

they depend. The wave of charity which began in London in the early eighteenth century rolled on in the course of time to the provincial cities and towns, so that before long there were few of any importance which did not boast of an infirmary or a dispensary.

Founded in the year 1809 as the Penzance Public Dispensary and Humane Society, it became sixty years later the West Cornwall Dispensary and Infirmary and later still (in 1929) the West Cornwall Hospital. Credit for the foundation of the hospital goes to Dr. J. B. Borlase and also to two early benefactors, W. H. Hoare, of London, and Sir Richard Acland. When Borlase, "our lamented friend and leader," died in 1813, his place was taken by the "excellent, talented, and zealous" Dr. James Montgomery, whose family service ceased only in 1908 on the death of his grandson, Dr. Hugh Montgomery. The first committee provided facilities for vaccination and also for the resuscitation of the apparently drowned. They equipped themselves with Dr. Fothergill's latest apparatus, to supplement if not to supplant the bleeding that was then the vogue, and went so far as to offer rewards to any who rendered service to shipwrecked mariners. The local tradition for their care has persisted to this day, and to the everlasting credit of this hospital stands their special record of service during the dark days of 1917-18, when the U-boat campaign nearly succeeded in bringing about our downfall.

The committees seem to have been fortunate in their choice of officers and servants, though it is disquieting to read that Jane Eva, who with her mother Anne acted as housekeeper for almost forty years on a modest wage scale of from 2s. to 2s. 6d. per week, was found guilty of "taking in lodgers" and of "allowing disorderly Females to congregate in the passage during the hours of Divine Service on Sunday Evening last." These misdemeanours, which were her undoing, seem to have resulted from her inordinate liking for the merry company at the Turks Head. There are the usual headaches for hospital committeemen, such as accounting for all the leeches purchased and finding sufficient money at the time it was wanted, but on the whole the people of Penzance seem to have given their institution the support it deserved. The committee, too, seem to have been intelligent and broadminded, for we read that in the year 1824 they sent their dispensing apothecary to London for the purpose of improving his professional abilities.

It is to be hoped that Dr. Edwards's apprehensions about the future of voluntary hospitals under State management will not be justified by the course of events. The voluntary hospital, so fundamentally Christian in its tradition, has a deservedly warm place in the hearts of our people, and any interference in its essential nature could not be tolerated.

W. H. McMENEMEY.

CATALAN SURGERY

Diagnóstico y Terapéutica Quirúrgicos de Urgencia. By Dr. F. Domenech-Alsina. (Pp. 912; 330 figures. No price given). Barcelona-Buenos Aires: Salvat Editores, S.A. 1947.

In 1936 the author of this book published in collaboration with Manuel Corachán *Diagnóstico y Terapéutica Quirúrgicos de Urgencia*, a book that was an outstanding success, and despite its having been reprinted in Buenos Aires it has been long out of print. Following the unfortunate death of Prof. Corachan in 1942 the co-editor has published the book anew. He has changed the title and reviewed the text, so that it now incorporates all the lessons learned in recent years about emergency surgery.

In spite of its being a book mainly based on personal experience, the majority of the views set out in it may be considered to be those of the Catalan school of surgery, and the author expresses in the preface his gratitude to a number of prominent Barcelona surgeons who have contributed by their advice or with their material to the completeness of the work. The book is divided into two main parts: the first on general problems, shock, surgical infections, burns, etc., and the second on the diagnosis and treatment of the acute surgical emergencies. The presentation is excellent and the bibliography is fairly complete. It is a book which will be useful to students, undergraduates, and postgraduates alike.

J. TRUETA.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

The Problems of Family Life. By Agatha H. Bowley, Ph.D. 2nd ed. (Pp. 120. 6s.) Edinburgh: E. and S. Livingstone. 1948.

A study of the more difficult problems of bringing up a family.

Hygiene for Nurses. By John Guy, M.D., D.P.H., F.R.F.P.S., F.R.C.P., and G. J. I. Linklater, O.B.E., O.St.J., T.D., M.D., D.P.H., D.T.M.&H., M.R.C.P. 7th ed. (Pp. 242. 6s.) Edinburgh: E. and S. Livingstone. 1948.

Intended for student nurses as well as the qualified.

Handbook of Practical Bacteriology. By T. J. Mackie, C.B.E., M.D., D.P.H., and J. E. McCartney, M.D., D.Sc. 8th ed. (Pp. 642. 25s.) Edinburgh: E. and S. Livingstone. 1948.

The text has been completely revised to bring the book up to date.

Psychiatrie et Psychologie. By J. Saidman and others. (Pp. 94. 145 francs.) Paris: Synthèse et Thérapeutique. 1948.

A collection of papers by various authors on psychiatry and psychology.

The Legacy of Swift. Edited by Maurice Craig. (Pp. 70. 5s.) Dublin: Colm O. Lochlainn. 1948.

Notes by various authors on the history of St. Patrick's Hospital, Dublin.

A Pocket Gynaecology. By S. G. Clayton, M.D., M.S., F.R.C.S., M.R.C.O.G. (Pp. 111. 7s. 6d.) London: Churchill. 1948.

A short factual summary.

Textbook for Midwives. By Wilfred Shaw, M.D., F.R.C.S., F.R.C.O.G. (Pp. 689. 12s. 6d.) London: Churchill. 1948.

A textbook for the serious student.

A Catalogue of Insecticides and Fungicides. By Donald E. H. Frear, Ph.D. (Pp. 203. \$6.50.) London: Wm. Dawson and Sons. 1947.

Lists the results of testing about 10,000 substances.

The Organization and Management of Hospital Stores. By J. E. Stone, C.B.E., M.C. (Pp. 105. 15s.) London: Faber. 1948.

A factual account of stores organization, records, and accounts.

Le Traitement de la Syphilis en Clientèle. By H. and L. Gougerot. 5th ed. (Pp. 915. No price.) Paris: Librairie Maloine. 1947.

An illustrated manual for the practitioner.

Everyday Dietetics. By M. Martin-Leake. (Pp. 78. 6s.) London: Pitman. 1948.

A practical account for domestic science students and housewives.

Physiologie du Médecin Praticien. By M. Bariéty and G. Brouet. 2nd ed. (Pp. 400. 650 francs.) Paris: Masson. 1947.

A clinical account of pulmonary tuberculosis.

Anatomie Artistique. By Arnould Moreaux, M.S.A.F. (Pp. 366. 850 francs.) Paris: Librairie Maloine. 1948.

The anatomy of the skeleton and musculature for art students.

Transactions of the American Ophthalmological Society. Vol. XLV. (Pp. 683. No price.) Philadelphia: American Ophthalmological Society. 1947.

Papers on a wide variety of ocular conditions and their investigation and treatment.

Handbook of Venereal Infections. By R. Grenville-Mathers, M.A., M.D., Ph.D., F.R.F.P.S.G., A.R.I.C. (Pp. 116. 12s. 6d.) London: Sylviro Publications. 1948.

A summarized account of diagnosis and treatment.

Juvenile Delinquency in an English Middletown. By Hermann Mannheim. (Pp. 131. 12s. 6d.) London: Kegan Paul, Trench, Trubner. 1948.

A study of juvenile delinquency at Cambridge.

Medico-Legal

FAILURE OF ANOTHER RESTRICTIVE COVENANT

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Last year the peace of mind of medico-legal draftsmen was disturbed by the decision of the Court of Appeal in the "Okehampton case." In this case of *Routh v. Jones*¹ the Court of Appeal declared invalid a restrictive covenant in an agreement between a principal and an assistant, with the effect that the ex-assistant was left free to compete in practice with his former employer. The covenant had been drawn in a form quite commonly used. Now the Court has upset another restriction which, although the agreement itself was not a very usual one, was by no means unusual. As in last year's case, the decision doubtless renders useless several covenants on which practitioners are now relying for protection if their present relationship with partners or assistants should end.

Dr. Robert Donaldson Jenkins had a general practice in the Gloucestershire countryside just north of Bristol. The bulk of the work was the treatment of common ailments and injuries; there was the ordinary proportion of midwifery cases and of minor surgery but no specialist work. In 1935 he married a lady who had just qualified; she helped occasionally with the practice but took no regular active part. Early in August, 1939, Dr. Jenkins entered into partnership with Dr. Alexander C. Reid. As the doctor's wife, Mrs. Rosalind Mary Seymour Jenkins, was well known to the patients of the practice as a doctor on her own account, Dr. Reid desired to guard against the possibility that after Dr. Jenkins retired or died, or if she set up in practice on her own in the district, patients might consult her, for she was in a specially favourable position to acquire a knowledge of the practice. The partnership deed therefore contained a clause providing that during the continuance of the partnership, or if Dr. Jenkins died or withdrew from the practice, Mrs. Jenkins should not at any time thereafter practise as a physician or surgeon or apothecary within a radius of five miles, or professionally visit or consult with any of the patients of the practice. During the continuance of the partnership, however, she could see patients of the practice by consent of either partner and account to the partnership for the fees.

At the end of August Dr. Jenkins was called up for service in the Navy, and by arrangement with the partners Mrs. Jenkins worked for the partnership all through the war as an assistant. This engagement ended at the end of May, 1947. Dr. Jenkins had died in September, 1946. Mrs. Jenkins then put up a plate with her name and qualifications, and Dr. Reid, who had built another surgery and wished to take in another partner, objected that she was breaking her restrictive covenant. She moved the Court for a declaration that the covenant was invalid, saying that it covered districts well outside the practice and also many kinds of special practice and even the duties of a works medical officer.

Judgment

The judge, Mr. Justice Romer, in the Chancery Division of the High Court, heard evidence from a secretary of the British Medical Association on the precise meaning of the terms "consultant," "specialist," and others used in the evidence. He disregarded the old authorities on the ground that the approach of the courts to covenants of this nature is now materially different from what it had been when they were decided. He bore in mind, while not considering it the decisive factor, that the area of restraint included a built-up area on the outskirts of Bristol from which the partnership did not normally draw patients. He was much impressed by the fact that the restriction was not limited in time. There was no evidence to show why this should have been necessary, and he did not infer that it was in the least necessary to preserve the goodwill. He bore this in mind also when deciding on the question generally. Moreover, the covenant would prevent Mrs. Jenkins from acting as a consultant or specialist in medicine or surgery, although no such work had ever been done by the partnership. The question of

whether the restriction on practice could be severed from that on visiting or consulting with patients of the practice did not arise, because the second restriction was as bad as the first. Consultation was not part of the work of the practice, and the whole sentence was hopelessly vague. He thought that "patients of the practice"—a phrase of very uncertain meaning—meant persons who might at any time during Mrs. Jenkins's lifetime after the termination of the partnership be treated as patients of the practice. Even if counsel's suggestion was right, that the phrase covered only regular patients, Mrs. Jenkins could never know whether a given person was or was not a patient of the partnership. If she set up in practice in London and somebody came from the prohibited area on a visit, she would clearly be guilty of breaking the agreement if she treated him. Restrictive covenants are construed against the persons who invoke them, and he did not feel inclined to guess at some narrow meaning which would save the clause from defeat. He therefore declared that the whole restriction was void and unenforceable as contrary to public policy, too vague, and in unreasonable restraint of trade.²

Like all other decisions in cases of this nature this decision turned largely on the facts, and must not be interpreted as being of universal application.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

On May 29 the degree of M.D. was conferred on K. S. MacLean and P. F. Barwood.

UNIVERSITY OF GLASGOW

George McCreat Wyburn, M.B., Ch.B., F.R.F.P.S.Glas., Senior Lecturer in the Anatomy Department of the University, has been appointed Regius Professor of Anatomy in succession to Prof. William James Hamilton, D.Sc., M.D., F.R.S.Ed., who has retired.

UNIVERSITY OF LONDON

Philip H. Mitchiner, C.B., C.B.E., M.D., M.S., F.R.C.S., has been reappointed a member of Convocation (Medicine) on Senate of the University for the period 1948-52.

John William Stewart Blacklock, M.D., F.R.F.P.S., professor of pathology in the University of Glasgow since 1937 and director of the Institute of Pathology at the Royal Infirmary, Glasgow, has been appointed to the University Chair of Pathology tenable at St. Bartholomew's Hospital Medical College, from Oct. 1.

James Whillis, M.D., M.S., F.R.C.S., has been appointed to the Chair of Anatomy tenable at Guy's Hospital Medical School, from Oct. 1.

The title of Reader in Morbid Anatomy in the University has been conferred on Daniel Merlin Pryce, M.D., in respect of the post held by him at St. Mary's Hospital Medical School.

UNIVERSITY OF WALES

The following candidates for the degrees of M.B., B.Ch. at the Welsh National School of Medicine have satisfied the examiners at the examination indicated:

SURGERY.—Sarah A. Chard, G. J. Davies, Joan V. Davis, Janet Dean-Jones, T. Griffiths, E. J. Hargadon, Beryl H. Jones, Rosina E. Jones, D. M. D. King, G. M. Reynolds, Esmé S. Rogers (with distinction), Mary C. Sumption, G. Thomas, J. D. Thomas, J. A. Wilkinson.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Dr. J. W. Trevan, F.R.C.P., F.R.S., will deliver the Bertram Louis Abrahams Lecture on "Curare and Curarimimetic Drugs" at the College (Pall Mall East, S.W.) on Tuesday, July 13, at 5 p.m.

The Mitchell Lecture, to be given by Dr. Robert Cope, F.R.C.P., has been postponed till Thursday, Nov. 18.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

On June 7 Prof. J. A. Ryle delivered a lecture at the Royal College of Physicians of Ireland on "The Modern Concept of Social Medicine." The President, Dr. Bethel Solomons, presided, and a vote of thanks to the lecturer was proposed by Dr. A. Parsons and seconded by Prof. T. G. Moorhead.

The following have been admitted as Fellows of the College: R. S. W. Baker, M. D. Hickey, F. E. Pilkington, C. B. Robinson.

The following have been admitted as Members of the College: J. G. Callanan, S. Davis, L. Godfrey, K. ul W. Hazratji, P. J. G. Quinn, M. Brown, D. C. Connolly, J. O. Doyle, M. F. Healy, T. Lynch, J. McNutt, J. P. Malone, R. Sahu, R. H. O'Hanlon.

¹ *British Medical Journal*, 1947, 1, 700; 1947 1 All E.R. 758.

² *Thornbury Gazette*, March 20, 1948.

ROYAL COLLEGE OF SURGEONS IN IRELAND

The following officers have been elected for 1948-9: President, Prof. H. S. Meade; Vice-President, Prof. William Pearson; Other members of Council have been elected as follows: J. F. L. Keegan, R. A. Stoney, H. Stokes, E. L. Sheridan, J. F. Devane, A. A. McConnell, T. O. Graham, W. Doolin, W. C. P. Smyly, F. Gill, A. B. Clery, I. Fraser, A. S. Ffrench-O'Carroll, T. G. Wilson, M. P. Burke, R. R. Woods, J. H. Coolican, T. A. Bouchier-Hayes, and N. A. Kinnear.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the meeting of the Council of the College, held on May 22 with the President, Mr. W. Gilliatt, in the chair, it was announced that Dr. Emil Novak, Baltimore, U.S.A., had accepted an invitation to become an Honorary Fellow of the College. Dr. Novak was appointed lecturer for 1948 under a lectureship founded to cement more closely the bonds of friendship between the British Empire and the United States of America. Prof. N. W. Philpott (Montreal) was appointed William Blair Bell Memorial Lecturer for 1948.

The following were elected to Council to fill vacancies caused by retirement, statutory and otherwise: As representatives of the Fellows: Prof. O'Donel Thorley D. Browne (Dublin), Mr. Malcolm Donaldson (London), Mr. H. L. Hardy Greer (Belfast), Prof. Hilda Nora Lloyd (Birmingham), Mr. Harold Jordan Malkin (Nottingham), Dr. Douglas Miller (Edinburgh), Prof. H. J. Drew Smythe (Bristol). As representatives of the Members: Mr. Donald Blake Fraser (London), Dr. Robert James Wotherspoon (Glasgow).

The following were admitted to the Fellowship of the College: J. O. Baker, S. C. Bose, F. J. Burke, H. H. Caple, W. Clement, G. J. StC. Fisher, I. Goldberg, C. J. K. Hamilton, J. S. Henry, O. S. Heyns, J. Howkins, J. G. H. Ince, Hilda M. Lazarus, D. M. Lindsay, R. Lodge, D. M. Low, J. R. McArthur, K. F. Mackenzie, P. A. McLean, R. B. Meiklejohn, Jocelyn A. M. Moore, A. B. Nash, I. Y. Patrick, Susanne J. Paterson, H. N. Ray, Helen E. Rodway, W. N. Searle, G. A. Simpson, J. R. Vant, G. M. White, W. R. Winterton.

The following were admitted to the Membership of the College: S. C. Anderson, E. C. Bryant, Margaret E. M. Boulton, J. M. Bowen, J. C. McC. Browne, J. T. Burrowes, R. W. Burslem, A. W. Chester, J. Crawford, L. A. Cruttenden, P. C. Denham, J. C. H. Dunlop, S. Evans, J. B. Fleming, J. F. Foulkes, D. C. Galloway, S. F. Hams, Betty Hargreaves, J. R. Hassard, Rosa Hertz, J. B. Hurli, P. S. Jaikaran, Eileen I. Jamieson, E. W. Jones, M. M. Kriseman, Sylvia Lerer, Una G. Lister, Florence P. Logan, J. T. Louw, S. D. Loxton, A. M. Michael, N. V. Mody, Cecilia M. Murray, G. S. Musgrave, M. J. D. Noble, K. Pasricha, R. G. Patel, A. E. Perera, P. T. Por, R. W. K. Purser, T. F. Redman, O. A. Schmidt, F. Shaw, B. H. Sheares, D. M. Sheppard, W. R. Sloan, B. S. Surti, D. A. Thomson, J. G. Thurston, May D. Westerman.

Feeding customs, like any other, vary with the way society is organized. The three square meals proverbially advocated by our forefathers as necessary for a good day's work are unsuited to people working in offices or factories, who prefer more and smaller meals. Many believe that their minds do not work so keenly when their stomachs are full, and present difficulties in preparing substantial meals confirm their choice. A Research Group appointed by the London Council of Social Service Standing Committee on Communal Feeding and the London and Middlesex Standing Conference of Voluntary Youth Organizations has recently investigated¹ the meals taken by juvenile workers in the London area. The Group interviewed first 36 boys and 18 girls, most of whom were aged between 15 and 18, and then a further 112 boys and 84 girls. It found that six meals a day were almost universally accepted, and a seventh was often taken by those who frequented clubs.

Breakfast on weekdays is light and sometimes hurried, though over half have something cooked. Nearly all take sandwiches or cake to eat at work at 10 a.m., and some also drink tea or cocoa. They have a mid-day lunch at a canteen or restaurant or at home, and most then have a snack in the middle of the afternoon. All have tea on returning home, which may be a cooked meal if the lunch was small, and most of them have supper between 9 and 10.30. The likes and dislikes of these young people for different kinds of food vary considerably. Fish is the least popular animal food: indeed, many eat little or none. But the Group comments that "fish and chips" may have been regarded in the inquiry as an item distinct from mere fish. Turnips and parsnips are unpopular, and 10 of the group of 56 dislike one or all green vegetables except beans. The Group concludes that boredom conduces to hunger, which is readily satisfied by snacks, and since many make a poor breakfast employers might provide light refreshments at the start of the day to encourage work. The short breaks for rest are better times than the mid-day meal for introducing any supplementary foods, such as milk, that may be necessary. On the whole, however, the meals of 90% or more of these juveniles are satisfactory.

Medical Notes in Parliament

NATIONAL HEALTH SERVICE

There were presented to Parliament on June 2 Draft Regulations entitled: the National Health Service (Superannuation) (Amendment) Regulations, 1948; National Health Service (Superannuation) (England and Scotland) Regulations, 1948; National Health Service (Transfer of Officers and Compensation) Regulations, 1948; and the National Health Service (Executive Councils) Amendment Regulations, 1948. On June 3 there was presented the National Insurance (Medical Certification) Regulations, 1948.

On June 9 there were presented to Parliament the National Health Service (Scotland) Superannuation (Amendment) Regulations, 1948, and the National Health Service (Transfer of Officers and Compensation) (Scotland) Regulations, 1948.

Interim Contracts for Specialists

Sir ERNEST GRAHAM-LITTLE on June 8 invited Mr. Bevan to publish the interim terms of remuneration for specialists. He said these had been made known to Regional Boards, but not to those who were to be asked to serve under the Health Act as specialists.

Mr. BEVAN replied that whole-time specialists who, by virtue of Section 68 of the National Health Service Act, 1946, were transferred on July 5 to the employment of a Regional Hospital Board or a Board of Governors of a teaching hospital would continue, for the time being, to receive the same remuneration as they did before the appointed day. Part-time specialists who, in general, were not so transferable and whose appointments would therefore lapse on July 5, would be offered temporary contracts remunerated at the flat rate of £200 per annum for each half-day per week up to a maximum of £1,600. These terms of remuneration were broadly based on current practice where part-time visiting staff were paid for their hospital appointments. They were designed simply as interim payments on account until the recommendations of the Spens Committee had been discussed with the profession and a new scheme of remuneration worked out. As soon as that was done adjustments would be made so as to apply the new scheme as from July 5 (even if the discussions were prolonged beyond that date) and to do so in such a way as to bring the specialist's remuneration up to a level appropriate to his seniority and experience.

Sale of Goodwill

On June 10 Sir ERNEST GRAHAM-LITTLE asked Mr. Bevan whether, in view of the fact that general practitioners could carry on private practice in conjunction with public practice under the National Health Service Act, 1946, he would introduce amending legislation to enable them to dispose of the goodwill of their private patients.

Mr. BEVAN replied that he could not do this, but he pointed out that full compensation was provided to cover both elements in these combined practices.

Medical Certificates

Mr. STEELE stated on June 7 that under the National Health Service certificates signed by any qualified medical practitioner would be accepted in support of a claim for sickness benefit. It was not essential that the certificates should be on the standard official form, but convenient that they should be. Medical practitioners practising outside the National Health Service could obtain these forms by applying to the Executive Councils set up under the Act.

RADIOACTIVE SUBSTANCES BILL

The Radioactive Substances Bill, which had already passed the House of Lords, was considered in Committee by the House of Commons on June 4. On Clause 3 Major VERNON moved to omit the provision authorizing the sale by registered pharmacists and sellers of poisons of substances containing more than a prescribed quantity of radioactive element. He said the special skill and elaborate precautions needed to avoid the dangers in handling these substances were outside the range of education of the ordinary pharmacist and outside the range of many medical practitioners. It had never been the practice to sell radium and radon in small quantities all over the country. They had been prepared in establishments equipped for the purpose and taken direct to the hospitals where they were used. Even so there had been accidents and losses.

Mr. LINSTEAD said that beside the substances mentioned by Major Vernon there was a group of preparations in which very minute quantities of radioactive substances were intro-

duced. Radioactive mud and waters were used in medicine. He hoped the Minister would bring under control substances with very small quantities of radioactive material which at present were sold without control and could easily be used to exploit credulous people. The coming of the National Health Service probably meant that there might be preparations, in addition to those now known, which could properly be prescribed by the general practitioner for use by a patient under his direction and which would not require elaborate machinery.

Capt. FIELD said that if the nomination of properly qualified people were left to the Advisory Committee it should not be rigidly confined to medical practitioners, dental practitioners, registered pharmacists, or authorized sellers of poisons. One or two hospitals in London had on their staffs physicists who were not necessarily medical practitioners, yet would be ideal persons to handle and prescribe these substances in certain cases.

Mr. BEVAN said this point should be raised on another part of the Bill. The subsection to which Major Vernon's amendment was directed dealt with persons who sold or otherwise supplied these substances and not with persons who used them. All kinds of radioactive substances, such as ointments and hair restorers, might contain dangerous percentages of radioactive matter and it was essential that they should not be allowed to be sold freely.

Major Vernon's amendment was negatived. He then moved the deletion of the "escape Clause" providing a period of three months from the appointed day during which any qualified practitioner who had applied for a licence could act as though that licence had been granted.

Mr. SOMERVILLE HASTINGS hoped the Committee would not agree to the removal of this Clause. Only a few doctors specialized in this line of treatment and they did not undertake it lightly. There must a Clause of this sort so that treatment already begun could continue in the interval between application for licence and the granting of it.

Mr. BEVAN said he did not know how long would be required to grant the licences, or how many applications there would be. The Government could not say that from the appointed day all work must stop. The amendment was withdrawn and Clauses 3, 4, and 5 were added to the Bill.

Advisory Committee

On Clause 6 Commander NOBLE contended that the Iron and Steel Institute and the Institute of Metals, acting jointly, should have representation on the Advisory Committee.

Mr. HASTINGS asked whether the Ministry of Health could suggest to the College of Physicians that among its nominations to the Committee one, at least, should be a dermatologist.

Mr. LINSTEAD felt that the Pharmaceutical Society should be consulted. It had a representative on the Advisory Committee under the Therapeutic Substances Act.

Mr. BEVAN was sure that what had been said would be noted by the bodies nominated to the Advisory Committee. The claims of dermatologists ought to be considered when recommendations were made by the Royal College of Physicians. He would investigate to what extent consultations with the pharmacists was essential. He could not see at the moment how they would be directly interested. Clause 6 was ordered to stand part of the Bill, as were Clauses 7 and 8.

On Clause 9 Mr. RICHARD LAW said that, when a person felt himself injured by the Regulations and the Minister ordered an inquiry, the inquiry should be public, save for security reasons.

Mr. BEVAN said it would be cumbersome to hold a public inquiry in each case. If objection were taken in the House the Minister would be bound to put the report of his inspector before the House. Clauses 9 to 15 were ordered to stand part of the Bill and the Committee stage ended. The Bill then passed through the report stage without further discussion and was read a third time.

VETERINARY SURGEONS BILL

Mr. TOM WILLIAMS on June 4 moved the Second Reading of the Veterinary Surgeons Bill. This Bill has passed the House of Lords. He said the task of ridding the country's herds of bovine tuberculosis was limited by the supply of veterinary surgeons. Both Cambridge and Bristol Universities were planning courses in veterinary science. Under the Bill the Privy Council could say that an appropriate degree of the university would carry with it a registrable qualification as veterinary surgeon. The Bill did not limit the number of universities which would ultimately be brought in. The Bill proposed to register unqualified practitioners who fulfilled its conditions, to place them under the disciplinary control of the Royal College, and to allow them to describe themselves as

"veterinary practitioners." The title "veterinary surgeon" was reserved for the fully qualified person.

Mrs. MANNING said that this country had only 94 veterinary surgeons per million cattle, against 148 veterinary surgeons per million cattle in Denmark and 247 in Switzerland. The suggestion that the intake of veterinary surgeons should only be increased to 220 a year was pitiful.

Mr. KENYON said that sterility in dairy cattle affected one-fifth of the herds. The remainder, after taking three years to come into production, produced only three lactations. If the veterinary profession found a remedy it would greatly contribute to the welfare of the country.

Mr. GEORGE BROWN, replying for the Government, said the figure of 220 qualified entrants annually into the profession had been based on the estimate of the number for whom decent posts could be found, here or in the Colonial Service. The number of unqualified persons admitted to the supplementary register was unlikely to be more than 500, as against 4,000 qualified people on the other register. "Veterinary practitioners" would be allowed to make tuberculin tests, to issue certificates, and to act for insurance companies.

The Bill was read a second time.

Purchase Tax on Drugs

The Schedules of the Finance (No. 2) Bill were considered in Committee by the House of Commons on June 8. On Part II of the Schedule Mr. N. MACPHERSON challenged the distinction made in levying purchase tax, between drugs mentioned in the *Pharmacopoeia* or *National Formulary* and advertised drugs. He said the Government had more or less admitted that this distinction was made in order to enable the Treasury to get money more easily. Sir STAFFORD CRIPPS promised to look into the matter before the Report stage and see whether a form of words could be found to distinguish between undesirable and desirable drugs. The Schedules were approved and the Committee Stage concluded.

Employment of Blind Persons.—Mr. GEORGE ISAACS announced on June 1 that the Ministry of Labour had set up a working party "to investigate the facilities existing for the employment of blind persons in industry and in public and other services, and to make recommendations for their development."

Treatment of Enuresis.—Mr. BRAMWELL on June 1 asked about the treatment of a soldier who suffered from enuresis and was compelled to sleep in the guard-room. Mr. MICHAEL STEWART said this soldier slept in the guard-room on medical recommendation as part of his treatment. The arrangements made were calculated to add considerably to his comfort.

Artificial Limbs.—Mr. BEVAN is satisfied that the artificial limb manufacturers now working for the Ministry of Pensions can supply and maintain without undue delay all the artificial limbs required under the National Health Service without the aid of other established firms.

"Medresco" Hearing-aids.—Persons who will be eligible on account of the disability of partial deafness to qualify for the "medresco" hearing-aid are estimated by experienced otologists to number about 150,000. This estimate is based on a survey by the Medical Research Council.

Approved Societies.—All Approved Societies will be wound up from July 5, 1948. Regulations governing the procedure will be issued shortly.

Analgesia in Domiciliary Midwifery.—Asked what progress had been made in providing analgesic apparatus in hospitals and for use by midwives Mr. BEVAN replied that the apparatus was normal equipment in hospitals, and 2,820 sets had been supplied for domiciliary midwives who used them for 43,683 cases in 1947 as against 20,507 in 1946. Reports remained favourable. Whether a hospital patient should be given analgesia must continue, he said, to be decided by the doctor in charge.

The Services

Brigadier A. A. Eagger, C.B.E., T.D., and Colonel F. Whalley, C.B.E., D.S.O., T.D., K.H.P., R.A.M.C., T.A., have been appointed Honorary Colonels to the 16th (Airborne) Division, R.A.M.C., and the 49th (W.R. and M.) Armoured Division, R.A.M.C., respectively.

The Efficiency Decoration has been conferred upon the following officers of the Territorial Army: Colonels H. J. A. Longmore, W. McK. H. McCullagh, D.S.O., M.C., Major (Temporary Lieutenant-Colonel) J. B. Bishop, Majors (Honorary Lieutenant-Colonels) D. J. Campbell and J. D. Finlayson, M.B.E., and Major J. E. McCartney, R.A.M.C.

Dr. James Charles Sleigh has been appointed Divisional Medical Officer for the St. Albans Division (comprising St. Albans City, Harpenden Urban, St. Albans Rural, and Elstree Rural Districts) under the Herts County Council's Health Service scheme and Medical Officer of Health for St. Albans City, St. Albans Rural, and Harpenden Urban Councils.

Dr. Sleigh graduated M.B., Ch.B. at the University of Aberdeen in 1918 and took the D.P.H. in 1931. He is at present Medical Officer of Health and School Medical Officer for Chatham. He has long been interested in aviation, holding a private pilot's licence, and is an examiner for the Royal Aero Club "A" licence. From 1945 to 1946 he served in the R.A.M.C. in Germany with the rank of lieutenant-colonel.

DRUMMOND, J. S., M.B., Ch.B., D.P.H., Medical Officer of Health, Mansfield. EEDY, B. N., M.B., Ch.B., D.P.H., Joint Medical Officer, Warsop and Mansfield Woodhouse Urban Districts and Assistant to County Medical Officer of Nottinghamshire.

HART, E. W., M.B.E., M.D., M.R.C.P., Honorary Paediatrician, Hampstead General and North-west London Hospital, Haverstock Hill, N.W.

LANCASHIRE COUNTY COUNCIL.—The following have been appointed Divisional Medical Officers under the N.H.S. for the districts indicated in parentheses: G. H. Potter, M.B., Ch.B., D.P.H. (Abram, Ashton-in-Makerfield, Aspull, Billinge and Winstanley, Hindley, Ince, Orrell, Standish, Upholland, and Wigan Rural); A. C. Crawford, M.B., Ch.B., D.P.H. (Golborne, Haydock, Newton-le-Willows, etc.); J. S. Sewell, M.D., D.P.H. (Blackrod, Horwich, Westhoughton, etc.); J. G. Hailwood, M.D., D.P.H. (Crosby, Formby, Litherland, Ormskirk, Skelmersdale, and West Lancashire Rural); G. G. Wray, M.D., D.P.H. (Chorley borough and rural, Adlington).

RUNWELL HOSPITAL, near Wickford, Essex.—Assistant Physicians, W. N. L. Hayes, M.R.C.S., L.R.C.P.; Norman A. Cohen, M.R.C.S., L.R.C.P.

SEMPLE, A. B., M.D., D.P.H., Deputy Medical Officer of Health, Liverpool.

ST. ANDREW'S HOSPITAL, Bow, London, E.—Casualty Officer, W. D. Smith, M.B., Ch.B., House-physicians, J. H. F. Wood, M.B., B.Ch., and J. Zamler, M.R.C.S., L.R.C.P.

ST. THOMAS' HOSPITAL, London, S.E.—Honorary Surgeon, R. H. Boggon, M.S., F.R.C.S. Honorary Surgeon in charge of Outpatients, C. G. Rob, F.R.C.S. Honorary Physician to Department of Psychological Medicine, W. W. Sargent, M.R.C.P., D.P.M. Honorary Physician to Out-patients, H. J. Anderson, M.R.C.P.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Laidlow.—On June 6, 1948, at Crown House, Retford, to Doreen, wife of Edwin V. Laidlow, M.B., B.S., a brother for Diana and David.

Laws.—On May 29, 1948, to Dr. Pamela Laws (née King), wife of Captain John W. Laws, R.A.M.C., of 3, Fowler's Hill, Salisbury, a son.

Malcomson.—On June 8, 1948, to Dr. Madeline, wife of Dr. E. W. Malcomson, Staunton-on-Wye, Hereford, a daughter—Rachel Jane.

Moselhi.—On June 3, 1948, at Carlisle, to Margaret Mary (née Carlyle), wife of Dr. A. Moselhi, a son—Morad, a brother for Magdah.

Pratt.—On May 4, 1948, at the Queen Elizabeth Hospital, Birmingham, to Dorothy (née Boothroyd), wife of Dr. Peter Pratt, a son—Christopher Peter.

Rayner.—On June 2, 1948, at Queen Elizabeth Hospital, Birmingham, to Dr. Mary M. Rayner (née Dale), wife of Lieutenant C. Stephen Rayner, R. Sigs., a son—Christopher Martin.

Turner.—On June 4, 1948, to Kathryn (née McNeill), wife of Dr. Anthony C. Turner, of Broadway House, Herne Bay, Kent, a daughter—Elizabeth Anne Aldren, a sister for John.

MARRIAGES

Binning—Repard.—On May 27, 1948, at Hove, Dr. Rex Binning, of 18, Brunswick Square, Hove, only son of Mr. F. G. Binning and the late Mrs. Binning, of Southampton, to Nancy Louise, only daughter of Mr. and Mrs. A. Green, of Hove.

Watts—Lambert.—On June 5, 1948, at The Priory Church of St. Bartholomew the Great, London, Richard W. E. Watts, M.B., B.S., to Joan E. M. Lambert, M.R.C.S., L.R.C.P.

DEATHS

Bowie.—Recently, at Crawshaw Avenue, Pudsey, Yorks, Edgar Ormond Bowie, L.A.H., D.P.H.

Buckland.—On June 5, 1948, at the Dunedin Hospital, New Zealand, Henry Scott Buckland, M.B., B.Chir.

Campbell.—On June 1, 1948, at Johannesburg, South Africa, Andrew Campbell, M.B., F.R.C.S.Ed.

Clay.—On June 12, 1948, at 1, Athol Road, Whitstable, Kent, Francis Edmund Clay, M.R.C.S., L.R.C.P., aged 75.

Culmer.—On June 5, 1948, at Nassau, The Bahamas, Joseph William Culmer, M.R.C.S., L.R.C.P.

Dingley.—On June 7, 1948, at Longcroft House, Wednesbury, Staffs, Edward Alfred Dingley, M.D., J.P., aged 88.

Gossage.—On June 8, 1948, at Westminster Hospital, London, S.W., Alfred Milne Gossage, C.B.E., M.D., F.R.C.P., aged 85.

Hardie.—On June 3, 1948, William Towers Hardie, M.B., Ch.B., Glas., of 25, Second Avenue, Glasgow.

Hirsch.—On May 20, 1948, at Birmingham, Max Hirsch, M.D., Berlin, aged 71.

Hutcheson.—On June 11, 1948, at 2, Nile Grove, Edinburgh, James Ironside Hutcheson, M.B., Ch.B., D.P.H.

Jellett.—On June 8, 1948, at Christchurch, New Zealand, Henry Jellett, M.D., F.R.C.P.I.

Leask.—On June 7, 1948, at 9, High Street, Wick, Caithness-shire, James Leask, M.D., Aberd.

Llewellyn.—On June 10, 1948, John Llewellyn, M.R.C.S., of "Upwood," Susanwood, Chislehurst, Kent, aged 90.

Lloyd.—On June 11, 1948, at Roselyon, Mount Park, Harrow-on-the-Hill, William Lloyd, F.R.C.S.

McCann.—On June 11, 1948, Ivan Bailey McCann, M.R.C.S., L.R.C.P., aged 52.

McConnell.—On June 3, 1948, at 21, Percy Gardens, Tynemouth, James McConnell, M.B., B.S., D.P.H.

Tatchell.—On June 1, 1948, at the helm of his boat, off Cowes, Percy Tatchell, M.R.C.S., L.R.C.P., aged 74.

Walton.—On June 8, 1948, at 20, Devonshire Place, London, W., Harry Walton, M.R.C.S., L.R.C.P., aged 43.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

HYPNOSIS IN LABOUR

Q.—What are the facts and arguments for and against hypnosis for procuring analgesia in childbirth?

A.—According to J. B. DeLee in *The 1939 Year Book of Obstetrics and Gynaecology* (p. 164) sundry trials of hypnotherapy during labour have been made since the method was introduced into surgery in 1821. A recent report on 12 cases (with only one failure) is by W. S. Kroger and S. T. DeLee (*Amer. J. Obstet. Gynec.*, 1943, 46, 655). These authors also review some of the earlier literature on the subject. The method has two main features: (1) hypnotic and (2) post-hypnotic suggestion—i.e., when the patient is in a trance it is suggested to her that labour will be painless. Repeated séances are given, beginning about the seventh month of pregnancy. During labour itself the patient is hypnotized early in the first stage. Many advantages are claimed: no interference with uterine function, smooth and rapid progress of labour with the patient calm and relaxed, a decreased tendency to haemorrhage and shock, relief of pain, and good amnesia. Indeed, hypnosis is said to be the only analgesic which is completely safe for both mother and child. Under its influence the patients continue to obey the instructions of the attendant and "bear down" or "relax" accordingly. They can also take nourishment and empty the bowel and bladder at will. Forceps delivery, episiotomy, and perineal repair can all be carried out without the aid of any other analgesic agents.

The disadvantages of the method include the practical difficulties inherent in devoting a very considerable amount of time and care to each individual patient. The same operator has to carry out the hypnotherapy on each occasion and to attend in labour. However, he or she need not remain in personal contact with the patient throughout the whole course of labour; once the patient is hypnotized "rapport" can be transferred to a nurse, whose instructions will then be followed by the patient. Probably the chief disadvantage of the method is that its success depends on having a confident and experienced operator working with a susceptible patient. Many women are not amenable. Even so, it seems likely that hypnosis in labour has a wider application than has been appreciated, and the practical difficulties may have been so overstated that it has not received a thorough trial. There is no doubt that it works well in some cases. In certain ways it can be regarded as an extension of the "suggestion" therapy which every good obstetrician practices, consciously or subconsciously, as part of antenatal care.

VAGOTOMY

Q.—Is the operation of vagotomy for gastric or duodenal ulcer widely performed? In what type of case is it indicated or contraindicated? What is the prognosis, and what are the end-results?

A.—Vagotomy has been widely practised in America for at least five years, and its use here has been and still is steadily increasing, especially in the last year or so. Indications in this country have been confined almost entirely to two groups of cases: (1) selected duodenal ulcers, and (2) gastro-jejunal ulcers following either short-circuiting operations or gastrectomy. In group 1 the ulcers which respond best are those occurring in young men whose ulcers have failed to respond to extensive medical treatment, where obstructive symptoms are absent or minimal, and where a psychosomatic factor is in evidence. In group 2 vagotomy is probably the treatment of choice, but the possibility that stenosis may follow the ulcer's healing must be borne in mind. Vagotomy is not advocated for gastric ulcer, as it leaves the question of possible malignancy unsolved. This obviously applies in greater degree to the older age groups. The immediate prognosis (provided the nerve section is adequate) is excellent. Follow-up studies are as yet too brief