 1.76 per 1,000 births—the lowest for any of the large towns of England and Wales. Low mortality figures were also reached for scarlet fever, pneumonia, and influenza. It is to the comparatively small number of deaths in the group of respiratory diseases that the decline in the general mortality is due. One disappointing feature in the vital statistics is the sudden and somewhat alarming increase in the mortality from cancer. The deaths reached the high figure of 879, or 1.78 per 1,000 of the population. The report of the medical officer of health, Dr. Johnstone Jervis, states that during 1938 the city was remarkably free from infectious diseases. With the exception of measles no serious epidemics were recorded. The death rate for diphtheria, for measles, and for whooping-cough was the same as that for the whole of England and Wales. The tuberculosis register had 3,112

cases, and during the year 511 pulmonary and 176 non-pulmonary were notified, this in a population of close upon half a million. Last year was the fifth in succession in which there was a decline in the maternal mortality rate. Municipal midwives sought medical help in 895 cases, and 788 claims were made by medical practitioners for attendance on emergencies in labour, 644 being dealt with at a cost to the corporation of £597, or about 18s. 6d. per case. Of the 6,000 children attending the nineteen infant welfare clinics, some 3,500 were described as normal, there was malnutrition in 556, and 263 were suffering from rickets. The amount of dried milk supplied to mothers attending the centres during the year was 27 tons, and 23,000 gallons of fresh milk and 65,000 eggs were distributed. To the activities of the Leeds health department has been added part of the air raid precaution services, and last year the organization in Leeds already included three casualty clearing and four base hospitals, twenty-one fixed and four mobile first-aid posts, 163 first-aid parties, and 245 ambulances. Reference is made in the medical officer's report to the good work of the Joint Hospitals Advisory Committee. A special committee has under consideration the building of a radium institute for Leeds.

More Hospital Beds for London

Between 1,500 and 2,000 additional beds will be available this month in London hospitals for the treatment of the civilian sick. The Minister of Health, Dr. Elliot, has authorized the hospitals concerned to modify existing arrangements so as to free these additional beds. As a result of the recent reorganization of the E.M.S. the services of some 400 specialists and consultants will be once more available at the hospitals which they attended before the war. There will be no reduction in the total of beds for air raid casualties. The outer hospitals, which are part of the general scheme for London, will continue to be used for casualties and for any overflow of civilian sick for whom the increased accommodation now being provided may be insufficient. The whole situation is to be reviewed in three months' time to decide whether any further degree of reopening is expedient.

Medical Care of London School Children

A report to the London County Council by its Emergency Committee states that although it was not possible to examine before their evacuation more than a fraction of the 230,000 children who went into the reception areas last September, arrangements are being made in the supplementary evacuation to ensure that no school child shall be taken away before he has been medically examined and any necessary treatment given. As regards children under 5 and their mothers or other adults in charge, the Council has no power to effect medical examination. This is in answer to the considerable criticism in the reception areas of the health and cleanliness of the children. The evacuation took place just after the summer holidays at a time when it is a normal experience that the condition of children in these respects has deteriorated. Everything possible has been done to assist the reception areas in their school medical work. Over seventy school nurses have been sent into the reception areas, and, in addition, nurses have been sent from fever hospitals to help in the treatment of children suffering from infection. Doctors and dentists whose school medical work had ceased were registered with the War Emergency Committees, to whom the reception authorities were asked by the Government to apply for any additional help required. Visits paid recently by the Council's medical officers to camps and country houses where handicapped and very young children are accommodated have resulted in some transfers and adjustments. As for the supply of milk to school children, while it does not follow that a child requiring supplementary nourishment in London has necessarily the same requirement in the altered living conditions consequent on evacuation, the authorities in the reception areas have been informed that where it is considered necessary by the head teacher to continue supplementary nourishment children will be provisionally placed on the list of those receiving free milk; retention or otherwise on the list is subject to the local school

medical officer's examination. About 192,000 children of school age are at present in London. Some of the school treatment centres in London are already functioning, and it is anticipated that about forty will have reopened after Christmas. Medical examinations in connexion with supplementary evacuation have shown a considerable increase in the incidence of verminous and allied conditions among these children, who have received no school medical or nursing attention since July. Thirty centres for the cleansing of verminous children have been reopened. On notification that an emergency school is being reopened an endeavour is to be made to arrange for medical and nursing inspection. The employment of temporary assistant medical officers in connexion with these arrangements for a maximum of 3,900 sessions has been authorized.

Health Services of Bristol

Regret is expressed in the report upon Bristol's health services for 1938 by the medical officer of health, Dr. R. H. Parry, that greater advantage was not taken of the immunization scheme against diphtheria. Fewer than 4,000 children received the full course during the year. Diphtheria is becoming more prevalent in Bristol, and the number of cases among school children in 1938 was more than double that for the year before; the deaths numbered sixteen as compared with three. Deaths from measles last year numbered twenty-five, and there were 4,000 cases; there was only one death from scarlet fever with 1,000 cases. The report of the school medical service shows that fewer defects were discovered by the medical officers during routine inspection, and this remark applies to defects of nearly all types. Slightly subnormal nutrition was reported in 9.7 per cent. of cases, and pronounced malnutrition in 0.16 per cent. It is the custom to send a routine notification to parents inviting their attendance at the school medical inspections, and last year, when 16,000 children were examined, parents' attendances numbered 13,000. The interest of the parents is said to be increasing and their co-operation with the school medical department is forthcoming in any effort made to improve the children's health. The total attendances at the health centres of the city during the year increased by approximately 30 per cent. over the figures for 1937, and it is stated as illustrating the magnitude of the work carried on and of Bristol's appreciation of its value that at the present rate there will be more than half a million attendances at the clinics during the twelve months. The figures for maternal mortality in Bristol are not satisfactory, being higher than those for the country as a whole. The domiciliary midwifery scheme under the municipality is reported to have worked well during its first complete year. The number of cases dealt with by midwives employed by the council was just over 1,000. It is added that the midwives continue to take full advantage of the arrangements for sending for medical help at confinements, and the claims made by medical practitioners under this head during the year numbered 381. Special attention is drawn to the arrangements made with the specialists of Bristol whereby the corporation for a fixed payment per annum may call upon the services of teams of specialists in medicine and surgery. The scheme is based on the fact that Southmead, one of the municipal hospitals, is now carrying out work of a standard equal to that of the voluntary hospitals. There is also a scheme in Bristol whereby free x-ray examination of the chest is available to all practitioners for their patients. Tuberculosis shows a decreasing incidence, but the position is considered still to be unsatisfactory.

An Old Medical Charity

The Society for Relief of Widows and Orphans of Medical Men was founded in 1788 and incorporated by Royal Charter in 1864. It was founded to grant relief to the necessitous widows and orphans of medical men residing in London and its vicinity. Relief is, however, granted only to the widows

and orphans of its deceased members. The invested capital amounts to over £140,000. All legacies and life subscriptions must be invested; only the interest may be expended unless a special form of bequest otherwise directs. Membership is open to any medical man who at the time of his election is residing within a twenty-mile radius of Charing Cross. Once elected and provided he pays his annual subscription he may remove beyond this limit. If under 35 years of age on election a member pays two guineas a year; if over 35 but under 45, three guineas; and if over 45, four guineas. The whole income, which amounts to about £5,000, is spent each year in making grants to the widows and orphans. Any widow of a member who is left with an income of only £125 or under is eligible to receive a grant. At the present time a widow over 65 years of age receives £75, those under 65, £60, as yearly grants. Each child of a widow in receipt of grants receives £50 a year up to the age of 16. In some cases a special grant of 25 guineas a year is made to enable the orphan to train for some professional or business career. There is another fund—the Copeland—to assist orphans over the age of 16 who from some permanent disablement are prevented from earning a livelihood; the grant from this fund is £60 a year. The number of widows is gradually increasing, and as there is only a fixed amount for distribution each year the directors may be obliged to decrease their grants. Full details of the society may be obtained from the secretary, on writing to the offices, 11, Chandos Street, Cavendish Square, W.1.

Supplies for the London Regional Pathological Service

The London County Council has, over a period of years, developed a centralized system for the purchase of "consumable" laboratory requisites (such as glassware) in bulk and for the manufacture of culture media, vaccines, stains, and similar materials used in laboratory processes. The equipment is distributed from one of the group laboratories and the laboratory materials are prepared at a "factory" there and distributed as required. The Ministry of Health has asked whether the Council would be willing to supply all the laboratories in the Ministry's pathological service in the London region with their recognized standard "consumable" requisites, and with materials such as culture media, vaccines, and stains. The request has been agreed to by the Council subject to certain conditions as to charging. The "factory," together with the necessary staff to prepare these articles, will under such an arrangement remain under the control of the Council, and the Ministry will requisition on the "factory," through their representatives in the sectors, for their needs. The Council has also acceded to a request from the War Office for the supply from the Council's "factory" of culture media for army purposes and the Council's director of research and pathological services, now serving in the R.A.M.C., is to be attached to the "factory" for that purpose.

FRANCE

[FROM OUR CORRESPONDENT]

Tuberculosis in Nurses

Dr. E. Rist, who is charged with the medical supervision of the nursing school at the Salpêtrière Hospital, and who for the past fifteen years has acted in an advisory capacity in the field of tuberculosis in connexion with the nursing and domestic staffs of the Paris public hospitals, continues to compare the tuberculosis casualties among nurses according as they are Pirquet-negative or Pirquet-positive when beginning work as probationers. He confirms the observations of Heimbeck, who found the tuberculosis morbidity many times higher in originally Pirquet-negative than in originally Pirquet-positive probationers. Dr. Rist would like to lessen this handicap of the Pirquet-negative probationer by giving her

B.C.G. by the parenteral route, subcutaneous or intradermal. But he feels obliged to reach this objective by a series of steps, not at one bound, because indifference and even opposition to B.C.G. inoculation are still forces to be reckoned with. His first step is education. His second step is to invite schools of nursing to decline all responsibility for pecuniary aid to Pirquet-negative nurses who develop tuberculosis after having refused B.C.G. inoculation. His third step is to encourage schools of nursing not to accept candidates unwilling to undergo treatment with B.C.G. Ultimately he hopes that such treatment may be made compulsory. Meanwhile all the nursing schools should be encouraged to keep careful records of the Pirquet reactions of their pupils and of the diseases overtaking them in the course of their studies.

SCOTLAND

Glasgow Royal Maternity and Women's Hospital

The medical report of this institution for 1938 is the thirteenth of the series and is arranged like its predecessors, following mainly the standard scheme approved for these reports by the Royal Society of Medicine. The hospital has 175 beds—seventy-eight for ante-natal patients, the same number for lying-in patients, and nineteen for suspect cases. The hospital comprises three permanent units consisting of ante-natal, lying-in, and labour wards. The beds for suspect cases are situated in a special isolation block and are in the charge of an assistant obstetric surgeon and a special house-surgeon; no member of the staff of this isolation block comes into any contact with patients elsewhere in the hospital. There are a resident anaesthetist and a visiting anaesthetist. In the year under review 4,816 patients were admitted. The number of infants born in the hospital was 3,387, of whom 436 were stillborn; there were sixty-seven maternal deaths, the mortality being 1.4 per cent. The ante-natal department attached to the hospital recorded 19,374 attendances, and there were 5,170 attendances at the infants consultation dispensary which works in connexion with the ante-natal department. Emergency cases are admitted to the hospital from doctors in the city area of Glasgow and in outlying districts without provision for hospital treatment, as well as from the hospital's outdoor service. In 1938 this service attended 4,544 women in their own homes. The total number of abnormal cases was 3,611, or 74.2 per cent. of all admissions, such a large number being attributable to the fact that the hospital serves a large industrial population among whom the incidence of rickets and malnutrition is high. Since 1935 a blood transfusion service has been maintained by the hospital and the number of donors on the roll is now 212. Investigations are being conducted in the research department of the hospital into the toxæmias of pregnancy, the effects of obstetrical collapse on the anterior lobe of the pituitary gland, heart disease in pregnancy, and the treatment of contracted pelvis. The number of medical students enrolled during 1935 for training in practical midwifery was 291, and 278 nurses were training for the certificate of the Central Midwives Board. Caesarean section was used in the delivery of 115 cases of contracted pelvis, the classical operation being performed in sixty-one cases and the lower uterine segment operation in fifty-four. One patient died from obstetric shock after the classical operation, and another from general peritonitis following the lower segment operation. The combined pyrexia and sepsis rate was 8.2 per cent. for the classical operation and 20.4 per cent. for the lower segment operation.

Detection of War Gases.—According to Cot and Genaud, the detection of war gases as practised in this country and in Germany before the war was not as efficient as in France. The authors stress the importance of training A.R.P. personnel and discuss the best means of organizing such training on a large scale.—*Detection of War Gases.*—*Presse méd.*, June 28, 1939, 47, 1029.

Correspondence

Legal Protection while on Service

SIR,—In view of the absorption of a great number of medical practitioners into whole- or part-time service in one or other of the fighting or defence Forces of the Crown and the consequent dislocation of medical practice throughout the country, it is thought advisable to point out the vital necessity for ensuring personal legal protection. It would be folly to assume that because of employment in the Naval, Military, or Air Forces a medical practitioner's personal immunity from legal attack was assured. Experience has shown that such attacks may mature at an interval of months if not years after the alleged negligence or malpraxis has occurred. It is unfortunately established beyond any doubt that at all times and in all circumstances every medical practitioner in the practice of his profession is liable to legal attack, and he may require legal protection even against the authority by whom he is employed.

The undersigned representatives of the two leading defence organizations consequently feel it appropriate to urge strongly the necessity for every medical practitioner to belong to a defence society. Those who are already members should continue to pay their subscription—the saving of this small annual outlay in no way compensates for the liability which may be incurred—while those who are at present unprotected should join a society without delay. To facilitate matters, arrangements have been made for the completion of bankers' orders to ensure that no matter what circumstances may arise members will not be penalized through some hindrance in the payment of subscription by the proper date.—We are, etc.,

ERIC PEARCE GOULD,
President,
The Medical Defence
Union, Ltd.

CUTHBERT WALLACE,
President,
The London and Counties
Medical Protection Society, Ltd.

Treatment of Neuroses in the E.M.S.

SIR,—In the note under the above heading in your issue of December 23, 1939 (p. 1242), it is stated that in the Spanish Civil War "a number of patients who had been in the proximity of bursting bombs, and who exhibited symptoms of an apparently neurotic type, proved on examination to be suffering from injury of the nervous system, as demonstrated, for example, by haemorrhage or other changes in the cerebrospinal fluid." It is, however, important to remember that signs of organic disease do not necessarily indicate that associated symptoms are also organic in origin. Similar changes in the cerebrospinal fluid were discovered in the war of 1914–18, and as a result many patients were regarded as suffering from serious injury of the central nervous system and kept completely at rest for prolonged periods. When eventually they were allowed to move it was often found that they were paralysed. In the vast majority of cases the paralysis was hysterical. Any organic paralysis which may have followed the concussion disappeared very rapidly, and the persisting incapacity was almost invariably due to hysterical perpetuation of what was primarily an organic condition, largely as the result of the suggestion following on erroneous diagnosis and consequent inappropriate treatment.

The moral is that a patient with any form of paralysis following an explosion in the near neighbourhood or burial without external wound should be encouraged to move all his limbs directly he regains consciousness, and should be made to get up and return to activity as soon as he has had the rest required for the treatment of the concussion—that is, after not more than a week or two at the most. Between 1916 and 1919 I saw a great many cases of severe hysterical paralysis which had followed cerebral or spinal concussion from shell explosion or burial, and had been present for many months or even a year or two, but which would never have developed

Princess Beatrice Hospital. Working under successive chiefs (writes "R. I.") she acquired a considerable knowledge of clinical medicine, for which she had great natural aptitude. Her patience, humour, and great devotion to her work won the affection of colleagues and patients alike. She came of a Northern Irish family distinguished academically and in the professions. She chose to practise among the poor of Chelsea and Fulham. Her patients soon learned that there was someone among them who would listen to their stories and examine them thoroughly, and the practice grew. Many of the patients and friends knew of the burden of chronic ill-health against which she fought so courageously for so many years; even on the point of death she remarked on her physical disabilities with a twinkle in her eyes. She died of a heart attack in her consulting-room. It is not easy to forget the long line of poor patients, from hospital and practice alike, at the surgery door after her death, each one with a bunch of flowers to testify of their affection for "Dr. Amy." Her knowledge of the illnesses of the poor was unrivalled, and they will miss her sadly.

Dr. CHARLES HEDLEY CLARENCE VISICK died at Hove, Sussex, on December 3, 1939, at the venerable age of 84 years after a long life of interest and activity. He qualified M.R.C.S., L.R.C.P., and L.S.A. from University College Hospital in 1891. For many years he was in general practice in North London. On moving to Hampstead he devoted himself entirely to his special subject of anaesthetics. He held an appointment at the Royal Northern Hospital, and was on the staff of the Hampstead General Hospital till late in his life. Dr. Visick was a man of wide experience and many interests. He had travelled a great deal before choosing medicine as his career, and this broad outlook he carried with him throughout life. One of his absorbing interests was archaeology, and part of his collection of flint implements is now in the Brighton Museum. No account of his life would be complete without a reference to his very genial personality and unselfish service for others. He is greatly missed by a wide circle of friends.

Dr. JOHN CROSSLEY WRIGHT, who was one of the leading medical practitioners in Halifax until his retirement thirteen years ago, died on December 21, 1939, at Wotton-under-Edge, Gloucestershire, aged 73. He was a native of Halifax, and from Marlborough College went to Cambridge, graduating B.A. in the Natural Sciences Tripos of 1887, and M.A., M.B., B.Ch. in 1891, after completing his medical studies at St. Bartholomew's Hospital. Before his return to Halifax he was house-surgeon at St. Bartholomew's and at the Evelina Hospital for Children. From 1892 until 1926 Dr. Wright was an honorary surgeon to the Royal Halifax Infirmary. During the last war he served with the temporary rank of major in the R.A.M.C. He joined the British Medical Association in 1907 and was chairman of the Halifax Division in 1913, and had been president of the Medical Charitable Society for the West Riding of Yorkshire.

By the passing of EDWARD SABINE TAIT, M.D., at the ripe age of 83, a link with the past is broken, for his father and brother were both Bart's men; but happily the tradition goes on, for two of his nephews are members of that hospital. He practised all his life in Highbury, where his home and the charming garden created by his wife are remindful of the dignified past of that neighbourhood. Edward Tait was something more than a good physician; surprisingly modern in outlook and infinitely painstaking, his approach was that of the fine courtesy natural to him. To consult with him was to witness that relationship between doctor and patient which must abide if the art of medicine is to continue. Dr. Tait was a connoisseur and delighted in the Arts, himself a sculptor of no mean talent, in whose delicately perceptive work was made plain his great love of beauty and respect for craftsmanship. He made an admirable collection of etchings, among them some fine examples of the French, English, and Swedish masters. He will be greatly missed, for he had a personality, rare in these turbulent days, which endeared him to all who knew him.

Universities and Colleges

UNIVERSITY OF OXFORD

Nuffield Professorship of Orthopaedic Surgery

The electors have appointed Herbert John Seddon, M.B., B.S., F.R.C.S., to the Nuffield Professorship of Orthopaedic Surgery as from January 14, 1940.

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examinations indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY—*Part I*: R. A. D. J. Bernhardt, J. O. Y. Cole, J. L. Freer, C. W. C. Gough, J. J. Hurley, J. Innes, R. I. Lewis, E. B. P. Madden, S. Mahananda, J. Malin, H. S. Murray, J. O. Salik, D. M. Scrimgeour, J. Walter.

FINAL M.B.—*Part II (Principles and Practice of Physic, Pathology and Pharmacology)*: J. B. Bramwell, B. N. Brooke, M. M. Bull, K. P. S. Caldwell, H. D. L. Campion, B. E. Camus, J. A. Cosh, R. Crawford, P. J. Crowley, P. J. R. Davis, H. P. Dick, N. B. Eastwood, J. Evans, W. J. G. Evans, I. S. Eve, P. G. H. Gell, E. S. Goller, G. D. Graham, M. J. Greenberg, B. G. Grettton-Watson, L. N. Grunbaum, B. L. F. Heydon, A. C. C. Hughes, J. F. K. Hutton, G. H. P. John, T. E. Jones-Davies, R. D. Kennedy, G. O. M. Neatby, P. E. Perceval, T. J. A. Phillips, M. R. Pollock, R. Rowlandson, I. F. Smith, A. M. Stevens, T. L. Stoaite, A. C. Thackray, C. C. Thomas, H. D. S. Vellacott, C. H. F. Wood, R. J. T. Woodland, R. Wright. *Women*: K. M. Cossens, P. G. Holman.

UNIVERSITY OF LONDON

Sir Ernest Graham-Little, M.P., has been re-elected chairman of the Council for External Students of London University for the year 1939-40.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—G. R. Griffith, A. S. Hall, R. P. Harbord, G. D. Owen, G. E. O. Williams, R. B. Wright.

M.Ch.ORTH.—J. G. Bickerton, H. R. W. Lunt, A. Mahomed, W. W. Ollerhead, G. F. Pennal, G. S. Robinson.

FINAL M.B., Ch.B.—*Part I*: W. W. Aslett (distinction in Pharmacology and General Therapeutics), G. H. Ball, A. S. G. Binnie, R. T. Davies, B. Devlin, B. Ellenbogen, A. J. Goldman, H. R. Gray, T. O. Hughes, Lillie L. Jackson, R. H. Jones, R. R. Kay, C. C. Laird, R. Lees, Mary R. Menzies, Nora C. Miller, C. N. Samuelli, Agnes M. Williams. *Pathology (including Bacteriology)*: Aileen M. Barry. *Part II*: R. T. Davies, L. Fletcher, J. G. Gow, R. R. Kay, J. H. H. MacRae, P. P. Newman, C. W. R. Roseby, P. W. G. Sutton. *Part III*: C. D. Alergant, Thelma R. Gaunt, G. C. Griffiths, J. S. Hindley, W. Kulke, D. H. MacCormack, F. R. Neubert, D. Pryor-Jones, H. J. Shuttleworth, H. J. H. Soulbey, Gertrude O. W. Watson, A. R. Whitman, K. M. Willis, Emilie M. Winter.

DIPLOMA IN TROPICAL MEDICINE.—R. B. T. Baldwin, G. L. Broderick, K. Chartikavanij, L. J. Clapham, N. Gray, G. L. L. Gurney, M. H. Hafezi, I. M. Hasan, T. L. Lawson, K. W. J. Lieu, H. E. T. McDonald, E. H. C. Maguire, A. A. Malik, H. N. Maniar, A. K. H. Mazhar, D. F. Mehta, W. Mullen, M. Nazir, M. N. Pai, M. Said, D. R. Seaton, H. M. Sharif, P. Tomlinson, D. Tumrasvin, N. Tunnell (recommended for Milne Medal), Alexandra C. W. Watson, H. T. H. Wilson.

UNIVERSITY OF WALES

D. T. Thomas has satisfied the examiners at the examination for the Diploma in Public Health (Part I).

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Correction

In the list of candidates who were granted the D.A. diploma, published in the *Journal* of December 23, 1939 (p. 1255), the name of N. F. Saher was misspelt.

Drugs in Athletics.—The drugs discussed in this connexion are cocaine, benzedrine, nitroglycerin, digitalis, strophanthin, certain hormones, and, in large doses, caffeine. Their administration to athletes should be prohibited. Less definitely contraindicated in athletics are coramine, cardiazol, ultra-violet light, various salts, and small quantities of alcohol. Glucose, oxygen, and vitamin B₁ are quite harmless.—Survey of Drugs employed in Athletics. O. Böje.—*Hospitaltidende: Nordisk Medicin*, June 30, 1939, 2, 1963.

BRITISH MEDICAL JOURNAL

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

SUPPLEMENT

containing

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