

pause appears to lead to regression of breast cancer. The thyroid is a difficult problem in this connexion, as, while myxoedema seems in some cases rather to predispose to malignant disease, I have had several patients with breast cancer who suffered from active hyperthyroidism as well. Also some have reported apparent benefit in cancer with thyroid medication.

The pituitary is a more certain field for irradiation in cancer, with some likelihood of benefit. Whether as a result or cause it has been found to be hyperplastic in a large proportion of cancer patients, and some experimental work suggests ablation of it lessens the neoplastic result of tar painting or other carcinogenic agents. About 2,000 cancer patients treated with radiotherapy have had additional pituitary x-ray treatment, as reported by Voltz, but the controls were not clearly studied and the results were indecisive. The subject has been stimulated by the case of advanced malignant melanoma reported by Wigby and Metz (*Amer. J. Roentgenol.*, 1939, **41**, 415), which showed marked regression following some spleen-extract treatment (which seemed of no avail) and then x-ray treatment to the pituitary (each of three portals up to 1,560 r skin dose). They point out that in amphibia and fishes the pituitary is the origin of the hormone for melanophore activity, hence their attempt to influence melanoma.

Pituitary x-ray treatment and the three-endocrine-gland "hibernation" principle of Fay and Henny both seem worthy of further studies in cancer.—I am, etc.,

London, W., June 22.

J. H. DOUGLAS WEBSTER.

Low-temperature Treatment of Cancer

SIR,—The editorial in the *Journal* of June 15 (p. 979) on the now popular "hibernation" or "frozen sleep" treatment of cancer fails to mention the report published in the U.S.A. on April 20 by the International Cancer Research Foundation. This states that experiments carried out on mice were very discouraging and no permanent effect was obtained. While Professor Fay and his colleagues claim nothing extravagant and make their chief point the relief of pain in incurable cases it is only by stressing the limitations of the treatment that public and Press enthusiasm can be kept within reasonable bounds.—I am, etc.,

London, W.1, June 17.

REYNOLD H. BOYD.

T.A.B. Vaccine in Gonorrhoea

SIR,—It is with keen interest that I have followed the recent literature on the treatment of gonorrhoea by sulphanilamide and sulphapyridine, after my publication in the *Lancet* of September 28, 1935, of the treatment of fresh cases of gonorrhoea by T.A.B. vaccine. I undertook this method of treatment on British soldiers when I was a medical officer in charge of the venereal ward of a military hospital in India. In a series of about thirty cases, civil and military, I had no relapses up to a period of six months, when, having been transferred to another appointment, I lost sight of these cases. I treated a few cases privately in my next appointment with equal successes, two of the patients being women.

The striking results noted were the cessation of the discharge, usually by the fourth or fifth day; the disappearance of the gonococci after the effects of the first injection had worn off, usually the second or third day; the complete absence of toxic effects; and the "cure" of the patient, usually the tenth day. As against sulphonamides, the treatment is cheaper, and "return cases" were *nil*.—I am, etc.,

Maltby, June 16.

A. H. BARTLEY.

The Use of Ergot

SIR,—With the present shortage of ergot I think everybody will agree with your annotation in the *Journal* of June 15 (p. 980) advocating taking care of what we have got and only using it for cases that really need it. I think, however, the annotation might have gone further and suggested a radical change in its use in obstetrics.

It is doubtful whether ergot has any real value in subinvolution of the uterus, and even if it has it certainly is unnecessary

to give ergot for several days after delivery. Ergot is essentially a drug to be used to secure the rapid contraction of the uterus after delivery, and therefore its great use is for haemorrhage or threatened haemorrhage. Such being the case, when ergot is wanted a quick action is necessary, and therefore the suggestion of going back to the old dry extract given in a capsule seems altogether wrong. It takes anywhere up to twenty minutes for the liquid extract to act, and in my experience the dry extract in a capsule almost invariably takes longer. A more rational use of ergot, therefore, is to employ it in the form of its active principle, ergometrine, or the ergometrine salt, and if a continued action later is wanted ergotone ethanesulphonate can be used. In my experience, however, the latter is rarely required.

Your annotation mentions that ergot is useless in non-uterine haemorrhage. May I point out also that ergot has no effect at all on even uterine bleeding if due to such causes as fibroids. Ergot preparations may have a slight influence on the non-pregnant uterus due to the ergotamine portion, but for practical purposes ergot can be regarded as having no effect on the non-pregnant uterus and therefore on any forms of haemorrhage occurring in such an organ. Even in the case of the pregnant uterus the efficiency of ergot is very much less before labour.—I am, etc.,

Lancaster, June 18.

E. HOLMES.

Trench Nephritis

SIR,—Your excellent and useful article on trench nephritis in your issue of June 15 is marred by one sentence—namely, "Treatment must therefore be directed to bringing down the blood pressure as soon as possible so that the kidney does not remain in an ischaemic state." Treatment, as is advised under your heading "Essential Features of the Disease," should be directed to the ischaemic state, as according to Volhard and other leading authorities it is the ischaemic state which is responsible for the high blood pressure, the ischaemic kidneys possibly pouring "renin" into the circulation and thus increasing the arterial peripheral resistance. It is dangerous to emphasize in treatment the lowering of the blood pressure, as such emphasis might tempt one to concentrate upon this point, and use drugs and diet not only useless but dangerous. As noted above, your treatment is correct because it deals with the kidney, and leaves the blood pressure to be cured by curing the kidney.

The attention of those obstetric specialists who treat the high blood pressure and the albuminuria of pregnancy by the induction of premature labour might well be directed to this article; it might be the means of saving not a few poor infants from whom they withhold the woes of this world.—I am, etc.,

Tain, Ross-shire, June 16.

ENEAS K. MACKENZIE.

The Services

AWARD FOR BRAVERY

Among the immediate awards by Viscount Gort, Commander-in-Chief, B.E.F., announced on June 19 is that of the Military Cross to Lieutenant J. G. LORD, R.A.M.C.: "When one of our anti-tank guns was in action near his aid post engaging advancing enemy tanks he attended to each casualty at the gun position as it occurred under heavy fire."

DEATHS IN THE SERVICES

Colonel JOSEPH KINNEAR CLOSE, I.M.S. (ret.), died at Wimbledon on May 29 aged 75. He was born on December 22, 1864, the son of the Rev. William Close of Carrickfergus, and was educated at Queen's College, Belfast, graduating M.D., M.Ch., and M.A.O. of the Royal University of Ireland in 1886. Entering the Indian Medical Service as surgeon on October 1, 1887, he became colonel on August 15, 1918, and retired on November 9, 1922. After twelve years' military service he entered civil employ in the United Provinces in 1899. He held the important civil surgeonicies of Benares in 1910–11, then of Allahabad, 1911–18, when he reverted to military duty as an administrative officer. In March, 1920,

he was appointed inspector-general of hospitals in the United Provinces, and held that post until his retirement. He was appointed Honorary Surgeon to the King on September 29, 1920. He served on the North-East Frontier of India in the Sikkim campaign of 1888 (medal with clasp) and in the Manipur campaign of 1891 (clasp). He had been a member of the British Medical Association since 1888.

Obituary

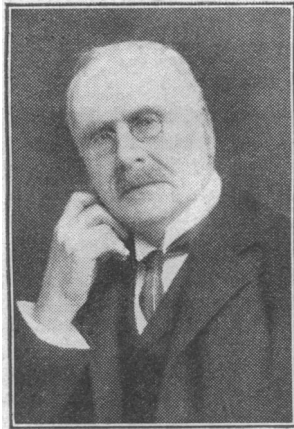
SIR GEORGE BERRY, LL.D., F.R.C.S.Ed.

Consulting Ophthalmic Surgeon, Edinburgh Royal Infirmary

Sir George Andreas Berry, who died at his residence at North Berwick on June 18 in his eighty-seventh year, was the eldest son of Walter Berry of Glenstriven, Argyllshire. Born in 1853, he was educated at Marlborough and at Edinburgh. He studied mathematics under Professor Tait, and became one of the six members of Tait's senior class, where he developed his remarkable knowledge of this subject. He graduated M.B., C.M.Ed. in 1876. In 1881 he became a Fellow of the Royal College of Surgeons of Edinburgh.

Before beginning practice George Berry prosecuted his special studies in ophthalmology for some years in various universities and hospitals. In Copenhagen he worked with his distinguished uncle, Professor Hansen Grut, who later became Bowman Lecturer of the Ophthalmological Society of the United Kingdom in 1889, and for whom he retained throughout his life the greatest admiration and regard. He also studied in France, Austria, Germany, and Holland at this period of his career. While he was resident house-surgeon at Moorfields Eye Hospital, London, in 1878-9 Berry was one of the moving spirits in the formation of the Ophthalmological Society of the United Kingdom, which was founded in 1880. Throughout his lifetime he took the greatest interest in this society, of which he was an original member.

While still a comparatively young man he was recognized as an authority in ophthalmology, and enjoyed a high reputation on the Continent and in America, as well as at home. He was the author of a textbook entitled *Diseases of the Eye—A Practical Treatise for Students of Ophthalmology*. This textbook was referred to by many of the leading Continental professors of ophthalmology as being not only an exhaustive treatise but also distinguished by many original observations and ideas. It was widely used as a standard work for many years after its publication. The second edition appeared in 1893. He dedicated his book to Edmund Hansen Grut, M.D., Professor of Ophthalmology in the University of Copenhagen. The terms of this dedication show the keen appreciation, the enthusiasm, and the loyalty which were essentially characteristic of Berry. All his assistants and many others who had the privilege to know him recognized the magnetism of his personality, the strength of his intellect, and his independent and original type of mind. Two monographs



from his pen were also much appreciated and widely used: *Subjective Symptoms in Eye Disease* and *Ophthalmoscopic Diagnosis*. That on subjective symptoms, published in 1886, was especially interesting and characteristic. His interest in, and remarkable knowledge of, the significance of subjective symptoms in the early diagnosis of disease proved of great value in his clinical work and teaching, which was not only instructive to all, but stimulating and inspiring to his senior students and assistants.

He was a well-known figure at the meetings of the Ophthalmological Society of the United Kingdom, and was a member of council from 1889 to 1892; vice-president from 1895 to 1898; and president 1909-11. In 1917 the society paid him the highest honour by electing him to be Bowman Lecturer. His important contributions in discussion and his able and numerous papers which appeared in the society's *Transactions*, and also elsewhere, are evidence alike of his ability and of the lively interest which he always took in the advance of ophthalmology and in the welfare and work of the society. He was a member of the B.M.A. for many years. He was awarded the Middlemore Prize in 1886, and was vice-president of the Section of Ophthalmology in 1889 and 1898, and president in 1905.

Berry served on the staff of the eye department of the Royal Infirmary, Edinburgh, for twenty-three years, and retired from the position of senior surgeon of the department in 1905. As lecturer on diseases of the eye in the Edinburgh University many students passed through his hands, not a few of whom have obtained distinction as oculists at home and in the Dominions.

He was a Fellow of the Royal Society of Edinburgh; Honorary Fellow of the Royal Academy of Medicine of Ireland; President of the Royal College of Surgeons of Edinburgh from 1910 to 1912; and a manager of the Royal Infirmary. During the last war he established and conducted the ophthalmic department of the Second Scottish General Hospital, Edinburgh. He was appointed Honorary Surgeon Oculist in Scotland to H.M. King Edward VII and to H.M. King George V, and in 1916 the honour of knighthood was conferred upon him. From 1922 to 1931 he was Member of Parliament (Conservative) for the Scottish Universities, at the end of which period he received the honorary LL.D. of Edinburgh University.

Sir George Berry was a man of remarkable ability. Physically vigorous, he enjoyed outdoor sports—especially golf and angling. He was much interested in music, and played the 'cello. He took a prominent part in relation to the foundation of the Reid Chair of Music in the University of Edinburgh. His great interest in mathematics was abundantly shown in his textbook and in his contributions to this subject. He possessed a remarkable acquaintance with modern languages, and especially with the less generally known Norse tongues, with which he had become familiar in early life. His brightness of mind, scientific imagination, and high and varied attainments were fully recognized and highly valued by his colleagues, and he was much beloved by a wide circle of friends.

When he retired from a long life of high attainment and great activity he resided at North Berwick, where he had built a house and laid out an excellent garden, in which he took great pleasure. He married in 1883 Agnes Jean, daughter of the late Sir William Muir, K.C.S.I., by whom he was predeceased, and is survived by three daughters.

A. H. H. S.

[The photograph reproduced is by Elliott and Fry, Ltd.]

Dr. DAVID GLENN ROULSTON died at the Queen Elizabeth Hospital, Birmingham, on March 26 from epidemic meningitis, at the age of 42. He was educated at Foyle College, Derry, and Queen's University, Belfast, where he graduated M.B., B.Ch. in 1919, and carried on a very large practice at Langley Green, on the outskirts of Birmingham. His premature death deprives the profession of a gifted practitioner, and his friends of a good sportsman and a singularly lovable character.

and had a considerable success, chiefly among those who had served in the East. He was medical adviser to several large mercantile houses which had important interests in India, and was for a time a member of the Appeal Medical Board of the India Office. He had a liking for and aptitude for public service of various kinds, and did a great deal for the British Medical Association, which he joined in 1889, over half a century ago. He sat on the Council of the Association for over ten years, from 1924 to 1935, first as representative of the I.M.S., and after expiry of his tenure as such as an elected member for various Indian Branches. He did good service on many committees: on the Naval and Military Committee from 1924 to 1934, on the Committee of the Royal Commission on the Superior Public Services in India from 1924 to 1936, on the Dominions Committee from 1930 to 1935, on the Subcommittee on the Relation of the Association to the Medical Profession in India from 1931 to 1935, on the Committee on the India Round Table Conference in 1932-3, and on the Committee for the Indian Medical Service from 1933 to 1935. In a different sphere he was for ten years a member of the committee of the Oriental Club, to which he belonged for over twenty years.

In 1900 he married Helen Mabel, daughter of the Rev. A. G. Trevor. She died nearly three years ago, and her husband was completely broken in health and spirit by her death, having been in failing health ever since. He leaves a son and a daughter, also many friends who will heartily regret a loyal friend and a genial companion. He was a first-rate specimen of the best type of southern Irishman.

A. R. D. PATTISON, F.R.C.S.

Neurological Surgeon, Newcastle General Hospital

Mr. Alfred Richard Denis Pattison, the well-known neurological surgeon, died on June 7 at the early age of 37. He was educated at Durham School and studied medicine at Newcastle-upon-Tyne. After graduating M.B., B.S. at Durham University in 1929 and taking the F.R.C.S.Eng. he was awarded the Rutherford Morison travelling scholarship and acted for a year as resident surgical assistant to Harvey Cushing at the Peter Bent Brigham Hospital, Boston, Massachusetts. He had held the posts of resident medical officer and surgical registrar at the Royal Victoria Infirmary at Newcastle, and was appointed consulting neurological surgeon to the Royal Infirmary and Children's Hospital, Sunderland, and neurological surgeon to the Newcastle General Hospital, where he established the neurosurgical clinic which became the chief centre of his activities in the North-East of England. He held a Hunterian professorship of the Royal College of Surgeons of England in 1937, and his lecture on the surgical treatment of pituitary basophilism (Cushing's disease) is the most important publication on this subject that has yet appeared.

Professor Geoffrey Jefferson writes:

The death of A. R. D. Pattison robs not only the Society of British Neurological Surgeons but England itself of a singularly talented and thoughtful surgeon in all the fullness of youth. We knew him as a man of inventiveness and courage, of wide culture and good humour. Physical disabilities often seem to be a positive asset provided that the mental qualities are there and the moral fibre tough enough. This was abundantly true in Pattison's case. He was always impressive in his clarity of thought, and equally so in its expression. All his publications showed his mental integrity and proved obliquely his skill as a craftsman. In creating an important neurosurgical centre where none was before he will be deservedly remembered. Pioneers like Pattison must have qualities of originality; they must often be rebels against conventional thought; they bring convergently to a focal point the wandering desires and half-realized needs of others. We must praise him for this and realize how great must be the loss to his School, of whose distinguished sons he has proved himself to be a worthy companion.

Dr. ALEX. CAMPBELL MORRISON, who died at the age of 79 in Edinburgh, where he retired ten years ago, was in practice in the colliery district of Larkhall, in Lanarkshire, for nearly forty years. He graduated M.B., C.M. at Glasgow University over fifty years ago. He was a son of Mr. Alexander Morrison of Kinlode in Inverness-shire, and a grand-nephew of Surgeon General Alexander Morrison, Inspector-General of Hospitals, India, who in 1827 was Physician in Ordinary to the Household of H.R.H. the Duke of York, and Physician Extraordinary to H.R.H. Prince Leopold of Saxe-Coburg. For two hundred years the eldest son in each succeeding generation of the family has been an officer in the Army. Dr. Morrison was a fervid Highlander, with a great love and knowledge of Celtic literature and music and of Highland customs, lore, and tradition. He was the author of several beautiful Gaelic poems, and other verses in the Doric of a humorous and pawk character, which show keen observation and knowledge of human nature. Perhaps the best of the latter were those describing in a very vivid and whimsical way the daily routine, trials, and vexations of a country doctor's life. He was no mean performer on the pipes, and many years ago acted as judge at pipe competitions. Dr. Morrison was devoted to his profession and was very proud of his wonderfully successful maternity record. He was a very fine example of the best type of Scottish G.P., beloved and respected by his patients and greatly esteemed by all in the district. He had been a member of the British Medical Association for thirty years.

D. D. L.

Universities and Colleges

UNIVERSITY OF OXFORD

In Congregation on June 20 the degree of Doctor of Medicine was conferred in absence on R. G. MacGregor.

UNIVERSITY OF CAMBRIDGE

The Committee for Medical Radiology and Electrology has fixed dates for the D.M.R. and E. examinations in 1941 as follows: Part I, February 11; July 9. Part II, July 8; October 7.

The following candidates have been approved at the examination indicated:

FINAL M.B.—*Part I (Surgery, Midwifery, and Gynaecology)*: H. J. Anderson, O. B. Appleyard, W. D. Arthur, L. J. Bendit, R. G. Benians, A. P. Bentall, P. T. Boyle, B. N. Brooke, H. T. Calvert, H. D. L. Campion, R. L. Canney, O. Clarke, R. Crawford, P. J. Crowley, G. E. H. Enderby, G. G. France, R. Friedman, P. Haden, J. S. Hesketh, E. V. Hope, E. W. Hyde, D. M. Jackson, F. S. Jackson, T. E. Jones-Davies, R. K. I. Kennedy, D. Laing, J. J. Landon, J. M. Lipscomb, A. G. G. Long, I. B. Mackay, D. H. Manson-Bahr, P. F. Milling, H. V. Morgan, M. C. Mundle, W. H. Parkinson, J. F. Paxton, A. D. Payne, P. E. Perceval, F. T. G. Prunty, A. H. Rea, L. Read, S. R. Reynolds, R. D. S. Rhys-Lewis, T. W. Rowntree, R. A. Shooter, L. W. Smith, C. S. N. Swan, L. R. S. Taylor, R. M. Todd, D. N. White, C. F. H. Wiessner, J. M. Willcox, T. N. P. Wilton, C. H. Wood, F. J. Y. Wood, D. G. Wraith. *Women*: N. G. Clegg, J. Gibbon Davies, P. G. Holman, E. Rhodes, R. M. Stevenson.

FINAL M.B.—*Part II (Principles and Practice of Physic, Pathology, and Pharmacology)*: H. J. Anderson, G. A. Ballance, R. G. Benians, L. B. G. Bennett, H. T. Calvert, J. A. Campbell, J. C. K. Campbell, R. L. Canney, G. K. F. Cohen, R. V. Dent, W. R. B. Dickinson, A. G. Farr, R. Friedman, G. S. Gladstone, S. C. Gold, T. S. S. Gregory, P. Haden, M. H. K. Haggie, R. T. Hastings-James, R. C. Howard, J. H. Humphrey, R. R. Hunter, R. C. Jack, P. G. Jeffries, E. E. Jones, J. H. Keesey, T. A. Kemp, J. D. Kidd, G. J. Laws, J. A. N. Lock, A. G. G. Long, B. C. H. Luker, D. H. Manson-Bahr, J. M. Marchant, R. S. Monro, H. V. Morgan, A. J. Moss-Blundell, J. M. Mungavin, B. F. H. Parker-Wood, J. F. Paxton, A. D. Payne, A. G. Porter, W. L. Price, J. M. Pullan, H. Rabinowitz, D. Scott, P. G. Seed, R. A. Shooter, J. F. Smith, L. W. Smith, N. Southwell, G. E. Spear, G. E. Stein, J. R. Tasker, L. R. S. Taylor, G. T. G. Thomas, R. M. Todd, P. D. Trevor Roper, C. H. C. Upjohn, H. H. Wolff, M. W. W. Wood. *Women*: J. J. H. Beattie, M. K. Cole, J. Gibbon Davies, M. C. Simpson, J. F. Thompson.

UNIVERSITY OF LONDON

At a meeting of the Senate held on June 19 Professor Frank Horton, D.Sc., F.R.S., was re-elected Vice-Chancellor for the year 1940-1, and Professor D. Hughes Parry, LL.M., was appointed Deputy Vice-Chancellor for the same period. The

degree of D.Sc. was conferred upon Miss Phyllis A. Clapham, an internal student of the London School of Hygiene and Tropical Medicine.

UNIVERSITY OF BRISTOL

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—¹T. J. Butler, D. L. Bayley, ²R. G. Boyd, P. Jacobs, Marjorie Organ, R. W. Orton, Patricia M. Simpson, J. J. de S. Snijman, ³Barbara F. Thomas, ⁴Joan Threadgold, ⁵G. H. Tovey, D. N. Walder, L. Willoughby. *In Group I only:* Winifred M. Curgenvin-Robinson, Clara J. Fraser, J. K. Lewis, J. B. Tucker. *In Group II only:* G. H. Hervey, J. W. J. Newton, D. A. Squire.

¹ With second-class honours.

² With distinction in forensic medicine and toxicology.

³ With distinction in surgery.

⁴ With distinction in public health.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates have satisfied the examiners at the examination indicated:

M.B., B.Ch.—*Obstetrics and Gynaecology:* Enid Curran, J. D. P. David, N. E. France (with distinction), Vera Harris, Margaret W. Hughes, D. F. V. Johnston, W. M. Jones, Gwenllian M. Lewis, J. Lewis, J. W. Morgan, Monica Parry-Morton, D. K. W. Picken, J. B. Randell, H. I. Rees, Nest G. Richards, Barbara C. Roberts, Erica M. G. H. Roberts, J. H. Stranger, E. R. Treasure, Margaret R. Wade, K. M. Wheeler, J. Williams, O. Williams.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

On June 20 Sir Walter Langdon-Brown, M.D., F.R.C.P., emeritus professor of physic, University of Cambridge, was formally admitted to the Honorary Fellowship of the Royal College of Physicians of Ireland, and gave an address on "The Origin and Purport of Universities." The President, Dr. William Boxwell, was in the chair, and the Registrar, Dr. Percy Kirkpatrick, made the speech of presentation.

Medical Notes in Parliament

Hospital Services in Scotland

During a debate on the Civil Estimates for the Department of Health for Scotland on June 18 Mr. ERNEST BROWN said that the hospital accommodation required for civilian casualties and for sick and wounded from the armed Forces was being found by building new hospitals and annexes to existing hospitals, by the conversion of large mental institutions, hotels, and other buildings, and by adapting large private houses. Altogether 25,000 casualty beds were now ready; another 6,000 or more would be ready within the next two or three weeks, and strenuous efforts were being made to complete the whole programme with the utmost dispatch. Arrangements had also been made for "special units" to be set aside, including units for brain surgery, for occupational therapy, and for ophthalmic, orthopaedic, thoracic, and mental cases. In addition, facilities were being provided for physiotherapy at all the important base hospitals. Instructions were being given to all hospitals to ensure that appropriate cases would be transferred as soon as possible to the special unit. The Ministry had taken the necessary steps to ensure that the specialist and other medical teams would be adequate to any calls made on them. Nursing staffs were being recruited widely. Recent appeals had stimulated the flow of nurses to the Service. More nurses and nursing auxiliaries, who were prepared for whole-time mobile service anywhere in the country, would be needed. Some of the hospitals would be directly administered by the Department of Health, and to assist the Department a Hospitals Advisory Committee, under the chairmanship of Sir John Fraser, had been set up. A number of eminent physicians and surgeons also were giving their services, without payment, as consultants to the Department. Their advice and assistance gave the Department confidence in thinking that when the testing time came our emergency hospital scheme would be equal to the strain that would be imposed on it. The ancillary services, such as blood transfusion, bacteriological services, and others, were also receiving attention.

The evacuation scheme was reviewed daily, Mr. Brown continued, and adaptations had been made in the light of the circumstances of the day; other alterations might become necessary. They were ready for events, and he was satisfied that the new plan could be put into operation at the shortest notice. Everything was being done to ensure the sound physical condition of the children on evacuation. For several months now there had been extensive inspection of the school children in the evacuation areas; if defective conditions were discovered at the last moment the worst of these would be dealt with at clearing houses that were being set up on the outskirts of the evacuation areas. In addition, the receiving authorities were setting up clearing houses through which any minor or doubtful cases could be passed. Camps and hostels were being used to supplement billeting in private houses. Five camps had been provided in Scotland; three were already occupied, another would be occupied in a day or two, and the fifth would be ready for occupation within a few weeks. The Department was doing everything possible to encourage the teaching of first-aid in schools, and to facilitate training for the nursing profession.

Earlier in his review Mr. Brown had said that 1939 was a healthy year. The general death rate was slightly higher than that for 1938—12.9 per 1,000, compared with 12.6—but the increase in deaths was mainly among the old people; the average age of the population was rapidly increasing, and there was a great saving of life among the young. The infant death rate touched a new low record—69 per 1,000. The maternal death rate was the lowest recorded—4.3 per 1,000 total births. In 1939 deaths from pregnancy and childbirth were 390, compared with 432 in the previous year.

Day Nurseries for Industrial Areas

On June 18 Mr. D. ADAMS asked the President of the Board of Education whether, in view of the heavy increase of the infant mortality rates in industrial areas during the last war, he would take immediate steps to secure the setting up of nursery schools throughout the country. Mr. RAMSBOTHAM said he assumed that Mr. Adams had in mind primarily the areas in which large numbers of women were employed on industrial work of national importance. The Minister of Health was actively engaged, in consultation with the Minister of Labour, in considering the establishment of day nurseries in these areas. In view of the long hours for which the nurseries would have to be open and the need for providing for children under 2 years as well as those between 2 and 5, the provision of day nurseries would appear to be more appropriate than that of nursery schools. It was hoped, however, that it would be practicable to provide some form of occupational training for the older children.

Committee on Scientific Food Production

Replying in the House of Lords on June 19 to a debate on the food situation, Lord WOOLTON said the milk traders had agreed to distribute milk to nursing mothers and to children under 5 with no profit to themselves. Large numbers of food manufacturers had decided to produce some proportion of their production without profit to themselves if the food could be distributed to the poorer population without undue extra charges. A new scientific committee had been appointed by Mr. Attlee, with the support of Mr. Robert Hudson and himself, to advise on the scientific side of food production. That committee was advising the Ministry of Food upon the "iron ration." It was meeting frequently.

Sickness Benefit.—Miss HORSBRUGH, replying to Mr. Ellis Smith on June 18, said that the present rates of sickness and disablement benefits for men were fixed in 1920, when the Ministry of Labour cost-of-living index figure was considerably higher than at the present time.

Health of Factory Workers.—Mr. ASSHETON said on June 19 that measures for the health and welfare of persons employed at factories, as required under the Factory Acts, were supplemented to a considerable extent by voluntary action by employers and others. Sir John Anderson was developing a special organization, which included a central Factory and Welfare Advisory Board, for promoting the welfare of employees outside and inside the factory.