

might occur at all ages and might arise from the withdrawal of a stimulus or from disillusionment. The type of neurotic invalidism might be determined by (1) "organ inferiority"; damage from organic illness or hypogonadism (hysterical symptoms often followed on organic illnesses); (2) the results of operation or accident; or (3) the symptoms might be symbolical of a state of mind. Whatever the symptoms were, the following had to be determined: (a) *Why* did the patient fall ill? (b) *Why* did the patient fall ill *when* he did, or, as Adler put it, "What shocked him"? (c) *Why* did the patient fall ill *in the way* he did?

Dr. EDWARD F. GRIFFITH suggested that life was more difficult in these days and there was a greater tendency to try to escape from responsibilities. This was particularly noticeable in the refusal of many of the younger generation to have children. The older general practitioners were often certain that there must be a physical cause for neurotic illness even if every method of examination had failed to discover it. Often it was extremely difficult for the physician to assess the various factors of causation. He gave examples of neurotic types of illness seen in general practice where either the psychological or the physical origins were finally discovered. In women patients neurotic illness was often made the excuse for a refusal of conjugal relationship or for purposes of domination. The sex life of many married women was unsatisfactory. The cause was not always originally psychological; often it was due to some minor or major physical disability that could be remedied, particularly in cases of frigidity and dyspareunia. He thought that in such cases there should be more co-operation between psychologists and those doctors who made a specialty of sexual disabilities. He mentioned the necessity for inquiring as to the practical expression of emotional feeling—the question of sex technique. An interesting discussion followed in which many members of the Society took part.

Local News

ENGLAND AND WALES

Finsbury Health Centre

The new health centre of the Finsbury Borough Council, which was opened by Lord Horder last week, is an interesting departure, from an architectural point of view, among institutions of this kind. It represents a break-away from traditional municipal lines; a design has been worked out on the pavilion principle, having in view no other consideration than the needs of the various public health services to be controlled and organized in the building. These services are a dental clinic, a tuberculosis dispensary service, to which is attached an x-ray department, a solarium for ultra-violet ray treatment (to be given to adolescents or adults requiring it, upon the recommendation of a practitioner), a foot clinic (a new venture, set up in view of the widespread disability arising from minor ailments of the feet), and a clinic for diseases, again of a minor character, peculiar to women, for which there has been up to now no special provision in the borough. The building will also include cleansing and disinfecting stations, a mortuary, and a bacteriological laboratory for the diagnosis of infectious and contagious diseases, the examination of milk, and the like. Thus there will be accommodated under one roof all the health services administered by the local council with the exception of maternity and child welfare. There are two maternity and child welfare centres in the borough, both in comparatively new premises and advantageously situated with regard to the areas they serve, and it has been decided to leave them where they are.

The building corresponds to a wide letter H; by this means congested approaches have been avoided and a

maximum of sunlight and cross-ventilation obtained. The crossbar of the H forms on the ground floor an entrance hall walled with glass bricks and very attractive in appearance. It is approached by a ramp, a piece of thoughtfulness for the large proportion of users of the centre who will be sufferers from some physical disability. With the same object all the clinics are on the ground floor and accessible from airy, well-lighted corridors, so planned as to avoid the tunnel-like effect of many such passage-ways. One upright of the H contains the tuberculosis clinic, including consulting-room, surgery, laboratory, and x-ray department, with special accommodation for artificial pneumothorax treatment. The opposite upright contains the women's, dental, and foot clinics. On the first floor are lecture hall, administrative offices, and reception wards, separated by a common kitchen, for men and women who are temporarily de housed for sanitary reasons. The disinfecting and cleansing stations are in the basement with separate access from the rear. Many interesting details take the attention, such as the large continuous ranges of windows, the radiant heat panels concealed in the ceiling, the reinforced concrete walls lined with cork slabs to afford sound and heat insulation, the facing of the concrete with tiles of pale cheerful tints, the open forecourt laid out with grass and shrubs, and the roof terrace. The planning has been such as to allow for all possible flexibility in the disposition of the rooms, and if rearrangement of departments or the installation of fresh equipment becomes necessary partition walls can be removed without major structural alterations. The building has been designed by Messrs. Tecton, the architects responsible for the new buildings at the Zoo and at Whipsnade, and many of the ideas incorporated in the enterprise owe their origin to the chairman of the public health committee of Finsbury Borough Council, Dr. C. L. Katial. The centre is in Pine Street, close to Farringdon Road, and only a short walk from Finsbury Town Hall.

St. John Ambulance Brigade

The second annual week-end conference of the surgeons of the St. John Ambulance Brigade was held in London on October 15-16 under the presidency of Dr. N. Corbet Fletcher, surgeon-in-chief. All districts of the Brigade were represented, including the Priory for Wales and the Irish Free State. Considerable attention was paid to matters relating to the Brigade's work in connexion with the A.R.P. and the local anti-gas certificates. Some aspects of competitions came up for consideration, as did also the revised *Textbook* with demonstrations of loading the stretcher face downwards. The subjects for discussion included diabetic coma, the issue of certificates, the promotion of surgeons, and the general regulations. The guest of honour at the annual dinner on the first day of the conference was Sir Herbert Creedy, G.C.B., K.C.V.O., Permanent Under-Secretary for War.

Research at Birmingham

The City and University of Birmingham Joint Board of Research for Mental Disease has continued its unspectacular but useful work during the past year, and its annual report sets out the progress that has been made. Several more thick sections of brain have been examined for capillary irregularities and the findings correlated with the clinical diagnoses. Work has been started on the relation of chronic septic infections to cerebral capillary irregularities, and a number of brains have been examined after Gram staining. As was to be expected, Gram-positive organisms were found in a few cases only. There is some evidence that Gram-positive organisms lose their positive character after many days, and examinations are now being made of sections of brain stained to show Gram-negative organisms. The capillary stain technique showed areas of ischaemia in nearly all and areas of congestion in the greater proportion of cases. Many specimens also showed haemorrhages, thromboses, or perivascular granules. An endemic of

clinical and subclinical dysentery caused a large increase in the total number of specimens examined in the laboratory. Out of 2,037 specimens of faeces examined for typhoid-dysentery organisms, abnormal organisms were isolated in 1,992. The special care which the results indicated is believed to have averted an epidemic. A large number of supposedly non-pathogenic salmonellas were found, especially in the clinical dysentery cases. Aberrant coliform organisms were high in the dysentery cases and below average in the typhoid carriers. Another interesting point is the low incidence of streptococci in the typhoid carrier cases as compared with the average. The research work of the Board is now in process of being transferred from Hollymoor to the new Medical School of the University. When the transfer is complete it is anticipated that Dr. Stanley Barnes, Dean of the Medical Faculty, will take up the position of Honorary Director of Research and Chairman of the Advisory Board.

An Old Medical Charity

A quarterly court of the directors of the Society for Relief of Widows and Orphans of Medical Men was held on October 12, with Mr. V. Warren Low, president, in the chair. The audited accounts for the half-year ended June 30 were presented and approved. From them it was shown that £2,210 had been distributed in grants among the sixty-one widows and five orphans in receipt of relief. The income for the half-year amounted to £2,979, and £250 Consols at 2½ per cent. had been purchased. It was decided that a Christmas present of £5 be made this year to each widow and orphan in receipt of grants, entailing an expenditure of £330. A donation of £2 2s. had been received from the South-West London Postgraduate Association. Grants amounting to £2,208 were voted, subject to the approval of the visitors, for the payment of the half-yearly grants due on January 1, 1939. On October 29 the society celebrates its 150th anniversary, and it is probably one of the first, if not the first, medical relief society to be established. It was founded in 1788, and two members of the same family, father and son, have been secretaries for seventy years. Membership is open to any registered medical man who at the time of his election is resident within a twenty-mile radius of Charing Cross. Election is by ballot. Full particulars and application forms for membership may be obtained from the secretary of the society, 11, Chandos Street, Cavendish Square, W.1.

SCOTLAND

Vital Statistics for Scotland

The report of the Registrar-General for Scotland for 1937 shows that the estimated population at the middle of the year was 4,976,600, of whom 2,396,900 were males and 2,579,700 were females. The population has increased since the census of 1931 by about 133,600 persons, mainly attributable to excess of births over deaths. The number of births registered during the year 1937 was 87,810, including 45,035 males and 42,775 females. This gave a birth rate of 17.65 per 1,000 of the population, slightly less than in the previous year and the lowest recorded except for the year 1933, when the rate was 17.62. The highest birth rate recorded was in 1876, when it was 35.62; since then the general trend with minor fluctuations has been steadily downwards. Deaths registered during the year numbered 68,942, giving a rate of 13.85 per 1,000 of the population. The general trend of the rate has, until the last three years, been steadily downwards, from 23 per 1,000 in 1864 to 12.92 in 1934; since 1934, however, each year has shown a slight increase. The standardized rate shows a direct relation to urbanization, for it was 12.36 in landward areas, 12.95 in small burghs, and 15.08 in the large burghs. Deaths of children under 1 year numbered 7,050, giving an infantile mortality rate of 80.3 per 1,000

births, a diminution of 2.0 as compared with that of the previous year. With regard to causes of death, the principal epidemic diseases accounted for 4,468 as compared with 2,719 in the previous year, the increase being attributed chiefly to an epidemic of influenza in January and February, and to an increase in the number of deaths from whooping-cough. Deaths from diphtheria numbered 426, giving the same rate as before. Scarlet fever, with 123 deaths, and measles, with 119, both showed substantial decreases. Tuberculosis accounted for 3,663 deaths with a death rate the same as for 1936 and 1935. Deaths from malignant disease numbered 7,810, giving a rate slightly less than that for the previous year but slightly more than the previous five years' average. Diseases of the circulatory system accounted for 15,732 deaths, and it is pointed out that in eleven years they have increased from 7,375 to this figure, the largest increases being at ages over 65. Diseases of pregnancy and childbirth numbered 424, being 70 fewer than in the previous year, while deaths from puerperal sepsis, numbering 144, were 51 fewer than in 1936. Deaths from all puerperal causes gave a rate of 4.8 per 1,000 births, of which the rate for sepsis was 1.6.

New Aberdeen Professor

Dr. Robert Stevenson Aitken, F.R.C.P., has been appointed Regius Professor of Medicine in the University of Aberdeen in succession to Professor L. S. P. Davidson, resigned. Professor Aitken is of Scottish parentage and was educated in New Zealand, where he graduated M.B., Ch.B. at the University of Otago in 1923. After acting as house-physician and house-surgeon in Dunedin Hospital he was a Rhodes scholar at Balliol College, Oxford, in 1926. Later he became assistant pathologist in the London Hospital, and assistant physician to the medical unit, London Hospital, in 1930. Since 1935 he has been University reader in medicine and assistant director of the medical department in the British Postgraduate Medical School, London.

Crichton Royal Institution, Dumfries

The directors of this well-known mental hospital on October 18 opened an important addition to the institutional buildings in the shape of an extensive centre, Easterbrook Hall, erected for recreational and therapeutical purposes. The structure, with equipment and furnishings, has cost about £60,000, and contains, in addition to a large hall in which there is a stage and cinema installation, separate sections in which are housed operating theatre, dental surgery, accommodation for x-ray and other electrical treatment, a hydrotherapy section with baths and swimming pool, fully equipped gymnasium, arts and crafts section, hairdressing saloon, library and reading room, and tea room; also facilities for sun-bathing. Dr. M'Cowan, the medical superintendent, said that they were learning the value of recreation and occupation in mental cases, and also how to apply physiotherapy and electrical and light treatment. The primary aim of physical medicine was to build up the patient's physique and defensive mechanism, and psychiatrists had found that this was useful not merely in physical disease but also in nervous and mental disorders. Dr. C. C. Easterbrook, after whom the new building is named, performed the opening ceremony. He said that there had been numerous additions to the institution since the foundation stone of the original Crichton Hall was laid in 1835. Modern hospitals, villas, and nurses' homes had been added as well as the Crichton memorial church in 1897, and, later, a model home farm with tuberculin-tested herd, an artesian water supply, an electric light and power installation, and pathological laboratories. All these had placed the Crichton Institution in a unique position among mental hospitals. The institution comprised three separate departments with distinctive hospital observation and convalescent sections, still further subdivided into units. This enabled a proper classification of patients, which was the first step in all treatment, to be a special feature at the Crichton

Royal Institution. The latest addition for the more specialized forms of physiotherapy and psychotherapy would render the institution unsurpassed in the amenities it offered.

Edinburgh Nursing Scheme

The Scottish Council of the Queen's Institute of District Nursing has devised a scheme of nursing benefits for Edinburgh which began on October 24. There is already in operation a home nursing contributory scheme established by the Institute in 1925 with a membership of over 30,000 in Edinburgh, including employees in factories, shops, offices, and warehouses, who may join in bodies of not less than five persons at an annual subscription of 2s. 2d. paid at the place of employment. The new scheme enables other persons to join individually at a subscription of one penny per week, or 4s. 4d. per annum, which is collected at the place of residence. This subscription entitles members to nursing benefits for themselves or for non-wage-earning dependants, but not to maternity nursing or attendance at operations, which, however, can be obtained for a small additional fee. As regards arrears in payment, the member is out of benefit if more than six weeks without payment have elapsed, but may return to benefit fourteen days after paying the arrears; after twelve weeks without payment membership lapses, although the member may rejoin, but not during an illness. The scheme is not intended to apply to persons who are in a position to employ a private nurse, although persons above the income limit may obtain the nursing service for their indoor domestic staff on payment of 10s. annually.

Glasgow Post-graduate Courses

The winter session of the Glasgow Postgraduate Medical Association opens next month. A series of weekly demonstrations for practitioners on Wednesday afternoons will open at the Stobhill Hospital on November 2, when Professor Noah Morris will speak on deficiency diseases. The demonstrations, covering a wide range of subjects, have been arranged on similar lines to those of previous years. The fee for the course is three guineas. Courses have also been arranged at the Glasgow Eye Infirmary for those interested in ophthalmology, and facilities for the study of clinical obstetrics and ante-natal work are offered by the Royal Maternity and Women's Hospital. A practical course on refraction will be given at the Ophthalmic Institution. A course in radium therapy is offered at the Glasgow and West of Scotland Radium Institute, and at the Glasgow Royal Cancer Hospital if a sufficient number enrol. A course of lectures in psychopathology, with special reference to the neurotic illnesses of children, will be given at the Royal Mental Hospital, Gartnavel, on Mondays at 8 p.m., from January 16 to March 20, 1939. The fee for the course is two guineas. A limited number of clinical assistantships are available at most of the institutions taking part in the work of the association during the winter months as well as at other times of the year. Full particulars can be had from the secretary, Postgraduate Medical Association, the University, Glasgow.

Glasgow University Graduation

Sir Hector Hetherington, the Principal of the University, presided at the graduation ceremony at Glasgow on October 16 and conferred the degree of Doctor of Medicine upon three graduates and those of M.B., Ch.B. upon 103 graduands. In his address he said that the September examinations had taken place during a time of anxiety and strain, and the examiners had been surprised at the remarkably high level achieved by candidates working under such conditions. This showed steadiness of nerve. They now had an assured place in the work that lay ahead, and the opportunity of doing what they could for the safety of this country and its honourable duty in working towards a happier state of international relations.

Correspondence

Civil Medical Organization in War

SIR,—In the recent crisis I, like many others, could not help reflecting upon the personal effect which war, had it come, would have produced, and contrasting this with the outlook at the beginning of the last war. In August, 1914, I was a subaltern in one of the batteries of the H.A.C., and throughout the war I served in the Artillery. In 1914 I entered the war feeling confident that the careful preliminary training through which I had passed would be put to good purpose, and was stimulated by this thought. During the recent crisis, however, the certainty that my professional services would be called upon to the full as soon as war began brought only a sense of overwhelming bitterness. The number of dead and wounded for whom provision would have had to be made has not been publicly stated, but would run into very many thousands in every twenty-four hours, at any rate until a large portion of the population had been evacuated, and for every person wounded there would be one dead. In France and Flanders we were always supported by the feeling that every man in the field was contributing something to the common task. In September, 1938, I could see ahead of me only unending hours spent in rooms filled with operation tables, attempting to repair the terrible wounds produced by bombs. The patients would not be soldiers whose sufferings were to some extent balanced by the losses they had just inflicted on the enemy, but civilians whose very presence in London would be an encumbrance, and in most instances only make the maintenance of its essential services more difficult.

It seems likely that the call which war will make upon the medical profession in London and other of the more vulnerable cities will be greater than upon any other class of the community, only excepting those who will fight in the air. Our numbers are very limited and the task imposed upon us will be immense. Surgical and medical treatment will have to be carried out unceasingly and under conditions far more exacting than any experienced in the last war. Rest during such periods of off duty as are available will be broken by air raid warnings proclaiming the need to be "alert," and even if we could grow enough accustomed to these to ignore them, the noise of gun fire and bomb explosions would make sleep impossible. While the earning of a livelihood by private surgical practice in London will have passed away, our duty to the public will compel us to remain. Dr. Clement Francis in the *Journal* of October 22 (p. 862) draws attention to the uselessness of providing "... the most efficient medical service conceivable if the number of casualties is going to be tens of thousands, all occurring in the space of a few minutes." I believe that it is the duty of the medical profession to spare no effort to convince the public of the very urgent need to plan, first, the speedy evacuation from London of all whose presence is not essential, and, next, protection for those who of necessity must remain, for London will indeed be the front line. Unless this can be done the casualties are likely to reach proportions which will completely overwhelm the medical services, many of the wounded will be left for long periods untreated, and the dead unburied. The construction of adequate roads leading out of London, and of shelters within it, should be begun at once.—I am, etc.,

R. OGIER WARD, D.S.O., M.C., F.R.C.S.

London, W.1, Oct. 24.

however individually excellent, had become a medley of separate efforts. This same lack of unity, arising from insistence on a point of view, was expressed in Sir Walter's committees, where everyone agreed on the necessity for pruning the curriculum—at the expense of the other fellow's subject!

The answer seems to consist in attaining a new level of thinking and acting by a change in human nature itself. This is the forgotten factor in medical education. The physician must be healed himself. Or his teachers must see that the medical student is equipped in this respect before he is entrusted with the care of people who are similarly sick. The magnitude of the task is great, involving as it does every member of the profession and every student. But the effort would usher in the next great advance in therapy and research. It would enhance the value of the medical service to the community.

The expression "moral rearmament" has recently been the subject of Press articles and correspondence in the *Times*. It seems to me that this approach to the subject of medical education is part of the moral rearmament that our profession needs, and by which an immense contribution can be given to bringing about a settled state of the world.—I am, etc.,

D. B. WATSON, M.B.,
Ch.B., D.P.M.

London, N.11, Oct. 15.

Prognosis of Anxiety States

SIR.—In the interesting article in the *Journal* of September 24 (p. 649) Dr. Arthur Harris quotes Jones as having established the connexion between the anxiety state and sympathetic activity.

I would like to draw attention to an earlier paper by Dr. Walter Misch (*J. ment. Sci.*, April, 1935, **81**, 389), in which he describes a series of fifty cases of anxiety state treated with acetylcholine.—I am, etc.,

A. M. B. WALKER, M.R.C.S., L.R.C.P.
London, W.C.1, Oct. 13.

The Services

NAVAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on October 14, Surgeon Vice-Admiral P. T. Nicholls, C.B., K.H.P., Medical Director-General of the Navy, in the chair, the sum of £164 was distributed among the several applicants.

DEATHS IN THE SERVICES

Lieutenant-Colonel ARTHUR ROWLAND GREENWOOD, R.A.M.C. (ret.), died at Bexhill-on-Sea on October 11, aged 64. He was born on January 19, 1874, was educated at Middlesex Hospital, and, after taking the M.R.C.S.Eng. and L.R.C.P. Lond. in 1897, entered the Royal Army Medical Corps as lieutenant on June 21, 1900. He became lieutenant-colonel on January 26, 1917, and retired on June 26, 1924. He served in the war of 1914-18, and was mentioned in dispatches in the *London Gazette* of February 17, 1915. He had been a member of the British Medical Association for twenty-one years.

Captain JOHN JOSEPH CEDRIC RAINSBURY, R.A.M.C., died on August 13. He was educated at Sheffield University, where he graduated M.B., Ch.B. in 1932. After filling the posts of house-surgeon at the Jessop Hospital for Women and of house-surgeon and ophthalmic house-surgeon at Sheffield Royal Hospital he entered the Royal Army Medical Corps on January 1, 1935, and had recently been placed on temporary half-pay on account of ill-health.

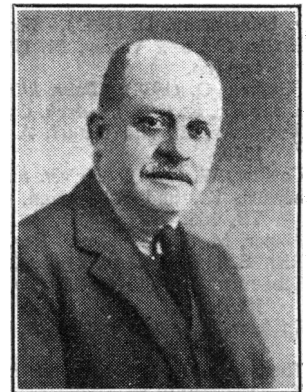
Obituary

L. S. DUDGEON, C.M.G., C.B.E., F.R.C.P.

Professor of Pathology, University of London; Director of Pathology and Bacteriology, St. Thomas's Hospital

St. Thomas's Hospital, the Medical School, and the whole cause of medical education have sustained a crushing blow in the death on October 22, after a few days' illness, of Leonard Stanley Dudgeon; he himself would have scorned the suggestion that anyone was irreplaceable, but in this period of transition which vitally affects the voluntary hospital system and the changing shape of medical education the loss is irreparable.

Dudgeon joined St. Thomas's in 1894; in 1899-1900 he was assistant house-physician and house-physician; he obtained the Membership of the Royal College of Physicians in 1901 and was elected Fellow in 1908. Soon after qualification he became associated with Louis Jenner and was greatly influenced by Professor Shattock—association and influence which led him to become one of the early workers in bacteriology and pathology as specialized subjects. All through his career he set for himself an exceptionally high standard; he quoted Professor Shattock as one who served pathology well in preventing acceptance as fact of work which was non-proven; Dudgeon did not publish the results of his research work until, in his own mind, he was satisfied that his findings were sound and founded on fact. An astoundingly accurate memory was one of his great assets; his opinion and reasoned advice on any subject connected with the hospital were ever at the disposal of his colleagues; his sound judgment made him an invaluable committeeman.



As Dean of the Medical School Dudgeon attended to every detail, and held the full confidence of the staff and lay body. During his deanship the Anatomy Department has been rebuilt; the Library, the Department of Chemistry, and the Sherrington School of Physiology have been largely transformed; and thanks to the generosity of his friends, Mr. Michael and Sir Sidney Herbert, an Institute of Research has been built on the roof of the Medical School. He was an excellent teacher: he enjoyed teaching, and instilled his own enthusiasm into those he taught. A good tactician, he was an exponent of "letting the other fellow talk"; he had the gift of so organizing his time that he found—made—time for everything, and was a supreme example of a favourite adage, "It is only the busy man who has time for everything." Whatever other calls were made upon him, he invariably placed first his engagements in the hospital and medical school, and however inconvenient the time or distance he was always at the disposal of his colleagues and friends who needed his help, personal or professional. His academic distinctions included the Croonian, Horace Dobell, and Erasmus Wilson Lectureships, but his bent was more practical than academic.

In 1903 Dudgeon was appointed Superintendent of the Clinical Laboratory of St. Thomas's Hospital; in 1905

Universities and Colleges

UNIVERSITY OF OXFORD

The Board of Management has elected C. W. M. Whitty, B.M. (Brasenose College), to the Theodore Williams Scholarship in Pathology, 1938.

In Congregation on October 18 the degree of M.A. was conferred by decree upon Edward Stephens Duthie, M.B., M.Sc., Ph.D.Dub., May Reader in Medicine and university demonstrator and lecturer in pathology.

UNIVERSITY OF CAMBRIDGE

The Council of the Senate has appointed Professor E. D. Adrian, M.D., F.R.S., a governor of the Darwin Trust until July 30, 1942.

A series of lectures on problems related to the biology and chemistry of food preservation will be given at the Low Temperature Research Station at 5 p.m. each Wednesday from November 2 to November 30.

A public lecture will be given in the lecture theatre of the Physiological Laboratory on Thursday, November 3, at 5 p.m., by Professor Otto Loewi, formerly of the University of Graz. Subject: Action and Discovering of Drugs.

UNIVERSITY OF LONDON

At a meeting of the Senate, held on October 19, the title of Professor in Dental Surgery was conferred on W. E. Herbert, M.R.C.S., L.D.S., in respect of the post held by him at Guy's Hospital Medical School.

The Chester Beatty Scholarship in Radiology of the value of £400 for one year has been awarded to E. P. Allen, M.B., Ch.B. This scholarship was established through the generosity of Mr. A. Chester Beatty for two years to enable students to study radiology in the United States.

The John Marshall Fellowship of the value of £500 a year for two years was awarded to K. C. Eden, M.B., B.S., F.R.C.S. This fellowship was established under the will of the late Miss A. B. Marshall in memory of her father, Professor John Marshall.

KING'S COLLEGE

It has been arranged for Dr. A. Dalcq, professor of anatomy in the Université Libre de Bruxelles, to give a further lecture on "The Formation of the Pronephros and its Causes" at King's College, Strand, W.C., on Thursday, November 10. This lecture is in addition to the one announced in this column on October 8, which will be delivered on November 8.

UNIVERSITY OF LEEDS

On October 19 the Court decided to confer the following honorary degrees on January 17, 1939, when the new Chancellor of the University, the Duke of Devonshire, will be installed:

LL.D.—Sir James Baillie, ex-Vice-Chancellor of the University of Leeds.

D.Sc.—Dr. J. S. B. Stopford, F.R.S., Vice-Chancellor of the University of Manchester; Sir John Ledingham, F.R.S., director of the Lister Institute.

At a meeting of the University Council Mr. P. J. Moir was appointed Professor of Clinical Surgery, in succession to Mr. L. R. Braithwaite, resigned.

UNIVERSITY OF MANCHESTER

Dr. J. C. Brundret has been appointed assistant lecturer in bacteriology, and Dr. S. G. Abelson chief medical assistant in the Department of Clinical Investigations and Research in succession to Dr. Benjamin Portnoy, who has resigned.

The following candidates have been approved at the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—J. S. Parkinson, Helen E. Smith, R. C. Webster.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners in the subject indicated:

HYGIENE.—J. M. Bowen, Mary W. Bowen, *Marjorie E. Bright, C. Davies, *G. R. Davies, G. C. D. Evans, D. B. E. Foster, W. H. Harris, J. C. Herapath, G. E. Hosking, H. R. Hudd, Elizabeth G. Jenkins, H. V. Jones, *C. W. D. Lewis, *G. O. Lewis, Mair

Llewelyn, *R. M. Marshall, C. J. Morgan, Margaret Morgan, Josephine Parnell, Margaret Parry, J. L. Rees, C. Thomas, Margaret R. Wade, Llary M. Williams, W. Williams.

* With distinction.

The following candidates have satisfied the examiners at the examination indicated:

DIPLOMA IN PUBLIC HEALTH.—Part II: R. M. Dykes, E. W. Kinsey.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on October 18, with Mr. W. J. Stuart, President, in the chair, the following, having passed the requisite examinations, were admitted Fellows:

A. D. Papat, R. L. Allan, A. T. Andreasen, J. G. Barrett, H. J. Beard, I. N. Blusger, S. C. Bose, W. D. A. Callam, E. D. O. Campbell, C. W. S. Dun, G. B. W. Fisher, E. Flatow, H. F. P. Grafton, R. W. W. Hardie, C. C. Harvey, A. E. Jowett, O. C. Lord, R. I. Mahadevan, G. J. H. Maud, J. S. Maxwell, P. T. Millard, W. J. Moody, M. L. Pan, F. Rahman, M. V. Ramanamurti, D. E. Stephens, S. L. Swartz, J. H. Symington, R. K. K. V. Tampan, R. K. A. van Someren, J. S. Visser, J. L. D. Williams.

At the annual meeting of the College, held on October 19, the following officers were elected for the ensuing year:

President, Mr. W. J. Stuart. Vice-President, Mr. Henry Wade. Secretary and Treasurer, Mr. J. W. Struthers. Representative on the General Medical Council, Mr. Alex. Miles. Convener of Museum Committee, Dr. A. Logan Turner. Librarian, Mr. S. M. Traquair. Conservator of Museum, Mr. C. F. W. Illingworth.

Medical News

The hundredth dinner of the Aberdeen University Club, London, will be held at the Café Royal on November 17. Any graduates wishing to attend should apply to Dr. Andrew Topping, County Hall, S.E.1.

A sessional meeting of the Royal Sanitary Institute will be held at the Dorothy Café, Sidney Street, Cambridge, on Friday, November 4, at 5 p.m., when Dr. R. D. Tompkins will give an address on "Recent Work in Food Preservation," and a discussion on "The Prevention of Droplet Infection, with Special Reference to Streptococcal Disease" will be opened by Dr. W. H. Bradley.

Owing to the recent international crisis, the meetings of several medical societies in France have been postponed (see *Journal*, October 22, p. 872). The forty-seventh Congress of French Surgery, which was to have been held in Paris in the first week of October, has been deferred to a later date.

Owing to the crisis the second International Congress of Radio-aesthesia, which was to have been held in Paris from October 17 to 19, has been postponed to November 7 to 9. Further information can be obtained from the Secretariat, 9 rue Etex, Paris 18e.

The French Academy of Medicine is prepared to award a prize of 10,000 francs for an original study of the therapeutic properties of olive oil. Entrants for this competition must either give an account of a new curative action on the part of this oil or throw new light on its already known therapeutic properties.

The September issue of the *Bulletin de l'Office International d'Hygiène Publique* includes articles on female employees and tuberculosis in Yugoslavia, renal tuberculosis, tuberculosis in India, standard methods for the preparation of tuberculin, anti-tuberculous vaccine, and immunization against yellow fever.

The October issue of the *British Journal of Dermatology and Syphilis* is a jubilee number (1888–1938) containing retrospective articles by Dr. J. M. H. Macleod, Dr. James H. Sequeira, and Sir Ernest Graham-Little, with portraits of editors of the journal and of celebrated British dermatologists of the past fifty years.