

particularly looking out for the cases. Gradually, over a period of months, we have become impressed with the possibility that there may be quite a large number of them. They would not ordinarily be reported to a doctor at all, and tend to be regarded by the hosts as in the category of: "She's had a terrible time; what else can you expect?" Some general practitioners would probably treat the situation in much the same way. Certainly, such cases (partly because they do not conform with the ordinary pattern of neurosis and partly because they occur largely in small villages, etc.) are not likely to be reported to or to reach any psychiatrist. Yet they may be serious and even enduring reactions.

I am only raising this matter because it deserves further inquiry. I think it is conceivably misleading, even dangerous, when medical people look around the *cities* and in shelters, rest centres, and casualty wards, do not find the expected symptoms, and therefore go on to say that there is little nervous effect. The material conditions for potential neurosis in "blitzed" towns differ in many respects from any previous conditions. New types of reaction may be expected, and I believe are occurring; in particular, states of intense depression and retreat, without manifest physical symptoms. Such behaviour can have a profound effect on the morale of many others, as well as on the citizen capacity of the person directly concerned. I diffidently suggest that the matter might bear further thought and study.—I am, etc.,

London, W.11, April 1.

TOM HARRISON.

Plight of Consultants in Bombed Areas

SIR.—The position of members of the honorary staffs of hospitals in those provincial areas subjected to heavy bombing needs attention. Although some of the school children have been evacuated the bulk of the population remains; and the demand for ordinary hospital treatment is not less than before the war but more—in my case my wards are now spread over three hospitals (twenty-five miles apart) instead of one, and in addition E.M.S. routine treatment as well as the emergencies due to bombing have to be met. On the other hand, the wealthier members of the community have left, or at least have sent away their families; while heavy taxation has made a great inroad into the ability of middle-class patients to pay fees; and in either case all consultations and operations not absolutely *urgent* are "postponed." With the result that "income" has ceased to have any meaning for many consultants (I have made just £500 in a year, exactly the cost, with rigid economy, of running my practice).

What are we to do? Apart altogether from the feeling of loyalty to an institution that we have served for years, most of us are middle-aged, and can hardly be expected to resign appointments for which we have sacrificed patient years. We cannot obtain commissions, as the E.M.S. depends on us for its working. Yet the rewards from the latter are meagre—my cheque for sixteen months is under £40; and a major operation, including investigation, a fortnight's after-treatment, careful records, and a report with prognosis, brings in the fee of 11s. 6d. less income tax. Yet the medical services of the country depend on us, and we are apparently expected to provide them without any return at all: even if school fees, rent, and life insurance must be met from savings, the practice of eating cannot be entirely abandoned. In the London area those in a similar position get a retaining fee of £500 a year. The case for equal treatment of the Provinces seems unanswerable.—I am, etc.,

March 31.

F.R.C.S.

E. A. Hines and N. W. Barker (*Amer. J. med. Sci.*, 1940, **200**, 117) made a clinical study of 280 consecutive cases of arteriosclerosis obliterans and a gross and histological examination of thirty-two legs amputated for this condition. The disease occurred mainly in men between the ages of 50 and 70. There was no significant difference in racial incidence. The pathological changes in the arteries consisted in (1) atheromatous plaques in the subintimal tissue, (2) degenerative changes in the medial coat, and (3) thrombosis. No variation of importance was noted in the lesions of arteriosclerosis obliterans among diabetic and non-diabetic subjects.

Obituary

We regret to announce the death on February 26 at Salis-bury of Dr. WILLIAM ROBERT ORR of East Finchley. He studied medicine at Queen's College, Belfast, before the foundation of the University, and also in Dublin, graduating M.D. of the Royal University of Ireland in 1885, and M.Ch. and M.A.O. in 1886. Dr. Orr was in general practice for many years and became surgeon to the Finchley Memorial Hospital and medical officer to the local dispensary and maternity society. He joined the British Medical Association in 1899 and was chairman of the Finchley Division in 1927-8; he represented his Division at the Annual Representative Meetings in Bradford (1924), Eastbourne (1931), and London (1932).

Dr. WILLIAM FREDERIC CORY, a veteran Leeds practitioner, has died at his home in Headingley, aged 88. He was a student of the London Hospital and took the L.S.A. in 1874 and the M.R.C.S. in 1875. Among the appointments he held in former years at Leeds were those of honorary medical officer to the Jews' Mission and to the Gordon Boys' Corps, the Y.M.C.A. and the Y.W.C.A. Dr. Cory wrote several semi-popular booklets on sick diet and kindred subjects, and believed he could foretell the weather with a pocket spectro-scope.

We regret to announce the death on April 3 in London, in his eightieth year, of Dr. M. HAJEK, late professor of laryngo-logy in the University of Vienna. Prof. Hajek was a very famous teacher.

The Services

AWARDS AND MENTIONS IN DISPATCHES

The following awards have been made in recognition of distinguished services in the Middle East during the period August, 1939, to November, 1940:

O.B.E. (Military Division)

Lieut.-Colonels (Temporary Colonels) F. G. A. Smyth and Q. B. V. Wallace, M.C.; Lieut.-Colonel J. Melvin, M.C.; Majors (Temporary Lieut.-Colonels) A. O. Bekenn and J. M. Macfie, M.C., R.A.M.C.; and Major D. N. Chakravarti, I.M.S.

M.B.E. (Military Division)

Lieut. (Acting Captain) G. Lorrimer and Lieut. H. R. Hartnell, R.A.M.C.

Mentions in Dispatches

Colonel (Acting Major-General) P. S. Tomlinson, D.S.O., and Colonel J. C. Sproule, O.B.E., late R.A.M.C.; Colonel (Acting Brigadier) A. J. Orenstein, C.M.G., S.A. Forces; Lieut.-Colonel (Acting Colonel) H. Alcock, Lieut.-Colonel D. C. Scott, O.B.E., Major (Acting Lieut.-Colonel) W. A. D. Drummond, Major (Temporary Lieut.-Colonel) F. R. H. Mollan, M.C., Captain (Local Lieut.-Colonel) R. P. Cormack (attached E.A.A.M.C.), Lieut. (Temporary Major) D. M. Blair, Captains J. MacMillan and J. B. M. Milne, and Lieuts. G. Geddes and J. B. Heycock, R.A.M.C.; Captain W. B. Stiver, I.M.S.; Jemadars B. D. Joshi and M. L. Varma, I.M.D.; Lieuts. (Local Lieut.-Colonels) S. W. T. Lee and C. H. Marshall, Lieut. (Local Major) D. Bell, and Lieut. A. C. E. Cole, E.A.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL NAVY

In an Admiralty casualty list, published on April 4, Temporary Surgeon Lieut. LYON RAMSAY BLAIR, R.N.V.R., is posted as "Missing. Presumed Killed." He was the eldest son of the Rev. Dr. and Mrs. George Blair of Dundee, and was educated at the Morgan Academy, Dundee, and the University of St. Andrews. He graduated M.B., Ch.B. in 1931 and proceeded M.D. in 1940. He had held the post of casualty officer at Dundee Royal Infirmary, and was in partnership with Dr. George Bridge at Preston until November, 1939, when he joined the Royal Naval Volunteer Reserve. He had been a member of the British Medical Association since 1931.

ROYAL ARMY MEDICAL CORPS

Prisoner of War

Lieut. Joseph Gordon Kee.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Part I of the Final M.B. Examination (surgery, midwifery, and gynaecology) will begin on Tuesday, June 17, and Part II (principles and practice of physic, pathology, and pharmacology) on Wednesday, June 18. Names of candidates should be sent to the Registry by April 29.

UNIVERSITY OF LONDON

ROYAL CANCER HOSPITAL (FREE)

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—*Part I*: I. H. Evans, C. K. Warrick.

UNIVERSITY OF EDINBURGH

The following candidates have been approved at the examinations indicated:

FINAL M.B., CH.B.—K. W. Beetham, J. F. Cameron, Frances C. E. Hutchison, A. F. Lang, Bertha Macfie (*née* Milne), W. A. T. M'Kendrick, A. K. M. Macrae, Joan M. M'William, T. M'I. Munro, E. J. Noble, M. R. Prestwich, Mary Scott-Wilson, J. G. Shearer, R. Taylor, C. C. MacD. Watson.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—E. Akwei, D. W. Horn, C. Odamtten-Easmon.

DIPLOMA IN PUBLIC HEALTH.—M. Nazir. *Part I*: Olive B. Barnetson, J. Cameron, W. Giles, Rachael Hunter, Margaret S. B. Langton, T. M. Small, Mona M. M'E. Thomson.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—F. B. Beaver, G. R. S. Jackson, D. W. Mayman, R. South, A. M. Williams.

MEDICINE.—C. N. D. E. Eastes, R. South, C. H. Wood.

FORENSIC MEDICINE.—C. N. D. E. Eastes, R. South, C. H. Wood.

MIDWIFERY.—G. J. Ambrose, J. A. Dodds, J. S. McGillivray, R. South.

The diploma of the Society has been granted to F. B. Beaver, J. S. McGillivray, R. South, A. M. Williams; and C. H. Wood.

Medical Notes in Parliament

Fourth War Budget

Sir Kingsley Wood, Chancellor of the Exchequer, introduced the Budget on April 7. The standard rate of income tax is to be raised by 1s. 6d. to 10s. in the £, the tax on the first £165 of taxable income being raised from 5s. to 6s. 6d. Existing allowances are to be reduced as follows: earned income allowance from one-sixth to one-tenth with a maximum allowance of £150, and personal allowance for married persons from £170 to £140 and for single persons from £100 to £80. The extra tax paid because of these two reductions will be credited to the individual after the war in the Post Office Savings Bank, with a maximum credit of £65 for 1941-2. The exemption limit for both earned and investment income is reduced from £120 to £110. There are no changes in indirect taxation, but the Medicine Stamp Duty is to be repealed from September 2 next, and legislation introduced with the object of maintaining a fair balance between the interests of pharmacists and those of other vendors. The Chancellor stated that the prices of further essential goods and services are to be stabilized to prevent increases in the cost of living. The excess profits tax is to remain at 100%, but 20% will be refunded after the war for essential reconstruction and readjustment.

Science and War

In the House of Lords on April 2 Viscount SAMUEL asked whether the Government could make any statement on the extent to which the assistance of scientists had been enlisted in the prosecution of the war. He said that the council of the Institute of Chemistry had expressed the view that some of the Government Departments took too narrow a view of the term "scientist" and concentrated too much on professors from the universities and the like.

Lord HANKEY said that the three main pillars of scientific research were the Department of Scientific and Industrial Research, the Medical Research Council, and the Agricultural Research Council. They were all responsible to the Lord President of the Council. There were joint committees on matters of common concern, and contacts could hardly be closer. On the defence side there were research organizations in the Admiralty, the Ministry of Supply (which undertook most of the research work for the War Office), the Air Ministry (which had now handed over most of its research work to the Ministry of Aircraft Production), and the Ministry of Home Security (which occupied a position intermediate between the Service Departments and the Civil Departments). In addition there was a good deal of research in the Civil Departments. The Scientific Advisory Committee was in close touch through the Royal Society with the great streams of scientific research and development, through the representatives of Government research with Government activities, and through its chairman and the Lord President of the Council with the policy of the Government in these matters. He did not agree that the Government interpreted the term "scientific" rather narrowly. The reason for the non-inclusion of applied scientists on the committee was not a failure to appreciate their great importance in the war effort, but simply that the proposal did not fit into the Government conception of the Scientific Advisory Committee. The Government was at present in touch with the professional societies concerned with a view to the possible establishment of a separate organization working in the field of applied science and in close touch with the Scientific Advisory Committee. The committee had devoted itself mainly to the contribution of science to the war, and would continue to do so, but it was also in touch with the Minister Without Portfolio, who was in charge of reconstruction. The Directors of Scientific Research of each of the Departments engaged mainly in war work were invited in turn to tell the committee something of their activities. The Medical Research Council was concerned in all problems that affected man's health and efficiency. This Council, with its forty-five committees or sub-committees, its National Institute for Medical Research, and its nine smaller research units, brought an immense assistance to the war effort. Before the war, in concert with the Ministry of Health, preparations were made for safeguarding public health against the risks of war conditions. An Emergency Public Health Laboratory Service was established with laboratories all over the country so that unusual outbreaks of disease could be rapidly identified. Stocks of antisera and vaccines were distributed throughout the country and provision made for their replenishment. The Medical Research Council assisted the Defence Departments by increasing the efficiency and well-being of men who had to operate aircraft, tanks, and so forth. Good work had been done by a Flying Personnel Advisory Committee, which, at the request of the Admiralty, had been extended to the Navy. A Military Personnel Research Committee had been set up. The success of the Medical Research Council was largely due to its being given full scientific freedom and complete control over the funds at its disposal. The Scientific Advisory Committee of the Cabinet attached great importance to the use of the facilities of the Medical Research Council. This would probably be extended.

Medical Care of Auxiliary Territorial Service

On April 1 Captain MARGESSON informed Miss Ward that the facilities for treatment of sick members of the A.T.S. were comparable in all respects to those provided for soldiers. An eminent woman doctor had been appointed to the A.T.S. Council to advise on all medical questions affecting the Service.

Captain Margesson also circulated a detailed statement as follows: A.T.S. personnel who wish to report sick attend at the medical inspection room provided for the unit or detachment or nominated for use by the A.T.S. in any particular area, and can there receive out-patient treatment from the medical officer. To meet the needs of those who require more than out-patient treatment, reception stations are provided for detachments of 300 and upwards, and sick bays are opened at medical inspection rooms for smaller units. At reception