

FOOD POISONING

MEMORANDUM BY THE MINISTRY

The Ministry of Health has issued a Memorandum (188/Med.) describing the steps to be taken by medical officers of health outside London in suspected cases of food poisoning. Since 1924 the Ministry's pathological laboratory in London has been available for the bacteriological examination of material obtained in connexion with outbreaks of food poisoning, and much useful knowledge has thus been gained as regards the bacterial causes and the paths of infection. The hope is expressed that in as many instances as possible medical officers of health will continue to take advantage of these facilities, which entail no cost to local authorities. If, however, they prefer to make or continue local arrangements for the examination of such material, medical officers of health should furnish the Ministry with details of the bacteriological tests made and the results obtained, in addition to reporting the general circumstances and extent of any outbreak. It is particularly desired that information of any death or illness in which food poisoning is suspected should be sent to the Ministry at the earliest possible moment, in order that the services of the laboratory can be utilized in the first stages of an outbreak and the Ministry be enabled to offer useful advice and assistance with regard to the taking of any special measures which may be found to be desirable. Moreover, it may happen that other cases are occurring in another district due to food from the same original source, and early notification will bring the connexion at once to light.

METHODS OF INVESTIGATION

The memorandum describes the methods of investigation to be adopted in the case of the contamination of food by chemicals and in cases of bacterial infection, other than those arising in connexion with notifiable infectious diseases. As soon as the medical officer of health has established the probability that a particular food prepared in his district is at fault, the conditions of its preparation should be investigated and material be obtained for bacteriological or chemical examination. Samples should be secured from all available food materials in addition to those first suspected, since it sometimes happens that food not originally suspected proves ultimately to be the source of the outbreak. This is specially important when it is thought that the illness may be due to an inorganic poison. To confirm the suspicion that a particular food is at fault, a full list of everything consumed at the meal in question by all those present should be made as quickly as possible, since the determination of the circumstances in which food poisoning has occurred often turns upon apparently trivial points, accurate recollection of which may be impossible after some days' interval. The memorandum has an appendix consisting of a list of headings for inquiry; these cover the entire field, and include many possibilities which might easily be overlooked in the household, retailers' premises, and the place of preparation.

NEED FOR IMMEDIATE INQUIRIES

It is unnecessary and undesirable to await the results of the bacteriological or chemical examinations before beginning inquiries as to the manner in which the poisons gained access to the food, since supplementary inquiries can always be made when the laboratory report has been received. For example, if there is any possibility that the food has been contaminated by arsenical or other poisonous substances during transport, inquiries should be made from the railway companies or other transport agencies concerned. If the suspected food was not prepared in the district, the co-operation of the vendor should be secured; invoices, original packets, and other available indications of its origin may thus be obtainable. The Ministry desires to be notified at once of facts accruing in this way. It is important to secure samples of any remaining portions of the food actually consumed by persons attacked; even minute fragments in containers may be of value. In the case of canned or potted food the containers should be preserved with their labels intact. The experience of recent years

suggests that although almost any food may produce food poisoning if it happens to have been infected with a *Salmonella*—for example, through fouling by rats or mice—yet the foods most often to be suspected are "made up" dishes containing meat, especially pig products. A history of the consumption of ducks' eggs within a reasonable time before the onset of illness would suggest attempts to trace the flock from which the eggs came, to obtain eggs from the flock, and to examine the blood of the suspected ducks for evidence of recent *Salmonella* infection.

COLLECTION OF PATHOLOGICAL MATERIAL

Pathological material should be obtained from the sufferers in the acute stages of the illness whenever possible. Faeces or, failing these, rectal swabs, are of the greatest importance; urine is less likely to be useful in cases of bacterial food poisoning, but it is valuable when chemical investigation is indicated. Vomited matter is not often of bacterial value, but should be sent when available. From fatal cases, portions of the small and large intestine, spleen, liver, and kidney should be obtained. The stomach (unopened and ligatured, with its contents intact) is valuable if metallic poisoning is suspected, but not of much use otherwise. Samples of blood for serological tests should not be collected until a week has elapsed from the onset of illness, since the agglutinins to be investigated will not have fully developed until then. Food specimens and all pathological material should be kept in an ice-box or refrigerator if delay in dispatch is unavoidable. The organs from fatal cases should be wrapped in a clean cloth which has been wrung out of 30 per cent. glycerin solution. Cold storage during transport should be provided, if possible.

Little is gained by sending specimens of meat food to the analyst to be examined for "ptomaines," since it is doubtful whether these, in the sense of alkaloidal substances produced by bacterial action in meat foods, have any significance in or connexion with food poisoning. Specifically infected meat foods may, however, require chemical analysis for the determination of special points—such as the presence or absence of preservatives and their nature, the determination of acidity or saltiness, and like matters. It is important that material should be retained for any investigations which the Ministry may desire to make, and in all cases the chemist or bacteriologist consulted should be asked to preserve samples under suitable conditions until it has been ascertained that there is no further need for them.

A second appendix to the memorandum gives some technical hints on the isolation and identification of *Salmonella* types for the assistance of public health bacteriologists who have to deal with food poisoning material.

ROCKEFELLER MEDICAL FELLOWSHIPS

The Medical Research Council announces that on behalf of the Rockefeller Foundation of New York it has made the following awards of travelling fellowships for the academic year 1935-6.

DAVID FYFE ANDERSON, M.D.Glasg.: Professor of Midwifery and Gynaecology, Anderson College of Medicine, Glasgow; Assistant Obstetric Surgeon, Royal Maternity and Women's Hospital, Glasgow.

NORMAN RUPERT BARRETT, M.Ch.Camb., F.R.C.S.Eng.: Demonstrator of Anatomy and Chief Assistant to the Surgical Unit, St. Thomas's Hospital, London.

ALEXANDER COLIN PATTON CAMPBELL, M.B., M.R.C.P.Ed.: Clinical Tutor in Medicine, Royal Infirmary, Edinburgh; Assistant Lecturer, Department of Pathology, Edinburgh University.

DOUGLAS HARRY KEDGWIN LEE, M.Sc.Queensland, M.B. Sydney: Sharpey Scholar, Department of Physiology, University College, London.

JOHN EUGENE ANTHONY O'CONNELL, M.B.Lond., F.R.C.S.Eng.: Demonstrator in Anatomy, St. Bartholomew's Hospital Medical School, London.

ROBERT WALMSLEY, M.B.Ed.: Assistant in Anatomy, University of Edinburgh.

All the fellowships awarded this year are tenable in the United States. Dr. Lee has been appointed on modified conditions while receiving emoluments from another source.

Universities and Colleges

UNIVERSITY OF OXFORD

The board of management, on the recommendation of the professor of pathology, has elected Richard Charles Browne of Wadham College to the Theodore Williams Scholarship in Pathology, 1935.

UNIVERSITY OF CAMBRIDGE

At a congregation held on June 25th the following medical degrees were conferred:

M.D.—G. G. Penman, G. F. Abercrombie, *E. A. Trim, A. C. Crooke.

M.B., B.Chir.—J. H. Shakespeare, J. Cann, J. Collinson, N. Stevens, E. C. Sugden.

M.B.—N. G. Hulbert, R. D. Roper, P. H. L. Playfair, B. Holden, G. O. A. Briggs.

B.Chir.—J. F. Dow, R. E. Rodgers, H. S. Wigfield, *W. Warren, D. A. Smith, R. T. Gabb.

* By proxy.

The title of the degree of B.Chir. has been conferred by diploma on D. M. Norman-Jones, M. C. A. Robson, and O. K. Tubby of Newnham College.

UNIVERSITY OF LONDON

CANCER HOSPITAL (FREE)

The following candidates have been approved at the examination indicated:

ACADEMIC POST-GRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—F. M. Abeles, P. A. Flood, D. Hugo, E. G. Lynch, M. Mani, S. Nowell, T. C. Wasson.

UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examinations indicated:

M.D.—By Thesis: B. R. Bramwell, J. A. K. Brown, E. Davis, E. M. Greaves, *M. C. G. Israels, Florence V. Stephen-Lewis, *C. F. White, D. J. Williams (gold medal). By Examination: K. H. Jackson.

CH.M.—Branch I: H. T. Simmonds.

FINAL M.B., CH.B.—J. Charnley, Eleanor B. Clarke, Mary A. C. Cowell, T. F. Davey, S. Franks, E. H. Heilpern, K. H. Higson, R. E. Hiron, L. L. Huslan, J. A. I. Jamieson, T. S. B. Kelly, W. E. Kershaw, A. F. Mackay, R. L. Parish, J. N. Parker, G. R. Rhodes, L. Margaret Ross, C. Royle, H. L. Settle, D. Shute, C. Tetlow, R. Thornley, †H. J. Wade, Margaret I. Williams. Part I (Forensic Medicine and Hygiene and Preventive Medicine): S. G. Abelson, Beryl A. Barlow, Muriel J. Brayshaw, J. C. Brundret, P. J. Burke, J. H. B. Cantley, Caroline J. Chalmers, Violet Cohen, D. L. Cooke, G. D. Dawson, B. Flacks, J. Goldman, D. Halpern, A. Hargreaves, B. P. R. Hartley, J. A. Herd, I. Hesford, J. Hilton, C. B. Holland, V. T. Lees, J. Meynell, Evalene N. A. Milligan, Eleanor M. Mills, E. J. Mitchell, W. S. Parker, B. Portnoy, D. A. Richmond, A. L. Robertshaw, E. N. Rowlands, A. Shashoua, R. M. Shaw, Nina Shtetinin, H. B. Slater, A. M. L. Smith, F. W. Smith, N. Taylor, D. J. Walker, E. P. Whitaker. Pathology and Bacteriology: C. Berens, Helene E. K. Booth, Hilda Price, A. H. Gregson, W. H. Purves, M. B. D. Welland. Pharmacology: R. E. Ball, W. G. Brown, C. D. Coe, D. B. H. Dawson, F. G. Hibbert, W. S. Holden, R. B. Hollos, G. B. Locke, T. B. Whitehead, J. H. Wilding.

* With commendation. † Distinction in medicine.

D.P.H.—Part I: Kathleen M. Boyes, A. R. M. Moir, Marion W. Perry, L. D'A. Quigley, J. M. Ross, J. Scully.

DIPLOMA IN BACTERIOLOGY.—H. T. Eling, M. Abd. El M. Khalil, Constance Shaw.

The following awards have been made. Professor Tom Jones Exhibition in Anatomy, R. M. Winston. Sidney Renshaw Senior Prize in Physiology, Mary Fleure. Ash Prize in Oral Surgery, R. H. Horabin. Dumville Surgical Prize, J. Charnley. Turner Medical Prize, H. J. Wade. Stephen-Lewis Prize in Medical Subjects, Margaret I. Williams.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—J. L. Clegg, Elinor M. Gelling, R. G. Gornall, Mary F. Lacey, J. E. S. Lloyd, G. A. C. Lynch, J. Polonsky, Kathleen E. Slaney, E. S. Smith.

M.B., CH.B.—¹A. C. Brewer, ^{1,2}B. J. Green, ^{1,3}W. Parke. Part B (1924 Regulations): F. Harrison, J. R. Jones, E. G. Watson. Part III (1929 Regulations): Agnes Y. Bowie, J. L. Brown, G. V. Craine, H. R. G. Davies, V. K. Drennan, S. G. Griffin, R. L. Hartley, Clarice Hughes, J. E. E. Hughes, Mary M. Hurst, G. E. Jones, E. Knowles, H. S. Lanceley, Ethna W. Little, Sheelah Little, G. B. Marsden, A. G. H. Menzies, J. G. Rogers,

A. R. Sibbald. Part I: A. M. Abrahams, O. G. Bark, S. Bender, W. E. G. Bradford, K. W. Cameron, L. H. Chandler, E. Claitman, R. I. Cohen, K. W. Evans, J. G. Fox, J. Gendle, T. C. Gray, A. S. Hall, Elsie O. Hughes, *H. Hughes, *R. R. Hughes, T. S. Jones, J. Kay, J. Lawson, A. T. Leggate, M. Libman, H. K. Lucas, C. McGibbon, G. B. Manning, R. Marcus, E. H. Moore, W. J. Patton, W. H. G. Patton, *R. S. Riley, W. A. M. Robinson, J. P. G. Rogerson, P. J. Rooney, A. C. Smerdon, A. R. Unsworth, J. Wajnerowicz, N. Waldman, S. R. Warren, T. E. Whitby, *Evelyn M. Williams, *G. E. O. Williams, *Margaret E. Williams, R. B. Wright, H. Zalin. Passed in Individual Subjects: J. de Bastarrechea, K. A. Colenso, Doreen M. Martin (Pharmacology and General Therapeutics). Part II: L. V. Arundel, S. Ball, O. G. Bark, D. Barton, A. B. Bateman, A. H. Baxter, J. C. Birchall, J. G. Bogle, *P. S. Byrne, H. Cantor, Eileen Chimes, Eunice M. Clapham, S. E. Cooke, F. W. Crook, *J. B. David, R. E. A. Davies, F. C. Deller, T. M. Doran, Mabel M. Drummond, Beryl Edgecombe, *E. W. Evans, Jennet Evans, A. Fairbairn, *A. J. Gill, N. M. Hancox, R. P. Harbord, *H. F. Harwood, L. Henry, G. E. Hesketh, A. B. Higginson, E. A. K. Hoppins, F. Lancelley, J. Leiper, *H. R. W. Lunt, K. S. E. MacRae, *F. T. Madge, J. V. Manning, G. D. Owen, Kathleen M. Pearson, M. N. Phillips, G. Platt, A. Simpkin, A. Singer, W. S. Sutton, A. C. T. Vaughan, R. E. D. Wheeler, T. E. Whitby. Passed in Individual Subject: G. H. Ellidge, Gwendolen M. Hughes, B. Polonsky, D. M. Rosenfeld (Public Health).

D.P.H.—Part I: Nancy L. Lewis, J. B. Mackie, Patricia I. Unsworth. Part II: A. R. Arulpragasam, A. T. Jones, E. Somasekhar, J. V. Walker.

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part A: D. Menzies. Part B: D. Menzies, F. O. Pilkington, R. G. Reid, E. Siung, R. F. Wynroe.

DIPLOMA IN TROPICAL HYGIENE.—G. P. A. Amirtha Nayagam, H. R. Shone.

¹ Second-class honours. ² Distinction in Surgery. ³ Distinction in Obstetrics and Gynaecology. ⁴ Distinction in Pharmacology and General Therapeutics. ⁵ Distinction in Forensic Medicine and Toxicology. ⁶ Distinction in Public Health. ⁷ With distinction.

UNIVERSITY OF BIRMINGHAM

At a congregation held on July 6th the following medical degrees were conferred:

M.D.—P. C. P. Cloake.

M.D. (STATE MEDICINE).—A. Elliott.

M.Ch.—F. A. D'Abreu.

M.B., CH.B.—*†J. L. Collis, †J. C. Bishop, †J. T. Corbett, ††G. L. Gale, ††L. Goldman, †R. G. Record, ††§ R. A. Shove, †A. G. M. Wilson, F. L. Bland, M. I. Cookson, A. L. Deacon, E. G. Dommen, †V. J. Downie, C. J. Houghton, †H. B. Hunt, W. H. G. Jones, T. B. Kenderdine, G. B. Miller, J. S. Price, †W. S. Rees, A. E. Roberts, H. Taff, B. W. Walford.

* First-class honours. † Second-class honours. ‡ Distinction in Surgery. § Distinction in Midwifery and Diseases of Women. † Distinction in Medicine.

The following scholarships, medals, and prizes have been awarded. Queen's Scholarships: (third year) W. G. Mills, (fourth year) C. W. Taylor, (fifth year) H. J. Trenchard, (final year) J. L. Collis. Ingleby Scholarship (final year) and Priestley Smith Prize for Ophthalmology (final year), J. L. Collis. Arthur Foxwell Memorial Medals (final year), J. C. Bishop, H. B. Hunt. Sampson Gamgee Memorial Medal in Surgery (final year), G. L. Gale. Russell Memorial Prize, L. Goldman. Peter Thompson Prize in Anatomy (third year), Dorothy M. Cooper and R. S. Ibrahim (divided). John Barritt Melson Gold Medal for Physiology (third year), W. G. Mills.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examinations indicated:

M.D.—D. L. Brown, H. Finklestone-Sayliss.

FINAL M.B., CH.B.—Part II: C. Axinn (with second-class honours), J. C. Jolly, R. Scott.

QUEEN'S UNIVERSITY OF BELFAST

The following candidates have been approved at the examinations indicated:

M.D.—(1) With gold medal: F. J. Booth, D. H. Smyth. (2) With commendation: H. G. Calwell. (3) Ordinary degree: Winifred E. Hadden, J. M. Houston, S. W. T. Lee, D. W. Macartney, D. M'V. Morrison, R. W. Mussen, J. A. Price, Lilian V. Reilly, J. M. C. Speer, G. Townsley, H. B. C. Wallace.

M.B., CH.B., B.A.O.—(1) Second-class honours: W. M. Brennan, T. D. Carson, G. A. Craig, C. H. Cullen, J. S. Matthews, J. G. Pyper. (2) Ordinary degree: S. J. Allen, Rosetta C. Barker, J. F. Beck, J. W. Burns, C. F. Campbell, J. T. Carson, T. P. Diamond, Mary R. M. Donnelly, K. I. H. Henry, J. Houston, R. A. Johnston, M. C. Kelly, Martha L. Kennedy, H. J. Knox, P. A. Lee, S. E. C. Lyons, K. C. M'Keown, T. A. MacLynn, R. W. M'Namara, J. N. Macartney, H. G. Magill, N. S. Martin, J. L. E. Millen, J. K. Moffett, R. A. Monteith, R. S. Nixon, C. Reid, J. N. W. Ritchie, J. G. Rountree, C. V. R. Ryall, A. H. Scott, R. H. F. Smith, W. M. Stewart, A. W. Thompson, Anna V. Thompson, N. J. W. Thompson.

NATIONAL UNIVERSITY OF IRELAND

UNIVERSITY COLLEGE, CORK

The following candidates have been approved at the examinations indicated:

M.D.—J. P. Sheehan.

M.B., B.Ch., B.A.O.—J. G. Barrett, J. Breen, B. Buckley, J. Burke, J. Cogan, J. P. Corcoran, R. A. Coughlan, D. C. Lawton, J. N. McCarthy, E. M. Newman, J. O'Herlihy, T. O'Neill.
Part I: V. Bennett, P. J. Kelleher, C. McGrath, S. Nathan, V. J. O'Sullivan, W. O'Sullivan. *Part II:* M. Kirwan.

D.P.H.—*Part I:* Elizabeth J. H. Philpott (née Harris) and R. G. Cross (second-class honours), D. F. Burke, T. G. A. Carroll, R. A. Good, M. F. Kelleher, M. J. Kennefick, J. P. O'Leary.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Election to the Council

On July 4th three Fellows were elected into the Council to fill the vacancies caused by the retirement in rotation of Sir Cuthbert Wallace, Mr. Leonard Gamgee, and Mr. L. R. Braithwaite. The result of the poll was as follows:

	Votes	Plumpers
LEONARD RALPH BRAITHWAITE (Leeds) ...	838	33
SIR CUTHBERT SIDNEY WALLACE (St. Thomas's) ...	829	40
SEYMOUR GILBERT BARLING (Birmingham) ...	709	15
Ernest Cranmer Hughes (Guy's) ...	648	68

In all 1,187 Fellows voted, including 208 resident out of Great Britain and Northern Ireland; in addition eight votes were found to be invalid.

Sir Cuthbert Wallace, Mr. Braithwaite, and Mr. Barling are all elected for the full period of eight years.

Medical Notes in Parliament

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The National Health Insurance (Dental Benefit) Regulations were laid on the table of the House of Commons on July 4th.

In the House of Commons, on July 8th, the Law Reform (Married Women and Tortfeasors) Bill was read a second time.

On July 8th the University of Durham Bill was read a second time in the House of Commons. The financial resolution in connexion with the Bill was approved in committee.

In the House of Commons, on July 8th, the West Riding of Yorkshire Mental Hospitals Board (Superannuation) Bill was considered on report and ordered for third reading.

In the House of Commons, on July 8th, the Money Resolution on the Criminal Lunatics (Scotland) Bill was agreed to in committee. On the same day in the House of Commons the Unemployment Insurance (Crediting of Contributions) Bill was read a second time.

The Leigh Joint Hospital District Bill, which has passed the Lords, came before the Commons on July 9th, and the Lords amendments were agreed to.

The Diseases of Animals Bill was reported to the House of Commons with amendments from a Committee on July 9th.

The House of Commons debated unemployment, foreign affairs, and relations with the Irish Free State.

Sir Francis Fremantle and Sir Ernest Graham-Little were added to the Scottish Standing Committee for the consideration of the Criminal Lunatics (Scotland) Bill.

In the House of Lords, on July 9th, the Metropolitan Water Board Bill was read the third time, and passed; the Weights and Measures Bill passed through committee; and the Finance Bill was read a second time.

The House of Lords was again in committee this week on the Government of India Bill.

Housing (Scotland) Bill

Mr. SKELTON, Under-Secretary for Scotland, in the House of Commons on July 3rd, moved the third reading of the Housing (Scotland) Bill. The Bill had passed the report stage on the previous day, when minor amendments were made at the instance of the Government. Mr. Skelton now said the Bill would arm local authorities to deal with housing as never before. Low wage earners would be given an opportunity of being rehoused at rents they could afford to pay, and when they were taken from the overcrowded centres of the towns the central sites would not be allowed to degenerate. Action by the Bill would begin with a survey by the local authority, but this would not be followed by indiscriminate condemnation of two-roomed houses. No one would contend that a one-roomed house was adequate for a family, and many two-roomed ones in Scotland, built in vast rookeries, were out of date. A class of two-roomed houses built shortly before the war had proper modern amenities.

Mr. NEIL MACLEAN spoke of the need in planning new housing schemes of providing facilities for shopping and recreation. Sir ROBERT HORNE discussed the scale of 110 square feet for two persons which the Government laid down in the Bill. Scottish rooms were frequently larger—up to 200 feet. This made difficulties in the Bill. Sir ARCHIBALD SINCLAIR said that, except in Aberdeen and Glasgow, progress in town planning had been negligible, and even Aberdeen had difficulty in adequate provision for playing fields. He hoped that in Scotland during the housing drive the Government would see adequate provision was made for playing fields and open spaces.

Mr. SCRYMGEOUR-WEDDERBURN remarked that of 111,000 two-roomed houses in Glasgow half were overcrowded according to the standards of the Bill. Of one-roomed houses 22,000 out of 37,000 inhabited by 90,000 people were at present badly overcrowded. Many of the two-roomed houses were occupied by more than one family. Mr. MILNE said the Bill had occupied the Scottish Standing Committee for twenty-four days. He quoted reports by the Fife county medical officer on overcrowding at Hill of Beath and Cowdenbeath. Mr. BURNETT stated that in the past year overcrowded houses in the north division of Aberdeen had increased from 1,340 to 1,644. Mr. MCGOVERN gave statistics to show an increase of juvenile delinquency in Glasgow. He attributed this to overcrowding.

After further speeches the Bill was read a third time without a division.

Criminal Lunatics in Scotland

The debate on the second reading of the Criminal Lunatics (Scotland) Bill, which had begun on June 6th, was resumed on July 2nd in the House of Commons. On the resumption Mr. BUCHANAN said the main purpose of the Bill was the building of a new asylum. He did not oppose this, as the quarters at Perth were shocking, but the treatment of criminal lunatics called for comment. A person who had not been found guilty of a crime, but only guilty of being unfit to plead, was taken to a criminal lunatic asylum and detained for an unlimited period, though the original offence might only have deserved a few weeks in prison. There ought to be power of liberation in respect of a person not certified as dangerous when the sentence of committal was passed. Mr. Buchanan contended that a criminal lunatic who was not dangerous should be sent to a civil lunatic asylum at the end of a period to which he would, if sane, have been sentenced. The Bill gave the power to two doctors to certify, but the Bill did not say whether these were to be prison doctors or departmental doctors. A doctor in a mental asylum might be the worst person to examine a patient. He had a mental complex because he worked in the atmosphere of an asylum. The doctor who examined the inmate should be from outside and unknown to him, and the friends of the inmate should have the right to place some other doctor alongside the departmental one.

Mr. GUY said that where a prisoner was suspected of becoming insane while a prisoner the Court did intervene, but under the Bill there was no application to a Court. It was important that one certificate should be by an outside practitioner

no evidence, except in an infinitesimal number of cases, that the efficiency of the panel practitioner was affected by the fact that he did what any other person in another profession might do—used the security of his practice to advance himself in his career. It would be putting too great a disability on a young panel practitioner to prevent him from borrowing money on the security of his practice. The real safeguard was that it was a matter for the British Medical Association to see that the panel practitioner was not made the prey of unscrupulous people. More and more reputable insurance societies were making provision to enable practitioners to borrow on reasonable terms. He quite appreciated the fear which actuated Mr. Davies, but it only applied in an infinitesimal number of cases. The Ministry would watch the position, in consultation with the British Medical Association, to see that the panel practitioner was not disadvantaged by mortgaging his security.

The Clause was withdrawn.

The Bill passed through committee and was reported to the House.

Vaccination

Sir KINGSLEY WOOD told Mr. Groves, on July 9th, that the considerations which led the Rolleston Committee to recommend a change in the degree and number of marks for vaccination were set out on pages 81 et seq. of its 1928 report. The general purport was that the probable loss of duration of individual immunity resulting from the substitution of a single for multiple insertions would be compensated for by the readier acceptance of vaccination and re-vaccination, and that this would yield a higher proportion of protected individuals in the whole population. The present instruction to public vaccinators to vaccinate in one insertion only, except where additional protection was required, was based on the recommendations of the committee.

Mr. GROVES also asked if the Minister of Health knew that in 1931 his department issued a report in which the pros and cons of the abolition of the present vaccination laws were discussed; that through the report the question of encephalitis following vaccination occupied a prominent place; and that, on page 58 of the report, a statement was made that it would have to be by persuasion and voluntary acceptance for vaccination of the individual at several stages of life to be secured; and if he would consider making vaccination a voluntary function determined by a grown-up individual. Mr. SHAKESPEARE replied that the statement on page 58 of the report which Mr. Groves quoted had reference to the previous statement that a single one-mark vaccination should be regarded not as an end in itself, but as a proceeding which the individual should be advised and assisted to adopt at several stages of life with a view to maintaining a reasonably high degree of immunity at all times. As regards the last part of the question, the Minister referred Mr. Groves to the right of a parent to make a statutory declaration of conscientious objection to the vaccination of his child. The Minister could not consider the introduction of further legislation on this subject at the present time.

Paint Spraying.—Sir JOHN SIMON, on July 1st, told Mr. Joel that he had no information indicating any increase of illness among workers from paint spraying.

Pregnant Woman in Prison.—Asked by Mr. McGovern, on July 3rd and 4th, to release a pregnant woman now undergoing six months' imprisonment for perjury, Sir GODFREY COLLINS said pregnancy by itself was not a reason for release from prison. Arrangements would be made to remove the woman to a hospital outside the prison before her confinement. This was a purely medical case, and he would be guided by those responsible for guiding him in such matters.

Maternal Mortality in Ceylon.—Answering Mr. Tom Williams, on July 3rd, Mr. MALCOLM MACDONALD said the maternal mortality rate in Ceylon for 1933 was 18.6 per 1,000, and the number of maternal deaths involved 3,852. These figures were a considerable decrease on what they had been, and in recent years had shown a steady improvement. The Government was taking various steps to meet the situation. Mr. WILLIAMS pointed out that this maternal death rate

compared with 4 per 1,000 births in the United Kingdom. He declared the Ceylonese rate was the highest in any civilized country.

On July 9th Mr. TOM WILLIAMS asked how many qualified doctors were resident in Ceylon, and how many persons there were for each doctor. Mr. MALCOLM MACDONALD said that at the end of 1934 there were 824 medical practitioners registered in Ceylon. There was, approximately, an average of 6,630 persons for each doctor. Mr. M. MacDonald further told Mr. Tom Williams, on July 9th, that the infant mortality rate in Ceylon in 1933 was 157 per 1,000. For immigrant Indian labourers the figure was 181 per 1,000.

Decrease in Road Accident Cases.—Mr. HORE-BELISHA stated, on July 3rd, that persons reported as having died or been injured during the thirteen weeks ended June 22nd, 1935, as the result of road accidents in Great Britain were 55,006, of whom 1,398 lost their lives and 53,608 were injured. This represented a decrease of 18.3 per cent. in the case of those killed, and 10.4 per cent. in the case of those injured compared with the corresponding period of 1934. He added that an analysis of the causes of fatal road accidents for the current year was being prepared.

Destruction of Locusts in Flight.—Mr. M. MACDONALD, replying on July 8th to Mr. McEntee, said that experiments against locusts were carried out last year by the Government of Northern Rhodesia. These experiments showed it was possible to destroy locusts in flights by spraying them with finely divided poison dust from aircraft. The Third International Locust Conference last September recommended that further work should be carried out with a view to developing these methods of locust control. He was not aware of any experiments in the destruction of malarial mosquitos by similar methods in any of the British Dependencies.

Puerperal Fever Serum.—On July 9th Sir KINGSLEY WOOD informed Mr. Groves that serum for puerperal fever had been used in one of the hospitals under the administration of the London County Council. Its use had now been discontinued.

Notes in Brief

On July 8th Sir KINGSLEY WOOD, replying to Dr. O'Donovan, said that no regular inspection of cemeteries was carried out by officers of the Ministry of Health.

Medical News

The managers of the Royal Institution have elected Dr. Edward Mellanby, F.R.S., secretary of the Medical Research Council, to be Fullerton Professor of Physiology in the Institution in succession to Sir Grafton Elliot Smith. It is expected that Professor Mellanby will give his first course of lectures at the Royal Institution in the autumn.

The summer meeting of the Association of Clinical Pathologists will be held in the pathological department of the Princess Alice Memorial Hospital, Eastbourne, on Saturday, July 20th, commencing at 9.45 a.m. The morning session will be devoted to a discussion of certain aspects of the clinical pathology of infectious diseases—diphtheria, pertussis, glandular fever, and the virus infections. In the afternoon there will be demonstrations illustrating the morning's papers, a discussion of the revised edition of the association's pamphlet on "When and How to Collect Pathological Specimens," and short papers, followed by the general meeting.

The Fellowship of Medicine (1, Wimpole Street, W.) announces that a course in urology is being given at All Saints' Hospital, Austral Street, S.E., and that a course in dermatology will be given at Blackfriars Skin Hospital from July 15th to 27th. A panel of teachers who are prepared to give clinical instruction is available daily. Courses, clinics, etc., arranged by the Fellowship are open only to members and associates.

A congress on colitis will be held at Plombières-les-Bains under the presidency of Professor Paul Carnot from September 11th to 13th, when twenty-two papers will be read. Further information can be obtained from the secretary, Plombières-les-Bains, Vosges, France.

The Berlin Academy for Post-Graduate Education has organized the following courses for the autumn: internal medicine and therapeutics, September 2nd-14th, fee 60 marks; surgery of the organs of the thorax with special reference to pulmonary tuberculosis, September 2nd-6th, 80 marks; tuberculosis in the Berlin municipal hospital for tuberculosis, September 9th-14th, 50 marks; infectious diseases, September 16th-21st, 40 marks; oto-rhino-laryngology, September 30th-October 13th, 120 marks; biology of heredity, October 7th-12th, 40 marks. Further information can be obtained from the Secretary, Berliner Akademie für Ärztliche Fortbildung, 7, Robert Koch Platz, Berlin, N.W.7.

It is now announced that the seventh International Medical Post-Graduate Congress, to be held at Brussels and Spa from September 12th to October 2nd in connexion with the Tomarkin Foundation, will concern itself more particularly with cancer; tropical and subtropical diseases; the treatment of post-encephalitic Parkinsonism; and disorders of the heart, circulatory system, and blood. Lectures on various aspects of each of these subjects will be given by prominent authorities, and there will be open conferences. The fee for the whole course is 80 belgas; either of the two parts at Brussels and Spa can be taken separately, the fee in each case being 50 belgas. A pamphlet containing full details of the congress, including the travel and residential arrangements, can be obtained from the secretary of the Tomarkin Foundation, Faculty of Medicine, Rue aux Laines 97, Brussels.

The Association of Special Libraries and Information Bureaux (A.S.L.I.B.) will hold its twelfth annual conference at St. John's College, Cambridge, during the week-end beginning Friday, September 20th. An attractive programme of lectures and local visits is being arranged. Particulars may be obtained from the secretary of the association, 16, Russell Square, W.C.1. Sir Richard Gregory has agreed to accept renomination as president for 1935-6.

The annual meeting of the German Society for Forensic and Social Medicine will be held at Munich from September 4th to 9th. Further information can be obtained from the secretary, Professor B. Müller, Geiststrasse 7, Göttingen.

The fifteenth International Carlsbad Post-Graduate Course, with special reference to balneology and balneotherapy, will be held from September 8th to 14th. Further information can be obtained from Dr. Edgar Ganz, Carlsbad.

Dr. Barugh Spearman, O.B.E., has been appointed Administrator of Grenada during the absence of the Governor on a visit to St. Vincent and St. Lucia. Dr. Spearman, who received his medical education at Cambridge and the London Hospital, graduated M.B., B.Ch. in 1902. His professional life has been largely spent in the Colonial Service in the Tropics, particularly in East Africa; he has resided in Kenya, Uganda, and Zanzibar, where he was awarded the Order of the Brilliant Star of Zanzibar. After serving as deputy director of the sanitary service at the last-named place, he was appointed senior medical officer for Grenada, in the West Indies. On the recent transference of the Colonial Secretary from there to Nyasaland, Dr. Spearman was appointed to the temporarily vacant post, and he now has automatically become Administrator of the island for some two months.

The supplement of the *Nederlandsch Tijdschrift voor Geneeskunde* for June 15th contains the report of the committee appointed by the Dutch Medical Association to consider the prophylaxis of war, and contains some of the answers to the inquiry sent to 2,500 foreign psychiatrists for their views on the subject.

The issue of *Annales Médico-psychologiques* for May is devoted to the memory of Valentine Magnan, to whose shade we apologize for his name appearing as Magnar in our issue of June 22nd (p. 1301).

The *Supplément Illustré* of *Le Progrès Médical* for June 15th is devoted to Victor Hugo and medicine.

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.**

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone, unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

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QUERIES AND ANSWERS

Return of Conduct Money

"A. B." writes: An injured youth was admitted under my care at our hospital. Subsequently he claimed compensation from a third party. I received some few weeks ago, by post from his solicitors, a subpoena to attend in due course at the High Courts to give evidence, to produce x-ray plates, etc. The solicitors sent me two guineas conduct money. I have just been informed by the solicitors that the case has been settled privately, and they ask for the return of the two guineas. Ought I to return it? If I should have to return it, can I put in a counter-claim for having "perused" their letters and collected the details which they required me to produce at any short notice?

* * It seems to be settled that when a witness has been given conduct money and his attendance becomes unnecessary, and he does not in fact attend court and is put to no expense, he must return the conduct money. In the case of *Martin v. Andrews (1856)* a witness was paid £6 conduct money; the case was settled and he did not attend as a witness, but only as an attorney for one of the parties. He incurred no expense. The court held that the solicitors could claim the money back as "money had and received." The solicitors were obliged by the law to give the conduct money, and, if they had not given it, the defendant would not have been obliged to attend. The chief point, however, was that the defendant had incurred no expense as a witness. The present correspondent suggests that he has put himself to some trouble in order to collect the details which the subpoena required him to produce. We think he might fairly deduct a reasonable sum for any time he has given to obeying the subpoena or any expense he has incurred, though whether he is entitled to claim for perusing solicitors' letters seems a little doubtful, as this is not a service for which persons charge in the ordinary course of business, or for which he would charge a patient. If he had attended the court, but no trial had taken place, he would almost certainly have been entitled to keep the money. The medico-legal adviser to the *Lancet* (1935, i, 513) gives an interesting account of a case in which a doctor successfully claimed thirty-five guineas in these circumstances.

Income Tax

Official Use of Car

"X. Y. Z." is a Government official who uses his car for official purposes and receives an allowance at the rate of 3d. per mile. He has "a chauffeur who is wholly employed in his official work." The cost exceeds the official allowance; can he claim to deduct the excess?

* * To be allowable the Income Tax Acts require that the expense shall be incurred "wholly, exclusively, and necessarily in the performance of the duties of the office,"