

so passed on to politics. As side-lines he studied climatology, vital statistics, and health questions, and in 1799 published his *History of Epidemic and Pestilential Diseases*. He was in advance of his times in advocating taking the public into confidence on general health matters.

Dr. Rush, of Philadelphia, was much impressed by the *Letters* and tried to find a publisher, but, as he said, practically all printers and booksellers believe that yellow fever is imported and are therefore prejudiced against Webster's (and Rush's) opinions. Consequently Rush suggested getting them printed in London and promised the author an introduction to Dr. Lettson, but nothing came of this, and the letters were never published except in their original form in 1797 in the *New York Commercial Advertiser*.

Noah Webster, by reason of his zeal and persistence, deserves to be included among non-medical men who have furthered interest in health subjects—men such as Louis Pasteur, Edwin Chadwick, Jeremy Bentham, John Howard, Mary Wortley Montague; and the student of medical history owes a debt of gratitude to the editor of the *Bulletin of the History of Medicine* for making these letters and the introductory essay available to a wider circle of readers.

H. HAROLD SCOTT.

### COMPULSORY HEALTH INSURANCE

*The Issue of Compulsory Health Insurance*. A Study prepared at the request of Senator H. Alexander Smith, Chairman of the Subcommittee on Health of the Senate Committee on Labour and Public Welfare. By George W. Bachman and Lewis Meriam. (Pp. 271. No price.) Washington: The Brookings Institution. 1948.

The latest addition to the steady stream of books on this subject coming from the U.S.A. is issued under the auspices of the Brookings Institution, which is "devoted to public service through research and training in the social sciences." It was prepared at the request of the Senate Committee on Labour and Public Welfare. The Institution was told that the issue to be examined was "not whether it shall be the policy to make medical care available to those who cannot afford to pay the full cost, but how the activities in this field should be planned, integrated, and systematized." It was further said that two major plans are under Government consideration: (a) to make grants in aid to the several States and let them design a programme to suit their own convenience, grants being given only to those States whose programmes comply with central requirements; and (b) to adopt a complete Federal compulsory health insurance. The Institution was asked to submit a report which would examine "all the evidence in support of or against both these plans."

The Institution committed the task to two men both of whom had large experience in medical and general sociology, and their report is a testimony to their thoroughness. There are masses of statistics; every imaginable question on the subject is asked and answered with apparent impartiality. In their summing up the investigators make some novel suggestions arising out of their experience. They say "the average lack of medical care in persons belonging to the 2,000 dollar and over income group at 1941 levels is due more to failure to give medical care high priority than to lack of income." There is a steady movement from the lower income levels. In 1930-6 about one-seventh of the population had incomes of from 2,000 to 5,000 dollars. In 1946 half the population was in this higher range. The figures of expenditure show that more money is spent by this group on cars, liquor, tobacco, and recreation than on medical care, which is supposed to be a necessity. The investigators suggest that much of the problem could be met if the public could be induced to give medical care its due priority, being encouraged to join voluntary approved agencies by suitable income-tax allowances. They agree that there would be a substantial number unable to meet the cost of medical care on any insurance system, whether voluntary or compulsory.

The book well deserves the attention of all interested in the subject. Its origin would seem to show that the politicians mean to do something about it—but then they have been saying so for some years now, and so one never knows. Perhaps they are waiting for a Gallup Poll.

ALFRED COX.

### BOOKS RECEIVED

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

*The Secret Life of Salvador Dali*. By Salvador Dali. (Pp. 423. 42s.) London: Vision Press. 1948.

The autobiography of the surrealist painter.

*British Chemicals and Their Manufacturers*. Published by the Association of British Chemical Manufacturers. (Pp. 141.) London: British Chemical Manufacturers. 1949.

The directory of the Association of British Chemical Manufacturers (supplied free to those who use it for professional or business purposes).

*Atlas of Human Anatomy*. By M. W. Woerdeman, M.D., F.R.N.A.Sc. Vol. 1. (Pp. 512. 70s.) London: H. K. Lewis. 1948.

This volume is on osteology, articulations, and musculature.

*The Chest and the Heart*. Edited by J. A. Myers, Ph.D., M.D., and C. A. McKinlay, M.D. (Vol. 1, pp. 1,021; vol. 2, pp. 824. 147s. for two vols.) Oxford: Blackwell Scientific Publications. 1948.

An illustrated textbook, with detailed accounts of treatment.

*The Commonsense Psychiatry of Dr. Adolf Meyer*. Edited by A. Lief. (Pp. 677. 39s.) London: McGraw-Hill. 1948.

Contains 52 of Meyer's papers, with a biographical narrative.

*British Surgical Practice*. Edited by Sir Ernest Rock Carling, F.R.C.S., F.R.C.P., and J. Paterson Ross, M.S., F.R.C.S. Vol. 4. (Pp. 486. 60s.) London: Butterworth. 1948.

Authoritative articles in alphabetical order (F-H) on the practice of surgery, with references.

*And Now to Live Again*. By Betsey Barton. (Pp. 160. 7s. 6d.) London: Quality Press. 1948.

A discussion of the problems of disabled people by a patient who is herself disabled.

*Toxoplasmosis*. By C. D. Binkhorst. (Pp. 163. Paper covers, 15s., cloth covers, 19s.) London: H. K. Lewis. 1948.

An account of the clinical, serological, and histopathological aspects, with special reference to eye manifestations.

*A History of Science*. By Sir W. C. Dampier, Sc.D., F.R.S. 4th ed. (Pp. 527. 25s.) Cambridge: University Press. 1948.

Includes the relations of science with philosophy and religion.

*Functional Neuro-Anatomy*. By A. R. Buchanan, M.D. (Pp. 242. 32s. 6d.) London: Henry Kimpton. 1948.

A textbook for medical students.

*Psychiatry in a Troubled World*. By W. C. Menninger, M.D. (Pp. 636. 30s.) London: Macmillan. 1948.

A study of the problems and practice of psychiatry in the U.S. Army in the recent war.

*Elementary Anesthesia*. By W. N. Kemp, M.D., C.M. (Pp. 289. \$5.00.) London: H. K. Lewis. 1948.

A practical account intended for student and general practitioner.

*Physician's Handbook*. By J. Warkentin, Ph.D., M.D., and J. D. Lange, M.S., M.D. 5th ed. (Pp. 293. \$2.) California: University Medical Publishers. 1948.

A summary in note form of diagnostic procedures.

*Joseph Lister: The Friend of Man*. By H. C. Cameron. (Pp. 180. 17s. 6d.) London: Heinemann. 1948.

A biography by the son of Sir Hector Clare Cameron, house-surgeon and lifelong friend of Lister.

*Clinical Urology*. By L. E. McCrea, M.D., F.A.C.S., F.I.C.S. 2nd ed. (Pp. 503. \$6.50.) Philadelphia: F. A. Davis. 1948.

A practical book intended for general practitioners and students.

*Pathologie Médicale*. By P. Vallery-Radot and others. (Pp. 1,408. No price.) Paris: Flammarion. 1948.

A textbook for students.

have soured a lesser man. That he was known to his staff as "the Chief" is sufficient indication of the esteem in which they held him: it takes a big man to be a hero to his valet. "He'll be sair missed" by all who knew him, and much sympathy will be felt for his two doctor sons in their bereavement.

Dr. JOHN WATT, who died on Jan. 2 at the age of 68, was a native of Glasgow. He took the L.D.S. there in 1904 and the Scottish triple qualification in 1913. He served in the first world war as a captain in the R.A.M.C. He then went to Skye, first to Broadford and then to Portree. After five years' strenuous service Dr. Watt decided to return to the mainland, and he took up practice twenty-six years ago in Muthill, Perthshire. Unobtrusive in nature and sparing in speech, he was skilful in diagnosis and endeared himself to the people by his kindly sympathy. Dr. Watt took his share along with other local practitioners in the work of the Crieff and District Cottage Hospital as a member of the honorary medical staff. He was also interested in the District Nursing Association, and during the recent war was in charge of the medical side of the local civil defence organization. He was also a justice of the peace for Perthshire. He was a keen sportsman, and many owe their skill as fishermen to him. His wife died with tragic suddenness seven years ago.—E. A. S.

Dr. ALEXANDER GORDON INGRAM, who died on Jan. 28 at the age of 85, had been in practice in Helensburgh for nearly sixty years. He graduated M.B., C.M. at Aberdeen in 1886, and went into general practice in Helensburgh in 1889. After taking the D.P.H. in 1913 he was appointed medical officer of health for the burgh and medical superintendent of the local infectious diseases hospital and sanatorium; he was also in charge of the child-welfare and antenatal clinics. Although he had given up his large general practice, he continued active work in his other posts until a few months ago. Rather shy by nature, he was a man of wide interests, but primarily he devoted himself to the care of his patients, by whom he was held in high esteem. A native of Banffshire, he had his full share of North-Country wit and had a great fund of anecdotes. Dr. Ingram was chairman of the Dunbartonshire Division of the B.M.A. from 1933 to 1938. He took a great interest in the younger practitioners in the area, and he spared no pains to help and encourage them. His jubilee was marked by a public presentation from his patients and friends of an illuminated address and a cheque. When he reached his diamond jubilee he entertained his colleagues in the town to a dinner. Ingram was a man of keen intellect and genial kindness, and those of us who are left feel the better for having known him.—W. G.

Dr. MAVIS VICTORIA ZANE, who died in London on Feb. 7 at the age of 52, was born in Australia and graduated at the University of Sydney. After ten years as medical officer for girls' schools under the Egyptian Ministry of Education she served in a number of English hospitals and infant and child-welfare clinics. She joined the staff of the Save the Children Fund in January, 1948, and was appointed medical superintendent of the Fund's hospital at Schlutup, near Lubeck. This was a 100-bed hospital for the children of displaced persons from camps in the neighbourhood. The hospital, on the shores of the Baltic, was formerly the administrative block of a secret war factory concealed in the neighbouring woods, and the building was admirably adapted to its new purpose. Changed conditions in Germany brought about the transfer of the hospital to the German authorities towards the end of last year. Dr. Zane was ill when she returned from Germany last autumn, and did not recover.

## The Services

The Prince Regent of Belgium has bestowed the decoration of Chevalier of the Order of the Crown upon Temporary Surgeon Lieutenant-Commander G. F. Carey, R.N.V.S.R., for distinguished services rendered to Belgium during the war.

The King of Norway has bestowed the decoration of Norwegian War Medal upon Surgeon Lieutenant-Commander J. M. Ridyard, R.N.V.R., for distinguished services with the Royal Norwegian Navy during the war.

The Efficiency Decoration has been conferred upon Lieutenant-Colonel G. E. O'Riordan and Major E. Fowler, R.A.M.C., T.A.

## Medical Notes in Parliament

### COST OF HEALTH SERVICE

#### Supplementary Estimates

It appears that the cost of the National Health Service for its first nine months will be £58,455,000 more than was originally estimated, an increase of over 39%. This is one of the main items given in the Supplementary Civil Estimates for £221,471,574 issued by the Stationery Office on Feb. 9. For England and Wales the extra sum required is £52,800,000 and for Scotland £5,655,000.

The ophthalmic services, which were expected to cost £2,330,000, are now estimated at £14,970,000. The cost of dental services will be £21,800,000 instead of £8,150,000. Drugs, medicines, and appliances will cost £17,715,000, as against the first estimate of £12,700,000.

Payments to medical practitioners at a cost of £29,800,000 show an increase of £2,300,000. The administration of the Service will cost £1,606,000, as against £890,000.

The increase in the cost of hospitals and specialist services will be £24,446,000. The liabilities of the hospitals which were transferred to the Government on the appointed day exceeded the first calculation by £17,409,000.

These supplementary estimates are to be debated on Feb. 17, and it is expected that the debate will turn mainly on the cost of the National Health Service. It had been estimated that the Service would cost in the nine months from July 5, 1948, to the end of the financial year about £150,000,000. The supplementary estimates now before the House show that the cost for the nine months will actually be £208,000,000. If expenditure continues at this rate the cost in a full year would be £277,000,000.

#### Too Many Patients

Mr. BEVAN on Feb. 9 informed Mr. MARTIN LINDSAY that approximately 5,000 patients had been instructed by the Birmingham National Health Executive Council to change their registered medical practitioners. Later on the same day Mr. Lindsay opened a debate on this subject.

He said that over 3,000 people in Solihull had been instructed by the Birmingham Executive Council to leave the doctors of their choice, whose patients they had been in many cases for a number of years. The same thing had happened all over Birmingham. On the appointed day last year a number of doctors found themselves taking over many more patients than they could hope to handle. One doctor in his constituency who had a reputation as a painstaking physician found that over 3,000 patients had registered with him beyond the figure of 4,000 laid down as a maximum. The local executive council in such cases had no choice but to ask some registered patients to leave their doctor and find another. Mr. Lindsay did not question that, but questioned the method of selection of the patients who were to be removed. The fair method was to remove recent additions to the doctor's list and those people who had registered for the first time with him at the appointed date.

Another Birmingham doctor had been told that he had 500 patients in excess of 4,000 and must get rid of them by March 4 unless he obtained an assistant. The doctor had taken every possible step to find an assistant but could not do so because he could not offer accommodation to a married assistant and his family. Mr. Lindsay noted that before July 5 this doctor had the same number of patients as he had now, and his practice worked smoothly. Mr. Lindsay suggested that the figure of 4,000 should not be a statutory maximum but a guide to the approximate number of patients which a doctor could treat single-handed. If the patients considered they were not getting satisfactory service they could leave the doctor of their choice and go to someone else. The doctor had every incentive to keep up his list by looking after patients properly. Some doctors were quicker than others, and some had practices which were topographically more compact. He suggested that the maximum number should be left to the doctor concerned, the figure of 4,000 being merely a guide. He asked the Minister to instruct executive councils that where a doctor's list was much too large the recent additions to it should be removed and not patients who had long been attended by that doctor.

Sir PETER BENNETT said that from his constituency on the other side of Birmingham he had received similar complaints.

Replying to the debate, Mr. BLENKINSOP said it was far from the intention of the Ministry of Health or of the executive councils that there should be arbitrary decisions. When the medical profession had agreed to a general limitation of individual lists to 4,000, it was understood that at the start there

should be latitude to avoid splitting families. After discussion with the profession a circular was sent by the Ministry to executive councils last November suggesting that the lists should be examined because there were wide discrepancies. The general view of the medical profession as well as of the Ministry was that it would be impossible to get the type of service desired if these grossly overloaded lists were allowed. Before the Birmingham Executive Council was able to consider the matter the doctor to whom Mr. Lindsay had referred wrote to that council saying he found his list, which was more than 4,000 above the agreed figure, was too much for him. He asked the executive council to help in trying to reduce the list. The council was obliged to consider the appeal made by the doctor. The doctor himself was asked for his views. He felt that if he could limit his area of operation to a district outside Birmingham where he had a large practice and where there were few other doctors whom patients could choose he would be doing the right thing. He suggested those he wished to be removed from his list, and the Executive Council notified the names after they had been approved by the doctor concerned. Mr. Blenkinsop said that the Ministry could not accept the principle that those who came on the list last should be removed first. The action of Birmingham Executive Council had enabled the doctor to keep his practice over the 4,000 limit in an area with few alternative doctors and to release patients for whom there were a number of alternative doctors. The executive council had notified the surplus 3,000 patients, appending a note of the other doctors in the area whose lists were below the maximum figure. Mr. Blenkinsop felt that in this case the Ministry had looked at the problem and tried to find a solution fair both to the patients and the doctor. It was true that it was difficult to get accommodation for a married assistant, but it might be possible to get an assistant in the second practice to which Mr. Lindsay had referred. Many members of the medical profession felt that 4,000 was too high a figure, and it would be impossible to leave one doctor with over 8,000 on his list while other experienced doctors had much smaller lists. For the benefit of the patients the Ministry must in the friendliest way try to get some redistribution. He assured the House that the Ministry and the executive councils did not desire to take arbitrary action or to break up families or to take individuals off the list because it was a few over the maximum. There was no need to give fresh instructions to executive councils which had used reasonable discretion in the matter and had examined individual cases. The Ministry could examine individual cases of special hardship. He was anxious that the country should understand that there was no desire for arbitrary action and that the Ministry was anxious to secure the best personal service under the National Health Scheme.

### No Household Remedies

Mr. KEELING asked on Feb. 10 whether Mr. Bevan knew that some National Health Service doctors declined to write prescriptions for laxatives, first-aid dressings, antiseptics, and other household remedies which before the Service came into existence were not normally obtained on a medical prescription.

Mr. BEVAN replied that it was the duty of a doctor under the National Health Service to prescribe any drug or prescribed appliance which he considered necessary for the treatment of a patient or for the prevention of disease. It was no part of his responsibility to prescribe drugs and household remedies for healthy persons for purposes of self-medication.

**Unstaffed Beds.**—Replying to Mr. HASTINGS on Feb. 10, Mr. BEVAN stated that the number of unstaffed hospital beds on Sept. 30, 1948, was 57,500, including 4,800 in sanatoria. He added that there were large numbers of nurses not actively employed, many of whom would be willing to serve in an emergency. Their names were on an emergency reserve list kept by the Department.

**Tropical Diseases Centre.**—Mr. BEVAN informed Mr. IVOR THOMAS on Feb. 10 that it was proposed to develop a tropical diseases centre as a unit of the London University College Hospital group. He and the Colonial Secretary were anxious to ensure that this development should be worthy of the object in view, and should take place as rapidly as building and other difficulties permitted.

**Medical Superintendents.**—On Feb. 10 Mr. HARDY asked why medical superintendents were not allowed to attend hospital management committees in the Manchester regional area. Mr. BEVAN replied that this was a matter for the committee concerned. He had drawn attention to the desirability of making this arrangement.

**Lifeboats.**—Where a lifeboat has to be used to convey a patient to hospital, the expense will be met by the regional hospital board. Where a lifeboat has to be called out to convey a doctor to a patient, the liability will fall on the local executive council.

## Universities and Colleges

### UNIVERSITY OF LONDON

George Lindor Brown, M.Sc., M.B., Ch.B., F.R.S., has been appointed to the Jodrell Chair of Physiology tenable at University College, from Oct. 1.

The title of Professor of Neuropathology in the University has been conferred on Alfred Meyer, M.D., in respect of the post held by him at the Institute of Psychiatry.

A name was omitted from the list of recognized teachers of the University printed in the *Journal* of Jan. 22 (p. 159). Mr. C. H. Gray has been recognized as teacher of surgery at the Royal Free Hospital School of Medicine and Dr. J. D. S. Flew as teacher of obstetrics and gynaecology at University College Hospital Medical School.

### EPIDEMIOLOGICAL NOTES

#### Influenza

There were 64 deaths from influenza in the great towns of England and Wales in the week ended Feb. 5, as against 37 in the preceding week. This is not a high figure in comparison with the corresponding one for any previous year other than 1948. There has been an increase in the number and size of outbreaks reported from residential schools, Service establishments, and so on, but in all these outbreaks the disease appears to have been relatively mild and short-lived. Outbreaks are widely scattered.

In France the epidemic is on the wane, but in some regions a slightly higher proportion of serious cases is being reported than in the earlier stages of the epidemic. A number of comparisons between different strains have now been made and show that the virus isolated from cases in the United Kingdom in the latter half of January is identical with strains currently obtained from Continental Europe.

#### Discussion of Table

In *England and Wales* there were decreases in the notifications of scarlet fever 120, acute pneumonia 115, whooping-cough 85, and dysentery 44, and increases in the incidence of measles 1,402, cerebrospinal fever 21, and diphtheria 10.

The largest change in the local incidence of scarlet fever was a decrease of 37 in Lancashire. Notifications of whooping-cough increased in Yorkshire West Riding 57 and Lancashire 56 and decreased in Warwickshire 42.

The incidence of diphtheria increased in Lancashire 15, due to the experience of the county boroughs, and in Glamorgan-shire 7.

The largest increases in the notifications of measles were Staffordshire 215, Middlesex 190, London 130, Southampton 120, and Yorkshire North Riding 120; the only large decrease was 95 in Lancashire.

Small outbreaks of dysentery were notified during the week from Cornwall, Bodmin M.B. 7, and Dorset 6 (Beaminster R.D. 3 and Bridport R.D. 3). Other large centres of infection were Lancashire 15, London 6, and Worcestershire 6. Of the 20 cases of poliomyelitis 11 were notified in London and the south-eastern counties; the largest returns were London 4, Southampton 3, Kent 2, and Somerset 2.

In *Scotland* the only rise in the notifications of infectious diseases was 45 for measles; there were falls in the incidence of scarlet fever 16, diphtheria 14, and whooping-cough 11. Notifications of dysentery increased in Edinburgh from 4 to 9 and decreased in Glasgow from 21 to 7.

In *Eire* increases were recorded in the notifications of measles 77, scarlet fever 22, and whooping-cough 14. The largest outbreak of measles during the week was in Donegal, Stranorlar R.D. 17. The increased incidence of whooping-cough was contributed by Dublin C.B., where the notifications rose from 27 to 53.

In *Northern Ireland* a decrease occurred in the notifications of measles 24 and scarlet fever 25. In contrast to the trend for the whole country an increase in the notifications of measles was recorded in the counties of Down 14 and Tyrone 10.

#### Week Ending February 7

Notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,372, whooping-cough 3,168, diphtheria 116, measles 13,800, acute pneumonia 1,016, cerebrospinal fever 32, acute poliomyelitis 9, dysentery 75, paratyphoid 4, and typhoid 6.

## COMING EVENTS

## Film of Lebanon Hospital

A colour film of the Lebanon Hospital for Mental Diseases will be shown for the first time in England at 8 p.m. on March 1 at the Royal Society of Tropical Medicine, Mansions House, 26, Portland Place, London, W.1, under the chairmanship of Lord Moran, P.R.C.P. Other films will follow. The film will be shown again on March 2 at 7 p.m. at the same address under the chairmanship of Dr. J. C. Sawle Thomas. A collection for funds will be taken on both occasions. Applicants for tickets should write to the Lebanon Hospital Office, Drayton House, Gordon Street, London, W.C.1, enclosing a stamped addressed envelope and stating for which night tickets are wanted.

## Lectures on Tuberculosis

A course of lectures on current problems concerning the tubercle bacillus will be held in Lausanne under Professor Hauduroy, director of the Lausanne Institute of Hygiene and Bacteriology, on April 21-23. Subjects to be discussed include the following: "Human and Bovine Types of Tubercle Bacilli," by Professor Jensen; "Murine Type of Tubercle Bacillus," by Dr. A. Q. Wells, of the Sir William Dunn School of Pathology, Oxford; "Paratubercle Bacilli," by Dr. Penso, Institute of Health, Rome; "Acid-fastness of Tubercle and Paratubercle Bacilli," by Professor Hauduroy; "Chemistry of the Tubercle Bacillus," by Dr. Chain, Institute of Health, Rome; "Antibiotics Active Against the Tubercle Bacillus," by Sir Howard Florey; "Chemiotherapeutic Agents Active against the Tubercle Bacillus," by Dr. Tréfoüel, Director of the Pasteur Institute, Paris. The lectures will be in either French or English and a summary in both languages will be distributed beforehand. Particulars may be obtained from Professor Hauduroy, 19, Avenue César Roux, Lausanne, Switzerland.

## German Congress of Medicine

The 55th German Congress of Internal Medicine will be held on April 25-28 at Wiesbaden. Subjects for discussion are: (1) Psychosomatic medicine; (2) protein metabolism and protein therapy; (3) chemotherapy of cancer, tuberculosis, and endocarditis; (4) present-day circulatory problems. Professor Dr. Curt Oehme, of Medizinische Univ.-Poliklinik, Heidelberg, would like to hear as soon as possible from those who wish to attend or to read papers, so that permits may be obtained for their entry into Germany.

## SOCIETIES AND LECTURES

## Monday

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, Cavendish Square, W.—Feb. 21, 9 p.m. Lettsomian Lecture by Dr. Horace Evans.

## Tuesday

INSTITUTE OF DERMATOLOGY, 5, Lisle Street, Leicester Square, London, W.C.—Feb. 22, 5 p.m. "Histopathology of the Skin," by Dr. I. Muende.

INSTITUTE OF SOCIOLOGY.—At Royal Institute of British Architects, Portland Place, London, W., Feb. 22, 5.30 p.m. "The Family as a Basis of Society," by Dr. G. Scott-Williamson.

INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., Feb. 22, 11 a.m. "Urethritis due to Systemic, Metabolic, and Deficiency Diseases," by Dr. A. H. Harkness.

LONDON: UNIVERSITY COLLEGE.—At Physiology Theatre, Gower Street, London, W.C., Feb. 22, 5.15 p.m. "Baroreceptor Activity of the Carotid Sinus and Aortic Arch," by Dr. A. Schweitzer.

## Wednesday

HARVEIAN SOCIETY OF LONDON.—At 26, Portland Place, London, W., Feb. 23, 8.15 p.m. "Industrial Medicine," by Dr. A. J. Amor.

INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., Feb. 23, 11 a.m. "Urethritis due to Local Diseases of Penis," by Dr. A. H. Harkness.

LONDON UNIVERSITY.—At Institute of Psychiatry, Maudsley Hospital, Denmark Hill, London, S.E., Feb. 23, 2.45 p.m. "The Organization of the Cerebral Cortex," by Professor W. E. Le Gros Clark.

## Thursday

DEWSBURY: STAINCLIFFE GENERAL HOSPITAL.—Feb. 24, 9 p.m. "Intracranial Irritation in the Newborn: Some Observations on the Short and Long Term Prognosis," by Professor W. S. Craig.

EDINBURGH ROYAL INFIRMARY.—Feb. 24, 5 p.m. "Clubbing of the Fingers." Honyman Gillespie Lecture by Dr. A. Whitley Branwood.

INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., Feb. 24, 11 a.m. "Urethritis ab Ingestis," by Dr. A. H. Harkness.

LONDON UNIVERSITY.—At Large Lecture Theatre, St. George's Hospital Medical School, Hyde Park Corner, London, S.W., Feb. 24, 4.30 p.m. Lecture-demonstration: "Neurology."

LONDON UNIVERSITY.—At Westminster Medical School, Horseferry Road, London, S.W., Feb. 24, 5 p.m. "Malaria as a World Problem." Special University Lecture by Professor B. G. Maegraith.

LONDON: UNIVERSITY COLLEGE.—At Wye College, Kent, Feb. 24. "Recent Developments in Lactational Physiology," by Professor H. D. Kay.

MEDICO-LEGAL SOCIETY.—At 26, Portland Place, London, W., Feb. 24, 8.15 p.m. "Pensions Appeals Tribunals," by Mr. Wilfred Button.

## Friday

CAMBRIDGE UNIVERSITY: PHYSIOLOGICAL LABORATORY.—Feb. 25, 5 p.m. "An Experimental Investigation into a Condition of Widespread Nerve Degeneration," by Sir Edward Mellanby, F.R.S.

KENT AND CANTERBURY HOSPITAL, Canterbury.—Feb. 25, 5 p.m. to 7 p.m. Clinical meeting.

LONDON CHEST HOSPITAL, Victoria Park, E., Feb. 25, 5 p.m. "Treatment of Empyema," by Mr. D. S. M. Barlow.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—Feb. 25, 8 p.m. "Some Individual and Social Factors in Venereal Disease," by Dr. Robert Sutherland.

NATIONAL COUNCIL OF NURSES OF GREAT BRITAIN AND NORTHERN IRELAND.—At B.M.A. House, Tavistock Square, London, W.C., Feb. 25, 7 p.m. Conference on the use of B.C.G. vaccination to protect persons exposed to tuberculous infection. Speaker, Miss R. Spilling, supported by Dr. F. R. G. Heaf.

ROYAL INSTITUTE OF PHILOSOPHY.—At University Hall, 14, Gordon Square, London, W.C., Feb. 25, 5.15 p.m. "The Human Person in Contemporary Philosophy," by the Rev. F. C. Copleston, S.J., M.A.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—Feb. 25, 8 p.m. "Some Anatomical Observations on Congenital Heart Disease," by Professor R. Walmsley.

ROYAL SANITARY INSTITUTE.—At Town Hall, Blackburn, Feb. 25, 10 a.m. Discussions: "Developments in Child Health," to be opened by Professor N. B. Capon. "Sludge Digestion for Dried Grass Production," to be opened by Mr. F. V. Powell, A.M.I.C.E.

SCOTTISH SOCIETY OF THE HISTORY OF MEDICINE.—At Royal College of Physicians of Edinburgh, 9, Queen Street, Edinburgh, Feb. 25, 5.30 p.m. "Notes on the History of Paediatrics in Scotland," by Dr. H. P. Tait.

## APPOINTMENTS

Dr. Hallam Gray Massiah has been reappointed a Member of the Legislative Council of the Island of Barbados for a further period.

GALSTAIN, S. G., M.R.C.S., L.R.C.P., F.F.R., Assistant Radiologist, Prince of Wales's Hospital, Plymouth.

HARMER, M. H., M.B., B.Chir., F.R.C.S., Assistant Surgeon, The Royal Cancer Hospital, Fulham Road, London, S.W.

PRITCHARD, PERCIVAL V., M.D., F.R.C.P.Ed., F.R.F.P.S., D.P.H., Chairman, Health Centres Committee, General Health Services Board for Northern Ireland.

ROYSTON, G. RIDDELL, M.D., M.R.C.P., D.C.H., Physician, Wellhouse Hospital, Barnet, Herts.

SLEIGH, JOHN, M.B., Ch.B., D.P.H., Assistant County Medical Officer, East Suffolk County Council, and Medical Officer of Health, Halesworth and Leiston Urban Districts and Blyth Rural District.

WEST, P., B.M., B.Ch., House-surgeon, Hospital for Sick Children, Great Ormond Street, London, W.C.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

**Almond.**—On Feb. 8, 1949, at Little Culver, Burghclere, near Newbury, to Joy (née Forster), wife of Dr. John M. C. Almond, a daughter—Penelope Jane.

**Badenoch.**—On Feb. 7, 1949, at 20, Devonshire Place, London, W., to Jean (née Brunton), M.B., Ch.B., wife of Alec W. Badenoch, M.D., Ch.M., F.R.C.S., 110, Harley Street, London, W., a son.

**Levi.**—On Feb. 11, 1949, in Liverpool, to Dr. Pearl Levi (née Lyons), wife of Dr. H. T. Levi, a son.

**Seaver.**—On Feb. 8, 1949, at Leicester, to Sheila (née Coldrick), wife of Dr. R. G. Seaver, a son.

**Sinclair.**—On Feb. 6, 1949, at Fernwood House, Newcastle-upon-Tyne, to Ruth and John A. Sinclair, The Manor House, Houghton-le-Spring, a daughter.

## MARRIAGE

**Deane-Walker.**—On Feb. 5, 1949, at Great Yarmouth, K. R. (Tony) Hamilton Deane, M.R.C.S., L.R.C.P., to Valerie Walker (née Nightingale).

## DEATHS

**Davies.**—On Feb. 10, 1949, at South Devon and East Cornwall Hospital, Plymouth, Arthur Llewellyn Davies, M.R.C.S., L.R.C.P.

**Donaldson.**—On Jan. 29, 1949, David Gilbert Donaldson, M.B., C.M.Ed., of West End, Dunning, Perthshire, aged 88.

**Halstead.**—On Feb. 1, 1949, at Bideford, George Ezra Halstead, M.D., late of Ramsgate, aged 87.

**Harnett.**—On Feb. 9, 1949, suddenly, at Devon House, Hadley, Barnet, William George Harnett, M.D., J.P., aged 68.

**Harper.**—On Feb. 6, 1949, James Eder Harper, M.R.C.S., L.R.C.P., of O'dbury, Birmingham, aged 80.

**Haswell.**—On Feb. 3, 1949, at The Friarage, Penrith, Cumberland, John Francis Haswell, C.I.E., M.D., late Colonel, R.A.M.C., aged 84.

**Holmes.**—On Jan. 31, 1949, at St. Aubyns, Burnham-on-Sea, Somerset, Harold Whewell Hogarth Holmes, M.B., B.Ch., aged 54.

**Ingram.**—On Jan. 28, 1949, at Rothiemay, Helensburgh, Dumbartonshire, Alexander Gordon Ingram, M.B., C.M., D.P.H., aged 85.

**Isard.**—On Feb. 4, 1949, at Queen Victoria Cottage Hospital, Oswald Hanson Isard, M.B., C.M.Ed., of Kentleys, Tonbridge, aged 81.

**Jones.**—On Jan. 24, 1949, lost at sea coming home on leave from British Cameroons, Crawford Maxwell Jones, M.B., Ch.B., Colonial Service.

**Laing.**—On Jan. 24, 1949, at Johannesburg, South Africa, Gordon Dacomb Laing, M.B., Ch.B., D.P.H., D.T.M. and H., F.R.S.I.

**Low.**—On Feb. 3, 1949, in Edinburgh, Robert Cranston Low, M.D., F.R.C.P.Ed., F.R.S.Ed., of 37, Oxbgangs Road, Edinburgh.

**Lyon.**—On Feb. 6, 1949, at 94, Clarkston Road, Cathcart, Glasgow, Robert Murray Lyon, M.D., F.R.F.P.S.

**Lys.**—On Feb. 6, 1949, at Bere Regis, Wareham, Dorset, George Lys, M.R.C.S., L.R.C.P., aged 81.

**Menon.**—On Sept. 7, 1948, Elayedath Achyuta Menon, F.R.C.S.Ed., of Irinjalakuda, Cochin State, India.

**McNeill.**—On Feb. 7, 1949, at Tottenhall, Wolverhampton, Ina Lochhead McNeill, M.B., Ch.B., aged 79.