

from the quantum theory of the atomic nucleus and those which were derivable on the basis of classical mechanics ; there was a great facility of energy exchange between the nuclear particles, and a new particle, the "yukon," so named from its discoverer, Yukawa, was intermediate in mass between the proton and electron. Later in the symposium two transmutations were discussed—namely, that of carbon to radio-active nitrogen, and also of fluorine to neon. Current teaching about the chemistry of gold was criticized by Professor CHARLES GIBSON, who also demonstrated chemical methods of making gold films for industrial and decorative purposes. Dr. C. G. DARWIN'S presidential address in the Section of Mathematical and Physical Sciences dealt with logic and probability in physics. He maintained that the old formal logic was designed for a world which was supposed to have hard outlines, whereas the new mechanics had shown that the outlines were not hard, and that the method of reasoning must be altered accordingly. The subject of probability ought to play a much greater part in the education of the physicist as well as of the ordinary layman. For instance, the monthly variations in the Transport Ministry's monthly reports on road accidents were probably mere natural fluctuations due to chance.

#### Visual Perception

In the Section of Psychology Dr. R. H. THOULESS delivered a presidential address on the eye and brain as factors in visual projection, pointing out that visual perception was not only a sensory affair, and that the "phenomenal regression towards reality" differed in different persons and at different ages, the same scene, such as gaps in road traffic, being seen in various ways. Those persons who had been taught to trust the evidence of their own senses became cross when challenged by others. A person of "high phenomenal regression" could drive a motor car more easily through traffic than could one with low regression, seeing a gap in traffic at something near to its actual size before he reached it. Alcohol decreased phenomenal regression, while caffeine increased it. The common persistent tendency to drive on the crown of the road characterized persons of low phenomenal regression, but an understanding by the driver of the cause of his fault would help him to correct it. Sir ARTHUR KEITH contributed to a symposium on the Swanscombe find in the Section of Anthropology. Mr. JOHN SARGENT expressed the belief that the minimum size of any local government unit should be an area with a population of 250,000 ; this was followed by a two-day discussion of education for a changing society, in which great differences of opinion as to policy and procedure were expressed.

#### Social Relations of Science

The general committee of the British Association discussed a proposal to create a new division to deal with the social and international relations of science. A committee appointed annually would furnish material for the information of the public ; would act in a consultative manner and establish relations with organizations and persons engaged in practical administration ; would set up subcommittees for executive purposes or for research, inquiry, or co-ordination ; and would maintain close relations with the sections of the Association, inviting their advice and receiving from them suggestions of subjects for discussion. This committee would meet regularly through the year at intervals determined by itself.

Since 1913 the number of doctors in Belgium has risen from 4,426 (one doctor to every 1,726 inhabitants) to 6,311 in 1935 (one doctor to 1,315 inhabitants). In the province of Brabant in 1913 there was one doctor to every 1,107 inhabitants, and in 1935, when Brabant had a population of one and three-quarter million inhabitants, one to every 938.

## Local News

### INDIA

#### Countess of Dufferin's Fund

It is announced in the annual report for 1937 of the National Association for Supplying Medical Aid by Women to the Women of India (Countess of Dufferin's Fund, including the Women's Medical Service) that in that year there was a definite expansion of the work of the association, two new branches of the Fund having been initiated, one in the new Province of Orissa and the other in the Province of Sind. In both these Provinces medical aid to women is still in a backward state, but it is hoped that the two new branches will supply the much-needed stimulus. The United Kingdom branch of the Fund has been closed in view of the great reduction in its work during recent years. Accommodation has been found in London, in the office of the High Commissioner at India House, for arrangements for the education in the United Kingdom of undergraduate medical women and for the recruitment of English women graduates for service in India, as well as for the reception and assistance of members of the Women's Medical Service and of Dufferin scholars in the United Kingdom. In April, 1937, the Government of India undertook the full financial responsibility for the maternity and child welfare section of the India Institute of Hygiene and Public Health, Calcutta. The rebuilding of the Dufferin Hospital, Calcutta, proceeded as rapidly as could be expected during the year under review, massive foundations having to be laid on the marshy soil of Calcutta and steel having to be procured ; the work in the old building has been handicapped meanwhile, two wards having necessarily to be closed to patients, while the theatre was put out of action for operative work. The number of new admissions consequently fell, but there was an increase to 1,121 in the number of maternity cases delivered, as well as in the number of out-patients. The new dental department has been opened. A preliminary training school for nurses was held three times in 1937 for periods of two months, and proved to be most popular and valuable. Investigations were continued into the anaemia of pregnancy, of which there seems to be an increasing number of admissions each year, the patients being almost *in extremis* and often with many complications. There is still no money available for equipping the new building, and a new nurses' home is urgently needed. At present one-third of the hospital's expenditure is met by payments from patients, and it is hoped that with further accommodation, including additional private rooms, the income from this source will grow proportionately. The hospital will eventually be a first-class medical and surgical treatment centre for women and children, a modern training school for nurses, a post-graduate training centre for medical women, and a research centre. The new hospitals of the Fund at Shillong and Khamgaon are progressing excellently, and are proving most valuable in their respective districts. It is insisted in the report of the Fund that the great need in India to-day is for a better educated and better trained nursing service ; this can only evolve when more suitable conditions for training will attract to the nursing profession Indian girls of better class who will enter it with a vocation for nursing and with ideals of service. The executive committee of the Dufferin Fund has consequently earmarked the unspent balance of the Silver Jubilee Fund, amounting to over 71,000 rupees, for grants for rebuilding and improving nurses' quarters, for increasing teaching equipment in training schools for nurses, and for providing teaching allowances for sister tutors and salaries for additional staff nurses. It is also proposed to award scholarships to trained nurses to enable them to take courses in administration in large hospitals so as to fit them for administrative posts. Regret is expressed at the

poor financial support given to women's hospitals in India by the local authorities, and it is noted that, while the number of women and children availing themselves of treatment increases steadily, the financial support of the public is diminishing. In most of the hospitals there is serious overcrowding, which is yearly becoming more acute, and the continuance of the work is threatened. An inquiry into maternal mortality and morbidity in childbirth is proceeding in Calcutta under the Women's Medical Service and the Indian Research Fund Association. The Lady Hardinge Medical College, New Delhi, receives an annual grant from the Government of India, smaller grants from Provincial Governments and some Indian States, as well as fees from students and some patients.

#### Plague in Bombay

An abnormally low mortality from plague was an outstanding feature of the health of Bombay in 1936, and in the seventy-third annual report of the Director of Public Health for the Government of Bombay Lieutenant-Colonel A. Y. Dabholkar, I.M.S., quotes the annual statistics since 1914 to support his contention that, although there are occasional epidemic waves, there has been a progressive decline in incidence. The peaks reached by epidemics during recent years are low compared with those in earlier ones, and it is suggested that the anti-plague measures, including calcium cyanide fumigation, which are being organized by the Government and by local authorities in the epidemic centres have materially influenced the trend of these epidemics. It is even hoped that the application of more systematic and sustained measures will result in the complete eradication of this disease. Rattling operations involving the use of fumigation were undertaken in various areas, including Bombay City, but the warning is given that the decline in the incidence of plague must not be taken as an excuse for not continuing and intensifying this work until the rat population has been reduced to a minimum, in spite of the natural tendency to increase of this pest. The mere use of traps and baits is inadequate to this end, and demonstration cyanogas operations have been conducted in several districts under Government control, additional subordinate medical officers and staffs being appointed for this purpose. There was a regrettable decline in the number of inoculations, but the vaccine used in the Presidency proved very satisfactory. In one district which had 677 plague patients only seventy-one had been inoculated, the case percentage mortality being 43, while among the 606 uninoculated cases the death rate was 57 per cent. No special medical officers were required for plague inoculation duty. Colonel Dabholkar is satisfied that the employment of hydrogen cyanide in one or other of its various forms can now be recommended for use with complete confidence, and can well replace the other less efficient methods of disinfestation. In 1936 the plague mortality in the Presidency was the lowest ever recorded since 1896, the year in which plague first appeared there. Of the 4,320 deaths from small-pox, 1,176 involved infants under the age of 12 months, and 71 per cent. of the deaths occurred in children. These figures emphasize the need for a more thorough application of vaccination among the population in this susceptible age period. Thus, in Bombay, two of the most fatal diseases in India appear to be capable of control. Various sanitary associations are pushing on energetically with the work of health propaganda; lantern lectures, demonstrations, and local exhibitions being very popular and facilitating the introduction of sanitary measures for villages. The position is less happy in respect of diseases of the respiratory system. Deaths from pulmonary tuberculosis have been steadily increasing in recent years, and Colonel Dabholkar remarks that the importance of early diagnosis and notification, which are the first line of attack, has not yet been fully realized, nor has the pressure of public opinion been brought to bear on the local authorities to make them pay sufficient attention to this menace, which is obviously increasing.

## NEW ZEALAND

[FROM OUR CORRESPONDENT IN WELLINGTON]

#### The Cost of Social Services

The payment of old age pensions began in New Zealand in 1899. In the succeeding thirty-eight years the population doubled, but the number of pensions has been multiplied by nine. If plans now in view are adopted the cost of pensions will double again. It has grown from £157,000 to over seven and three-quarter million pounds. The causes of this huge increase are many. Immigration and the birth rate have declined; the cost of living has progressively increased; qualification for pensions has been eased; war pensions have been necessary; and there is an ever-widening demand for pensions. It is not surprising, therefore, that taxation has increased during the last three years by about 50 per cent. There is a distinct tendency to encourage dependence on the State, and thrift, effort, and enterprise must be taxed to support such people as are unprofitable. New Zealand is now at a peak of prosperity and may be able to afford the cost of "social security," as it is called, but if the value of exports decreases unproductive expenditure may be the first to be curtailed.

#### National Health Scheme

An outline of the Government's proposed national health service has been supplied by the parliamentary chairman of the National Health Insurance Committee and may be accepted as a correct summary of the National Health Insurance Bill to be introduced shortly. The scheme will not be put into practice before April 1, 1939, and in the meantime a General Election will be held; the Opposition may succeed at the election, and this may lead to an amendment of the legislation. Mr. Nordmeyer, chairman of the committee, said that the real wealth of the community lay in its men and women, boys and girls; anything which tended to increase their health and well-being tended to increase the community's wealth. Many countries had discovered the value of health insurance, by means of which medical costs could be spread more or less equitably throughout the community and more or less equally throughout the individual's life. Medical costs fell so heavily and so uncertainly that they could not be met by the average individual. The middle class suffered most severely; the poor, of necessity, were usually treated free, but those who were regarded as able to pay were expected to pay, often at the cost of real hardship over a number of years. When the British health insurance scheme was instituted the doctors almost unanimously opposed it, announcing that they would not co-operate; Mr. Lloyd George, however, went on with his scheme, and it was now a huge success, and the doctors themselves were asking for its extension. Mr. Nordmeyer went on to deal specifically with the social security proposals, of which, he said, health insurance was an important part.

It was proposed, he continued, to institute a general practitioner service free to all. The names of the doctors willing to work under the scheme would be published, and people would be free to choose their own doctor and to change him at the end of three months if they wished. The Government realized that the doctors must be adequately paid for their services, and £1,200,000 had been set aside for that purpose; that sum was greater than the sum doctors were at present receiving in the aggregate. There was also to be a free hospital service. Hospital boards were to be paid 6s. a day for each patient. The average amount at present collected daily for each bed was 2s. 8d., only a small fraction of the actual cost. Hospital boards would thus save £400,000 a year; they would also save £40,000 on confinement cases, for which a special payment was to be made; £100,000 on charitable aid as the result of new and increased pensions; and £10,000 on administration expenses. The whole saving of £550,000 would reduce local body levies by £275,000

and hospital rates by about one-third. This saving would be largely cancelled out by increased building, but the building would have to be gone on with in any case.

After outlining other proposals, Mr. Nordmeyer referred to the cost: "Some say that we can't find the money, but if there were a war to-morrow we would have no trouble in finding the money." Of the total cost, £7,575,000 would come from the tax of 1s. in the £ on wages and income, and the 5s. quarterly levy, and £7,095,000 was already being contributed from the Consolidated Fund; that left £3,150,000 to be found.

It would appear that Mr. Nordmeyer is basing his estimate of cost on the original proposals. These, however, have been expanded, and the cost of the full plan will be much more, in the opinion of the actuary sent out from Great Britain to advise on questions of finance.

July 30, 1938.

## ENGLAND AND WALES

### Nursing Inquiry: Views of London Hospitals

The Voluntary Hospitals Committee for the County of London, which functions as the London Regional Committee of the British Hospitals Association, has prepared a statement of evidence for submission to the Interdepartmental Committee on Nursing. The statement is based on observations forthcoming from the London voluntary hospitals. With regard to one of the principal difficulties in recruitment—namely, the fact that nurses cannot begin their training until the age of 18 or 19, whereas they have left the secondary schools at 16—the committee holds that any lowering of the age is undesirable, but suggests that hospitals should register candidates on leaving school, with the object of keeping in touch with and advising them as to appropriate occupations in the interval. Such registration might be made at one general office for all hospitals in a region and extended to include the registration of all applicants to individual hospitals so that those not accepted by the hospital to which they originally applied might be taken by another. Such a bureau might further be available for inquiries as to qualifications and facilities for the establishment of effective regular contact between hospitals and education authorities, and to act as a public relations department in respect of nursing in voluntary hospitals. Other suggestions are that the General Nursing Council should encourage affiliation of special with general hospitals for the purposes of nursing training, and that the syllabus should be rearranged so that candidates may take Part I of the Preliminary State Examination before joining the hospital and proceed to the hospital wards equipped for their practical clinical training. The hospitals are fairly unanimous in favour of the retention of hospital examinations, which serve a useful purpose in grading the nurses, and the view is that they cause no hardship if taken just before the Final State Examination.

Turning to conditions of service, the statement of evidence declares that accommodation for nurses in London is generally good. So far as restrictions are concerned—a real or fancied deterrent to recruiting—it is considered by the committee tendering evidence that there is need for close and detailed comparisons of hospitals in this respect, with a view to the general adoption by all of them of the maximum measure of freedom which experience at one hospital has shown can be safely granted. Experiments in living-out should be encouraged in appropriate cases—for example, in the case of probationers whose homes are within easy distance of the hospital. The recommendations of the College of Nursing for a 96-hour fortnight and specified rates of pay are generally regarded by the voluntary hospitals of London as the ideal towards which each hospital should approximate as nearly as its resources permit. In one hospital (South London Hospital for Women) the 96-hour

fortnight has been established, not by increasing the nursing staff but by the employment of non-resident female ward orderlies who relieve the nurses of domestic tasks. If the recommendations of the College of Nursing were carried out in London the increased maintenance cost would amount to about £150,000 per annum, and the Voluntary Hospitals Committee does not see how expenditure of that order could be incurred without some form of assistance from the State. If the standards proposed by the College are adopted, it is considered essential that the hospitals should be provided with grants of comparable size, and that such grants would be least likely to interfere with voluntary support generally if they were given in recognition of the services rendered by the hospitals in the training of nurses.

Other bodies which have prepared evidence for the Interdepartmental Committee include the General Nursing Council, the British Medical Association (see Supplementary Report of Council, *Supplement*, June 18), the London County Council, the Women's Employment Bureau, and the Student Nurses' Association.

### Red Cross Rheumatism Clinic

The eighth annual report of the British Red Cross Society's Clinic for Rheumatism, covering the year 1937, stresses the urgent need for more accommodation. So heavy was the demand for treatment that during two periods of the year no new women patients could be admitted. In the general department attendances numbered 90,884, and treatments 134,184; in the private patients' department the respective figures were 7,949 and 11,408. The report points out the importance of early treatment in cases of rheumatism. For this reason four evening clinics are held each week, and sufferers from early manifestations of rheumatism are thus able to attend for consultations and treatment without absenting themselves from their daily work. It is stated that these evening clinics are extremely popular and well attended. Innovations during the year include the provision of plaster splints, which the patients can slip on and off themselves as required, and the weekly attendance of a chiropodist. With regard to footwear it is stated that too short stockings and socks appear to be an even more fruitful cause of foot trouble than incorrect shoes. Often the patient is found to be wearing stockings several sizes too small. This is especially the case among poorer patients, for in the cheaper types of stocking the thread is overstretched, so that wetting produces much shrinkage. The report records a considerably increased financial deficit, and states that larger resources are required if the work is to be carried on on the present scale.

### Port Hygiene at Liverpool

The annual report for 1937 of the Port Health Authority, Liverpool, describes the outbreak of paratyphoid fever, with a concurrent smaller outbreak of Sonne dysentery, which affected a closed community, the boys in a Mersey training ship, during the months of September, October, and November. The first case of illness was a new boy, shown to be a urinary carrier of *B. paratyphoid* B. Out of a total complement of 128, eleven boys were definitely paratyphoid, while four more were doubtful. In addition, five cases of dysentery were admitted to hospital. Routine examination of faeces revealed a Sonne dysentery carrier as a possible cause of origin. One of the cases of dysentery was discharged from hospital on September 28, to be readmitted five days later with paratyphoid fever; it would appear that while suffering from the former he had been incubating the latter disease. During the year under review 161 cases of infectious sickness were landed from ships. A cruising vessel which arrived at Liverpool in September reported that four passengers and one officer were suffering from dysentery. Several members of the crew fell ill during the next four days, besides one passenger who was staying at a local hotel. All

the patients were removed to hospital, where, with the exception of one passenger who died, they made a satisfactory recovery. The vessel had taken on board fruit, vegetables, and live crayfish at Casa Blanca; fruit, vegetables, and a hundred tons of water at Madeira. This water was mixed with the water originally taken in at Liverpool, and, although no organisms of the dysentery group were discovered, the bacterial count proved unusually high. It seemed probable, therefore, that this water was connected with the outbreak. The tanks were cement-washed, and no further cases occurred during the vessel's subsequent voyage. With regard to the hygiene of crews' spaces the Medical Officer of Health deplores the large number of quarters infested by bugs and the apathetic attitude too often adopted concerning this problem. Strong disciplinary measures and constant propaganda on the necessity for personal cleanliness are advocated, in addition to more thorough methods of disinfection. "It is less difficult to keep bugs out of crews' quarters than to kill the insects once introduced."

#### The Ross Institute

Mr. A. Chester Beatty, chairman of the Consolidated African Selection Trust, has accepted the vice-chairmanship of the Ross Institute of Tropical Hygiene, London School of Hygiene and Tropical Medicine, in succession to the late Sir Harcourt Butler. Dr. A. J. R. O'Brien has accepted membership of the Ross Institute Standing Committee in succession to the late Sir Thomas Stanton. Dr. G. Macdonald, at present medical officer in charge of the Ross Institute Branch in Ceylon, which is administered by a committee of the Ceylon Estates Proprietary Association, has been appointed assistant director of the Ross Institute, and will return to London from Ceylon at the end of the year to assist Sir Malcolm Watson. Dr. Robert Svensson, who has recently toured East and West Africa on behalf of the Institute, has been appointed assistant director, and will take up the appointment of medical officer of the Ceylon Branch in succession to Dr. Macdonald. Dr. J. W. Foster has been appointed assistant director, and will take charge of a new branch in the Gold Coast at the end of the year. The Branch is being financed by a group of mining companies. Before taking up their appointments Dr. Svensson and Dr. Foster are making a tour of the East, during which they will see the malaria control work and the health organizations in the planting and mining districts.

#### London County Council Hospital Services

The London County Council has decided to provide a portable x-ray unit at seven of its acute infectious diseases hospitals. A full-time position of radiographer is to be added to the fixed establishment of staff for allocation for one session a week to each of the hospitals. One infectious diseases hospital is already served to the extent of one visit a week by a full-time radiologist. This arrangement will be continued, but at each of the remaining hospitals it is considered that fortnightly visits will suffice. The services of a consulting radiologist will therefore be needed for a total of four sessions a week. The rate of remuneration will be £350 a year, or, if he is already employed as a part-time consultant or specialist in the hospitals service, £300 a year, with additional payment of two and a half guineas for each emergency visit in excess of the number of routine visits. A new children's block, comprising wards for thirty children and an out-patient department, will shortly be ready for occupation at Maudsley Hospital. The opening of the wards for the reception of in-patients will be deferred for a time, but the out-patient department will be brought into use as soon as the accommodation for it is ready. As an experiment, whole-time dental surgeons have been employed in recent months at two L.C.C. general hospitals, and, the success of the scheme justifying the experiment, it is proposed to extend it to two other general hospitals. Provision is also to be made for an increase in the number

of dental sessions at two special hospitals, and for two sessions a week to be provided at another special hospital where hitherto there has been no such provision at all. Of the tuberculous patients who received institutional treatment under the council's tuberculosis scheme, and were discharged in 1932, the number traceable being 3,374, it has been ascertained that after five years 42.1 per cent. of patients with the pulmonary form of the disease and 74.6 per cent. of patients with the non-pulmonary (surgical) form are still alive.

## IRELAND

#### Medical Members of the Senate and the Dáil

The poll for the Eire Senate election closed in Dublin on August 17, and the complete results of the election are now available. Mr. H. L. Barniville, M.Ch., senior surgeon to the Mater Misericordiae Hospital, was elected for the National University of Ireland constituency, and Dr. Patrick J. Doyle of Offaly was elected on the cultural and educational panel of the Senate. The only other medical man elected is Dr. R. J. Rowlette, professor of *materia medica* in Trinity College, who was returned unopposed as one of the three senators for the Dublin University constituency. But in addition to the forty-nine elected members the Prime Minister, Mr. De Valera, nominates eleven others to make up the poll to sixty. For the previous Senate, which was elected six months ago, he nominated Dr. Robert Farnan, professor of obstetrics and gynaecology in University College, Dublin, and it is thought that he is likely to do so again on this occasion. In the Dáil Eireann, whose full membership is 138, there are the following members of the medical profession: Dr. James Ryan (Minister for Agriculture), Dr. Francis C. Ward (Parliamentary Secretary to the Minister for Local Government and Public Health), Dr. Joseph Hannigan, Dr. Francis Humphreys, Dr. Thomas F. O'Higgins, and Dr. Seán Tubridy.

#### The Rotunda Report

The report (1936-7) of the Rotunda Hospital, Dublin, records considerable progress in the reconstruction programme, despite the adverse effects of a six-months strike. Among the improvements noted by the Master, Dr. A. H. Davidson, are the enlargement of the main labour ward, permitting increased space for a gallery for students and graduates, and the provision of a room for newly born infants with eight special electrically heated cots. Attendances in the out-patient department reached the large figure of 26,372; in the pre-natal clinic 10,057, an increase of over 2,000 on the previous year. The report stresses the importance of the V.D. clinic owing to the reluctance of this type of patient to attend the venereal centres in the city. Thirty-three of the 224 Wassermann tests were positive, and thirty of the patients attended for anti-syphilitic treatment during pregnancy. As a result fifteen living infants were born, and these were treated with bisoxyl until 6 months old. There were 2,301 calls on the hospital district, and 1,944 women were delivered. Among this number were three maternal deaths and seventy stillbirths, twenty-six of the latter occurring in premature cases. In 265 cases the baby was born before the arrival of the students. There were two sets of triplets. Admissions to the maternity department totalled 3,212, deliveries 2,851. Of these deliveries 2,585 were normal vertex presentations, three transverse, and one brow; fifty persistent occipito-posterior presentations, and sixty cases of twin pregnancy; nineteen cases of prolapse of the cord, nineteen of placenta praevia, and ten of post-partum haemorrhage; three cases of rupture of the uterus, and fourteen of eclampsia. Hospital deliveries showed a morbidity rate of 3.68 per cent. The mortality rate was 0.45 per cent. in the hospital, while the total mortality rate, including external maternity, was 0.33 per cent.

son, and had undertaken responsibility for the cost. The learned judge, however, found that no such undertaking could be implied, although the mother had agreed to the charge and the father had paid some of the total. As the son had been admitted on the first occasion on a guarantee and the regulations of the hospital required a guarantee, and nothing had been said to suggest that he was now being admitted on different terms, the father's liability remained as it had been on the first occasion. He did not think that either party supposed that the first guarantee was applicable to the second visit, though the hospital authorities may have thought that the father's conduct amounted to a new, and this time an implied, contract of guarantee—which, of course, cannot be enforced at law.

A finding of a county court judge in law does not bind any court. The decision, however, points the moral that an almoner should insist on a fresh guarantee every time a patient is readmitted.

## The Services

### MILITARY OPERATIONS IN WAZIRISTAN

The King has approved the following awards in recognition of valuable services rendered in the field in connexion with the operations in Waziristan during the period September 16 to December 15, 1937:

#### C.B.E. (Military Division)

Colonel RICHARD ERNEST UPTON NEWMAN, C.B.E., M.C., M.B., Ch.B., R.A.M.C. (now retired pay).

#### M.B.E. (Military Division)

Captain VICTOR MANSFIELD ALBUQUERQUE, F.R.C.S., I.M.S.

#### D.S.O.

Lieutenant-Colonel STANLEY ARNOTT, M.D., R.A.M.C.

#### M.M.

Assistant Surgeon, 3rd Class (now Lieutenant) MICHAEL CLARENCE ST. JOHN CONDILLAC, M.R.C.S., L.R.C.P., Auxiliary Force Medical Corps, India.

#### Mentioned in Dispatches

The names of Colonel R. E. U. Newman, C.B.E., M.C., M.B., Ch.B., late R.A.M.C. (now retired pay); Lieutenant-Colonel S. Arnott, D.S.O., M.D., R.A.M.C.; Captain Richard Ernest Waterson, M.B., Ch.B., R.A.M.C.; and Jemadar Gurbachan Singh Sethi and Jemadar Sant Singh, Indian Medical Department, have been brought to notice by His Excellency the Commander-in-Chief in India for distinguished services rendered in connexion with the operations in Waziristan during the period September 16 to December 15, 1937.

### DEATHS IN THE SERVICES

Dr. WILLIAM DELANO WALKER, serving with the R.A.F. Medical Branch, lost his life when an aeroplane, piloted by Lieutenant E. J. Boyle of the King's Own Scottish Borderers, crashed near Richmond, Yorkshire, on August 16, both officers being killed. Dr. W. D. Walker was an Australian, the son of a surgeon, and had served in the Australian Army Medical Corps. He graduated at Adelaide University as B.Sc., with honours, in 1923, and as M.B., B.S. in 1925. After working as house-surgeon and physician at the Adelaide General Hospital and Children's Hospital he came to England, where he filled the post of resident at the Great Northern Hospital, Holloway, before joining the Royal Air Force as a civilian medical officer. He was a Fellow of the Zoological, Geographical, and Photographic Societies, and a member of the British Medical Association, which he joined at the beginning of 1926.

A correspondent writes: Dr. Walker was a man of great ability and exceptional versatility. A promising academic career was interrupted during the war, and he enlisted in the Australian Army Medical Corps when a second-year medical student. He next came to England in 1929, and since then had spent much of his time in fitting himself for what he

had hoped to make his life-work—service with the Australian Aeriel Medical Service, then only in its infancy; but he knew it would develop into an essential feature of national life. In London he held resident posts in twelve different hospitals and did extensive postgraduate study in many specialized centres. At the invitation of Professor Jameson, dean of the London School of Hygiene and Tropical Medicine, he gave the first public lecture on "The Flying Doctor in Australia," with Air Vice-Marshal Sir David Munro in the chair. Acting on Sir David's advice, he sought to gain experience of the medical aspect of aviation while attached as a civilian medical officer in the R.A.F., and had spent nearly four years in this capacity. He was a keen pilot, and also spent some time in visiting aircraft factories and interesting the experts in the possibilities of the "flying hospitals" which he envisaged for the future.

Lieutenant-Colonel ROBERT LENDON ARGLES, R.A.M.C. (ret.), died at Hythe on August 2, aged 65. He was born on August 24, 1872, was educated at St. Mary's Hospital, and took the L.S.A. in 1899. After acting as resident casualty officer at St. Mary's Hospital he entered the Royal Army Medical Corps as lieutenant on April 25, 1900, attained the rank of lieutenant-colonel on December 26, 1917, and retired on June 28, 1922. He served throughout the South African War, 1899 to 1902, when he was employed in operations in Cape Colony and in the Orange River Colony, and received the Queen's and King's medals, with two clasps to each. He also served in the war of 1914-18. After retirement he was employed at Hythe. He had been a member of the British Medical Association for seventeen years.

## Universities and Colleges

### SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

**SURGERY.**—J. F. Cooper, T. L. B. Iredale, J. R. F. E. Jenkins, K. R. P. Kent, I. J. Mathias, C. R. Morgan, T. I. Palmer, E. F. G. Stewart, J. Whitehead.

**MEDICINE.**—J. F. Cooper, E. K. Gardner, J. C. Gregory, B. M. Hulse, N. A. Jeavons, J. A. V. Shone, A. B. Taylor.

**FORENSIC MEDICINE.**—J. F. Cooper, E. K. Gardner, J. C. Gregory, B. M. Hulse, N. A. Jeavons, J. A. V. Shone, A. B. Taylor.

**MIDWIFERY.**—J. V. Braithwaite, J. F. Cooper, E. K. Gardner, G. R. Green, J. A. L. Leeming, J. Lieber, N. W. R. Lucas, A. C. Rogers, T. I. Thomas, J. W. Weston.

The diploma of the Society has been granted to J. F. Cooper, J. C. Gregory, B. M. Hulse, I. J. Mathias, and E. F. G. Stewart.

## Medical News

The annual congress of the Chartered Society of Massage and Medical Gymnastics will be held at the London School of Economics, Houghton Street, W.C., from September 19 to 23. The opening address on the morning of September 19 will be by Professor Henry Cohen on "The Treatment of Disease"; in the afternoon of the same day Mr. R. Ollerenshaw will lecture on "Pes Cavus." Lectures on subsequent days will be given by Mr. P. J. Verrall, Dr. W. Brockbank, Mr. T. T. Stamm, Dr. N. B. Capon, and Mr. C. Lambrinudi. The Founders' Lecture will be given this year by Professor D. M. Blair, on "The Anatomy of Movement." Further details may be obtained from the Secretary of the Chartered Society, Tavistock House (North), Tavistock Square, London, W.C.1.

The next Dutch-Belgian Congress of Neurology and Psychiatry will be held in Ghent from September 23 to 25. Further information can be obtained from Dr. A. Leroy, 18, Rue Beekman, Liège.

A course in electrocardiography and other graphic methods of examination will be held in the Balneological University Institute at Bad Nauheim from September 19 to 22.

The fourth annual meeting of German neurologists and psychiatrists will be held at Cologne from September 24 to 28. Further information can be obtained from Dr. Brügelmann, Hohenzollernring 75, Cologne.