

perhaps too much attention had been paid to ulcers of the duodenum, to the neglect of that old-fashioned disease gastritis. Mr. P. J. SMYTH said that he had passed this instrument on twenty-five patients. In the Mater Misericordiae Hospital every patient was given atropine before the induction of local anaesthesia by decain. The decain was administered very slowly, and then the stomach tube was passed, attached to the pump, and the stomach evacuated. The instrument was said to be especially valuable for showing a jejunal ulcer on the stoma of a gastro-enterostomy and for controlling the healing of an ulcer. It was possible with the gastroscope to diagnose gastritis quite definitely. He was not sure whether the instrument would help much in differentiating benign from malignant ulcers; the part of the stomach which it showed least well was the lesser curvature. Dr. M. A. MORIARTY stressed the importance of properly anaesthetizing the patient. Dr. G. C. DOCKERAY asked if it was dangerous to use the instrument in cases in which there were oesophageal varices. Dr. ALAN THOMPSON said he knew from personal experience that the passage of an oesophagoscope was most unpleasant. He thought gastroscopy should not be carried out in a case of dyspepsia unless it was absolutely necessary. Dr. C. J. FLOOD hoped that the gastroscope would eliminate the radiologist, as radiology was a luxury which patients were often unable to afford. He thought it should be possible to dispense with, or at least reduce, the local anaesthesia, which prevented the patient from swallowing comfortably. Others who took part in the discussion were Dr. J. B. MAGENNIS, Dr. L. ABRAHAMSON, and Dr. McCANN. Professor MOORE, in replying, said that he regarded the gastroscope as complementary to radiology. He had had only two failures with the instrument in thirty-five cases.

## Local News

### ENGLAND AND WALES

#### School for Rheumatic Children at Leeds

According to the *Yorkshire Post* a proposal is on foot at Leeds to build a special school for rheumatic children on a site adjoining the James Graham Open-Air School at Farnley. The treatment of juvenile rheumatism and the prevention of heart disease have been under consideration during the past two years. Dr. G. E. St. Clair Stockwell, the school medical officer, reported that the urgent need was to concentrate on the supervision and care of children who had within recent weeks or months suffered from their first or second attack of rheumatism of a milder and more insidious type, and who had recently developed signs of valvular disease. It is proposed to build a two-story residential block, the ground floor to be used for rheumatic children and consisting of two wards, one for twenty-five girls and the other for twenty-five boys. The first floor will be for residents from the open-air school, and will contain a ward for twenty-five girls and another for twenty-five boys. Three classrooms will be provided for the fifty rheumatic children. The cost of the building is estimated at £20,000.

#### An Arthritis Unit in London

Sir Kingsley Wood, the Minister of Health, on November 10 laid the foundation stone of the new arthritis unit at the Hospital of St. John and St. Elizabeth, London. The associated research laboratory has been provided by the Empire Rheumatism Council, and the arthritis unit is the second of its kind to be established in this country. Sir Kingsley Wood said that estimates made some little

time ago showed that the time lost from rheumatic diseases represented a total incapacity of 5½ millions of weeks and the cost to National Health Insurance funds was over five million pounds a year. If account was also taken of wages lost on account of the disease the annual cost of industrial rheumatism was some seventeen million pounds. There were three weapons against the disease—physical treatment clinics, arthritis units, and the spa hospitals. This new arthritis unit marked a step forward in the direction which it was so necessary unceasingly to pursue—the provision of facilities for study and treatment. The unit would provide beds for research in the early stages of the disease as well as prolonged investigation of each case by a team of workers and treatment under good conditions.

#### L.C.C. Midwifery Service

The Minister of Health has approved the proposals put forward by the London County Council under the Midwives Act, 1936, for the setting up of a domiciliary service of midwives, and the scheme will be brought into operation on January 1. The Metropolitan Boroughs Standing Joint Committee, while expressing its regret at the Minister's decision, has assured him of its readiness to co-operate with the Council to the fullest possible extent so as to ensure that the scheme shall work efficiently and to the satisfaction of all concerned. The Council is taking steps to appoint the forty-two whole-time salaried midwives for the purposes of the scheme. In addition to these midwives, to be appointed directly by the Council, a minimum of about 120 whole-time midwives will be employed by arrangement with upwards of forty voluntary organizations. When the new scheme comes into operation every London mother, irrespective of her financial circumstances, will be able to call on the services of a fully qualified midwife of her choice. The fees proposed to be charged will be £2 for first confinement, 30s. for subsequent confinement, and 30s. for maternity nursing. Reduced fees will be charged or the whole fee remitted where the circumstances justify such concessions.

#### New Researches at Papworth

In his report for 1936 Sir Pendrill Varrier-Jones, medical director of the Papworth Village Settlement, again emphasizes the importance of a permanent job for tuberculous patients in whom the disease has been arrested. Prolonged medical treatment may be rendered useless, he states, unless followed up by that one necessity which the sub-standard worker cannot secure unaided—a well-paid job. Employers can scarcely be expected to choose such men if others are available; nor is it desirable that they should do so, for in the rush and turmoil of modern industrial life a recrudescence of the disease is almost inevitable. The solution is co-operation in giving away jobs which will keep these sub-standard workers employed in suitable environment. This is the method of the Papworth Village Settlement. Until some far-reaching advance in preventive or therapeutic methods takes place the widespread extension of the Papworth plan offers the best means of national and humane treatment of tuberculosis. Researches in the biochemical department include studies of the possible relation of a physiological "zinc diathesis" to tuberculosis resistance factors in both man and animals, with similar investigations of the mechanism underlying the reciprocal relation of tuberculosis and cancer.<sup>1</sup> Analyses have also been made of the zinc content of normal human teeth with a view to assessing the relationship of this content and tuberculosis. "Papworth Industries" continue to progress. It is stated that one-third of the personnel have now been steadily employed for ten years or longer, and a further third for periods between five and ten years.

<sup>1</sup> *Tuberculosis, Cancer, and Zinc*. Medical Publications, London, 1936.

### Royal Veterinary College New Buildings

The King, accompanied by the Queen, opened the new buildings of the Royal Veterinary College at Camden Town on November 9. They were welcomed by the Duke of Gloucester, president of the College, Lord Crewe, senior vice-president, and Sir Merrik Burrell, chairman of council. Their Majesties were then conducted to the great hall, where the opening ceremony took place. Sir Merrik Burrell read an address to the King, in which it was stated that the new buildings replaced those erected in 1791 during the reign of George III. The College had had royal patronage since 1830, and received its first Royal Charter in 1875. The decision to rebuild was made fourteen years ago, and £325,000 was required for that purpose and for the building of the large animal hospital and operating theatre, in order to complete the building scheme and to provide the full scientific equipment of the College. Of that sum £150,000 was granted by the Government and £135,000 had become available with the help of subscribers, leaving a further sum of £40,000 still required. The King, in his reply, said that both the Queen and he were very glad to be at the opening ceremony, and he expressed their deep interest in the prosperity of the livestock industry in this country. He said that the well-being of the whole community depended largely on the health of domestic animals being cared for by a highly trained veterinary profession. The Government, the King continued, was taking steps to form a national veterinary service, through which to conduct a vigorous attack on animal diseases on a national scale, but successful research, wise administration, and efficient practice all depended on the sound education of the individual. The medical profession was represented at the ceremony by Viscount Dawson of Penn, Lord Horder, Sir Arthur MacNalty, and Sir Ernest Graham-Little.

## SCOTLAND

### Maternity Treatment in Lanarkshire

The annual report of Dr. Henry J. Thomson, physician-superintendent of the County of Lanark Maternity Hospital at Bellshill, outlines a scheme adopted there for domiciliary treatment of maternity emergencies. Arrangements have been made whereby immediate treatment is given by two doctors and two trained nurses in the patients' homes. This obviates the risk attached to removal to hospital of a patient who is severely exhausted by some obstetrical complication. A car is provided to carry five people and all the maternity equipment that may be necessary, and is ready to proceed at any time to a case within the local authority's area. In 1,956 confinements treated by the county maternity hospital during the past year there were only fourteen deaths, and it is interesting to note that out of 1,073 of the patients who had antenatal supervision only two died, while out of 883 who had had no such supervision there were twelve fatal cases.

### Glasgow Eye Infirmary

At the opening of a new outdoor dispensary and nurses' home of the Glasgow Eye Infirmary Mr. Walter Elliot, Secretary of State for Scotland, said that to-day in Scotland there were 8,700 blind persons, a figure which, however, was being steadily reduced, particularly among the younger generation. The number of blind persons between the school ages of 5 and 15 years had fallen by nearly 50 per cent. since 1922. It cost £40 more per annum to educate a child who was blind or had defective vision than a normal child. There was still work in front of them, however, as people were now living longer, and if they were to be a nation of older men and women they should be a nation of active old men and women who

could see efficiently. Lord Weir, who performed the opening ceremony, said that the number of patients seeking treatment at this institution had grown from about 10,000 per annum to the present figure of 35,000. This growth in numbers was a reflection of an improved health-consciousness and improved discipline on the part of the community. Mr. P. J. Dollan said that the corporation of Glasgow was frequently compelled to organize health services because of the breakdown of voluntary systems, but it had no envious disposition towards the Eye Infirmary. Wherever the voluntary system did its work well the corporation would be glad to co-operate, and would not seek to put it out of existence.

## Correspondence

### Carcinoma of the Stomach

SIR,—I always read the papers of my friend Professor John Morley with pleasure and profit, though I sometimes disagree with his conclusions. In his lecture on carcinoma of the stomach, published in the *Journal* of November 13 (p. 949), he does not accept my view that carcinoma never develops in a healthy stomach. Unfortunately he appears to have seen only my Schorstein Lecture (1929), which was delivered eight years ago; had he read my more recent communications on the subject he would have found all his criticisms fully answered. He appears also to be unfamiliar with the remarkable work of Konjetzny, whose pathological investigations on a very large number of fresh specimens of gastritis, ulcer, and cancer removed at operation (whether wisely or not is immaterial to the present discussion) afford most conclusive evidence in support of my views.

It is curious that Professor Morley's analysis of Stewart's statistics (1931) should have led him to conclude that they "speak most eloquently against any close causal connexion between ulcer and cancer," because a more complete analysis led both Stewart and myself to an exactly contrary result. Thus, although only three out of fifty of the common carcinomata of the pyloric region were secondary to ulcer compared with eight out of twelve of the comparatively rare lesser curvature carcinomata, no fewer than three out of nine ulcers in the pyloric region showed malignant changes compared with only eight out of 172 in the lesser curvature region. In a similar series of 334 resections for ulcer Orator found that eleven out of thirty-four ulcers near the pylorus showed malignant changes compared with six out of 300 in the lesser curvature region. The friction of the mucous membrane caused by the very active churning movements in the antrum affords a reasonable explanation of the relatively great liability of prepyloric ulcers to undergo malignant degeneration.

Although I have myself seen no case in which free acid present when a growth was first recognized disappeared at a later date, it is obvious that this must occur when there is an associated, rapidly developing, gastritis, because achlorhydria is probably always the result of progressive gastritis; thus in 80 per cent. of our cases of achlorhydria the secretion of free acid returned with appropriate treatment. This explains Robertson's two cases (1935) and Wilkinson's case, as well as those of Golding-Bird (1841) and Konjetzny (1937), as they were all associated with the development of pyloric obstruction, which leads to progressive gastritis. On the other hand, I have seen three cases of chronic ulcer in which there was no fall in

found that Mr. Winsbury-White, on March 28, did all that an ordinary, skilful, and careful surgeon could have been expected to do on the information which he had at that time—for his lordship was satisfied that the intense pain mentioned by Mr. Morris and Dr. Dawson had not been brought to the mind of the surgeon. In any event, in his view the only damage which resulted from the failure to make a radiological examination was severe pain and discomfort until April 11. He was also satisfied that the presence of the tube aggravated the perineal fistula and made it become chronic, so that it could not have been cured without a further operation; the evidence, however, showed that this could have been performed much more satisfactorily and easily within a short period after his final discharge. He therefore saw no ground for attributing all the period of inconvenience which the plaintiff had since suffered to the presence of this tube in the bladder, but regarded a large part of it as due to the rectal condition. Counsel invited the learned judge to assess damages in case the Court of Appeal should find that the surgeon had been negligent, but his Lordship preferred to leave any higher court to assess the damages themselves, which he said they could easily do from the material before them.

#### A POSSIBLE EXPLANATION

It is, of course, no part of a court's duty to formulate a theory to explain how an accident happened. It is not even part of the defendant's duty unless the case is one of those in which *res ipsa loquitur*, which the learned judge said this was not. The expert witnesses, however, suggested the following theory, and his lordship accepted it. At some time between the second operation and the patient's discharge, whether by negligence or not, the perineal tube lost its anchoring safety-pin. Without the pin the tube would tend to be drawn into the body by the movement of the pelvic muscles and the normal negative pressure of the bladder. A nurse or medical officer, finding no sign of a tube, might then conclude that it had dropped out and insert another one, thereby pushing the first tube further into the body. A similar accident happened in the case of *James v. Probyn* (*British Medical Journal*, 1935, 1, 1245). The tube in that case was an empyema drainage tube, and the learned judge suggested that it had probably slipped into the body because some person unknown, instead of properly removing it, and either cleaning it and replacing it or inserting instead of it a second tube with a safety-pin attached, merely cut off the outer end to shorten it and left it unanchored. In that case, as in this one, the surgeon, not having been present, was not responsible for the negligent act—if there was one—of the unknown person.

Mr. Justice Tucker also found that the surgeon had committed no negligence in discharging the patient on February 11. As this decision is subject to appeal, it would not be proper to comment now upon any matter upon which the Court of Appeal might later have to pass judgement. It is sufficient to remark that the task of no one was made easier by the fact that all the evidence was three and a half years old. Recollections of witnesses must fade after such an interval, and the two resident medical officers who had had charge of the patient had left the hospital and all trace of them had been lost. Six years, or even three, is a long statutory limit for actions which turn on the memory of acts and conversations which form an ordinary part of the professional life of a witness. Secondly, this case seemed essentially to be one of those which are better tried by a judge sitting alone (as it was) rather than by a jury. With the notorious case of *Russell v. Hey Groves* (*British Medical Journal*, 1932, 1, 1152 and 1197) in mind, an observer may well have been glad that the surgeon in this case ran no risk of having to pay damages merely because the patient had suffered injury without good evidence of negligence. Thirdly, Mr. Winsbury-White deserves well of the profession for his courage in defending this action instead of asking his defence society to settle it. His evidence under cross-examination was a model of clarity and restraint which other medical witnesses would do well to follow. The more of these actions for negligence which are successfully defended the less will be the inducement in future to dissatisfied patients to risk action on insufficient

grounds. Mr. Winsbury-White made one mistake, however: he ought not to have thrown away the tube he removed at operation. In this case its identity was established to the satisfaction of the learned judge by secondary evidence, but in many legal disputes the injurious foreign body itself is a vital piece of evidence. A medical man who finds himself in a situation out of which legal proceedings may possibly arise should preserve every piece of material and documentary evidence he can.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

During the month of October the title of the degree of M.B. was conferred by diploma on Mrs. H. E. Dimsdale of Girton College.

At a congregation held on November 12 the following medical degrees were conferred:

M.B., B.CHIR.—G. E. Yardley, C. H. C. Ferguson, A. Cursham.  
M.B.—\*A. M. Rhydderch, J. G. Connell, H. F. Bateman.  
\* By proxy.

### UNIVERSITY OF LONDON

A course of three lectures on the Artificial Transmutation of Matter will be given at King's College, Strand, W.C., by Professor James Chadwick, F.R.S., at 5.30 p.m., on December 2, 7, and 8. Admission free, without ticket.

### UNIVERSITY COLLEGE, HULL

At a meeting of the Council, held on November 13, Dr. John Morrison was appointed a part-time lecturer in the Department of Education.

### UNIVERSITY OF MANCHESTER

Dr. H. W. Clegg has been appointed Assistant Lecturer in Bacteriology.

### UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on November 12, Dr. H. J. Barrie was appointed Demonstrator in Pathology.

### UNIVERSITY OF GLASGOW

The following medical degrees were conferred on November 13:

M.D.—\*J. L. Horne, \*Eliza M. K. Stevenson, R. A. Wilson.  
M.B., CH.B.—K. MacI. MacKenzie.  
\* With high commendation.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### THE BUCKSTON BROWNE DINNER

The tenth annual Buckston Browne dinner to Fellows and Members of the Royal College of Surgeons was held at the College on November 11, with the President, Sir Cuthbert Wallace, in the chair.

In the first of the only two speeches of the evening Sir Cuthbert Wallace briefly reviewed the work of the College during the past year. He was glad to announce that the King had agreed to accept the title of Visitor to the College. The second great event was the coming completion of the Bernhard Baron laboratories, which were to be opened on December 8 by the Earl of Athlone, and a distinguished Fellow of the College, Sir Charles Sherrington, was to reply on this occasion. Sir Cuthbert thanked the Building Committee for the excellent work they had done, and especially the chairman, Sir Alfred Webb-Johnson. He would like to say something about the work that had been done in experimental surgery, including such problems as traumatic shock, intestinal strangulation, intrathoracic surgery, and the relation of the hypothalamus to carbohydrate metabolism. This work had been continued with the assistance of St. Bartholomew's Hospital and of Sir Henry Dale. He was glad to record that both the Membership and the Fellowship of the College were increasing, and primary examinations for the Fellowship were now being held at Melbourne, Sydney, Dunedin, Bombay, and Cairo. This year was the first time an examination had been held in Cairo, and he would draw attention to the fact that every Christmas the Conjoint Board sent out an inspector to that city. The College, he continued, was grateful for the generous gifts it had received from the Bernhard Baron Trustees, Lady

Ryall, the *British Journal of Surgery*, the Rockefeller Foundation in New York, and an anonymous donor (who was present at the dinner) for a contribution to the promotion of cancer research. Finally, he reminded those present that the repast that was being enjoyed had been generously given by Sir Buckston Browne, and he proposed the toast of "The Donor."

SIR BUCKSTON BROWNE, whose appearance belied his remark that he was "very old and on the shelf," said that his feast was arranged purely for friendship, so that Members of this great College should get to know and be on familiar terms with its Fellows. He reminded the audience that he had been resident at University College Hospital before Listerism was introduced, and it was to his own hospital that Lister had sent his first antiseptic dressings. The greatest influence in his life, Sir Buckston continued, had been Darwin, whose teaching had told us where we came from and what we are. As ministers to the body the medical profession was the greatest in the world, but in his early days it had not been really properly respected and treated. He deplored the fact that more than the members of any other profession its members were liable to legal attacks.

After the dinner a film of the progress of the new building was shown, and the guests spent a pleasant time looking at an exhibition of paintings and drawings by Fellows and Members of the College.

The following is the list of those present:

Mr. P. B. Ascroft, Mr. W. Girling Ball, Dr. Hugh Barber, Mr. Seymour Barling, Mr. William G. Barnard, Dr. J. O. Wakelin Barratt, Prof. John Beattie, Dr. G. T. Birdwood, Mr. Victor Bonney, Dr. Stanley Bousfield, Mr. L. R. Braithwaite, Dr. A. Clifford Brewer, Sir Buckston Browne, Sir Bruce Bruce-Porter, Mr. A. H. Burgess, Mr. N. C. Carver, Mr. Kennedy Cassels, Dr. A. J. E. Cave, Mr. P. W. Clarkson, Dr. Hugh Clegg, Mr. H. Cremer Cooper, Mr. D. C. Corry, Mr. H. Corsi, Mr. P. T. Crymble, Dr. Ashley S. Daly, Dr. S. H. Daukes, Dr. Arthur Davies, Dr. Daniel Davies, Mr. Hugh Davies, Mr. W. F. Davis, Mr. Harold C. Edwards, Mr. Tudor Edwards, Mr. R. C. Elmslie, Dr. Horace Evans, Mr. C. H. Fagge, Dr. Ian C. Fletcher, Dr. H. T. Flint, Dr. T. F. Fox, Mr. Eric Gardner, Mr. G. E. Gask, Dr. E. A. Gates, Mr. Richard Gillbard, Mr. D. L. H. Goddard, Mr. G. Gordon-Taylor, Sir Charles Gordon-Watson, Dr. A. W. Gott, Mr. F. J. S. Gowar, Dr. E. D. Y. Grasby, Dr. J. L. A. Grout, Mr. Ernest W. Hey Groves, Mr. W. Sampson Handley, Mr. Bishop Harman, Mr. C. I. Heanley, Mr. F. A. Hepworth, Mr. T. S. Heslop, Dr. Charles Hill, Dr. E. Wilson Hird, Mr. L. J. Honeywill, Mr. John Howkins, Prof. A. St. G. Huggett, Mr. J. H. Hughes, Colonel E. T. Inkson, Mr. Harold M. Jaques, Mr. W. H. G. Jessop, Dr. H. B. Jordan, Dr. Alan Kekwick, Mr. R. E. Kelly, Mr. W. R. Le Fanu, Mr. Hugh Lett, Mr. A. L. Light, Mr. Bertram Lloyd, Mr. E. K. Martin, Dr. J. C. Matthews, Mr. P. J. Moir, Dr. G. O. Montgomery, Mr. C. R. Morison, Dr. E. Walter Morris, Dr. H. J. S. Morton, Mr. H. F. Moseley, Dr. A. R. Neligan, Mr. G. E. Neligan, Dr. Charles Newman, Mr. Howard Nicholson, Mr. C. Max Page, Dr. S. Chalmers Parry, Dr. Wilson E. C. Parry, Mr. J. Lewin Payne, Dr. Hugh Powell, Dr. Harold Pritchard, Mr. L. W. Proger, Dr. John Raban, Mr. Walter Radcliffe, Mr. Horace H. Rew, Mr. J. T. Rowe, Dr. R. W. Scarff, Dr. Keith Simpson, Mr. Graham Simpson, Mr. E. G. Slesinger, Dr. W. H. Smailes, Mr. H. S. Souttar, Mr. Evelyn Sprawson, Dr. S. R. Trick, Mr. G. Grey Turner, Mr. J. G. Turner, Dr. H. F. Vanderman, Dr. H. Vane-Sutton, Dr. W. N. P. Wakeley, Mr. Arnold Walker, Mr. H. B. Walker, Sir Cuthbert Wallace, Sir James Walton, Sir Holburt Waring, Mr. Turner Warwick, Sir Alfred Webb-Johnson, Dr. C. F. White.

#### Council Meeting

A meeting of the Council was held on November 11, with the President, Sir Cuthbert Wallace, Bt., in the chair.

The President reported that the King had consented to assume the post of Visitor to the College.

Diplomas of Membership were granted to the 129 candidates whose names were published in the *Journal* of November 6 (p. 943) in the report of the proceedings of the comitia of the Royal College of Physicians of London, as were the names of the ten candidates to whom the Diploma in Public Health has been granted.

The following hospitals were approved for the six months' surgical practice required of candidates for the final Fellowship: Bolingbroke Hospital, Wandsworth (resident surgical officer and house-surgeon); Kent and Canterbury Hospital (first and second resident house-surgeons).

The President reported that the Mackenzie Mackinnon Research Fellowships of Mr. G. C. Knight and Mr. G. M. Hills had been renewed.

The Bernhard Baron Laboratories of the College will be opened by the Earl of Athlone on Wednesday, December 8.

## Medical Notes in Parliament

The business of the House of Lords this week included the Expiring Laws Continuance Bill, and that of the House of Commons the Air Raid Precautions Bill, the National Health Insurance (Juvenile Contributors and Young Persons) Bill, the Blind Persons Bill, and the Workmen's Compensation Bill. The last was a private Member's measure.

On November 15 Sir Kingsley Wood addressed the Conservative Private Members Committee on health questions.

The Registrar-General's Statistical Review of England and Wales for 1936, Part I (Medical) was laid on the table of the House of Commons on November 11.

The Dogs Act (1871) Amendment Bill was presented by Sir Robert Gower and was set down for second reading on December 3. Notice to move its rejection was given by Sir Francis Fremantle, Major Neven-Spence, Mr. Graham Kerr, and Dr. Salter.

#### Health Insurance for Juveniles

The second reading of the National Health Insurance (Juvenile Contributors and Young Persons) Bill was moved by Sir KINGSLEY WOOD on November 11. He said its object was to fill the gap in the public provision for medical care and attention to boys and girls between their leaving school and their coming under the provisions of the national health insurance scheme, by virtue of insurable employment after the age of 16. It was estimated that a million boys and girls would be affected immediately, but this number would fall with the raising of the school-leaving age, and as a result of the fall in the birth rate during the past fifteen years. The medical service under the Bill would be a full, general practitioner service and would include the supply of all necessary medicines. The cost of the benefit would be met by a weekly contribution, divided equally between the young worker and the employer, together with a fixed contribution from the Exchequer. The services of insurance committees would be used for the provision of medical benefits in the same way as for the present insured persons. There had been no substantial request for cash benefits for juveniles. The new entrants could become members of approved societies and so obtain the full advantages of the main scheme on reaching the age of 16. For those who did not do so, it was provided that their contributions would be paid into a special fund, out of which the cost of their medical benefits would be paid. The solvency of this fund would be guaranteed. The title of the young people to medical benefits would be acquired when the boy or girl first took up insurable employment after leaving school and would continue until the age of 16½, or until the title to full insurance was acquired by reason of insurable employment after the age of 16, whichever happened first. The title of these young persons to medical benefits would not depend upon the amount of their individual contribution.

#### A LINK WITH THE SCHOOL MEDICAL SERVICE

The Bill linked up the insurance medical service with the school medical service by arrangements under which any insurance doctor who desired to refer to the school medical record of a young patient could obtain particulars and information confidentially. The financial arrangements would cover the whole cost of medical benefits, including administration, and a small margin would be available to provide these young people with earlier dental treatment during a period in which dental decay was sometimes rapid. He would like to see the gap in the provision of dental treatment for young people completely filled, but this would not be possible so long as dental benefit was not a statutory benefit of national health insurance. The gap in provision of this benefit would be shortened by the Bill to about three years,

better to take the blind out of the Old Age Pensions Acts altogether. To-day nearly three-quarters of the blind were over 50. Between the ages of 16 and 40 there were only 9,500 blind people, and the cost of dealing with them would be small. Sir FRANCIS FREMANTLE said that to extend pensions on a flat level according to age, regardless of disabilities, was not scientific; he believed that the needs of the blind could be assessed. The reduction of the number of cases of blindness in children between 5 and 10 to about one-third of what it was twelve years ago was largely due to measures dealing with ophthalmia of the newly born. Mr. LANSBURY did not think physical disability could be assessed in the pseudo-scientific manner in which doctors and others tried to do it. He thought the State should take over the entire cost of assisting the blind. Mr. BERNAYS said that to lower the pensions age for blind persons below 40 would impair the incentive of the blind person to earn a livelihood, which would not be in the interests of the blind themselves. There were 1,200 blind persons below the age of 40, and the cost of giving them pensions from 18 would be £250,000. The Bill was read a second time.

*Milk to School Children.*—Mr. KENNETH LINDSAY, on November 11, said that only 7 per cent. of the public elementary school children in England and Wales were in schools where the milk-in-schools scheme was not in operation, and as failure to operate the scheme was due to a variety of reasons the number of children unable to obtain milk owing to the county medical officer's refusal to approve the supply must be small. The Minister of Education had no evidence that the power of county medical officers to refuse approval had been unreasonably used. In view of the danger to children of drinking infected milk, he would be very reluctant to do anything to interfere with their discretion in the matter. The suggestion that milk should be supplied in bulk was being considered.

#### Notes in Brief

From January 1 to October 31, 1937, 811 fatal and 157,842 non-fatal accidents were reported to the Home Office from premises under the Factory Acts. Similar figures for the first ten months of 1936 were 742 fatal and 143,305 non-fatal. Comparative figures for juveniles and adults separately are not available.

An expanded scheme for the control of sleeping sickness in Northern Nigeria came into operation this year. The scheme, which is additional to other methods of control already carried out by the Government, will extend over five years at a cost of £30,000 per annum, of which £19,000 per annum will be provided from the Colonial Development Fund.

## The Services

The King has awarded the Royal Naval Volunteer Reserve Officers' Decoration to Surgeon Commander G. A. Clark.

#### DEATHS IN THE SERVICES

Surgeon Commander HARRY ALEXANDER LEONARD GUTHRIE, R.N. (retired), died in the Royal Naval Hospital at Chatham on November 12. He was educated in the school of the Royal College of Surgeons of Edinburgh, and took the Scottish triple qualifications in 1915. He entered the Navy soon afterwards, attained the rank of Surgeon Lieutenant Commander on July 25, 1923, and retired as Surgeon Commander on June 18, 1928. He served through the war of 1914-18, receiving the medals.

Surgeon Captain EDWYN ROBERT GRAZEBROOK, R.N. (retired), died at Gray Walls, Newport, Barnstaple, on November 5, aged 65. He was educated at King's College, London, and took the M.R.C.S. and L.R.C.P. in 1896. Entering the Navy, he attained the rank of Surgeon Commander on November 10, 1910, and retired as Surgeon Captain on October 15, 1923. He served throughout the war of 1914-18, receiving the medals.

## Medical News

A dinner-meeting of the West London Medico-Chirurgical Society will be held at the De Vere Hotel, Kensington Road, W., on Friday, December 3, at 7.45 p.m., when Professor Ferdinand Sauerbruch of Berlin and Mr. Laurence O'Shaughnessy will give addresses on "Surgery of the Heart."

The Institute of British Surgical Technicians has arranged a lecture on "Recent Surgical Procedure," to be given by Mr. A. Dickson Wright at the Welbeck Hotel, Welbeck Street, W., on Friday, November 26, at 8 p.m. Tickets will be issued free to medical practitioners on application to the secretary of the institute, 6, Holborn Viaduct, E.C.1.

A meeting of the Eugenics Society will be held at the rooms of the Royal Society, Burlington House, Piccadilly, W., on Tuesday, November 23, at 5.15 p.m., when Mr. J. C. Trevor will read a paper on "Some Anthropological Considerations of Race Crossing," with Lord Horder in the chair.

The fifth annual dinner of the Voluntary Blood Donors' Association will be held on Thursday, November 25, at the Empire Restaurant, Victoria, S.W., at 7.30 p.m. The principal guest will be Sir Kaye Le Fleming, M.D.

The next quarterly meeting of the Royal Medico-Psychological Association will be held at 11, Chandos Street, W., on Wednesday, November 24, at 2.30 p.m., when Dr. K. C. L. Paddle will read a paper on "The Prophylaxis of Dysentery in Mental Defectives." At 3 p.m. Professor F. L. Golla will deliver the eighteenth Maudsley Lecture on "Science and Psychiatry" at the Royal Society of Medicine, 1, Wimpole Street, W.

A meeting of the Medico-Legal Society will be held at 26, Portland Place, W., on Thursday, November 25, at 8.30 p.m., when a paper will be read by Dr. Julius Burnford on "Food Poisoning."

A sessional meeting of the Royal Sanitary Institute will be held at Hanley Town Hall on Friday, November 26, at 5 p.m., when papers will be read on "Food Poisoning," by Dr. A. Wotherspoon and Dr. A. J. Ewing, and on "The Emission of Industrial Smoke," by Mr. H. Spencer.

The British Health Resorts Association will hold a conference at Bath during the week-end December 3-5 by invitation of the City Corporation. Two discussions have been arranged—on "The Spa as a National Asset in the Maintenance of Physical Fitness," and on "Hydrological Methods in the Treatment of Injuries and Diseases of the Joints."

A meeting was held on November 6 at Claridge's Hotel of editors and assistant editors of medical journals at which general, special, provincial, and hospital journals were represented. It was decided to form a society of medical editors to meet periodically for the discussion of matters of common interest. Sir Humphry Rolleston has consented to be the first president. Further information may be obtained from Mr. E. Watson-Williams, 65, Pembroke Road, Clifton, Bristol 8.

The second American and first Argentine Congress of Urology will be held at Buenos Aires from November 28 to December 4, when the following subjects will be discussed: hydatid disease of the genito-urinary system, genito-urinary tuberculosis, urography, and endoscopic surgery of adenoma of the prostate. The president of the congress is Professor Bernardino Maraini, Santa Fé, Buenos Aires.

The September issue of the *Bulletin de l'Office International d'Hygiène Publique* contains amongst others articles on recent investigations on cholera in India, resistance to small-pox in the vaccinated and unvaccinated, ulcero-necrotic angina in scarlet fever, scarlet fever in the inoculated, and tularaemia in Turkey and Czechoslovakia.