

present state of knowledge in these fields. Vitamin A, which was responsible for the power of the normal epithelium in withstanding infection, but had proved powerless in combating the infection itself, had now been proved a chemical organizer, for faulty development of the eyes was seen in the young of a sow deprived of vitamin A. Vitamin B<sub>2</sub> had been shown as responsible for a form of retrobulbar neuritis, and vitamin D played an important part in hypocalcaemia with zonular cataract. Of the ductless glands the pineal body and the pituitary had pressure effects in disease, the pituitary further influencing the eye through the thyrotropic hormone of the pars anterior, which is responsible for exophthalmos, particularly the paradoxical type seen after thyroidectomy. The ophthalmoplegia of exophthalmos was possibly also of thyrotropic origin. The adrenals played as doubtful a part in glaucoma as did the gonads in retinitis pigmentosa. A host of obscure lesions with ocular signs such as fragilitas ossium, the Laurence-Moon-Biedl syndrome, arachnodactyly, osteitis deformans, were also regarded as of endocrine origin on inconclusive evidence. The ocular lesions in diabetes were more definite, though there were difficulties in recognizing some of them clearly as diabetic. Temporary ophthalmoplegia did not seem to be so frequently seen now as in the pre-insulin days. A point of importance in the development of diabetic lesions was to recognize the change in the dietetics of diabetes that insulin had brought about.

#### Night Blindness

The Doyne Memorial Lecture this year, on "Night Blindness in Eye Diseases—Suggestions and Speculations," was read on behalf of the late Dr. DAVID J. WOOL (Cape-town) by Dr. R. C. J. MEYER (Johannesburg), who first paid an eloquent tribute in memory of his colleague. Laying stress upon the histology of the pigment epithelium, the photo-chemical changes in the rods and cones, and the significance of vitamin A deficiency as the cause of epidemic night-blindness, the argument developed to bring out the significance of an intracellular enzyme as the initiator of the changes which lead to the building up of visual purple from vitamin A. A defect of this intracellular enzyme was to be regarded as one of the inborn errors of metabolism. It was possible that the same enzyme produced pigment pre-natally and metabolized visual purple post-natally. The reported treatment of retinitis pigmentosa by carotene, the precursor of vitamin A, was but one indication of the possibilities which must await a fuller understanding of the chemical processes involved.

#### Other Papers

Among other papers read at the Congress there was a profusely illustrated discourse on plastic surgery of the eyelids by Professor JOSEPH IMRE (Budapest), and an account by Dr. J. DALLOS (Budapest) on the principles underlying the fitting of contact lenses so that they could be tolerated for practically constant wear. Dr. A. J. BEDDELL (Albany, N.Y.) showed a series of highly successful colour photographs of the fundus oculi, and Mr. TUDOR THOMAS (Cardiff) described two modifications in the technique of corneal grafting, one being the discontinuance of the use of oil for the reception of the graft, and the other a new method of tying the sutures holding the graft in position.

The first *Catalogue of British Medical Films*, published by the British Film Institute and noted in these columns (February 22, 1936, p. 378) listed some four hundred films. A *Supplementary Catalogue* has now been issued in which details are given of about a hundred further films. They are classified and described under general headings, and there is in addition a subject index. The number and variety of purely medical and surgical films catalogued gives some indication of the rapid extension of this branch of cinematography within recent years.

## Local News

### INDIA

#### Proposed India League of Health

Lord Horder gave a luncheon party last week at Claridge's Hotel, London, to meet the High Commissioner for India (Sir Firoz Khan Noon) and representatives of the Councils of the People's League of Health to commend a project for the establishment of an All-India League of Health on lines analogous to the organization in Great Britain. The possibility of placing at the disposal of the people of India the knowledge gathered and co-ordinated by the People's League of Health, said Lord Horder, was first mooted in 1925, when Major-General J. B. Smith, then Medical Adviser to the Secretary of State for India, expressed the view that such a body would be of much value to the Indian Empire. The present time was felt to be an opportune one to explore the possibilities of establishing a sister body in India which might collaborate with the League in making the people of the Indian Empire "health-conscious," and thereby the better able to fulfil the duties of citizenship which were now being entrusted to them. Although the League had the sympathy and encouragement of the Minister of Health and of other Government Departments, it was a voluntary body. In a highly individualized society there existed a mass of expert knowledge, resident in trained and responsible men and women, which needed mobilizing in the interest of the community. To do this and to make this knowledge available for the people by the way of health education was the work of the League. "We venture to think that a similar body, having similar functions, may be of equal service to the people of India." Brief speeches were then made on different aspects of the work of the League by Dr. C. O. Hawthorne, its chairman of council; Dr. P. Manson-Bahr, who spoke on the triumphs of tropical medicine; Professor J. C. Drummond and Dr. Harriette Chick, who spoke on nutrition; Sir Frederick Hobday, who explained the importance of the work done by the veterinary council of the League; and Professor James Young, who described an investigation now taking place under the League's auspices on the nutrition of expectant and nursing mothers. The High Commissioner congratulated the League on having a worker like Miss Nethersole. India, he said, had reached a stage where she was able to co-operate in matters of public health and medical research with scientists in this country for the benefit of her own people. He mentioned various achievements which had already taken place, notably the elimination of cholera from the Punjab. The great difficulty was the poverty of the people. The urgency and importance of health problems was very much in the minds of the legislators; they were doing their utmost to solve them as far as finances allowed, and they would be indeed grateful for the offer of expert help which was now being made.

On the motion of Lord Horder a resolution was carried to the effect that the time had arrived when an appeal should be made to the people of India, with the sympathy of the Indian Ministries of Health and other social organizations, to co-ordinate the health work already being done in India on an all-India basis under an Indian League of Health on the lines of the People's League of Health in Great Britain. A further resolution requested the High Commissioner to convey to the authorities the offer of the People's League of Health to place at the service of India the combined knowledge of its Medical, Science, and Veterinary Councils as also its co-operation in every respect, to make the Indian League of Health a success.

### The Kashmir Mission Hospital

In 1936 the Church Missionary Hospital in Kashmir received 2,383 in-patients ; there were 3,976 surgical operations and the attendances totalled 39,500. Entropion and trichiasis have much decreased during recent years, probably in consequence of patients coming for treatment more readily in the early stages of trachoma. The reduced incidence in the case of this hospital is also partly explained by the greater number now of State dispensaries for these patients. There were fewer cases of kangri-burn epithelioma, and the reason given in the annual report for 1937 of this institution is that dress reform in Kashmir has led to the superseding of a loose garment resembling a night-shirt by a closer-fitting coat, waistcoat, and shirt, which prevent the kangri from being hugged close to the skin, at any rate in the daytime. Heart disease, more especially involving the mitral valve, is still common, and there are more cases of incompetence than of stenosis. Massive doses of digitalis sometimes proved to be dramatically effective. Cases of bone disease were also common, and caused difficulties of accommodation owing to the usually long in-patient treatment generally necessitated. These patients had had long periods of treatment with ointments by unqualified native practitioners, and very often sequestra had to be removed or amputation be performed. Financial difficulties, owing in some cases to temporary and non-recurring emergencies, have been considerable this last year, and Dr. E. F. Neve appeals for increased assistance for this hospital, which was one of the first in India to adopt Listerian antisepsis wholeheartedly. Situated outside the city of Srinagar, there is a great influx of poverty-stricken patients from the whole of Kashmir.

## ENGLAND AND WALES

### Qualifications of Coroners

The London County Council, which for many years has made a practice of appointing as coroners only persons with a double qualification, both legal and medical, has decided to fall in with the recommendation of the Departmental Committee that in future only solicitors or barristers should be appointed as coroners, but that whenever possible they should have had experience as deputy coroners. Before making a recommendation to this effect the Public Control Committee of the Council received representations from the British Medical Association against the proposal, and subsequently heard the views of deputations from the Association, the General Medical Council, the Law Society, and the General Council of the Bar. The Public Control Committee reported that in its view there was no doubt that the past practice of the Council of requiring both a legal and a medical qualification had restricted the field of candidates. In 1919, when candidates were required to possess only one or other of the prescribed qualifications, there were forty-three applications. On the basis of the dual qualification this number was reduced to twenty, fourteen, and sixteen respectively on the occurrence of the three succeeding vacancies. Apart from this, it was felt that regard must be had to the findings of the Departmental Committee in this respect, "and the representations made to us by the British Medical Association on the subject have not changed our view." Section I of the Coroners (Amendment) Act, 1926, stipulates that no person shall be qualified to be appointed a county coroner unless he is a barrister, solicitor, or legally qualified medical practitioner, of not less than five years' standing in his profession, provided that no person who has been a franchise coroner or a deputy to a county or borough coroner shall by reason of this provision be disqualified from being appointed to be a county or borough coroner. The resolution as adopted by the Council states that no person shall be eligible for appointment as coroner

in the County of London unless he is a barrister or solicitor or possesses one of the qualifications required by the above section, and that in the choice of persons for such appointments due weight shall be given to experience as deputy coroners and to the possession of a knowledge of forensic medicine. It is pointed out that effect has already been given by the Council to many of the recommendations in the Departmental Committee's report. For example, with regard to the recommendation that post-mortem examinations ordered by coroners should be made by special pathologists, for many years past a panel containing the names of skilled pathologists has been kept by the Council for the use of coroners. Provision is contained in the schedule of fees made by the Council for fees not exceeding seven guineas to be paid to expert pathologists and toxicologists for special examinations in response to requests made by coroners. The schedule also makes provision for the payment of a fee of half a guinea to a medical practitioner who attended the deceased and from whom the coroner asks for a report.

### The Health Congress in Birmingham

Representatives from all parts of the world have assembled in Birmingham this week for the health congress held there by the Royal Sanitary Institute. The delegates include representatives from China, Colombia, Germany, Guatemala, Iran, Liberia, Luxembourg, Rumania, Siam, and the United States of America, and from practically every British Dominion and Colony. Delegates have also been appointed by a large number of local authorities, Government Departments, and learned societies in Great Britain. The president, Lord Dudley, gave his inaugural address on Monday, and the Minister of Health, Sir Kingsley Wood, addressed a general session on Tuesday. Sir Arthur MacNalty, Chief Medical Officer of the Ministry of Health, is the president of the Preventive Medicine Section, in which the development of the maternity service has been discussed. Mr. Geoffrey Shakespeare, M.P., has addressed the Section of Maternity, Child Welfare, and School Hygiene, which discussed on Thursday the care of the pre-school child. Papers dealing with meat inspection and the protection of the milk supply have been discussed in the Veterinary Hygiene Section. In addition there are Sections on National Health Insurance, Hygiene in Industry, and Sewage Disposal, and also a Section on Tropical Hygiene for the visitors from over-seas.

### West London Medico-Chirurgical Society

The fifty-fifth annual dinner of the West London Medico-Chirurgical Society was held at the Trocadero Restaurant on July 7, under the presidency of Mr. Neil Sinclair. In proposing the toast of "The Society," Sir Gervais Rentoul, K.C., pointed out that the area of his jurisdiction covered West London, and therefore his contacts with members of the Society were many. He drew an amusing distinction between the doctor, who in public was always praised, and the lawyer, who was always reviled, suggesting mildly that in private the reverse might hold. He paid a tribute to the Society for the way in which it had helped to maintain "the high standards of a very great profession." In responding to the toast, Mr. Neil Sinclair sketched briefly the progress made during the year. There was a record number of new members, the Society had moved into its new headquarters, a large number of meetings had been held, and a particularly successful Cavendish lecture had been delivered by Sir Walter Langdon-Brown. The president conveyed the thanks of the Society to the honorary secretaries, Dr. W. K. McKinstry and Mr. A. Simpson-Smith, for the work they had done. In proposing the toast of "The Guests and Kindred Societies," Mr. V. B. Green-Armytage mentioned the many distinguished medical societies represented there by their presidents, and he made a special reference to the late Sir Squire Sprigge, who, he said, was once an honoured

member of the West London Medico-Chirurgical Society. In replying, Sir Walter Langdon-Brown discussed the work of Henry Cavendish, which had been described as a triumph of the third place of decimals, particularly from the point of view of the part played by imagination in scientific medicine. Sir William Willcox, president of the Medical Society of London, who also responded on behalf of the guests, paid a further tribute to the West London Medico-Chirurgical Society, which, he said, was fortunate in having among its members so many general practitioners.

#### Silicosis in Miners and Quarrymen

The Medical Research Council's Committee on Pulmonary Diseases is planning a comprehensive investigation of the incidence of silicosis and other pulmonary diseases in miners. The executive council of the South Wales Miners' Federation has agreed to co-operate in the inquiry, which will involve the medical and radiological examination of a large number of men employed at selected collieries. At the same time a clinic established last year by the King Edward VII Welsh National Memorial Association is continuing work on the prevalence of silicosis and tuberculosis among the quarry workers at Blaenau Ffestiniog. In an interview reported in the *Manchester Guardian* Dr. J. W. Morris, medical officer of health for this area, suggested that since the adoption of rock drilling by compressed air machinery underground the number of quarrymen suffering from silicosis had substantially increased. The men engaged on this work were supplied with masks, but he thought that they did not all wear them. For reducing the prevalence of silicosis among these workers he thought that a better system of ventilation was necessary to draw the dust from the rock-face, and the wearing of masks should be made compulsory.

#### Health of the Port of London

On Saturday, July 10, a number of medical men were entertained by Mr. Alfred Robertson, chairman of the Port of London Health Committee of the Corporation of the City of London, on board the Port of London Authority's steam yacht *St. Katharine*. The members of the committee and guests assembled at Tower Pier and embarked at 10 a.m., and had a most interesting trip to the lower reaches of the Thames, arriving at Gravesend in time for a luncheon party on board. Dr. P. G. Stock, proposing the toast of the Lord Mayor and Corporation, said that few people realized the magnitude and efficiency of the organization of the Port of London health service. Alderman Sir John Laurie, in reply, acknowledged the support given by the Ministry of Health in this work, and said that the motto of the committee was "Deeds, not Words." Mr. Fred Whittingham expressed thanks to the Port of London Authority for its courtesy in lending the yacht for this annual inspection, and Mr. A. Binns, chief engineer, replied on behalf of the P.L.A. Mr. Alfred Robertson proposed a comprehensive toast to his guests, coupling with it the names of Mr. E. G. Culpin of the L.C.C., Sir Robert Stanton Woods, and the Mayor of Gravesend. Sir Robert expressed his admiration for the smooth running of all the work of the City Corporation, and in particular for its wonderful sanitary organization which kept the biggest port in the world free from disease. The speeches ended with a very warm tribute to Mr. Robertson from his predecessor in the chair of the Port Health Committee, who described him as essentially a practical man; and the chairman thanked Dr. C. F. White, M.O.H. for the Port of London, for all he had done to make the day's work and pleasure a success. The company then went on board the hulk *Hygeia*, from which all incoming vessels are inspected by the port medical staff, and spent an hour ashore at the isolation hospital at Denton, returning to Tower Bridge by river in the *St. Katharine*.

#### Testimonial to Dr. F. W. Eurich

After being in practice as a consulting physician for over thirty years and for twenty-four years professor of medical jurisprudence at Leeds University, Dr. F. W. Eurich has intimated his intention to retire from practice. The very large number of colleagues who, during the long period of Dr. Eurich's work have sought his aid in the treatment of their patients, including in many cases themselves and their relatives, wish to give some small indication of the great esteem in which he is held by all who know him. It is proposed that subscriptions, limited to one guinea, should be invited from all medical practitioners who have been associated with Dr. Eurich, and it is intended to present this token of esteem at a dinner to be held at 8 p.m. on Wednesday, September 29, at the Midland Hotel, Bradford. (Charge 10s. 6d. exclusive of wines.) Any medical practitioner wishing to subscribe to the testimonial or be present at the dinner is invited to send a remittance to Dr. F. E. Chester Williams, hon. secretary, Bradford Medico-Chirurgical Society, or Dr. Geoffrey Priestman, hon. secretary, Bradford Division, British Medical Association.

## SCOTLAND

#### Health Problems of Edinburgh

The annual report by Dr. John Guy, medical officer of health for the city of Edinburgh, shows that the death rate in Edinburgh for 1936 was 13.4 per 1,000, an increase over the 15.3 of 1935. The report refers to the average death rate for the preceding five years. Births had numbered 7,391, or 15.9 per 1,000, which was an increase over the 15.3 of 1935. The report refers to the difficulty experienced in staffing the general municipal hospitals, which had retarded any effort to shorten the hours of duty of the existing staff. This difficulty applied particularly to the staffing of hospitals for chronic sick patients, but was a common experience of all the hospitals in the country. Attention is drawn to the fact that the actual number of females in the 20-25 years age group of the population has diminished, and this is suggested as a partial explanation of the difficulty in obtaining probationer nurses. The importance of mental examination of delinquent children is emphasized in the report, which points out that no legal provision exists for the mentally defective child under the age of 5 years, and while most of these are best treated in their own home, there is a proportion for whom some form of institutional care is imperative. Accordingly, the Public Health Committee has set aside in Gogarburn institution a block of twenty cots to which uncertified children may be admitted.

At a meeting of the Public Health Committee of Edinburgh Town Council on July 1 a proposal was made to abolish fees for treatment in the municipal general hospitals, but it was decided to continue charging those patients who were able to pay. One speaker said that while the English Act of 1929 compelled municipal hospitals to charge, in Scotland the provision was that they might charge patients. In Edinburgh they had resolved that if a patient could pay he would be expected to do so, but that the limit charge would be 25s. per week. There was a waiting list of 3,000 for the Royal Infirmary, of whom 1,000 were Edinburgh ratepayers entitled to claim admission to a municipal general hospital. The provision of a new hospital for this number of persons would add 1s. 1d. to the rates in the £1. It would, further, have the effect of hindering not of helping the voluntary hospital. The remedy, in the speaker's view, was that the spirit of the Local Government Act should be applied in the treatment of sick poor, and all admissions to

hospitals from the Public Assistance Department should be transferred to the Public Health Department, so that these people would be treated as sick persons and not as paupers.

#### St. Andrews University

At the graduation ceremony of St. Andrews University on June 30 thirty-four graduands received the degrees of M.B., Ch.B., and two that of M.D. The degree of LL.D. was conferred, among others, upon Angus Macgillivray, M.D., D.Sc., and Professor A. Blyth Webster, in presenting him for the degree, said that he was a graduate of Aberdeen and had been reader in ophthalmology at the University of St. Andrews, while as assessor on the University Court since 1921 he had taken a great interest in the work of the University. The principal, Sir James Irvine, in an address to the graduands, discussed the benefits for which people attended a university. He said that it was a rare privilege to be a member of a university and have the riches of learning continually spread before them. He gratefully recognized that there was little to criticize in the daily activities of the average student, but the fact could not be ignored that a change was gradually creeping over their traditional resolute character. There was a concensus of opinion that in most universities the proportion was growing of those who passed through the university with the candid intention of having "a good time." Their intention was disguised under the pretext that a university was intended as much for the development of character as for the inculcation of knowledge, and there was a danger that minority example might degenerate into a species of minority rule. He pleaded for the University of St. Andrews to take a stand in opposition to the irresponsible tendencies of the age, and call for a revival of older and sterner standards of student duty. University life must be arduous, but it could be very happy without incurring the reproach of being frivolous. The real test of a student was found not in examination results alone, but in his choice of friends and in the way he spent his hours after the work of the day was over. Even if rules could not be formulated to control the use of leisure, there remained a hope that public spirit in the universities would frown on flaunting idleness as bad form. Graduates of a university could find many opportunities to influence their successors, and the university should take a lead in making the quest for pleasure a secondary issue and not the main objective of the student's life.

#### Aberdeen University Graduation

At the Aberdeen University summer graduation on July 7 Lord Meston, the chancellor, who presided, conferred 201 degrees, including that of M.D. upon six graduates, Ch.M. upon one, and M.B., Ch.B. on seventy-nine. The degree of LL.D. was conferred upon Emeritus Professor Theodore Shennan, of whom the dean of the Faculty of Law said that he had been a graduate in medicine of Edinburgh and a Fellow of the Royal College of Surgeons of Edinburgh. He had come to Aberdeen to occupy the chair of pathology in 1914 equipped with a wide pathological experience gathered in the Royal Infirmary of Edinburgh, where he was senior pathologist. During his tenure of this chair he had acted as pathologist to Aberdeen Royal Infirmary, where his experience was widely sought in medico-legal matters and other questions of importance. He had rendered valuable service to the Senatus, and from 1931 had been a member of the University Court, where his contributions to the organization of the medical school, the welfare of its students, and the care of their professional interests had been of great importance. He had been specially concerned in securing to the students one free afternoon each week for sport and athletics. The University of Aberdeen was glad to honour one who had given a large part of his life to her services and added greatly to her lustre.

## Correspondence

#### Defective Hearing and a Deaf Persons Act

SIR.—The statistical imagination is a rare gift, by using which Mr. A. G. Wells has offered an estimate of the number of persons who would come within the scope of a Deaf Persons Act on the lines of the Blind Persons Act, 1920. Unfortunately he has not been restricted by the provisions of the Act he mentions, and is equally unhampered by the purposes hitherto set out as desirable in a Deaf Persons Bill. To be scientific and accurate he should state the kind of Deaf Persons Act to which his estimates apply.

It was the long neglect of officials and politicians concerning the duty of instructing deaf children in speech at the optimum time for its acquirement, between the ages of 2 and 5 years, which prompted the main purpose of the suggested Bill; and with this was involved discovery by requirement of early registration of deafness under a penalty; and also the power of ascertainment of fitness by compelling necessary medical examination. Again, when the usual school age was passed, to prevent a costly education being wasted, the need of training in some vocational skill was suggested as a duty.

These things can all be got in time, but would come quickly if there were a Deaf Persons Act turning the attention of councils and municipalities to the neglect of the deaf. We may accept Mr. Wells's estimate as reasonably covered in all respects by 30,000 persons coming within any educational care imposed by such an Act, remembering that a great part of their needs is already met. The other purpose in the Bill was directed to the many deaf who, like the blind, easily fall out in the whirl of life. Earlier than usual they become unemployed and unemployable. Dr. Eichholz pictures them old; "entry into the workhouse means confinement to mental solitude and isolation for the rest of their lives. Neither inmate nor staff can, as a rule, understand them or extend to them even the limited amenities of social life." Here the Blind Acts make the benefits of the Old Age Pensions Acts applicable from the age of 50 years. Apart from those deaf from an early age, and already more or less under care of the Act, any cases qualifying under such provisions would be comparatively rare.

In another statistical flight Mr. Wells claims 113,000 persons over 65 years of age, and some 35,000 noisy traders for inclusion under the proposed Act, or some 70 per cent. of his gross total. Not one-fiftieth of these numbers would ever have the slightest likelihood of recognition in any Deaf Bill which would get reasonable consideration.

A Deaf Act should be got on the Statute Book as soon as possible. The estimate of those affected directly by the Act would be 30,000 at present getting incomplete educational help but requiring full recognition and educational benefits. Later in life probably about 15,000 cases, including a majority formerly included in the first category, would appear for pension help. The greatest aid, however, would be in municipal recognition of deaf welfare as a social duty, and the many ancillary trivial ways in which a community can benefit its individuals. For the benefits in these innumerable ways the cost would be very small.—I am, etc.,

Edinburgh, July 5.

JAMES KERR.

North of England area. He joined the practice of Drs. Charles, Dewar, and Benson twelve years ago, and was deputy M.O.H. for Stanley during that time. He was a vice-chairman of the Consett Division of the British Medical Association and took a keen interest in the work. He was also actively interested in the social welfare work of the district, and was chairman of the Toc H movement and of the blind welfare committee. A severe attack of rheumatic fever some years ago left permanent effects, but he was able to carry on the work of a busy practice to within seven months of his death. His ability, together with a quiet manner, gained for him the respect and esteem of all, and he will be long remembered in the district for his lovable disposition and devotion to work. Dr. Charles is survived by his wife and a son aged 12 years, with whom there is widespread sympathy in their bereavement.

Dr. JOHN ALEX. HENDERSON of Gosforth died on June 28 at the age of 46. For some years he had been a deputy regional medical officer at Newcastle-upon-Tyne under the Ministry of Health. Educated at the University of Edinburgh, he took the M.B. and Ch.B. degrees in 1915, and was for a time resident physician to the Edinburgh War Hospital at Bangour, afterwards becoming medical superintendent of the Mount Vernon Sanatorium, Barnsley. Dr. Henderson joined the British Medical Association in 1917. He contributed clinical notes to the *British Medical Journal* in 1920 and 1932 and to the *Edinburgh Medical Journal* in 1922.

## Universities and Colleges

### UNIVERSITY OF LONDON

Mr. R. J. Kellar, M.B., Ch.B., M.R.C.P.Ed., M.C.O.G., F.R.C.S.Ed, has been appointed from October 1, 1937, to the University Readership in Obstetrics and Gynaecology tenable at the British Postgraduate Medical School

At a meeting of the Senate held on June 23 a cordial vote of thanks was unanimously passed to Mr. H. L. Eason, M.S., F.R.C.S., for the great services which he had rendered to the University during his tenure of the office of Vice-Chancellor.

Professor L. N. G. Filon, F.R.S., and Sir Ernest Graham-Little, M.P., were reappointed members of the Court for five years from October 1.

At the meeting of the Senate on June 23 the degree of Ph.D. in Helminthology (non-clinical) was awarded to Govind Dajiba Bhalerao (London School of Hygiene and Tropical Medicine); and the degree of Ph.D. in Pathology (non-clinical) to Helen Margaret Goddard (London Hospital Medical College).

#### Brown Animal Sanatory Institution Committee

The Senate received the report of the Brown Animal Sanatory Institution Committee for 1936, which recorded that Mr. W. Girling Ball, F.R.C.S., had been elected chairman for 1936-7. The superintendent had continued his research on viruses on former lines, and Dr. Nathan Raw had been engaged in carrying out a research on human and bovine tuberculosis, with special reference to infections of the human body by bovine bacilli.

#### Address of New University Building

It has been resolved that the name of the administrative offices of the new University Building, for address purposes, shall be "University of London: the Senate House."

#### UNIVERSITY COLLEGE

The following awards have been made in the Faculty of Medical Sciences:

*Entrance Scholarship*, Margaret E. Berry. *Entrance Exhibitions*, L. N. Yhap, H. F. Melhuish. *Bayliss-Starling Memorial Scholarship (Physiology)*, A. R. Moss. *Cluff Memorial Prize (Anatomy, Physiology, Pharmacology, and Chemistry)*, R. E. O. Williams. *Anatomy (Senior Course, gold medal)*, L. Rosen. *Physiology (Senior Course, gold medal)*, A. G. Riddell.

### OBITUARY

### UNIVERSITY OF LEEDS

The honorary degree of LL.D. was conferred on July 5 on John Kay Jamieson, M.B., C.M.Ed., Professor of Human Anatomy and Embryology at Trinity College, Dublin.

### UNIVERSITY OF LIVERPOOL

At a meeting of the Council on July 6 Professor W. H. Wood was appointed Dean of the Faculty of Medicine for one year from September 1.

The following candidates have been approved at the examinations indicated:

M.D.—R. T. Bowes, J. L. Brown, Hilda M. Davis, D. O. Hughes, K. W. Stroud.

M.B., Ch.B.—<sup>1</sup> G. E. O. Williams, <sup>2</sup> R. R. Hughes. *Part III*: A. M. Abrahams, J. de Bastarrechea, S. Bender, D. Boyards, W. E. G. Bradford, A. Brooke Bateman, K. W. Cameron, Sheila Carmichael, L. H. Chandler, R. I. Cohen, K. A. Colenso, K. W. Evans, J. G. Fox, Constance M. Frazer, T. C. Gray, <sup>3</sup> A. S. Hall, Elsie O. Hughes, H. Hughes, T. S. Jones, J. Kay, <sup>4</sup> A. T. Leggate, M. Libman, G. B. Manning, R. Marcus, Doreen M. Martin, R. S. Riley, W. A. M. Robinson, J. P. G. Rogerson, P. J. Rooney, J. M. Russell, Henrietta Sloan, A. C. Smerdon, Gwenda Vaughan, J. Wajnerowicz, Evelyn M. Williams, Margaret E. Williams, H. Zalin. *Part II*: H. G. A. Almond, H. Alstead, H. Angelman, C. T. Baynes, Patricia M. Bennett-Jones, A. L. Black, E. J. Bowmer, A. R. Bracey, D. W. Bracey, H. Braslavsky, B. H. Brindle, H. Buckley, A. E. Burton, B. Carruthers, J. L. Chisnall, <sup>5</sup> W. H. R. Cook, J. W. Crowther, G. H. Daglish, H. Dakin, R. B. Davies, J. Donnelly, Mary W. Gaskell, K. B. Gibson, J. Griffith, E. L. Hamm, W. J. Hay, Anne F. M. Heaney, D. R. Holden, R. S. Holgate, E. P. Houghton, G. O. Hughes, D. A. Hunt, Brenda M. Jones, <sup>6</sup> Iola L. T. Jones, M. P. Jones, P. Jones, Helen Kay, R. J. Keating, J. C. Kee, J. C. Kitchen, E. Leather, J. M. Marchant, J. Mills, J. Moroney, A. Nachmanovitz, S. Newman, J. H. Newmark, P. J. O'Flynn, E. N. Owen, <sup>7</sup> R. A. C. Owen, J. L. Patton, B. I. Phillips, Hilda C. Podmore, J. G. Pritchard, W. Pritchard, <sup>8</sup> E. B. Riding, D. J. Roberts, G. I. Roberts, R. H. Roberts, G. M. S. Ryan, <sup>9</sup> E. L. Salingar, G. Sanderson, Joyce M. Scholefield, <sup>10</sup> V. K. Summers, R. J. D. Temple, G. R. Thorpe, G. C. Tweedie, Lucy H. E. Walker, R. Watson, J. H. D. Wetherell, <sup>11</sup> R. H. White-Jones, A. R. Whitman, <sup>12</sup> A. H. Williams, <sup>13</sup> C. J. Williams, Gwendoline Williams, <sup>14</sup> T. P. Williams, Joan S. Wood, E. G. Wright, <sup>15</sup> G. Wynne-Griffith, M. Wynroe. *Passed in Individual Subjects*: G. L. Manson (Forensic Medicine and Toxicology), R. H. M. Stewart (Public Health). *Part I*: C. D. Alergant, G. E. Badman, Frances E. Brierton, R. F. Browne, E. H. L. Cook, Margaret Edge, R. M. Evans, H. B. Forrest, <sup>16</sup> D. M. I. Freeman, Thelma R. Gaunt, C. M. Gregory, G. C. Griffiths, J. Harders, F. Hedley, Bessie Howarth, H. Ingham, <sup>17</sup> C. T. Jenkins, W. Kulke, <sup>18</sup> A. L. Latner, P. C. Lawson, Pearl Lyons, D. H. McCormack, <sup>19</sup> Sylvia Makin, Eileen E. V. Martin, R. J. Miller, G. W. H. Millington, <sup>20</sup> J. D. Muir, P. J. O'Flynn, R. J. Parry, J. L. Patton, Geraldine M. H. Paul, <sup>21</sup> Eleanor M. Pearson, L. G. Poole, A. G. Porterfield, T. Price, V. A. Rogers, C. Rowlands, H. J. Shuttleworth, C. R. Sluming, H. J. H. Soulby, W. O. Spence, Lucy M. Sutcliffe, Catherine S. Thomas, <sup>22</sup> G. O. Thomas, Megan E. Thomas, Joan P. Thomson, G. R. Thorpe, J. N. Threlfall, <sup>23</sup> Olivia S. Turner, J. A. Wethered, J. H. D. Wetherell, A. G. Williams, K. M. Willis. *Passed in Individual Subjects*: J. L. Chisnall, J. A. Gillet, R. R. Knowles, Kathleen Pugh-Jones (Pharmacology and General Therapeutics).

**DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—Part B:** M. J. Brady, J. Courtney, T. D. J. O'Farrell, J. A. Ross.

**D.P.H.—**E. Agius, R. T. Bowes, <sup>24</sup> A. Dodd, Bessie Dodd, J. G. Hailwood, Joy C. Lowe, P. Somasundram, E. A. Stilon. *Part I*: G. R. Griffith, S. M. Laird, P. Somasundram.

**DIPLOMA IN TROPICAL MEDICINE.—**J. Yofe.

**DIPLOMA IN TROPICAL HYGIENE.—**G. G. Ludlam, S. H. R. Syed, Luise Wislicki.

<sup>1</sup> First-class honours. <sup>2</sup> Second-class honours. <sup>3</sup> Distinction in Surgery. <sup>4</sup> Distinction in Obstetrics and Gynaecology. <sup>5</sup> Distinction in Forensic Medicine and Toxicology. <sup>6</sup> Distinction in Public Health. <sup>7</sup> Distinction in Pathology. <sup>8</sup> Distinction in Pharmacology and General Therapeutics. <sup>9</sup> With distinction.

### UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examinations indicated:

M.D.—J. R. P. Edkins.

*Final M.B., Ch.B.—*L. S. Anderson, J. C. Babbage, I. W. Ball, R. S. A. Beckett, G. H. H. Benham, Muriel L. Bennett, M. J. Blank, T. Dinsdale, J. H. Ferguson, J. H. France, Rosaline Green, A. B. Hamer, R. S. P. Hawkins, F. G. Hibbert, W. S. Holden, T. Holme, W. Ingman, Monica M. Job, Katharine I. Liebert, J. R. Monks, H. N. Osborne, Nydia E. Panton, A. F. Pearson, W. H. Purves, W. A. Robson, Nina Shtetin, T. S. Stewart, F. Stratton, N. Whalley. *Part I (Forensic Medicine and Hygiene and Preventive Medicine)*: N. Altham, J. N. Appleton, Muriel I. R. ApThomas, H. B. Austin, T. M. Brand, W. W. Burnett, T. E. A. Carr, J. E. Coates, A. E. David, D. B. H. Dawson, T. B. S. Dick, A. M. Dickson, G. Garmany, A. B. Hamer, K. Harrison, Kathleen

M. Henderson, A. G. Heppleston, C. P. Heywood, Barbara M. Jessel, F. A. Langley, N. Levy, L. Linnell, D. Longbottom, Jean Mason, J. C. Mellor, A. Morgan-Jones, S. Mottershead, T. H. Norton, Mary B. Oakden, Lilian P. Parry, J. K. Rowson, E. Saunbury, M. R. Tomlinson, T. B. Whitehead, W. W. Wilson, Frances T. Wright. (*Pathology and Bacteriology*): P. N. Holmes, D. N. Kiff, Constance M. F. Lyth, J. C. Ramsden, J. F. Rickards, H. E. Thackray, E. J. Yates. (*Pharmacology*): J. G. Atherton, A. P. Bates, T. Brittain, J. B. Brownlie, E. F. Burndred, Olive I. Elkin, J. Gregory, J. E. Horocks, A. Manch, J. E. Schofield, W. P. Sweetnam, G. K. Tutton.

**DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Part I:** Muriel Hughes.

### UNIVERSITY OF ABERDEEN

The following degrees were conferred at a graduation ceremony on July 7:

HON. LL.D.—Theodore Shennan, M.D., F.R.C.S.Ed., Emeritus Professor of Pathology in the University of Aberdeen.

M.D.—\*H. W. Fullerton, \*E. J. R. Leiper, Helen M. Jardine, J. Leiper, J. S. Walker, D. E. Wilson (*in absentia*).

CH. M.—\*J. F. Philip.

M.B., CH.B.—†E. K. Cruickshank, †J. G. Macarthur, †A. Macdonald, †R. F. Macdonald, †J. A. F. McLean, †D. Matheson, †E. E. P. Murray, †A. W. Souter, A. S. Ashby, H. W. Balch, J. A. Barclay, E. B. Bright, W. M. Burgess, R. McN. Cadenhead, A. S. Cameron, Margaret D. Cameron, R. W. Catto, Margaret R. Clark, Enid M. M. Clow, A. Coull, J. B. Cruickshank, D. J. Cusiter, A. M. Davidson, D. J. Dawson, L. H. Duthie, A. H. Emslie-Smith, J. K. Farquharson, Mary I. Forbes, F. W. Fyfe, E. N. Gauld, M. S. Glassman, Jamesina Gordon, R. M. Gordon, D. Harkins, W. Herbert, E. A. Horne, J. Innes, A. Jamieson, Phyllis D. Leslie, C. M. Liddell, J. G. T. Lunn, R. J. L. MacBean, R. McDonald, J. F. Mackay, J. A. McKenzie, Jessie M. McKenzie, A. McKerlie, J. M. McKiddie, G. S. M. Mackintosh, J. M. Mair, P. Matheson, Isabel M. Mathieson, G. N. Miller, S. J. H. Miller, A. Milne, L. McD. E. Milne, Marian B. Milne, P. C. Mitchell, R. D. Monteith, J. J. T. Morrison, A. F. Murray, F. S. Rae, D. D. Reid, G. L. Ritchie, Margaret M. Robinson, J. Ross, G. Sangster, W. A. McD. Scott, W. Selbie, Jean McK. Sheach, Elizabeth M. M. Simpson, J. Slorach, W. Smith, Florence Stephen, G. A. Stephen, I. C. Stephen, H. Tatton, Hilda M. Teunon, Elsie J. Thomson, W. J. F. Treacher, G. B. Will, Isabella M. Will, S. C. Wright, A. G. B. Young.

D.P.H.—W. J. Hogg.

D.Sc.—Allan Watt Downie, M.D., Henry Edward Shortt, M.D., Lieut.-Colonel I.M.S. (*in absentia*).

\* Awarded Honours for Thesis. † With second-class honours.  
‡ Passed Final Medical Professional Examination with Distinction.

### QUEEN'S UNIVERSITY OF BELFAST

At a meeting of the Senate held on July 2 Dr. G. C. Lowry, professor of midwifery since 1920, was appointed to the combined Chair of Midwifery and Gynaecology.

### UNIVERSITY OF DUBLIN

#### TRINITY COLLEGE

At the later summer commencements, held on June 30, the following medical degrees were conferred:

M.D.—A. J. O'Connor, J. B. Patrick, H. T. Ryan, W. C. Sloan.

M.B., B.Ch., B.A.O.—M. C. Brough, H. M. Carson, F. J. B. Convery, E. R. N. Cooke, C. Cunningham, G. C. Donald, R. W. Duncan, C. Eppel, C. J. S. Flood, E. G. Fox, J. E. Gillespie, W. Hayes, F. C. Heatley, J. C. Lambkin, G. N. MacFarlane, H. F. T. MacFetridge, J. H. Mitchell, C. Mushatt, A. D. Parsons, (*in absentia*), R. Pollock, H. FitzG. Sloan, J. A. Strong, Jasmine Taylor, R. E. Taylor, H. J. Walker, W. J. G. Warwick, M. C. Wood.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

A quarterly Council meeting of the Royal College of Surgeons of England was held on July 8, with the President, Sir Cuthbert Wallace, Bt., in the chair.

Sir Cuthbert Wallace, Bt., was re-elected President. Mr. Victor Bonney was re-elected Vice-President, and Professor G. Grey Turner was elected Vice-President for the ensuing year.

Mr. C. H. Fagge, Mr. W. Sampson Handley, and Mr. C. P. G. Wakeley were admitted to the Council.

Under the Moynihan Bequest not less than three, or more than five, lectures on the results of research in its application to surgery shall be given in alternate years by a lecturer who shall be styled the Moynihan Lecturer.

#### Lecturers

The following lecturers were appointed for the ensuing year: *Hunterian Professors*.—Mr. P. B. Ascroft, one lecture on an Experimental Study of the Surgical Treatment of Arterial Hyper-

tension; Mr. H. J. B. Atkins, one lecture on Chronic Mastitis; Dr. J. I. Munro Black, one lecture on the Lympho-epithelioma; Mr. R. C. Brock, one lecture on the Pathology, Diagnosis, and Treatment of Intrathoracic New Growths; Mr. Maxwell Ellis, one lecture on the Function of the Bronchial Tubes; Mr. T. Stewart Heslop, one lecture on an Experimental Study of the Neurogenic Origin of Peptic Ulceration; Mr. J. Cole Marshall, one lecture on Detachment of the Retina and the Modern Operative Treatment; Mr. T. W. Mimpriss, one lecture on the Histology and Treatment of Imperfect Descent of the Testis; Mr. Reginald T. Payne, one lecture on Cancer of the Stomach as a Surgical Problem; Mr. Harold Rogers, one lecture on the Gastroscopic Appearances of the "Normal" Gastric Mucosa and its Constitutional Variations; Mr. T. F. Todd, one lecture on Rectal Ulceration following Irradiation Treatment of Carcinoma of the Cervix (Pseudo-carcinoma of the Rectum); Mr. William E. Underwood, one lecture on Recent Observations on the Pathology of Hydronephrosis.

*Arris and Gale Lecturer*.—Dr. John Beattie, three lectures on subjects relating to Human Anatomy and Physiology.

*Erasmus Wilson Demonstrator*.—Mr. L. W. Proger, six demonstrations on the Pathological Contents of the Museum.

*Arnott Demonstrator*.—Mr. A. J. E. Cave, six demonstrations on the contents of the Museum.

Mr. L. W. Proger was re-elected Pathological Curator of the Museum for the ensuing year; Sir Frank Colyer was re-appointed Honorary Curator of the Odontological Collection for the ensuing year; Mr. C. J. S. Thompson was reappointed Honorary Curator of the Historical Collection.

The Hallett Prize was awarded to Alexander James Innes, and the eighth Macloghlin Scholarship to David Somerset Short of Bristol Grammar School.

Mr. Constantine Innes Pocock was appointed Charles Ryall Library Research Assistant for one year from October 1.

Dr. David Slome was reappointed as a Mackenzie Mackinnon Research Fellow.

The following assessors were appointed for the Primary Fellowship Examination to be held overseas during the coming year: Professor F. Wood-Jones and Dr. C. H. Kellaway (Melbourne); Professor A. N. St. G. Burkitt and Professor W. H. Davies (Sydney); Professor W. R. Gowland and Professor J. Malcolm (Dunedin); Lieut.-Col. F. J. Anderson, M.C., I.M.S., and Lieut.-Col. S. L. Bhatia, M.C., I.M.S. (India); Professor D. E. Derry and Professor Gleb von Anrep (Egypt).

#### Diplomas

A Diploma of Membership was granted to William Bradford Foster.

Diplomas were granted jointly with the Royal College of Physicians of London as follows:

*DIPLOMA IN PUBLIC HEALTH*.—L. J. Bacon, T. E. Jones-Davies, J. MacC. Kilpatrick, A. E. Lorenzen, C. Mani, J. N. Matthews, Doris Onions, T. B. Patel, H. E. Raeburn.

*DIPLOMA IN PSYCHOLOGICAL MEDICINE*.—M. B. Brody, Hilda M. Capes, Bridget Coffey, E. C. Dax, T. R. C. Fraser, J. B. Giffen, W. G. Glassco, Joan E. Greener, A. Harris, G. T. James, C. A. Keane, J. S. Knox, E. H. Larkin, A. B. Monroe, K. N. H. Rizvi, K. Soddy, J. T. W. Spiridion-Kliszczewski, C. E. H. Turner, G. P. B. Whitwell.

*DIPLOMA IN LARYNGOLOGY AND OTOLGY*.—G. N. Barker, G. A. Fraser, K. H. Hakim, M. Jackson, J. A. Kersley, G. P. Rayen.

## The Services

#### HONORARY PHYSICIANS TO THE KING

The King has appointed Colonel H. C. Buckley, I.M.S., and Colonel D. C. V. Fitzgerald, M.C., I.M.S., as Honorary Physicians to the King, in succession to Major-General Sir Cuthbert A. Sprawson, C.I.E., I.M.S., and Major-General C. W. F. Melville, C.B., I.M.S., who have retired.

#### HONORARY SURGEON TO THE KING

Surgeon Rear-Admiral F. J. Gowans, R.N., has been appointed Honorary Surgeon to the King in the vacancy caused by the retirement of Surgeon Vice-Admiral Sir R. W. Basil Hall, K.C.B., O.B.E.

#### HONORARY SURGEON TO THE VICEROY

Colonel S. G. S. Haughton, C.I.E., O.B.E., I.M.S., has been appointed Honorary Surgeon to the Viceroy and Governor-General of India.