

ONE HUNDRED AND THIRD ANNUAL MEETING  
of the  
**British Medical Association**  
MELBOURNE, 1935

THE British Medical Association will hold its 103rd Annual Meeting in Melbourne, Australia, during the week beginning September 9th, 1935, under the presidency of Sir Richard Stawell, K.B.E., M.D., consulting physician to the Melbourne Hospital. On three occasions—in 1897, 1906, and 1930—the Association has met outside the British Isles, and each time in a Canadian city. The Sectional sessions for scientific and clinical work will be held on Wednesday, Thursday, and Friday, September 11th, 12th, and 13th, the mornings being given up to discussions and the reading of papers, and the afternoons to demonstrations. The Annual Representative Meeting for the transaction of medico-political business will take place in London at the Association's House on Friday, July 19th, and following days.

Members travelling to Australia through the United States will sail for New York from Southampton on Saturday, July 27th; if travelling by the Canadian route to San Francisco, they will sail for Montreal from Liverpool on July 26th, or from Glasgow on July 27th. Particulars of the two routes were given in our *Supplement* of March 10th. All arrangements in connexion with the journey are in the hands of the Financial Secretary and Business Manager, B.M.A. House, Tavistock Square, London, W.C.1, to whom early application should be made for further details, and for reservation of places on steamers and trains and at hotels. Members who cannot afford to be away for the whole time of the "round-the-world" tour, but who wish to attend the meeting, may leave London on August 8th, travelling overland to Toulon and embarking there on a P. & O. liner which arrives at Fremantle on September 3rd. The journey on to Melbourne takes three days by rail, so that those who follow this route will reach their destination on September 6th, three days before the meeting opens. On the social side those responsible for organizing the Melbourne programme are making every effort to ensure that the event shall be worthy of the occasion, and a very warm welcome may be counted on from our Australian colleagues. During the outward and homeward journeys the official B.M.A. party from the British Isles hopes to establish personal contact with many other Branches of the Association.

The honorary local general secretary for next year's Annual Meeting is Dr. J. P. Major, Medical Society Hall, East Melbourne, Victoria. The names of the Presidents of the fourteen Scientific Sections were given in the *Supplement* of August 25th; and the full list of officers, with provisional programmes, etc., will appear in subsequent issues. We publish below the first of a series of descriptive and historical articles on the city of Melbourne and its medical institutions.

#### A HISTORICAL SKETCH OF THE CITY OF MELBOURNE

For forty-five years after the first settlement of Australia the fertile region which is now the State of Victoria remained practically unoccupied. Twice had an official outpost been established on its shores, only to be withdrawn again after a short period; and once, in 1824-5, an exploratory journey from the outlying settlements of New South Wales had revealed the country lying back from the coast as well fitted to carry the flocks and herds which were becoming the principal pre-occupation of enterprising settlers. From the island colony of Tasmania, where accessible sheep-lands were limited, longing eyes were being cast on the virgin pastures just across the straits; and at length, in November, 1834, the ice was broken by a bold adventurer, who planted himself on the shores of Portland Bay. A few months later several Tasmanian colonists visited Port Phillip to view the country, and in September, 1835, two rival parties, organized respectively by John Batman and John Pascoe Fawkner, camped side by side on the banks of the Yarra River at the head of Port Phillip Bay. From this encampment sprang up a small straggling village of turf huts and one or two weatherboard houses, which was the progenitor of the city of Melbourne.

It was the policy of the British Government at that time to discourage the dispersion of settlers beyond certain defined limits in New South Wales, and in duty bound the Governor of the Colony issued a notice warning off the intruders from the south. At the same time he wrote to the home authorities pointing out the impossibility of restraining the spread of pastoral occupation, and suggesting that he should be authorized to bring the new-

comers under official control by establishing a regular township on the southern coast. This suggestion was adopted, and in September, 1836, twelve months after that first encampment at Port Phillip, Sir Richard Bourke sent a police magistrate thither to take charge of affairs.

In March, 1837, the Governor himself journeyed south to decide upon the site of the new town. "I found on my arrival on the spot selected for a settlement . . . on the banks of the Yarra River," he reported to the Secretary of State, "an assembled population consisting of from sixty to seventy families. The situation appearing to be well chosen, I directed a town to be immediately laid out, which your Lordship will perceive from the map has received the name of Melbourne." Streets were pegged out without regard to existing habitations, and on June 1st, 1837, the first sale of building allotments was held. With the country round about it filling up with pastoralists from Tasmania and also from the older settlements of New South Wales, the new town made at first phenomenal progress. By the end of 1839 it must have had a population of something like 3,000, and in 1842 it was deemed of sufficient importance to be incorporated and to have a mayor and town council.

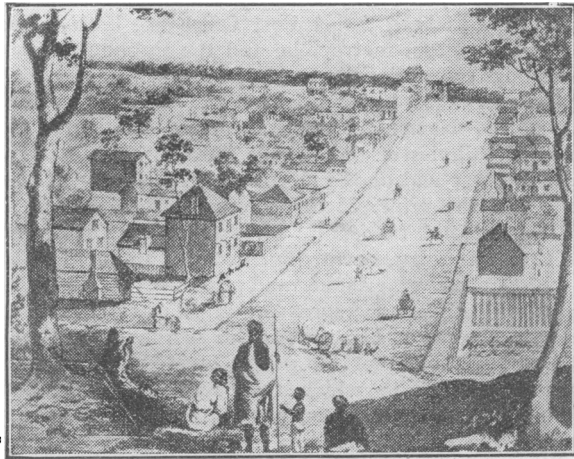
Notwithstanding the wave of financial depression which followed the "boom" of the early 'forties, Melbourne had by 1845 acquired several respectable places of worship, a theatre, and one or two substantial Government buildings. The official census of the following year showed a population of 10,000; and in 1848 the town was made the see of the bishop and raised to the dignity of a city.

### Victoria Becomes an Independent Colony

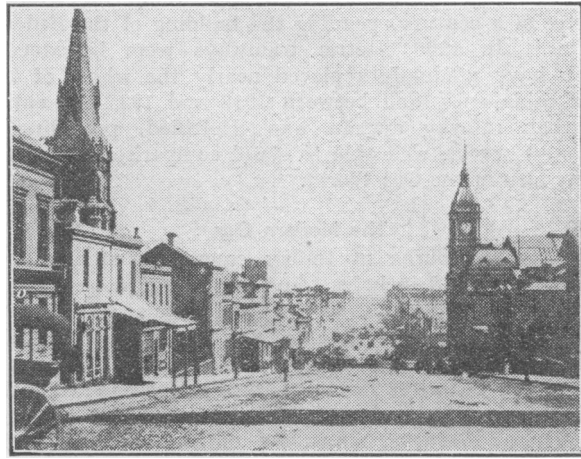
After several years of agitation the Port Phillip district was separated from New South Wales, and became the independent Colony of Victoria in 1851. Following hard on this event came the discovery of rich goldfields within

built, and extensive Government buildings, including stately Houses of Parliament, were begun.

By 1861 Melbourne and its suburbs, most of which now had municipal councils of their own, housed 140,000 people. The older city of Sydney was left far behind,



EARLY VIEW OF COLLINS STREET.



COLLINS STREET IN THE 'SEVENTIES

its boundaries and a rush of immigration, mainly from Great Britain, to the new Eldorado. From 1852 to 1854 the average number of oversea arrivals in Victoria was 90,000 per annum. Although Melbourne was now a city, with 20,000 inhabitants, it could not cope for long with the demands made for accommodation by this horde of gold seekers. The result was the growth of a large camp on the waste lands to the south of the river, which at one time held nearly 5,000 people. "Canvas Town," as it was called, was under the control of the Crown Lands Commissioner, and was laid out in regular streets and lanes; but it was only a temporary expedient, and by 1854 it had begun to dwindle out of existence. Things were settling down, and the huge access of population was making itself felt by causing rapid suburban expansion and stimulating social developments generally.

### The "Land Boom" and Its Effect on Melbourne

Between 1854 and 1859 Melbourne held its first exhibition, in a miniature "Crystal Palace" hastily erected in William Street. A suburban railway system was inaugurated, and a university and a public library were founded; a water-supply and gasworks were established; footpaths were paved and roadways macadamized; a volunteer fire brigade system was developed; the first town hall was erected—a remarkable record for a city little more than twenty years old. Three large theatres were also

and for a full forty years Melbourne was the leading centre of population. The 'sixties and 'seventies was a period of steady progress, with the growth of buildings, especially of churches, of an increasing dignity, but without

any spectacular developments. The great International Exhibition of 1880-1, however, ushered in an era of striking changes, surpassing even those of the "gold rush" period. Between 1881 and 1891 the population of Melbourne increased from 282,000 to 490,000. Capital was pouring into the country for investment, and speculation in land was feverish and extravagant. It was indeed a time of artificial prosperity, known to later generations as the "land boom"; but its permanent effects on the city were remarkable. From a fair-sized provincial town it was transformed into a modern metropolis. Buildings eight and nine stories high sprang up as if by magic. A cable tramway system was constructed, and electric light and telephones were introduced. The course of the river was widened and straightened, eliminating the danger of floods, which had been a recurring trouble in the past, and new and



COLLINS STREET, MELBOURNE, 1934.

handsome bridges were erected to connect the northern and southern portions of the metropolitan area. A Melbourne Metropolitan Board of Works was constituted, and the installation of a modern sewerage system was begun.

The "boom" was followed by a severe depression, fortunately mainly local and therefore temporary. In a few years there were signs of recovery, and with the inauguration of the Commonwealth in 1901 Melbourne again came into prominence as the temporary seat of the Federal Parliament, which met there for over a quarter of a century, pending the building of the Federal capital. In 1906 electric tramways were introduced, which have gradually replaced nearly the whole of the older cable ones, and between 1918 and 1925 the entire suburban railway system was electrified, providing a passenger service well able to stand comparison with that of any city in the Old World.

#### The Modern City

Greater Melbourne of to-day covers an area of 200 square miles, and includes some twenty-seven or twenty-eight independent cities, with a total population of nearly a million. It has 146 miles of tramways, and its parks and gardens have an area of over 8,000 acres. The latter include the beautiful Botanical Gardens, situated on the banks of the Yarra close to the city, and the Treasury and Fitzroy Gardens, which are on the confines of the business centre. A broad, leafy boulevard, the St. Kilda

Road, leads southward from the Prince's Bridge, adorned by numerous statues and monuments, and its vista closed in by the great War Memorial Shrine erected between 1928 and 1932. At the entrance to the city stands St. Paul's Cathedral, erected nearly fifty years ago, but its graceful spires only recently completed. The Town Hall and Elizabeth Street Post Office are both buildings worthy of a great metropolis, and the Public Library has a reading room similar in construction to that of the British Museum, but much loftier. The same building houses the National Gallery, one of the most richly endowed galleries of the British Empire.

At the east end of the city stand the Houses of Parliament and the principal Government offices, besides Melbourne's second cathedral, St. Patrick's. To the north lies the University, occupying, with its affiliated colleges, over 100 acres of ground, and attended by some 3,000 students. Beyond the spreading miles of suburban streets one can glimpse a distant view of surrounding hills, and it is among these that the people of Melbourne build the week-end homes to which they retreat in the summer season; while southwards, along the eastern shores of Port Phillip Bay, stretches a long line of watering places equally favoured in the holiday season.

A. W. GREIG.

## HEALTH AND HUMAN PROGRESS

### A MEDICO-SOCIOLOGICAL SURVEY

*L'Economie Humaine par la Médecine Sociale*<sup>1</sup> by Dr. René Sand is a really remarkable book. The writer of this notice has had occasion to read, and to be grateful to, many books on medical sociology, but this book is in a class by itself. The previous work of Dr. Sand had made it clear that anything coming from him on a subject he has made his own was to be received with respect and gratitude, but into this particular volume he has poured all his great knowledge and his gift for attractive presentation in such measure that it may be regarded as the complete guide to all interested in citizenship and not least to the medical profession; and it is not only a guide, but an inspiration. M. Herriot, in a preface, says that Dr. Sand's programme may be summarized as a "demand that we make use of progress instead of being subjected by it." The thesis of the book is that human life could be so much richer for all than it is now if we would take the trouble to make it so; that much progress has been made but that much still remains to be done; and that medicine in its widest sense has been a very great factor in human progress and will be even more important in the future.

The difficulty about a book so rich in material is to select. Every chapter might well form the subject of an article. Dr. Sand sees in the widely spread reduction of the birth rate something which is forcing the politicians of the world to realize that preventable sickness and premature death are an intolerable waste of human material, and that social medicine is a factor in human economy which must be encouraged and organized far more than it has been. He shows with a wealth of illustration that "we can buy human life, and every country fixes for itself, within certain limits, its own death rate." He defines social medicine as the art of prevention and cure considered as "something which links the health of men to their condition as human beings." He classifies the elements of the populations of various countries according to their financial resources, and arrives at what he calls a balance sheet of sickness and death. He points out that the increase in deaths in certain categories is a sign of progress when the deaths occur at the more advanced ages.

<sup>1</sup> *L'Economie Humaine par la Médecine Sociale*. By René Sand. Preface by M. Edouard Herriot. Paris: Les Editions Rieder. 1934. (30 fr.)

In an interesting survey of the causes of death (in which great appreciation is shown of the returns of our Registrar-General) Dr. Sand shows that, after tuberculosis, the most frequent cause of death in young women is child-birth, and he suggests that the stationary or even increasing maternal mortality rate is probably due to the results of abortion, though he admits that it is difficult to secure figures to prove this. According to confidential medical reports received from certain German towns the number of abortions there exceeds that of accouchements. Contrary to what might have been expected, at any rate in this country and in New Zealand the deaths from external causes have not increased in spite of mechanization and the motor car, nor is urbanization tending to increase the death rate, the infantile rate in the towns in many countries being lower than that of the rural areas, though in the later ages the country has an advantage. In these matters as in all others the author's conclusions are supported by figures and illustrations taken from all countries.

### HEALTH AND INCOME

On the financial cost of sickness he is very illuminating, and his discussion in Chapter V of the argument that the effects of natural selection are paralysed by hygienic measures is worth serious consideration. He is convinced that health depends mainly on income, and he goes into much detail regarding the physical differences at different ages of the various classes of population. His examinations in Chapter VI of "The Inequality of the Classes in Respect to Sickness and Death" and in Chapter VII of "Heredity and Environment," lead him to the conclusion that, "in general, heredity and selection are not the dominating factors in the biological inequalities ascertained as between the several classes." He discusses very fully the theories of the Karl Pearson school, and gives his reasons for dissenting from them.

There is a topically interesting footnote in Chapter VIII on "Heredity Factors," in which he says that the now widely spread opinion that unions between groups ethnically different (Nordic, Mediterranean, Alpine, etc.) are unfavourable from the hereditary point of view is not proved. "Each ethnical group has its own 'hereditary patrimony' which in total is different, but it has not been proved that any one of these patrimonies is in total superior from the biological point of view, and, besides, very few, if any, nations have a homogeneous ethnical population. The Jews were already a composite nation before

his medical education at Liverpool and Charing Cross Hospital, obtaining the diploma L.S.A. in 1890 and the M.R.C.S., L.R.C.P. ten years later. His early appointments included those of clinical assistant to the Samaritan Free Hospital for Women and Children, and to the London Throat Hospital. He started general practice in Wimbledon in 1891, and for some time was medical officer to Wimbledon Hospital. He was medical officer and public vaccinator to the North Wimbledon district of the Kingston Union. Dr. Powell-Evans joined the British Medical Association in 1892, and was a representative at the Annual Meeting of the Association in Birmingham in 1911. He was chairman-elect of the Wandsworth Division in 1912-13, Wimbledon appearing as the "Wimbledon Section" of the Wandsworth Division in the 1912 *List of Members*. In the following year he became chairman of the Wimbledon Division, the Division then belonging to the Metropolitan Counties Branch. He was vice-chairman of the Wimbledon Division of the new Surrey Branch in 1914-15, and chairman of the Kingston-on-Thames Division in 1925-6. A man of large sympathies and wide experience, he was popular with his colleagues and patients. A prominent hobby of his was golf, and he was one of the leading members of the Raynes Park Golf Club. He was a P.M. of the Chère Reine Lodge of Freemasons, and had been president of the Wimbledon Medical Society. Dr. Powell-Evans married twice, and leaves a widow and four sons, the eldest of whom succeeds him in his practice. He had expressed the wish that money which would have been expended on wreaths at his funeral should be sent to Epsom College, of which he was a life governor.

We regret to record the death, on October 11th in London, of Dr. JAMES CRAWFORD CRAIG, at the age of 56. Dr. Craig received the degree of M.A. at the University of Edinburgh in 1895, and, after holding the Grierson bursary in pathology in 1907, qualified M.B., Ch.B., with honours, a year later. He took the D.P.H. of the English Conjoint Board in 1910. Before settling down to general practice in London, Dr. Craig had held appointments as house-surgeon to the Royal Maternity and Simpson Memorial Hospital, Edinburgh, and surgeon to the Royal Buckinghamshire Hospital, Aylesbury. He was for some years clinical assistant at the Central London Ear, Nose, and Throat Hospital.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

Ernest Basil Verney, M.B., F.R.C.P., Sheild Reader in Pharmacology and lately Professor of Pharmacology at University College, London, has been elected into a Professorial Fellowship at Downing College. Frank Goldby, M.B., M.R.C.P., of Caius College, University Demonstrator in Anatomy, has been elected into a Fellowship at Queen's College.

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—(Part II): J. D. P. B. Boyd, A. A. Dunlevy, M. Kahn, W. D. C. McCrorie.

### UNIVERSITY OF LONDON

At its meeting on October 10th, with Lord Macmillan in the chair, the University Court was informed that the Surrey County Council, acting on the recommendation of its education committee, had decided to make a grant of £50,000, payable over ten years and subject to the approval by the County Council each year, towards the erection of the new university buildings in Bloomsbury. The Court also learnt of a grant towards the same purpose of £10,000, payable over ten years, from the Hertfordshire County Council. The Court has conveyed its most cordial thanks to the councils and education committees of Surrey and Hertfordshire for these munificent gifts; it has also accepted, with gratification, a donation from the Worshipful Company of Turners towards the ceremonial hall to be built on the Bloomsbury site.

### The Semon Lecture

The Semon Lecture will be delivered on Thursday, November 1st, at 5 p.m., at the Royal Society of Medicine by Mr. Herbert Tilley, consulting surgeon to the ear and throat department of University College Hospital. His subject is "Inflammation of the Maxillary Antrum and other Accessory Sinuses (Some Clinical Manifestations of its Pathology)." The chair will be taken by Mr. W. M. Mollison, president of the Laryngological Section of the Royal Society of Medicine.

### UNIVERSITY OF SHEFFIELD

The Council of the University at its meeting on October 12th received the resignation of Professor Graham Simpson from the chair of surgery, and of Mr. H. B. Yates from the lectureships in surgical anatomy and surgical pathology, and the tutorship in surgery. Mr. Ernest F. Finch, M.S., F.R.C.S., was appointed to the chair of surgery.

### UNIVERSITY OF DUBLIN

#### SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examination indicated:

FINAL MEDICAL EXAMINATION.—(Part I, *Materia Medica and Therapeutics, Pathology and Bacteriology*): M. R. W. Spacek (passed on high marks), S. E. McConnell, R. F. Cantan, H. FitzG. Sloan, S. H. Morrison, D. P. Beckett, Margaret Perry, H. Elliman, P. L. van Aardt, D. H. A. Irwin, J. McQuillan, J. R. Shapiro, R. S. MacL. Cooke, H. W. W. Good, N. J. Smith, C. Eppel, A. E. B. de Courcy Wheeler, N. Jackson, Eithne M. O'Connell.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

#### Bradshaw Lecture

The Bradshaw Lecture on "Haemochromatosis" will be delivered by Dr. J. H. Sheldon at the College, Pall Mall East, S.W., on Thursday, November 1st, at 5 p.m.

#### FitzPatrick Lectures

Sir Humphry Rolleston will deliver the FitzPatrick Lectures on the "History of the Endocrine Organs" at the College on Tuesday and Thursday, November 6th and 8th, at 5 p.m.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly council meeting was held on October 11th, with the President, Sir Holburt Waring, in the chair.

Mr. L. R. Broster was admitted a member of the Court of Examiners.

Mr. F. J. Smith, late of Bristol Grammar School, was admitted the fifth Macloghlin Scholar.

Mr. W. R. L. Harrison of Epsom College was nominated as the forty-second Jenks Scholar.

It was reported that the Sir Gilbert Blane Gold Medal for 1934 had been awarded to Surgeon Lieut.-Commander T. C. H. Neil, R.N.

Mr. F. W. Bentley was reappointed Bernhard Baron Scholar for a further period of six months.

A diploma of Fellowship was granted to Mr. J. B. Pennybacker (Edinburgh).

Diplomas of Membership were granted to Norman Angel (Birmingham), R. C. F. Catterall (Cambridge, and University College), G. B. Davis (King's College), and C. Ratnayaka (King's College).

The following appointments were made for the Primary Fellowship Examination to be held at Madras, beginning on December 27th: Lieut.-Colonel K. G. Pandalai (Assessor in Anatomy), Major S. L. Bhatia (Assessor in Physiology), and Professor P. K. Koshy Avargal (Superintendent of Dissections).

The Council adopted the annual report to Fellows and Members, which will shortly be circulated to those who have expressed a wish to receive it.

### WELSH NATIONAL SCHOOL OF MEDICINE

The new laboratories of materia medica and pharmacology in the department of preventive medicine at the Welsh National School of Medicine were opened on October 12th by Sir William James Thomas, donor of the building. On the evening of the same day Professor G. Grey Turner, M.S., F.R.C.S., delivered the opening address for the new session.

—that which provided that if one party was not given the work, none of the parties should take it. This clause, it said, restrained three out of the four parties without giving any of them any profit or benefit to compensate for the restriction, which was also detrimental to the public because it deprived merchants of the services of any of the parties unless they employed a particular one, against whom they might have a perfectly reasonable objection. Their Lordships said that the clause was entirely beyond anything which the legitimate interests of the parties required.

It is therefore practically certain that if two doctors who lived in the same district made an agreement by which each should take certain patients and that neither should attend a patient belonging to the other, the courts would refuse to enforce their bargain. An agreement to allot certain streets or villages to one doctor exclusively would probably be open to the same objection. The courts are very jealous of the public interest in enforcing any agreement in restraint of trade or practice. If, however, a number of doctors agree that, whichever of them does the work, certain doctors shall receive the fees from patients in certain districts, the bargain would be held good at law, because each of the parties would stand to benefit in turn and the agreement would not in any way restrict the services available to the public.

#### LIQUIDATED DAMAGES

The condition by which a doctor agrees not to practise within a certain area generally includes a covenant that, if he does practise within that area, he shall pay a stipulated sum of money as "liquidated damages." This means that the parties agree that if the covenant is broken this sum shall represent the damage which the owner of the practice has suffered. If the clause expresses that the offender shall pay a certain sum as a penalty for breaking the agreement, then the sum is a penalty and the aggrieved practitioner can only recover a sum equal to the damage he has actually suffered. The courts will not necessarily, whatever the wording of the agreement, award such a sum either as liquidated damages or as a penalty, but will take all the circumstances into consideration. The decisions to be found in the reports suggest that the sum named will only be treated as liquidated damages if it represents a genuine estimate of the damage which the owner of the practice is likely to suffer if the outgoing doctor remains in the neighbourhood. If the sum is obviously disproportionate, the court will not make the offender pay it all; if the sum seems fairly proportionate, it probably will. The aggrieved practitioner can ask the court either to grant an injunction preventing the outgoing doctor from breaking his restrictive covenant or to award damages for the breach, but not both. A practitioner who succeeds in obtaining an injunction will not be allowed to sue afterwards for liquidated damages, and if he is granted damages the outgoing doctor will be perfectly at liberty to practise in the district as long as he likes. The owner can, however, sue both for an injunction and for unliquidated damages—that is, the actual amount of damage that he can persuade the court he has suffered. A doctor who has agreed not to practise on pain of liquidated damages cannot simply offer the amount of the damages and set up in practice.

If the owner of a practice suddenly discovers that one of his old assistants or ex-partners has started to practise in the neighbourhood in defiance of his agreement not to do so, he should lose no time in instructing his solicitor to apply for an injunction. The court will, if he makes out a good case, grant an interim injunction without hearing the other side, and this will protect the practice until the case is tried or for a definite time fixed by the court. If the offender has really infringed the covenant, the court will not refuse an injunction merely because the actual damage has so far been trifling. It is dangerous to delay in these cases, for courts of equity are apt to take the view that if a suitor does not ask for their help in reasonable time he cannot be in any great need of it. The injunction is a most effective remedy, because if the offender disobeys it he can be promptly imprisoned. It is a very different matter from trying to get damages out of an evasive debtor.

## Medical News

Lord Moynihan will open the extension of the Samaritan Free Hospital for Women, Marylebone Road, London, N.W., on Tuesday, November 13th, at 3 p.m. It is twenty-seven years on November 23rd since Sir Frederick Treves formally opened the new operating theatre, and referred to the perfecting of the methods of certain operations particularly associated with the Samaritan Free Hospital and Sir Spencer Wells.

On Monday, November 5th, a banquet will be held at the Mansion House in support of the appeal of St. Bartholomew's Hospital Medical College for funds for the purchase and equipment of the site and buildings in Charterhouse Square acquired last year. The Lord Mayor, in a special appeal to the City of London, explains that £65,000 is needed to pay off the balance of the purchase price, £40,000 to alter and equip the existing buildings formerly occupied by Merchant Taylors' School, and £30,000 to build and equip a residential hostel for students. The College authorities have already raised £65,000, and they own a building which it is hoped to sell for £20,000. The new College must be ready for occupation before the opening of the winter session 1935-6. H.R.H. the Prince of Wales, President of St. Bartholomew's, has given his personal support to the launching of this appeal.

A reception will be held at the Royal Society of Medicine on Thursday, November 8th, at 8.30 p.m., when Fellows and their friends will be received in the library by the President and Mrs. Robert Hutchison. At 9.15 p.m. an address (in English) will be given by Professor Arturo Castiglioni, entitled "The Ancient University of Padua and its English Scholars." Admission will be by ticket only.

The annual dinner of the Leeds School of Medicine will be held at Queen's Hotel, Leeds, on Thursday, November 15th. Particulars may be obtained from the secretaries.

The Buckston Browne annual dinner of Fellows and Members of the Royal College of Surgeons of England will be held in the College, Lincoln's Inn Fields, on Thursday, November 8th, at 8 p.m. This dinner, provided through an endowment by Sir G. Buckston Browne, F.R.C.S., has been held regularly since 1928. Those present usually number about a hundred, and at least half of the guests are members of the College.

An address, on "Sir James Paget at Home," will be given by Bishop H. L. Paget on Friday, October 26th, at 8.45 p.m., at the Princess Elizabeth of York Children's Hospital, Shadwell, E.1. Professor G. Grey Turner will occupy the chair. Admission free, without ticket.

After the meeting of the Cambridge Medical Society on Friday afternoon, October 26th, at Addenbrooke's Hospital, Dr. G. S. Haynes will unveil the Arthur Cooke Memorial Plaque. By arrangement with the Cambridge and Huntingdon Branch of the British Medical Association, all members of the Branch are entitled to attend the meetings of the Cambridge Medical Society, which count as clinical meetings of the Association.

A meeting of the Medico-Legal Society will be held at 11, Chandos Street, W., on Thursday, October 25th, at 8.30 p.m., when a paper will be read by Dr. Ainsworth Mitchell on "The Use of Invisible Rays in Criminology," followed by a discussion.

A meeting of the St. John's Hospital Dermatological Society will be held at St. John's Hospital, 49, Leicester Square, W.C., on Wednesday, October 24th, at 4.15 p.m., when clinical cases will be shown.

A course of three lectures on "Forty Years of Gynaecological Endocrinology" will be given by Professor Ludwig Fraenkel, late director of the Women's Clinic in the University of Breslau, at University College Hospital Medical School, University Street, W.C., on October 31st and November 2nd and 5th, at 5.30 p.m. Professor F. J. Browne will take the chair at the first lecture. Admission free, without ticket.



A course of eight lectures on "Psychology and Modern Problems" will be given at the Institute of Medical Psychology, Malet Place, W.C., on Tuesdays from October 23rd to December 11th, at 6 p.m., with the exception of the lecture on October 30th, which will commence at 5.45 p.m. The fee for the course is £1 1s., and tickets may be obtained in advance from the honorary lecture secretary; tickets for single lectures, obtainable at the door, are 5s. each.

The programme for the ensuing session of the Eugenics Society has now been published. On October 30th Professor H. Muckermann will discuss "The Eugenic Movement in Germany"; on November 20th Mr. Herbert Brewer "Euteleogenesis"; and on December 18th Dr. Shepherd Dawson "Disease and Intelligence." The meetings will be held in the rooms of the Linnean Society, Burlington House, Piccadilly, at 5.15 p.m., with Sir Humphry Rolleston in the chair; tea at 4.45. All interested in the subjects mentioned are invited to attend.

A post-graduate course on diseases of children will be held at the Great Ormond Street Hospital, W.C., from October 22nd to November 4th, from 10 a.m. to 1 p.m. and 2 p.m. to 4 p.m.; Saturdays 10 a.m. to 1 p.m. The course, the fee for which is £6 6s., will consist of fifty clinical lectures and demonstrations, and six laboratory demonstrations. Applications to take the whole course, or any part thereof, to the secretary of the hospital.

The Fellowship of Medicine (1, Wimpole Street, W.) announces that lecture-demonstrations will be given at 11, Chandos Street, W., at 2.30 p.m. on October 23rd and 30th. The first lecture in the series, on diet and dietetics, will be given at 11, Chandos Street, on October 24th, at 8.30 p.m., by Professor R. J. S. McDowall. A week-end course in diseases of the chest will be held at the Hospital for Consumption, Brompton, on October 27th and 28th. Other forthcoming courses include neurology, at the West End Hospital for Nervous Diseases, October 29th to November 3rd; obstetrics, at the City of London Maternity Hospital, November 3rd and 4th; medicine, surgery, and gynaecology, at the Royal Waterloo Hospital, November 5th to 24th; diseases of the chest, at the Victoria Park Hospital, November 5th to 10th; urology, at St. Peter's Hospital, November 5th to 17th. Courses of instruction, clinics, etc., arranged by the Fellowship are open only to members.

The Italian Congress of Industrial Medicine, which, as stated in our issue of October 13th (p. 705), was to have been held at Turin from October 20th to 22nd, has been postponed to the 25th to 27th.

The fifth Rumanian Congress of Surgery will be held at Bucarest during the first ten days of November under the presidency of Professor I. Bacalesco, when the following subjects, among others, will be discussed: surgery of cholelithiasis; surgical treatment of uterine prolapse; osteosynthesis; genital actinomycosis; and surgical treatment of facial paralysis. Further information can be obtained from Dr. J. Jiano, rue Campineanu 62, Bucarest.

The annual general meeting of the Guild of St. Luke, St. Cosmas, and St. Damian will be held in the Committee Room, Cathedral Hall, Archbishop's House, by permission of the Cardinal, on Sunday, October 21st, immediately after the High Mass at Westminster Cathedral, which will be celebrated at 10.30 a.m. Front seats will be reserved on the Epistle side.

On October 12th Mrs. Charles H. Marshall and Mrs. E. M. Field of New York attended the naming of the "Josephine B. Marshall" pathological laboratory at the West End Hospital for Nervous Diseases. The Bishop of Willesden performed the ceremony, and the Earl of Harewood presided. The late Mrs. J. Marshall was a great benefactress of the hospital, and for ten years, until her death in 1933, she was a member of the committee of management. Mr. and Mrs. Charles Marshall and Mrs. Field gave £3,200 to enable the laboratory to be named after her.

Under the auspices of the Standing Conference of Metropolitan Borough Tuberculosis Care Committees an

exhibition and sale of work made by students attending handicraft classes at tuberculosis dispensaries in London will be held next week at Carpenters' Hall, Throgmorton Avenue, E.C. There will be two opening ceremonies, the first on Wednesday, October 24th, at 3.30 p.m., by the Lord Mayor, and the second on the following day at the same hour by Lord Snell, chairman of the London County Council, after which Sir Henry Gauvain will give an address. Tea will be served during both afternoons (price 1s.), and working demonstrations will be given. Invitations and further particulars may be had from the honorary secretary, Mrs. William Brand, "Pembury," The Drive, Rickmansworth, Herts.

Rural housing in Wales and tuberculosis in cattle will be discussed at a sessional meeting of the Royal Sanitary Institute in the Pier Pavilion, Colwyn Bay, on Friday, October 26th.

In the year ending August 4th, 1934, in eighty-six large towns in the United States, 23.3 persons per 100,000 inhabitants were killed by motor accidents, as compared with 21.1 persons in the previous year.

## Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **THE EDITOR, British Medical Journal, B.M.A. House, Tavistock Square, W.C.1.**

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## QUERIES AND ANSWERS

### Hospital Wards

Dr. SIDNEY CLARKE (St. Albans) writes: There is a tendency for architects at present to build hospital wards with beds parallel to the windows in place of the usual head to wall. Is this more costly, and does the arrangement lead to increased work? Some sisters are said to view the system with little favour. Would anyone, please, who is familiar with such wards give any information as to the advantages and disadvantages of such arrangements?

### Chronic Bone Sinus

Dr. CLEMENT BELCHER (Birmingham) writes with reference to the inquiry by "A.B.C." (September 29th, p. 617): With a deep sinus of such long standing it is questionable if closure would be in the interests of the elderly patient, there being the probability of dead bone for which the sinus gives drainage. I have a similar case, but this is a tuberculous osteitis, not a staphylococcus infection, as is usual, I believe, in acute osteomyelitis cases. This patient has been under my care for forty-five years, and for the last forty has had a bone sinus. In 1890 his right foot was amputated for a tuberculous ankle-joint which troubled him for five years. He then developed a focus in his right elbow, but never would he have another operation. During all this long period he had had treatment every week, first as a "club," then as a panel patient. His