

Dr. TWINING, in reply to the above questions, said that by tomography the fact of bronchiectasis could be established and it could be ascertained which lobe it was in, but when it came to saying what kind of bronchiectasis it was lipiodol had the advantage every time. He had not used it for cholecystography; detail must be shown in the gall-bladder, and contrast was already pretty good, but tomography, while it heightened contrast, lost some detail.

In reply to a further question, Dr. McDougall said that now that the gross chest conditions had been explored it was proposed at Preston Hall to make an intensive investigation of sputum-positive cases with minimum radiological signs.

ACUTE RHEUMATIC FEVER

At a meeting of the London Association of the Medical Women's Federation on October 25, with the president, Miss E. C. LEWIS, in the chair, Professor J. W. McNEE gave an address on acute rheumatic fever.

Professor McNee said that since returning to Glasgow he had been impressed with the frequency and severity of the acute rheumatic diseases in Glasgow as compared with London. He referred particularly to cases of acute rheumatism seen in the early spring of 1937, especially in adults and adolescents. He discussed the features and possible aetiological relationship between three different types: (1) ordinary acute rheumatic fever; (2) chorea; and (3) an illness starting with the usual phenomena of acute rheumatic fever but running on directly into the typical picture of rheumatoid arthritis. He spoke of the clinical severity of the first type, the striking effects of salicylates on the fever and general symptomatology, and the marked tendency to relapse if the heavy dosage of salicylates was relaxed too soon. In the second type he denied that chorea only affected alert and nervous people; the dull and apparently unemotional factory girl seemed just as susceptible. The third type of case was important in relation to the problem of the aetiological connexion between acute rheumatism and rheumatoid arthritis. These cases when seen in adolescents were not cases of Still's disease—there was never enlargement of lymph glands or spleen.

Endocarditis occurred in all three groups; but this was not proof of a direct aetiological connexion between the groups. An exactly similar endocarditis might occur in other and quite different diseases. He had seriously begun to wonder if the acute rheumatic diseases, especially rheumatic fever and chorea, represented any true clinical and infective entity—his faith in these things had been shaken by the recent developments in the knowledge of scarlet fever. Perhaps the Aschoff body was the sole clue available at present, but was that a lesion caused by a specific virus, or merely the reaction round a small area of necrosis due to various infective or toxic agents? Were Aschoff bodies to be found constantly in chorea or in the third type of case referred to? It was difficult to interpret the epidemiological facts about acute rheumatic disease that were already known. It was usually a seasonal disease in Britain, having its greatest incidence in November, but it had been common this year in early spring. He was impressed, as was Thompson in Birmingham, with the number of patients who told of damp houses and of residence near a river. It was difficult to suggest any influence due to diet—the disease did not seem specially to attack those in the extremes of poverty and squalor, but often those who had been well described as the "decent poor." Professor McNee concluded by saying that none of the hypotheses of aetiology—streptococci, allergy, or filterable virus—was at all convincing. Work on all of the three types he had described must be continued in the centres where the rheumatic diseases were particularly prevalent, and Glasgow certainly appeared to be in this category.

Local News

ENGLAND AND WALES

Tuberculosis in Wales

Reference is made in the twenty-fifth annual report of the King Edward VII Welsh National Memorial Association, which covers the year ended March 31, 1937, to the conference at Shrewsbury last December, when details of a more intensive campaign against tuberculosis mortality were approved, it being admitted that the provision hitherto made by the Memorial Association had been inadequate in some respects. It was decided that the Association, acting as agents of the local sanitary authorities, should assume responsibility throughout Wales for obtaining and recording the basic data concerning patients, should carry out certain preventive measures, and act more decidedly as regards discovered housing and sanitary defects. With the co-operation of insurance committees and approved societies there should be a tightening up of the practice of notification and reference to tuberculosis officers, panel practitioners being circularized and greater emphasis being placed on the necessity for prompt reference of suspected cases among insured patients to regional medical officers preparatory to enlisting the help of tuberculosis officers. The attention of the Welsh Board of Health should be drawn to the laxity in certain quarters in the notification of tuberculosis, the transmission of notifications from district medical officers of health to county medical officers, and the correction of housing and sanitary defects. This conference was followed by another in February of this year, when an adjusted financial estimate was approved, and by a third in March, when opposition was manifested to the proposals of the Memorial Association, a deputation of which subsequently met the Minister of Health and its programme was reiterated. The council of the Association deprecated the fact that the progressive and ordered development of the plan for the National Campaign against tuberculosis in Wales had been most unfairly interrupted. The report states that the total number of deaths from all forms of tuberculosis in Wales and Monmouthshire during 1936 represented a rate of 0.816 per 1,000, as compared with 0.925 in the previous year and with the rates for 1936 of 0.692 in England and Wales together and 0.681 in England. The hope is expressed that this gratifying decrease in mortality will be more than maintained in future years. Emphasis is laid on the danger of exposure to "open" cases in overcrowded homes, especially in conjunction with under-nourishment and dietetic defects, and it is suggested that good might be done by freeing children temporarily from adverse home conditions. There is still a serious shortage of laboratory accommodation, and research work is retarded by the pressure of routine investigations. Surgical blocks for the treatment of cases of chronic tuberculosis as a part of the ordinary surgical tuberculosis hospital are advocated by Dr. Alexander Brownlee, it being impracticable to treat these patients adequately in their own homes and uneconomical to deal with them in the general wards of these institutions.

An Optical Centenary

Not to many firms is it given to celebrate a hundredth anniversary, or at least to have been carried on for that length of time by members of the same family, and the fact that W. Watson and Sons, Ltd., of High Holborn, London, makers of microscopes and other optical instruments, have achieved that record well deserves the production of an interesting brochure to commemorate the event. The firm was founded in 1837 by William Watson, and a son, a grandson, and a great-grandson of the founder are directors of the firm at the present day. It has had its present address in High Holborn for three-

quarters of a century, and nine members of its present staff have seen over forty years' service. The brochure sets out many interesting reminiscences of the firm's early work in photography (when "crowned heads and members of the nobility flitted through the showrooms . . . to receive advice or criticism of their photographic efforts"), x rays, cinematography, and, especially, microscopy. It was about the eighties of the last century that the serious use of the microscope in medicine and in medical teaching began, and a microscope brought out by Watson's in 1889 found wide acceptance not only in the schools but in the societies of amateur microscopists, which were then springing up all over the country. The firm was also a pioneer in camera production before the camera was popularized as it is to-day. Their detective camera was one of the earliest of the hand cameras, and they also introduced a reflex as far back as 1890. Their work in x rays became so considerable that another company—Watson and Sons (Electro-Medical) Ltd.—was formed. The firm claims to be the first to have demonstrated x-ray apparatus in the London hospitals.

Royal Dental Hospital

The Royal Dental Hospital of London held its twenty-eighth annual clinical "at home" on November 20, followed by the annual dinner of the staff and past and present students. In the morning demonstrations were given in the hospital's in-patient department (which is at Charing Cross Hospital), and in the orthodontic department, the conservation room, and the mechanical laboratory. Lectures were given on the uses of zinc oxide and oil of cloves in dental surgery by Mr. V. A. F. Greenish, and on the construction of radium applicators for lesions in and around the mouth by Mr. D. G. Walker. In the afternoon clinical cases, general and orthodontic, were exhibited, including some cases recently treated in the electrotherapeutic department; prosthetic cases were shown in the appliance room, and there were exhibitions of radiograms in the x-ray room and of photomicrographs and drawings in the research department.

Mr. Frank Coleman presided at the annual dinner, and in proposing the health of the hospital and the dental school briefly sketched its history, which fell, he said, into three periods. During its period in Soho Square two outstanding events took place—the formation of the Odontological Society and the granting of a licence in dental surgery by the Royal College of Surgeons—in both of which some of the men associated with the school took a prominent part. Afterwards the hospital moved into Leicester Square, close to its present home, and here also two events took place in which the school had its share: the passing of the Dentists Act, 1878, and the formation of the British Dental Association. The third period, with the hospital and school in its present premises, had again been marked by two events—the Dentists Act, 1921, and the appointment of dental surgeons to schools and in the Services. The important scientific event of the first period was the introduction of nitrous oxide gas; of the second, the application of x rays to dentistry; and of the third, the realization, thanks mainly to their old friend William Hunter, of the relationship of oral sepsis to general health. As for the future of the dental school, this must be largely bound up with amalgamation with a general hospital to consolidate and expand their gains; at the same time the school must not be regarded as a satellite of any general hospital. The dean (Mr. H. Stobie) said that the school greatly regretted the death of Sir John Bland-Sutton, who had been consulting surgeon on its staff for about seventeen years; in his place they had been fortunate enough to secure Sir Holburt Waring. He also reported the resignation of Dr. E. W. Fish, who had given ten years' service, and who, they were all glad to know, was going to continue at St. Mary's Hospital his outstanding researches under conditions which the Royal Dental Hospital could not provide. He mentioned various other changes which had taken place in the staff, and reported

an increase in the number of students entering the hospital and very satisfactory examination results. Mr. V. A. F. Greenish proposed the health of the guests, who included officers of the British Dental Association, examiners for the Royal College of Surgeons, members of the board of management of the hospital, and representatives of the Army Dental Corps. Mr. Bryan J. Wood, president of the British Dental Association, in responding, spoke particularly of the service of dentists with His Majesty's Forces. The conditions of pay and service in the Army and Navy were now regarded as adequate, but this could not be said of the conditions offered in the Royal Air Force, and the step had been taken of refusing advertisements of the Air Ministry for officers in that Service. A witty speech by Mr. A. T. Pitts in proposing the health of the chairman concluded the evening.

Sheffield Hospital Amalgamation

The boards of the Sheffield Royal Hospital and the Sheffield Royal Infirmary on November 17 approved the promotion of a Parliamentary Bill seeking an amalgamation of the two institutions under the title of Royal Sheffield Infirmary and Hospital. Mr. F. W. Osborn, chairman of the Royal Hospital board, said that the amalgamation would not interfere with co-operation between all the voluntary hospitals in the area. Existing places and equipment would continue to be used so long as they were efficient, but when any buildings became unsuitable they would be replaced by the most modern type of structure on the site of the new hospital. Sir Arthur Hall, M.D., said that in this matter Sheffield was only doing what had already been done in other large cities.

SCOTLAND

Old Edinburgh Hospitals

In the series of Rhind Lectures on Mediaeval Edinburgh, Dr. C. A. Malcolm delivered an address on "Hospitals and Hospices of Mediaeval Edinburgh." The Church, he said, was the chief provider of hospitals, and each monastery had an almoner whose duties included that of seeking out the sick and suffering in the neighbourhood. Three abbots of Holyrood had each founded a hospital: Abbot Crawford that of St. Paul in Leith Wynd, Abbot Bellenden that of St. Leonard on a hill in Holyrood Park, and Bishop George Crichton, an ex-abbot of Holyrood, one in Abbeyhill. Each collegiate church also had a hospital with a herb garden from which medicines were extracted. The town had almshouses, and the Knights Hospitallers had a hospital of St. John the Baptist between the Grassmarket and Greyfriars, which was abandoned in 1438 in favour of the Town's Hospital in St. Mary's Wynd. With regard to the latter, a document had recently been discovered in the General Register House in which it was stated that many of the poor and weak died because of the severe colds in these parts and the lack of hospitality, and therefore the town had decided to build a hospital with twenty-four beds, in each of which two patients could be accommodated. The town had been severe in its treatment of lepers, who were isolated in a dwelling outside the town near Calton. Persons affected with the plague were obliged to isolate themselves at home, but in 1612 all infected persons were sent to an isolation hospital in the Burgh Muir; a gibbet was erected in the grounds for those who attempted to escape. There were also hostels in Edinburgh from the twelfth century belonging to various Scottish abbeys, but these ceased to offer hospitality about 1420 because of the great expenses incurred.

Longmore Hospital, Edinburgh

It was stated at the annual meeting of the Longmore and Liberton Hospital that the daily average of in-patients during the past year had been 201. Out of 155 applica-

tions for admission during 1937, sixty-six were from persons suffering from cancer, of whom forty-nine were admitted. The pressure on the accommodation for female patients suffering from this disease has given the managers much concern, and more beds had been made available for them. Finance had, on the whole, been satisfactory, although the ordinary income did not meet the ordinary expenditure, and year by year a deficit had to be met out of donations and legacies received. This year the deficiency had amounted to £3,220, the ordinary expenditure having been £18,000.

SOUTH AFRICA

Overcrowding in Mental Hospitals

The report (1936-7) of the Mental Hospitals Departmental Committee, South Africa, discloses a lamentable condition of affairs. It is stated that the number of patients resident in institutions is far in excess of the accommodation available. Only in the case of European males does the accommodation appear to be in any way adequate. European females and native patients of both sexes are sadly overcrowded. Even among Europeans the beds are in some cases so close together, and passage through dormitories is so hindered by extra beds, that in a recent instance a patient was murdered by one of his fellows before it was possible for the attendants to intervene. Native patients were found to be sleeping in absolute contact with one another, forming a solid layer of humanity, so that it was scarcely possible to pass through the wards. Available accommodation for patients is further reduced by the lack of adequate quarters for the European staff, who are too often accommodated in rooms intended for patients. Some of these unfortunate nurses occupy "single rooms," measuring about seven feet by nine, with armoured doors and guarded windows. These rooms are, in effect, cells intended for noisy, dirty, or refractory patients. The hardship is accentuated in the case of night nurses, who, on account of the close proximity of these quarters to the patients' day rooms, are unable to secure their proper rest. The report states that the committee, after careful inspection of all the hospitals and institutions, decided that the accommodation provided is frequently of such a nature as to be detrimental not only to the recovery but also to the actual well-being of the patients. It is further stated that as long ago as 1913 a Select Committee found the accommodation provided to be both inadequate and unsatisfactory. Improvements and additions since that time have not merely failed to keep pace with increased requirements, but in some instances have been insufficient even to overtake the needs which then existed. This prevalent overcrowding, which "makes impossible the separation of the noisy from the tranquil, the dirty from the clean, the maniacal from the harmless," creates, in the opinion of the committee, an obstacle to recovery which cannot be overcome by any conceivable method of therapy. Following a large number of general recommendations by the committee, the report states that the whole administrative machinery of the Mental Hygiene Branch of the Department of the Interior is fundamentally defective, and a strong conviction is expressed that it should be transferred to the Department of Public Health as an autonomous subdepartment. The formation of an advisory board or council, similar to the Leprosy Council, is also advocated.

Health of Capetown

The report for 1936 of the medical officer of health for the city of Capetown records a serious epidemic of whooping-cough during the year under review. The number of deaths reported was 188, the majority being of non-European children under 5 years. It is stated that the

non-European death rate from whooping-cough per 1,000 children living was eight times as great as the European in children under 1 year, and ten times in children between 1 and 2 years. There is no reduction in the mortality from tuberculosis, which is a major problem for the health authorities. Among the white population the death rate from this disease is twice as great as that of the Union as a whole, and exceeds that of England and Wales. In non-Europeans the position is much worse, the tuberculosis mortality being five times as great as in Europeans. This unfortunate state of affairs is attributed to low social and economic conditions prevalent among the coloured people, and also in the poorest sections of the whites. Overcrowding, bad housing, and malnutrition are contributory factors, which can only be improved by measures of social reform. The provision of clinics, hospitals, and sanatoria is also inadequate, and although a considerable increase in the expenditure on tuberculosis services is foreshadowed, still further extensions, the report states, will be necessary. The non-European section of the population of Capetown constitutes approximately one-half of the city's 300,000 inhabitants. The greater part are of mixed race, with a definite admixture of white blood, known as "Cape Coloured." These people are largely the descendants of slaves, whose emancipation was completed in 1835. Their ancestors of the eighteenth century and earlier comprised Europeans, Hottentots, blacks from Mozambique, Madagascar, and other parts of Africa, and East Indians from the Dutch East Indies. One section of the Cape Coloured, known as "Malays," is Moslem in religion, and more immediately descended from natives of the Dutch East Indies. These "Malays" tend to intermarry with Moslems from British India who are comparatively newcomers. The Cape Coloured also include a small proportion of Bantu natives. Among all these people the principle of compulsory education is not applicable. As a result there is much illiteracy. In addition to ignorance a lack of discipline tends to produce a high incidence of venereal disease and alcoholism. Although the bulk of the city consists of houses of brick or stone, served by water-carriage sewerage and a good municipal water supply, some thousands of non-Europeans live in wood and iron shacks on the outskirts. In these outlying districts stercus is collected weekly in pail closets by mule or ox wagons under the control of the city engineer's department, and removed to trenches in municipal land, where it is buried. This work presents considerable difficulty, especially in the flat sandy region known as the Cape Flats, owing to lack of roads, soft soil, and standing water in winter. It is stated that more than 5,000 premises were dependent on this form of sewage removal in June, 1936.

A. Caeiro and O. Orias (*Rev. argent. Cardiol.*, May-June, 1937) after recording optically the heart sounds at the apex, mesocardial, and pulmonary areas simultaneously with the jugular pulse in twenty healthy young medical students came to the following conclusions. An auricular sound at about 29 vibrations per second was recorded in 85 per cent. of cases, lasting for about 0.1 second, appearing in the records with an amplitude of 6 mm., about 0.015 second after the beginning of wave A of the venous pulse, and from 0.034 to 0.046 second after the top of the P-wave in the electrocardiogram. The first heart sound was found to be composed of four groups of vibrations, the first consisting of one vibration, the second of one and a half vibrations, and the third and fourth of two vibrations each. The second sound showed a frequency of 36 vibrations per second all over the praecordial area, but was recorded with maximal amplitude in the mesocardiac area. The so-called third heart sound was recorded in 65 per cent. of the cases, the average figures for its properties being as follows: duration at apex—0.117 second, mesocardiac region—0.136 second, and base—0.092 second; number of vibrations per second at apex—3.7, mesocardiac region—34, and base—33.

Universities and Colleges

UNIVERSITY OF OXFORD

At a congregation held on November 20 the following medical degrees were conferred:

D.M.—A. W. D. Leishman, R. B. Scott, E. P. Edmonds.
M.Ch.—M. W. C. Oldfield.
B.M.—W. W. Coppering, W. F. Dunham, G. F. C. Hawkins, A. L. Jacobs.

UNIVERSITY OF LONDON

At a meeting of the Senate, held on November 17, the title of Professor of Bacteriology was conferred on Dr. L. P. Garrod, F.R.C.P., in respect of the post held by him at St. Bartholomew's Hospital.

The title of Emeritus Professor of Anatomy in the University was conferred on Dr. Thomas Yeates on his retirement from the Courtauld Chair of Anatomy at the Middlesex Hospital Medical School.

UNIVERSITY OF LEEDS

The following appointments were made at a meeting of the Council held on November 17:

Clinical Lecturer in Medicine and Honorary Demonstrator in Medical Pathology: H. G. Garland, M.D. *Honorary Demonstrator in Medicine*: J. A. Price, M.D. *Honorary Demonstrator in Pathology*: N. Lissimore, M.B., Ch.B. *Honorary Demonstrators in Anatomy*: F. R. W. Hemsley, M.B., Ch.B., and I. J. Keidan, M.B., Ch.B. *Reader in Experimental Pathology*: J. W. Orr, M.D., D.P.H.

Dr. F. C. Happold was appointed to represent the University at the eleventh International Congress on the History of Medicine, to be held in Jugoslavia in September, 1938.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

ANNUAL MEETING OF FELLOWS AND MEMBERS

The annual meeting of Fellows and Members of the Royal College of Surgeons was called for November 18, but after waiting the prescribed fifteen minutes the President, Sir Cuthbert Wallace, Bt., announced that the required quorum (30) had not been obtained, and therefore a meeting could not be constituted, nor could any resolution be moved. He spoke to those present, however, on a few matters in the general annual report.

Sir CUTHBERT WALLACE said that primary examinations for the Fellowship would be held during the coming year in Australasia, India, and (for the first time) Egypt. The plan for oversea examinations was the most ambitious which had so far been undertaken. He mentioned the alterations to the College museum, which was now again open, and the rearrangement and better equipment of the library, which had been made more comfortable for readers. The outstanding event of the year had been the rebuilding of the Bernhard Baron Laboratories, work on which began in January. It had proved a larger undertaking than was anticipated, owing to the discovery that the old foundations of one of the main walls were defective. Other matters to which he referred included the work of the research staff, the various awards, lectures, and occasions of hospitality, and the number of meetings of Council and committees (nearly a hundred during the year), which had doubled during the last decade. He also drew attention to the famous picture of Henry VIII granting the Act of union to the barbers and surgeons, which had been cleaned and specially lighted, and now hangs over the fireplace in the inner hall. He invited remarks from members.

Dr. REDMOND ROCHE noted that the Council had approved, with the Royal College of Physicians, the appointment of examiners in medical subjects of the Incorporated Society of Chiropodists. Why should the College assist the ambitions of the chiropodists to have medical knowledge? He also noted that the President and Mr. Seymour Barling had been appointed to give evidence on behalf of the College to the Interdepartmental Committee on Rehabilitation after Industrial

Accidents. Some surgeon in general practice might, by his knowledge of the environment of the people concerned, give helpful evidence. Dr. HOWARD STRATFORD took exception to the too general phrase "medical subjects" as describing the examination of the chiropodists.

The PRESIDENT said that the alternatives were to fight the chiropodists or to exercise some measure of control over them, and the latter was what the two Colleges were trying to do. With regard to the Interdepartmental Committee, he agreed that the general practitioner was one of the most important persons in the treatment of fractures, and both the witnesses on behalf of the College would bear in mind the function of the general practitioner.

Sir BRUCE BRUCE-PORTER was precluded from moving the usual resolution calling for some representation of Members of the College on the Council, but he was allowed to make some observations. He said that such a resolution had been brought forward forty-six times and never once lost. Why did Members go on after forty-six rebuffs? Partly because they had the British characteristic of not knowing when they were beaten. In 1931 the Society of Members took a poll, which showed 6,956 in favour and only 156 against. It was sometimes objected that with a wider franchise a Fellow who was not of the best standard might be a very astute electioneer, and so find his way on to the Council; but Members would not wish to elect Fellows: the Fellows on the Council should be elected by those in their own category, and if any Member was elected and subsequently became a Fellow he should be required to retire as a representative of Members on the Council. It was also stated that the paucity of attendance at the annual meeting indicated that Members were not interested, but this was merely due to the feeling that the College was to a large extent a Fellows' preserve. Finally, he reminded the meeting that the day might come when the State took a far more active part in the control of medicine, and then it might not tolerate so many portals of entry to the profession. If such a state of affairs arose it would surely be of great advantage to the College to have a body of Members with a real interest in its status and activities.

Dr. W. L. GILLBARD, secretary of the Society of Members, said that sufficient consideration had not been given to the public interest in this matter. As soon as he entered general practice a Member realized the unsuitability of a great deal of his training in surgery. Too much time had been spent in learning things which could only be of use to him on the assumption that he was going to be a consultant. The number of Members who started general practice totally unable to use an ophthalmoscope was depressing. Such defects would never be remedied until the College ceased to deprive itself of the experience of its Members.

Dr. P. B. SPURGIN supported what had been said by the last two speakers. The Members were not making any unfair request; they were merely asking for a small representation on the Council.

The PRESIDENT declared the proceedings closed.

SOCIETY OF APOTHECARIES OF LONDON

Gillson Scholarship in Pathology

The Gillson Scholarship is awarded for the encouragement of original research in any branch of pathology, and is open to candidates under 35 years of age who (a) are either licentiates or freemen of the Society, or (b) obtain the licence or the freedom within six months of election to the Scholarship. The Scholarship is of the annual value of not less than 100 guineas. It is tenable for one year, the holder being eligible for re-election under conditions laid down in the regulations; the maximum tenure is three years. The Scholarship is awarded in January and applications must be in the hands of the adjudicators by December 1. Full regulations and conditions can be obtained from the Registrar's Office, Apothecaries' Hall, Water Lane, E.C.4.

The following candidates have been approved at the examination indicated:

MASTERY OF MIDWIFERY.—Yeshwant Narayan Ajinkya, M.B., B.S., William Davies Cunningham, M.B., B.S., Lalit Kumar Mitra, M.B., D.C.H., Israel Rivlin, M.D., Gordon Scott, M.B., B.Chir.

alternative to be a medical board? A good deal could be said for keeping the medical referees but having an appeal tribunal. The majority of cases were simple, and a medical referee was competent to deal with them. The best thing might be an improved system of referees with a larger number of specialists in the service and with appeals allowed to a tribunal. It was better to keep these matters in the hands of the medical profession so far as the purely medical issue was concerned. Referring to the treatment of fractures, he said Sir Robert Jones during the war had developed the idea that there should be minimum immobilization of the injured limb. That idea had been allowed rather to lapse in the treatment of industrial cases but was coming back, and the results were striking. Just as important was the treatment of the men when they left hospital. Much could be done by more careful provision of suitable light work. In future there might be reconditioning clinics for the men when they left the hospital. These ideas were being investigated by two of the strongest committees ever set up by the Home Office. When the reports of these committees were received the Government would consider as early as possible any recommendations for amendment of the Acts, and if they accepted those recommendations would take steps to introduce legislation to implement them.

The Bill was defeated by 205 to 141.

Lanarkshire Practitioners and Scottish Maternity Services

DR. ELLIOT told Mr. Chapman on November 22 that he had received a resolution passed by the Lanarkshire Division of the British Medical Association wherein the medical practitioners of Lanarkshire regretted that they could not accept service under the Maternity Services (Scotland) Act, 1937. Local associations of practitioners in Lanarkshire and certain other districts of Scotland had expressed their dissatisfaction with the terms of remuneration which the Department of Health for Scotland, after consultation and in agreement with the Scottish Committee of the British Medical Association, suggested to local authorities as a suitable basis of arrangements with practitioners for medical services rendered by them under this Act. The Scottish Committee of the British Medical Association had summoned a representative meeting of their constituents, to be held on December 16, to consider the matter further.

Periodical Nutrition Surveys of School Children.—Asked by Mr. Leonard on November 11 to have an inquiry made into the "Oslo breakfast," which had beneficial results on the well-being of school children in Oslo, Mr. KENNETH LINDSAY said the claims made for this meal had been considered by the Advisory Committee on Nutrition appointed by the Minister of Health. While the value of the experiment was recognized, its adoption in this country would be open to practical objections. There were other equally good and convenient methods of supplementing the home diets of children found to be in need of additional nourishment. The Board of Education suggested that local education authorities would do well to consider the advisability of holding periodical nutrition surveys at which all children not receiving meals would be passed under review. A number of authorities had acted in accordance with this suggestion. The Board proposes to review the position in other areas to secure a general improvement in the discovery of under-nourished children.

Leprosy Accommodation in Great Britain.—Sir THOMAS MOORE asked, on November 11, whether out of the sixty known lepers in Great Britain only twelve received treatment in homes suited for that purpose, and if Sir Kingsley Wood proposed any action to remedy this. Sir KINGSLEY WOOD answered that in the conditions existing in this country the disease was unlikely to be conveyed from one person to another, and no action would appear to be called for in the interest of the public health.

Medical Certificates in Unemployment Assistance.—Mr. ERNEST BROWN stated, on November 11, on the authority of the Unemployment Assistance Board, that there was no in-

variable practice of requiring a medical certificate as a condition of increasing an allowance for the purpose of providing extra nourishment. Where a doctor certified that his patient was in need of extra or special food as distinct from medicine or drugs the Board's allowance was usually adjusted to meet any extra outlay by the applicant in obtaining such food. The furnishing of the certificate was regarded as part of the medical service rendered by the doctor, any payment for which fell outside the Board's powers.

Old Buildings used for Nursing Homes.—Dr. LEECH, on November 18, asked Sir Kingsley Wood to invite the local authorities concerned, either by scheduling a slum-demolition scheme or by stricter and closer supervision, to prevent more worn-out lodging-houses and old residences being converted into private nursing homes in the area between Harley Street and Baker Street, Marylebone. Dr. Leech asserted that modernization of such buildings did not render them completely sanitary or provide for a sufficient circulation of fresh air, or make them structurally suitable in surgical cases where quiet for patients and comfortable accommodation for the nursing staff and a proper distance from kitchen annoyances were essential, nor provide means for the easy removal of patients in case of fire other than by the dangerous use of outside ladders and iron staircases. Sir KINGSLEY WOOD, in reply, pointed out that the London County Council had power to refuse an application for registration in respect of a nursing home if satisfied that the situation, construction, accommodation, staffing, or equipment of the premises rendered them unfit to be used as a nursing home. He had no information that this power was not adequately exercised, but he had asked the County Council for their observations.

Water Supply in Denbighshire.—Sir HENRY MORRIS-JONES, on November 18, asked whether the attention of the Minister of Health had been drawn to the insanitary state of the water supply at Kinmel Bay, in the county of Denbigh. Sir KINGSLEY WOOD said in reply that the urban district council of Abergele informed him that their medical officer of health was not prepared to advise them that the condition of the water was such as to be injurious to health. Rhyl Urban District Council would be prepared to give a direct supply.

The Services

HONORARY SURGEON TO THE KING

The King has approved the appointment of Major-General G. G. Tabuteau, D.S.O., late R.A.M.C., as Honorary Surgeon to the King, in succession to Major-General D. S. Skelton, C.B., D.S.O., late R.A.M.C., who has retired.

EFFICIENCY DECORATION

The King has conferred the Efficiency Decoration of the Territorial Army upon Colonel E. M. Cowell, D.S.O., and Lieutenant-Colonel E. Scott, D.S.O., under the terms of the Royal Warrant, September 23, 1930.

No. 14 STATIONARY HOSPITAL DINNER

The eighteenth annual dinner of the medical officers of No. 14 Stationary Hospital will be held on Thursday, December 9, at the Trocadero Restaurant, Piccadilly, W., at 7.15 for 7.45 p.m., with Colonel C. R. Evans, D.S.O., in the chair. The price of the dinner is 12s. 6d., exclusive of wines. The honorary secretaries are Major-General H. M. Perry and Dr. H. L. Tidy, 39, Devonshire Place, W.1.

No. 29 GENERAL HOSPITAL DINNER

The eighteenth annual reunion dinner of the 29th General Hospital will take place at the Langham Hotel, Portland Place, W., on Saturday, December 4, at 7.15 p.m., when Lieut.-Colonel S. H. Withers, C.M.G., will preside. Officers who wish to be present should communicate with Captain A. Percy Groves, Heronfield, Meadow Court Road, Leicester.