

conditions, and was notoriously dangerous. In these circumstances he was puzzled by the *non possumus* attitude of a section of the medical profession towards this practice. He could see no justification for their reluctance to denounce it in the strongest terms as wicked and criminal. Some medical witnesses seemed to have a sneaking sympathy for the abortionist. One, not in London, had smilingly agreed with counsel for the defence that "they all do it and there are not many failures." Such an attitude would excuse the continued existence of a noxious sewer on the grounds that many people lived near it and that only a few died.

Some speakers before the society had proposed to appoint psycho-analysts as medical advisers to criminal courts, to examine every person accused and, if desirable, to treat every person convicted of crime. Sir Travers Humphreys said that a court no more needed a psycho-analyst than a lunacy expert. Serious crime was not increasing, and the statistics indicated that the present methods of dealing with convicted persons were working satisfactorily. Even the problem of juvenile delinquency was not one for medical experts. Young people between 16 and 21 had been born during or just after the war. Most of their offences could be explained by the slackening of home ties, the absence of parental control, and the neglect of parents who habitually sought amusement and distraction in the evening. Given a home where pleasure was the only god and discipline was unknown, what chance, asked Sir Travers, had the boy of withstanding temptation to steal, what hope was there for the chastity of the girl? In exceptional cases the courts made the most exhaustive inquiries. A medical report was made upon any illness or injury suffered by the accused, and no better psychologist could be found than an experienced prison doctor. Any magistrate or judge could direct any examination, psycho-analytical or otherwise, which he considered necessary. If any judge or justice found himself unable to administer justice in juvenile cases without a doctor at his elbow, he was at liberty to resign his office in favour of a woman who had brought up a family of her own.

### MENTAL PATHOLOGY

The seventh general meeting of the Midland Mental Pathological Society was held in the Birmingham University on October 28, with the President, Sir GILBERT BARLING, in the chair. Dr. F. A. PICKWORTH and Dr. P. BACSICH gave papers illustrated by lantern slides.

Dr. Pickworth's paper was "A New Outlook on the Physiology and Pathology of Mental and Emotional States," and described a theory, derived from the study of capillary irregularities in brains from mental hospital patients, correlating such states with patterns of cerebral capillary mosaic, each individual capillary controlling the function of groups of synapses and thus collectively behaviour. Details of macroscopic vascular pathology and of the histo-pathology revealed by the author's technique were described and illustrated.

Dr. Bacsich's paper was on "Rapid and Simple Methods of Demonstrating Nissl Substance, Myelin Sheaths, and Nerve Fibres on Consecutive Sections of the Same Material"; the various steps of the processes were explained, with a history of the evolution of the methods and illustrations of the value of their practical application.

The quarterly meeting of the Association of Industrial Medical Officers was held in the London School of Hygiene and Tropical Medicine on October 22. At the business meeting the following office-bearers were appointed for the year 1937-8: chairman, Dr. L. P. Lockhart (Boots Pure Drug Co.); honorary secretary, Dr. Donald Stewart (I.C.I. Metals Ltd.); honorary treasurer, Dr. Margaret Dobbie-Bateman (Harrods Ltd.). A paper was then read by Dr. C. Skinner (Thames Board Mills Co.) on dental service in industry.

## Local News

### ENGLAND AND WALES

#### National Tuberculosis Scheme

Sir Kingsley Wood, the Minister of Health, speaking on October 20 at a reception given by the National Association for the Prevention of Tuberculosis, emphasized the importance of care work in the campaign against tuberculosis. After paying a tribute to the association for its pioneer work and for its present work of education and propaganda coupled with the maintenance of a sanatorium colony for adolescent youths at Burrow Hill, Surrey, he said that the national tuberculosis scheme had its foundation in the years 1911 and 1912, and since then the tuberculosis death rate had fallen by more than half. Factors which had contributed to this were, first, such general influences as the growth of better habits of living, the removal of slums and the great housing measures undertaken since the war, and the increased protection of the milk supply; and secondly, the specific anti-tuberculosis measures taken under the national tuberculosis scheme by the partnership of the State, local authorities, and voluntary agencies. As examples of the growth of the national scheme, Sir Kingsley said that in 1911 there were some eighty tuberculosis dispensaries, 1,400 beds in local authorities' institutions, and 4,200 beds in sanatoria provided by voluntary effort or privately owned. To-day there were 480 tuberculosis dispensaries covering the whole of England and Wales, while over 31,000 beds were available for the public treatment of tuberculosis; 155,000 persons (including 114,000 who were found not to be tuberculous) were examined at the dispensaries for the first time in 1936, and during that year 56,000 persons completed periods of treatment in residential institutions. But to achieve full success the natural reluctance of persons who suspected that they were suffering from tuberculosis to have recourse to medical advice in good time must be overcome. This necessitated the health education of the people, which the National Association had done so much to promote, and which he hoped would be carried yet further by the national health campaign just launched. Tuberculosis was a problem which touched in a hundred and one ways both the individual and his family. In many cases a patient and his family needed practical, and often also psychological, help. This assistance constituted the tuberculosis care work, and commonly the best means for giving it was a well-organized care committee, drawing together the various benevolent agencies of the district and acting in close touch with the family doctor and the tuberculosis medical officer of the dispensary.

#### The Tavistock Clinic

An appeal to industry to combat the prevalence of nervous disorders was made at British Medical Association House, London, on October 27, when the Duke of Kent presided over a meeting of industrialists organized by the Tavistock Clinic. The specific purpose of the meeting was to ask industry to bear a substantial part of the cost of extending the clinic. Sir Farquhar Buzzard said that one-third of the sickness in this country was due to causes that were not organic. A large number of the cases were preventable or curable, and that number would be increased if there were more doctors to deal with them. Statistics showed that 1 in 14 of the working population suffered from nervous disorders to the extent of needing treatment, and the loss to employers from this cause amounted to ten million weeks of working time each year. Lord Hollenden, honorary treasurer of the Tavistock Clinic, said that the cost of providing accommodation for an adequate medical school, hospital, and out-patient department would be £300,000 plus an assured £20,000

annual income. To raise this sum he suggested that employers throughout the country should give a donation at the rate of one shilling per employee and pay an annual subscription at the rate of one penny per employee. The Duke of Kent said that industrialists might think it hard to be asked to bear so much of the burden, but the problem of the mental health of the country was one that primarily affected them as employers of labour.

### London Voluntary Hospitals in 1936

The statistical review issued annually by King Edward's Hospital Fund<sup>1</sup> shows that the voluntary hospitals of the metropolis received last year £2,619,000 in voluntary gifts alone, besides a further £1,815,000 in the form of payments by patients, either direct or through contributory schemes, in return for services rendered. These two items between them account for about seven-eighths of the hospitals' total receipts of £5,093,000. Of this large sum £4,196,000 was received on account of current expenses, the rest being given for endowment or for capital expenditure—that is, rebuilding, extensions, modernization, or the purchase of new and expensive apparatus. In return for this support the hospitals have increased their work both by actual extensions—the total number of beds being now 18,160—and by providing new methods of treatment. Increases have also been recorded in the number of in-patients, who are some 6,000 up at 280,000, and of out-patient attendances, which have risen by 2 per cent. to a total of 10,000,000. The result of all this has been that the hospitals have, in the aggregate, very slightly overspent their income. Individually eighty-six of them had surpluses, while fifty-nine of them had deficits. Had it not been for a drop in legacies, a source of income which varies from year to year, income would have covered expenditure, despite a general rise in prices. An innovation in this edition of the statistical review is the publication of the 1922 figures alongside those for 1932–6. Whereas in 1922 a patient stayed in hospital on an average twenty-three days, in 1936 the average had been reduced to twenty days, or looking at it the other way round, each bed was used for eighteen patients during 1936, but only fifteen in 1922. In the out-patient departments the number of attendances per patient has increased, as well as the actual number of patients. Discussing this question the review says:

“Attention has been drawn in recent reviews to the changing conception of the proper function of an out-patient department in present-day conditions. There is an increasing tendency to discourage attendance for trivial complaints which can be adequately treated by other agencies than hospitals, and to develop the consultative work of the department while at the same time providing greater facilities for more prolonged treatments not available elsewhere.”

## SCOTLAND

### Physical Fitness Campaign in Scotland

Speaking at a meeting of delegates from education authorities in Scotland, held at Peebles, Mr. Walter Elliot, Secretary of State for Scotland, said that the Physical Training and Recreation Act should be regarded as providing a means towards the re-creation of the Scottish people. It was true that according to all records they were a healthier people than ever before with less incidence of disease and with a lengthened span of life. Yet in 1936 the death rate in Scotland was over 13 per 1,000, while in England it was over 12, in Switzerland only 11.4, in Norway 10.3, and in the Netherlands 8.7. Why should the people be healthier in these other countries? He would suggest that it was perhaps because there was something lacking in the manner of life, something lacking in effort to refit themselves physically, mentally, and

spiritually against the preoccupations of life, especially of industrial life. Health did not mean simply freedom from disease; it was a proper way of living so as to enjoy the full savour of life. Regional committees had now been established in each of the five regions of Scotland, and these would be the bodies to whom applications for grants under the Act should be addressed. There was no suggestion of compulsion about this movement, and it depended entirely on the free choice of each individual, for whom the National Advisory Council would provide guidance and advice. They looked to the local authorities and to the voluntary organizations to help in providing the facilities needed in the way of gymnasias, playing fields, swimming baths, and other things. The grants from public funds were not meant, however, to replace voluntary effort, and in this connexion he was glad to be able to hand over a cheque for £4,000 by the expressed wish of the King, this sum having been derived from the recent exhibition in Edinburgh of the coronation robes. Lord Polwarth, president of the Association of County Councils in Scotland, said that the provision of facilities for recreation was more difficult for the non-industrial counties than it was for the cities. The counties had less money and their population was sparse, so that it was more difficult to organize voluntary agencies for physical fitness. Sir Louis Gumley, Lord Provost of Edinburgh, said that the question of fitness was also one for the local authorities, and they would have no hesitation in doing what they could.

### FINANCING THE CAMPAIGN

On the second day of the conference reference was made to the Government's plans for financing the campaign. Mr. J. Westwood believed that the greatest responsibility in this health campaign rested upon the education authorities, for a healthy race had to be built up on the boys and girls who were turned out of schools. Education authorities could find the mentally and physically trained group leaders who were essential for success in this work. Further, they had the power to provide holiday camps for all persons within their area, and this was a great opportunity in the interests of health. Councillor A. Ritchie, Glasgow, did not think that the £100,000 which the Government proposed to hand over to local authorities in Scotland for the setting up of these services was sufficient, and he instanced a stadium which was to be erected at Glasgow Green and which alone was going to cost £120,000. Mr. Walter Elliot stated that the £100,000 represented the reasonable share for Scotland of the money which had already been set aside for this purpose, but it was not the final amount. It might be enlarged as need for increased money was shown. The expenditure of the education authorities was governed by block grants from the central authority, which were increased as expenditure increased, and it was to this source that they must look for the main work of administration. The expenditure would rise in the normal development of the policy of the country and would be arranged between central and local authorities.

Mr. G. E. Troup, secretary of the Scottish Juvenile Welfare and After-Care Office, said that the use of school premises would be one of the most urgent practical needs of voluntary organizations for young people. Physical training instructors would also be needed and more swimming baths with lower charges for admission. For great numbers of young people in Scotland opportunities to obtain physical training did not exist. They had no desire to organize completely the leisure of youth, but for thousands of young people at the present day leisure was something vague or entirely negative, during which they gravitated to the street corners, not of choice but of necessity. Colonel R. B. Campbell, director of physical education at Edinburgh University, said that students were beginning to realize that a certificate of physical attainment was a useful adjunct to a degree when applying for a post. A student at a university should balance his education, but until the schools brought the education of

<sup>1</sup> King Edward Hospital Fund, 10, Old Jewry, E.C.2. (1s. net, 1s. 3d. post free.)

the body into line with the education of the mind any scheme in the universities must be superficial.

#### NEED FOR INSTRUCTORS

Miss Helen Drummond, principal of Dunfermline College of Hygiene and Physical Education, said the success of the fitness campaign would depend on the provision of sufficient teachers and leaders, and there was a possibility of the extension of the two training colleges in Scotland. Bailie A. Gilzean, Edinburgh, suggested that the difficulty of getting teachers of physical education was due to the expensive character of the training, which, for a three-years course at Dunfermline, cost £300, and the average education committee was not prepared to grant this. Professor E. P. Cathcart of the chair of physiology at Glasgow University said that much of the objection to physical training would disappear when it was clearly recognized that its aim was not to develop muscle-bound athletes but to produce general alertness and fitness of the whole individual. Brawn and muscle were on the whole of less value than litheness and speed of action, although it was through muscle training that they found the most accessible approach to training of the whole organism. Mr. W. A. Cochrane urged that the Advisory Council should seek the help of the medical profession in their campaign, and proposed the formation of a consultative body for this purpose.

#### Consumption of Sugar in Scotland

Dr. J. H. P. Paton, St. Andrews, in an address at Cupar on October 27 stated that at the present time the people of Scotland consumed 100 lb. of sugar per head per annum. It was held that sugar was a necessity for the human race and essential to its welfare, but he did not agree with this view. Sugar had not been heard of until the time of Alexander the Great. The Romans and Greeks had reached their highest point of civilization without sugar, and this substance was unknown in Europe in any quantity until about the seventh century. The manufacture of sugar had been started about the fifteenth century in Venice. The first cargo of sugar to reach England was brought in 1563 by Sir John Hawkins, together with the first potatoes introduced to this country. Until recently the Eskimos had possessed no sugar, and yet they were a perfectly healthy race. An expedition to Tristan da Cunha reported that the islanders, although they had no sugar and no white flour, were healthy, and there were no cases of diseased teeth. A more recent report, however, said that the introduction of sugar had led to a falling off in the standard of teeth since 1932. The increase in the use of sugar during the last hundred years had been colossal. In 1840 the people of Scotland consumed 17 lb. of sugar per head; in 1850, 30 lb.; in 1899, 82 lb.; and last year about 100 lb. He had been disinclined to believe this at first, but examining the food at a girls' school he had found that, excluding sweets and tinned fruits, each girl consumed 2 lb. of sugar every week. He had noted over a period of twenty-five years the incidence of catarrhal illness in this school, and that during the war years, when sugar was not available to the same extent, there was a considerable drop in this type of illness. It was probable also that the increased death rate from diabetes was due to sugar.

#### Aberdeen Maternity Hospital

A new maternity hospital at Aberdeen, which forms part of the group of buildings included in the Aberdeen joint hospitals scheme at Forresterhill, was opened on October 29 by Mrs. J. A. Ross, vice-chairman of the hospital. Mr. Norman Leslie, chairman of the Board of Directors, said that in 1893 a house in Barnett's Close had been rented by the managers of the Royal Infirmary for lying-in patients, and £250 had been spent on equipping and fitting it. In 1900 new premises had been taken in Castle Terrace, and in 1912 it was decided that the administrative and financial association of the maternity

hospital should be severed from the Royal Infirmary. From that date the hospital had carried on its work as an independent unit, but the directors felt that a building more commensurate in size with the needs of the community should be erected, and during the past few years appeals had been made for donations to a building fund. Very liberal contributions had been made by Mr. and Mrs. J. A. Ross and by the late Dr. J. E. Crombie, and without this help the hospital could not have been realized. The hospital, designed to hold thirty-four patients, had been equipped in the most modern manner, but a sum of £10,000 was still required to put it on a sound financial footing. Mrs. Ross, in declaring the hospital open, said that they had been looking forward for many years to the time when Aberdeen would have a maternity hospital worthy of the city, and she believed that their hopes had now been realized.

#### Royal Glasgow Asylum for the Blind

The new extension of the Possilpark Branch of the Royal Glasgow Asylum for the Blind was opened by Mr. Walter Elliot, M.P. The treasurer said that the joint committee for the south-west of Scotland was a pioneer organization in regional government, for it represented twenty local authorities and had been in operation since 1922. It had worked harmoniously and there had been no serious division regarding administration in the past ten years. Such community of thought and interest was a hopeful augury for regional administration in the future. The newly opened workshops for the blind were the largest and most up to date in Great Britain, with provision for 500 workers. They had been erected without cost to the ratepayers from £15,000 derived from the sale of the old premises in Castle Street to the Royal Infirmary. Mr. Walter Elliot, in declaring the workshops open, paid a tribute to the successful co-operation between local authorities and voluntary workers. He said the Government intended at an early date to introduce legislation reducing the pension age of blind persons from 50 to 40 years. Expenditure on the welfare of the blind in Scotland was now over £300,000 yearly, and of that sum £200,000 was contributed by the State and local authorities.

## IRELAND

#### Royal Academy of Medicine

At the annual general meeting of the Royal Academy of Medicine in Ireland, held on October 4, Dr. A. R. Parsons was elected president and Dr. T. P. C. Kirkpatrick was re-elected general secretary. The following were elected presidents of Sections: Dr. Edward T. Freeman, Medical Section; Dr. G. C. Dockeray, Pathological Section; Mr. A. A. McConnell, Surgical Section; Professor J. Kay Jamieson, Section of Anatomy and Physiology; Dr. C. J. McSweeney, Section of State Medicine; Dr. J. S. Quin, Obstetrical Section; Mr. T. O. Graham, Section of Laryngology and Otology.

#### The Voluntary Hospital System

Dr. Douglas Boyd, honorary radiologist to the Mater Infirmorum Hospital, Belfast, in his address at the opening of the winter session on October 20, reviewed the whole system of treatment of the sick to-day, criticizing particularly the crowded out-patient departments of hospitals and insurance practitioners' surgeries. Of the voluntary hospitals he said that these institutions built for the necessitous poor were crowded to the doors by the insured patient sent there because the panel doctor was too busy to look after him, by the national health insurance patient sent for legitimate consultation, and by the middle-class patient who could not afford the cost of treatment elsewhere. More extensive and expensive examinations meant more hospitalization and fewer private consultations. The breakdown of the voluntary hospital system would be

when the hospital became just a little more medically understaffed, when the nursing staff cried out for shorter hours and adequate payment, and when the specialist found that he could not give to the hospitals the gratuitous service which the voluntary system demanded. Dr. Boyd's suggestions towards a solution of this problem—unless State control was accepted—included extending the national health insurance scheme to the dependants of wage-earners and enabling the so-called middle classes to avoid hospitalization by a system of insurance to cover the cost of treatment in a nursing home. Earlier in his address Dr. Boyd had said that when the time came that the size of the individual practitioner's insured list was limited to the number of patients that could be treated with a high standard of clinical skill, then the insured person would receive benefits which frequently existed now only in theory. This would mean a grading of the maximum size of each practitioner's list to a figure calculated on the sickness index in the district and local conditions, and a corresponding graded increase in the already too small capitation fee.

#### The Late Sir J. W. Moore

Dr. J. R. A. Todhunter writes from Birmingham: In the obituary notice of Sir John William Moore in the *Journal* of October 23 mention is made of the fact that he was one of the group of four on whom the Diploma in State Medicine was first conferred by Dublin University. It may perhaps be of interest to Dublin graduates to recall the names of the other three men of this group; they were Arthur Wynne Foot, Gerald Yo, and my father, John Todhunter. Of the Dublin cholera epidemic of 1866 I can recollect my father telling; there were no trained nurses in the Meath Hospital in those days, only old women of the Sairey Gamp type, some of whom, however, were quite shrewd diagnosticians, and would call attention to a suspect cholera case by saying, "Ah! sure, I think he's got the twistin' o' the guts." I had the pleasure of meeting Sir John Moore fifteen years ago, when he told me that he had received his first instruction in clinical medicine from my father, who was at the time house-physician to the great William Stokes, whom Moore himself was later to succeed as physician to the Meath Hospital. I am sure that no one who met Sir John Moore could fail to be impressed by his innate courtesy and kindness, and by his geniality, a quality that was conspicuous in the few others of his Dublin contemporaries whom it was my privilege to have met occasionally in years past. In him has passed away the last survivor of a generation that linked us with the great Dublin physicians of a century ago.

#### Irish Free State Medical Research Council

The Medical Research Council of the Irish Free State has made five grants for whole-time research as follows: Dr. D. K. O'Donovan to continue his investigations into the part played by the liver and adrenals in the response to the introduction into the body of the metabolic stimulant of the pituitary gland; Dr. E. F. McCarthy, an investigation into the osmotic pressure of human serum protein and the oxygen capacity of haemoglobin; Dr. Barbara Moran, research into *C. diphtheriae* and streptococci; Dr. Cecil Mushatt, research into the types of tubercle bacilli occurring in Ireland; and Mr. R. P. Cooke, research on blood ammonia. Dr. McCarthy will work at the Rockefeller Institute, New York, Dr. O'Donovan at McGill University, Montreal, and the others in Dublin. Grants for part-time research have been made to Dr. Edward Keenan and Dr. W. R. O'Farrell (bundle branch block) and Dr. T. C. J. O'Connell (effects of tuberculosis on the kidney). Four grants for one year's training in methods of research have been made to Drs. Eamonn de Valera, Oliver FitzGerald, Patrick FitzGerald, and Owen T. D. Loughnan. The members of the Research Council are Professors R. P. Farnan (chairman), J. W. Bigger, J. M. O'Connor, John McGrath, J. F. Donegan, W. J. E. Jessop, Henry F. Moore, T. G. Moorhead, and J. M. O'Donovan.

## Correspondence

### Parkinsonism following Peripheral Trauma

SIR,—The cases recently reported (G. F. Walker and J. C. Hodgson, *British Medical Journal*, July 10 and September 18, 1937) raise questions of vast medico-legal importance. Does the evidence at present justify acceptance of the view that a peripheral injury may of itself cause Parkinsonism? The whole question is rendered difficult by the well-known fact that an attack of encephalitis lethargica, which everyone agrees to be the most frequent cause of Parkinsonism in persons under the age of 40, not infrequently occurs in patients whose primary illness was too slight to be noticed. It would seem, therefore, to be necessary before accepting injury as a cause of Parkinsonism to exclude the possibility of an "occult" infection by encephalitis lethargica.

It would seem probable that the man whose case was reported by Dr. Hodgson lived in the Ashford district, where authenticated cases of encephalitis lethargica occurred during the years 1921–4, which at once introduces a doubt of this case being one in support of any contention that Parkinsonism may supervene on a peripheral injury.

It is perhaps worth adding that there is no evidence in the Ministry's possession to show that the incidence of Parkinsonism amongst wounded men—of whom there were not less than half a million—is any greater than that amongst the civilian population.—I am, etc.,

J. H. HEBB,

Director-General of Medical Services.  
Ministry of Pensions, Oct. 28.

### Treatment of Fractures of the Neck of the Femur

SIR,—In the Section of Surgery at the Annual Meeting of the B.M.A. at Oxford in 1936 I opened the discussion on the treatment of fracture of the neck of the femur with the statement that the abduction method, utilizing anatomical mechanics for the reduction of deformity and fixation of the fragments, had established surgical principles as the rule of practice. The chief subject for discussion at this meeting was spiking the neck of the femur for transcervical fractures, with the aim of assisting repair by secure fixation of the fragments; also to dispense with splinting and to permit movement and even locomotion within a few days or weeks of treatment.

It may be noted that the advocates of spiking preface their expositions with an account of discomforts, dangers, and failures of the abduction treatment, from which one may conclude that their training and experience have not been of the quality which they would consider essential for the spiking procedure. The strongest argument against the abduction treatment has been the period of disability that it involves, and it is from this standpoint that I wish to call attention to a paper by Dr. Kleinberg in the October issue of the *Journal of Bone and Joint Surgery* on early weight-bearing as an adjunct of the abduction treatment. As Dr. Kleinberg was for many years associated with me in my hospital work I can vouch for the reliability of his observations.

He reports on the results of twenty-four cases of fracture of the neck of the femur; twelve of these were transcervical and twelve were intertrochanteric. In two

## DR. F. W. BURTON-FANNING

Sir Humphry Rolleston writes:

From a friendship starting when he was house-physician at Addenbrooke's Hospital, Cambridge, I may perhaps add a few lines about a man who thoroughly deserved his long trust as a consultant in East Anglia. Like all connected with Addenbrooke's in those far-off days, he came under the influence, and sometimes, as administrator of anaesthetics, under the eye, of that great teacher Sir George Humphry, who was powerful in securing Burton's appointment in 1891 at an early age to the vacant physiciancy at the Norfolk and Norwich Hospital. As there were already two members of that hospital's staff with names which might possibly be confused with his own—the late S. H. Burton, surgeon, and J. H. Barton, physician—this was avoided by the addition of his mother's maiden name, and he became Burton-Fanning. Intensely interested in clinical medicine, he was an all-round physician, as shown by published papers on rat-bite fever, neurasthenia in soldiers, and examination of the under-average life for assurance. He was also a pioneer in the open-air treatment of pulmonary tuberculosis in the east of England forty-two years ago, and later keenly went through a course on Wright's opsonins.

Remarkable for his kindly attitude to all and sundry, patients became lifelong friends, and his inquiries were first and all the time directed to the interests of his friends, never to his own concerns. This pleasant trait, though an index of modest unselfishness, may have made others overlook his achievements. When, after his thirty-seven years of devoted service, the age limit in 1928 necessitated retirement from the active staff of the hospital, he remained its firm friend, and was energetic in connexion with its artificial pneumothorax clinic and nursing arrangements. His personal qualities and professional abilities were recognized and wisely utilized by the Norwich Union Life Insurance Society.

We regret to announce the death, on October 31, of Dr. CLAUDE WILSON, the well-known Tunbridge Wells physician, who published a number of thoughtful papers on cardiology in these columns and elsewhere. He was born in Liverpool in 1860, and studied medicine in Edinburgh, London, Manchester, and Vienna, graduating M.B., C.M.Ed., with honours, in 1884. After holding the posts of resident physician at the Edinburgh Royal Infirmary and professor's assistant in clinical medicine and pathology, he proceeded to the M.D. in 1887. Dr. Wilson joined the British Medical Association in 1887, served on the Central Council on two occasions, was chairman of the Tunbridge Wells Division in 1927–8, and president of the Kent Branch in 1934–5. He was elected a Fellow of the Royal College of Physicians of London in 1933, having taken the membership seven years earlier, and was a member of the Association of Physicians of Great Britain and Ireland. A keen mountaineer, he was a member of the Swiss-Alpine and the Scottish Mountaineering Clubs, a vice-president of the Alpine Club, and author of the article "Mountaineering" in the All-England Series. His last paper in the *British Medical Journal* was an address entitled "Some Recent Advances in Cardio-vascular Diseases."

We regret to announce the death on October 26 of Dr. MAJORIE ADA BLANDY, wife of Dr. James Purdon Martin and a member of the well-known Madeira family. She was educated at Kensington High School, Jersey Ladies' College, and Newnham College, Cambridge, and took the Natural Sciences Tripos in 1908. She then began the study of medicine at the London School of Medicine for Women, taking the English conjoint diplomas in 1914, the M.B., B.S.Lond. degrees in 1917, and the M.R.C.P. in 1922. During the first year of the war she was attached to the R.A.M.C., and served at the Boulogne base. Dr. Blandy was then in turn house-physician at the Royal

Free Hospital and the Great Ormond Street Hospital for Children, medical registrar and resident medical officer at the National Hospital, Queen Square (where her husband is now physician to out-patients), and was appointed assistant physician to the Garrett Anderson Hospital in 1923. She was also physician to the Bermondsey medical mission hospital, and in recent years took part in the infant welfare work of the Hampstead Council of Social Welfare. In her student days she was a noted athlete, representing Cambridge and later London University at hockey and swimming. She had been a member of the British Medical Association for the past twenty years.

Dr. FRANCIS WILLIAM O'CONNOR, assistant director of the Division of Medical Education, Rockefeller Foundation, died on October 2, aged 53. Before going to New York in 1922 he had been for some years demonstrator in medical entomology at the London School of Tropical Medicine, and then leader of an expedition to the Western Pacific islands. He studied medicine at St. Bartholomew's Hospital and qualified as M.R.C.S., L.R.C.P. in 1907, taking the Cambridge diploma in tropical medicine and hygiene in 1913. During the war Dr. O'Connor served with a commission in the R.A.M.C. in France, Egypt, Sinai, and Salonika. He published papers on intestinal protozoa in collaboration with Dr. C. M. Wenyon and Mr. Clifford Dobell, and had made a name for himself by long-continued and exhaustive studies of filariasis. At the Annual Meeting of the British Medical Association at Brighton in 1913 he was honorary secretary of the Section of Tropical Medicine.

The death took place at Newton, Massachusetts, on October 10, at the age of 90, of Dr. WILLIAM HUNTER WORKMAN, who made many important mountaineering and exploring expeditions and lectured to geographical and scientific societies in all parts of the world. He was a B.A. of Yale and an M.D. of Harvard, and practised for some years at Worcester, Mass.

The following well-known foreign medical men have recently died: Professor VALDIGUIÉ, formerly director of the laboratories of the Pasteur Institute and professor of medical chemistry at Toulouse; Dr. WILLY PFEIFFER, professor of oto-rhino-laryngology at Frankfurt, aged 59; Professor FEDOR KRAUSE, for many years senior physician to the Augusta Hospital, Berlin; and Dr. LOUIS JACOB JOSEF MUSKENS of Amsterdam, an authority on epilepsy.

## The Services

### DEATHS IN THE SERVICES

Surgeon Commander ALEXANDER GORDON TAYLOR, R.N., died in the Royal Naval Hospital at Plymouth on October 21, aged 48. He was educated at Durham University, where he graduated M.B. and B.S. in 1915, entering the Navy soon after. He attained the rank of surgeon commander on November 11, 1927. He served throughout the war of 1914–18, receiving the medals.

Lieut.-Colonel HAROLD CROSSLEY HILDRETH, D.S.O., O.B.E., R.A.M.C. (ret.), died on September 11, in London, aged 60. He was born on October 25, 1876, and took the Scottish triple qualification in 1900 and the F.R.C.S.Ed. in 1902. After serving as assistant medical officer of the Sierra Leone Railway he entered the R.A.M.C. as lieutenant on August 31, 1903, became lieutenant-colonel on June 30, 1926, and retired on March 1, 1929. He served throughout the war of 1914–18, was mentioned in dispatches in the *London Gazette* of January 1, 1916, and May 29, 1917, and received the D.S.O. and the O.B.E.

Colonel GEORGE MILLS GOLDSMITH, C.B.E., late R.A.M.C., died at Marlborough on September 13, aged 61. He was born on July 11, 1876, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., and B.A.O. in 1898.

Entering the R.A.M.C. as lieutenant on January 28, 1899, he became lieutenant-colonel in the long promotion list of March 1, 1915, and colonel on December 26, 1923, retiring on December 26, 1927. He served in the South African War in 1900-2, when he took part in operations in the Orange Free State, including the actions at Paardeberg, Poplar Grove, Karee Siding, Vet River, and Zand River; and in the Transvaal, including actions at Johannesburg, Pretoria, and Diamond Hill, receiving the Queen's medal with four clasps and the King's medal with two clasps. He also served throughout the war of 1914-18, and in 1918-19 was A.D.M.S. of the 17th Division in France and Flanders, receiving the medals and the C.B.E. Since his retirement he had been employed at Chiseldon.

## Universities and Colleges

### UNIVERSITY OF OXFORD

Edward Stephen Duthie, M.B., has been appointed second May Reader in Medicine as from October 1, 1937, to September 30, 1941.

### UNIVERSITY OF CAMBRIDGE

At a Congregation held on October 30 the following medical degrees were conferred:

M.D.—J. D. Simpson, J. G. Jones.  
M.B., B.Chir.—\*G. R. Hawkes, F. M. Crawshaw, R. S. Stevens, R. F. Tredgold, R. A. Andrews, A. T. Westlake, A. V. Mackenzie, G. C. D. Roberts, N. Whittaker, T. M. Banham, H. G. Dowler, I. C. A. D. P. Graham.

M.B.—\*E. M. Darmady, R. V. F. Mercer, G. C. Tooth, C. M. Barker, T. F. Fox, J. C. Marklove, A. W. Abramson, J. R. J. Winter, R. T. Gabb, F. Stansfield.

\* By proxy.

### UNIVERSITY OF LONDON

Sir Ernest Graham-Little, M.P., has been re-elected chairman of the Council for External Students of the University of London for the year 1937-8.

### UNIVERSITY OF EDINBURGH

At a graduation ceremonial held on October 23 the degrees of M.B., Ch.B. were conferred on Eileen E. Ross.

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a comitia of the Royal College of Physicians of London, held on October 28, with the President, Viscount Dawson of Penn, in the chair, Dr. F. S. Langmead, Dr. A. M. H. Gray, Dr. L. G. Parsons, and Dr. G. S. Wilson were elected councillors. Sir Raymond Crawford was re-elected representative of the College on the Committee of Management of the Conjoint Board and Sir Comyns Berkeley re-elected representative on the Central Midwives Board. The President announced that the Council had appointed Dr. Donald Stewart to be Milroy Lecturer for 1939, and that the Jenks Memorial Scholarship had been awarded to Robert John Evans, late of Epsom College.

Dr. Harold Scott will deliver the FitzPatrick Lectures on "Conquest of Disease in the Tropics" at the College on Tuesday and Thursday, November 9 and 11, at 5 p.m.

#### Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

El Sayed Mohammed Taha Abdel Bar, M.D.Cairo, Joseph Warwick Bigger, M.D.Dub., Norman Vogelsang Birrell, M.B.Glas., Kenneth Oscar Black, M.B.Camb., Thomas Harold Boon, M.B.Durh., John Frederick Bromley, M.B.Manch., Eric George Laphorne Bywaters, M.B.Lond., Eli Davis, M.D.Manch., Gervais Joly Dixon, M.B.Dub., Frank Abercrombie Elliott, M.B.Cape-town, Badio Girgis Hanna, M.B.Cairo, Benjamin Gottlieb, M.D.Durh., Ronald Stanley Illingworth, M.D.Leeds, Hildebrand Hamilton Jacob, M.B.Cape-town, Eric Charles Oliphant Jewesbury, B.M.Oxf., Nowshir Jungalwalla, M.B.Rangoon, Sorab Barjor Karani, M.B.Bomb., Alan Kekwick, M.B.Camb., Thomas Wigram Lloyd, B.M.Oxf., Vincent Edwards Lloyd-Hart, L.R.C.P., Edna Florence Mackenzie, M.B.Sydney, Ian Macpherson, M.B.Leeds, Basil Oswald Quin, M.B.New Zealand, Walter Frederic Richards, M.B.Camb., Robert Donald Teare, L.R.C.P., Charles Mathurin Vaillant, B.M.Oxf., Eric Roads Van Langenberg, L.R.C.P., Isabel Grace Hood Wilson, M.D.Ed.

#### Licences

Licences to practise were conferred upon the following 129 candidates (including eleven women), who have passed the final examination in medicine, surgery, and midwifery of the Conjoint Board, and have complied with the necessary by-laws:

Enid I. M. Addenbrooke, I. Affleck, D. N. Annan, J. R. Ascott, H. F. S. Beadles, G. Behr, J. M. Bellamy, C. Berens, K. G. Bergin, S. M. Bieber, B. R. Billimoria, A. K. Borland, Phyllis E. M. Bowen, Margaret C. Bowie, R. I. C. Bradford, F. M. Braines, E. B. Brennan, L. Bressloff, J. D. Buckner, J. F. H. Bulman, M. M. A. Cader, C. J. Carey, Dorothy R. Clarke, H. Coates, A. H. R. Coombes, A. E. Cooper, H. P. F. Corbin, F. C. Courtice, G. A. Craig, O. J. Curl, P. A. Currie, S. David, D. B. H. Dawson, J. K. Denham, R. L. J. S. Derham, W. D. Doey, J. M. M. Drew, Eva M. Drown, S. S. Ershadi, D. I. Evans, C. D. Farris, G. Flavell, Anne C. Fletcher, H. A. Freeman, W. K. Frewen, J. B. Frumin, A. Garcés, L. E. Gardiner, V. P. Geoghegan, A. H. Grant, A. C. F. Green, J. Li. Griffith, B. F. B. Gulliver, F. E. D. Hallon, L. A. T. Hamilton, N. Hamlin, S. D. Hankey, A. Hargreaves, C. A. Hayes, C. S. Hemming, J. Hoadley, E. H. B. Hopkins, J. N. H. Howell, N. C. Howse, R. M. Hugo, A. H. Jack, E. S. James, D. N. John, R. T. Johnson, E. E. Jones, Olwen B. Jones, D. Kay, V. N. Krishna Iyer, D. Landsborough, A. Leese, J. W. Lillico, S. Mackenzie, R. W. Mason, E. Moore, G. S. Moore, Mary C. Mott, F. D. Mowat, K. S. Mullard, N. B. Mundy, A. L. Myburgh, S. K. Nag, A. P. Norman, G. B. Northcroft, J. R. Oliver, T. L. Oliver, Gwendoline D. Orlebar, M. K. Parikh, J. Patterson, G. R. C. Peatfield, P. A. T. Phipps, I. B. Pirie, S. F. Polley, F. Ramsey, C. W. R. Rayne-Davis, D. F. Rees, E. G. Reynolds, G. A. Richards, J. E. C. Robinson, T. G. Robinson, W. A. H. Rushton, W. E. A. Sampson, L. J. Segal, H. Sharp, G. Sheers, H. G. Singer, I. Singh, J. A. Smart, K. C. P. Smith, D. Specter, A. M. Spencer, D. J. P. Spillane, T. H. Steele-Perkins, R. Stevenson, Cecil M. M. Stewart, F. J. R. Stoneham, W. S. Sutton, L. P. Symons, Mabel W. N. Tribe, J. W. B. Waring, R. M. Williams, R. M. Wiltshire, M. C. Woodhouse, R. Woolstencroft, J. D. Youngusband.

#### Diplomas

The following diplomas were granted jointly with the Royal College of Surgeons of England:

DIPLOMA IN CHILD HEALTH.—M. A. Abboud, Eshan Awad, Jenny D. Craig, Hilla Damry, Annie M. Dawson, C. W. Dixon, Sheila M. Franklin, Gladys I. Hallows, M. R. Kark, B. W. Knight, H. B. Lal, Margaret J. T. Leitch, N. F. Lilauwala, R. C. MacKeith, L. K. Mitra, J. W. Parks, Nellie M. Plowright, Gwendolen F. Prince, J. Sakula, G. Scott, J. E. Sewell, H. J. Sinn, Gwladys V. Smallpeice, S. K. Squires, Margaret E. Sutherland, G. L. B. Thurston, H. M. Trethowan, Elizabeth N. Warner, J. R. Wilson.

DIPLOMA IN PUBLIC HEALTH.—T. D. Ahmad, Julia C. H. Avery, Ilma B. S. Bingemann, G. E. Breen, C. A. McPherson, B. M. Rao, M. Sendak, J. H. Shakespeare, Muriel H. Steven, A. C. Stevenson.

DIPLOMA IN ANAESTHETICS.—J. R. Mackenzie, R. McI. Muir, T. T. Stocker.

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—E. R. Brown, K. J. Higham, D. C. Light, G. Macbain, J. F. Mason.

MEDICINE.—J. B. Alexander, A. W. Box, E. R. Brown, O. I. Green, J. W. P. Morgan, G. S. Parker, H. A. N. Passmore, A. W. B. Perren, W. A. Royds, F. Schwartz, W. E. Young.

FORENSIC MEDICINE.—J. B. Alexander, A. W. Box, E. R. Brown, O. I. Green, I. M. Iddali, J. W. P. Morgan, G. S. Parker, H. A. N. Passmore, A. W. B. Perren, W. A. Royds, F. Schwartz, W. E. Young.

MIDWIFERY.—F. B. Akeroyd, V. M. Attenborough, A. Dunkerley, O. H. Galloway, G. Howell, J. S. Lancaster, J. C. B. Nesfield.

The diploma of the Society has been granted to J. B. Alexander, A. W. Box, E. R. Brown, O. I. Green, K. J. Higham, G. Howell, J. F. Mason, J. W. P. Morgan, G. S. Parker, A. W. B. Perren, W. A. Royds, and W. E. Young.

### CONJOINT BOARD IN SCOTLAND

The following candidates have been approved at the examination indicated:

DIPLOMA OF L.R.C.P.ED., L.R.C.S.ED., L.R.F.P. AND S.GLAS.—A. J. Alexander, H. K. B. Armstrong, L. V. Arundel, A. C. Beckett, J. M. A. Blell, H. M. S. Boardman, J. A. Bolster, J. Boyd, W. G. Carson, W. Chundun, D. L. Cooke, J. R. Connelly, B. Cota, M. Daniels, A. A. G. Deverell, C. L. Eidam, O. Einstein, R. Figman, L. Frank, W. W. Frank, H. W. Goldblatt, H. Goldmann, G. B. Gordon, J. T. H. Graham, D. Gray, R. E. Gunning, J. G. Hahn, R. C. J. Hill, G. O. Horne, D. Hyman, E. M. Langer, A. L. Landley, E. A. Lawrence, J. Macrae, D. D. Maitland, Y. Marzouk, J. S. Mehlman, Ethel M. Miller, D. Mound, I. R. McNeish, Ureana E. Orr, J. W. A. Parsons, D. S. Prichard, J. W. Reid, E. D. Riner, A. L. Robertshaw, A. L. Rosenthal, I. Sadek, G. Schoenewald, R. F. Setlogelo, B. H. Shulman, C. W. Siegel, E. Sklarz, C. Spiegel, S. Wachtel, E. R. Winkler, J. Winning, H. Yonace, I. Zuckerberg.