in general medicine was Parkinsonism. The dose in Parkinsonism was raised to as much as 20 mg., and it might be combined with the ordinary remedies.

CLEFT-LIP AND CLEFT-PALATE

At a meeting of the Section of Surgery of the Royal Academy of Medicine in Ireland on October 14, with Mr. A. A. McCONNELL in the chair, the president, Mr. WILLIAM DOOLIN, delivered an address on congenital clefts of the lip and palate.

Mr. Doolin said the usual incidence of congenital defects of this kind would appear to be about one in rather less than 1,000 births; at this rate some fifty to sixty cases a year should be met with in the hospitals of Ireland. His own experience consisted of 196 cases seen in six years, 122 of which were clefts of the lip. The cases were grouped according to Veau's classification: simple unilateral (cleft of lip only without cleft of alveolus or palate), forty cases; total unilateral (cleft of lip, alveolus, and palate), sixty-eight cases; simple bilateral, two cases; total bilateral, twelve cases. In the case of the simple cleft-lip, the operator's task was to provide an effective closure of the interrupted oral sphincter within its muco-cutaneous envelope. Elaborate cosmetic efforts were not to be encouraged. In the total unilateral cleft the surgeon had a triple objective—closure of the nasal floor, closure of the lip defect, and reconstruction of the nostril. The bilateral cleft lip was best treated by a two-stage operation, each side being closed separately with an interval of three or four months between the two stages; the remaining cleft in the soft palate was best closed in the second half of the second year. There was a definite mortality attached to these operative procedures: in 107 operations for closure of unilateral clefts five deaths had occurred—two from post-operative hyperpyrexia, two from bronchopneumonia, and one from sepsis; in fifteen closures of bilateral clefts there had been one death, also from hyperpyrexia. This post-operative hyperpyrexia haunted all operative procedures on infants; its aetiology was unknown and its treatment purely empirical.

Local News

ENGLAND AND WALES

Obstetricians and Gynaecologists: College Dinner in London

The eighth dinner of the British College of Obstetricians and Gynaecologists was held at Claridge's on October 28, with the President, Sir Ewen Maclean, in the chair. Beside him were the President of the Royal College of Physicians of London (Dr. Robert Hutchison), the President of the Royal College of Surgeons of England (Mr. Hugh Lett), the President of the British Medical Association (Dr. Colin Lindsay), and the Secretary of the Ministry of Health (Sir George Chrystal). The guests, who included many ladies, were received by Sir Ewen Maclean and Miss Maclean. After the loyal toast had been honoured the health of "The College" was proposed by Dr. Robert Hutchison, who said that the early disapproval of the Royal College of Physicians at the birth of the College of Obstetricians and Gynaecologists had not perhaps been a disadvantage. The new College had flourished and justified its existence as a focus of information on all public matters relating to the twin subjects with which it was concerned. In his reply Sir Ewen Maclean spoke of the bonds of common interest between the Colleges, old and new, and recalled how Dr. Herbert Spencer in his Harveian Oration had brought out Harvey's contribution to obstetrics. He himself was now at the end of three years' presidency, and his gratitude to the officials was as great as the gratitude he felt when quitting the presidency of the British Medical Association. Reviewing the present position of the College he noted that it now numbered 800 Fellows, Members, and diplomates, 231 of these living over-seas. In its efforts to raise the standard of midwifery practice throughout the British Empire it was consulted by great public bodies such as the Ministry of Health and the L.C.C. Sir Ewen Maclean ended with a tribute to the late Sir Robert Johnstone, a reference to Mr. Jeffcoate's Blair-Bell memorial lecture, of which a report appears this week at page 959, and a welcome to his successor in the presidential chair, Professor Fletcher Shaw, and to Professor Shaw's successor as honorary secretary, Mr. G. F. Gibberd. The toast of "The Guests" was proposed in a felicitous speech (which he called a "joint indictment") by Professor Daniel Dougal. Mr. Hugh Lett as first responder, in the absence of Lord Horder, made sympathetic reference to the history of the British College of Obstetricians and its fine ideal for improvement of the standard of midwifery. The Cinderella of ten years ago had now grown up; she had a home of her own and a lovely gown. The toast was also responded to by Mr. Norman Birkett, K.C., who, in an amusing speech, said that nowadays it was a rare experience for him to follow a "leader." Ending on a serious note Mr. Birkett declared that the co-operation of medicine and the law was of the greatest importance to the welfare of the State.

Congested Populations

On October 27 Dr. Norman Macfadyen delivered a Chadwick Public Lecture on "The Evils of Congestion and the Way Out." Dr. Macfadyen showed how great cities provided an unsuitable environment for families, and urged the creation of new towns as a means of opening up the big cities and thus providing better environments for the citizens of the too crowded townships. The slums were not merely collections of decrepit insanitary houses; they constituted places where the inefficient members of the population herded together, and poverty, ill-health, crime, vice, drunkenness, discontent, and mental feebleness congregated, producing a stifling atmosphere which tended to standardize undesirably the physical and mental lives of the young. Slums were to be found in every congested area, and rats, flies, bugs, and other unwholesome organisms flourished in them; they produced bad citizens as well as ill-health. Members of the "social problem" group in these areas tended to intermarry and to cluster together. This group cost the nation an enormous annual expenditure on the treatment of disease, both physical and mental, in respect of the police and of courts of law, and in the relief of misery. Its members were not restricted to congested areas, but where the standard of life was higher and the individual citizen had an opportunity of wholesome life there was a much greater chance of dealing with them satisfactorily. It was well known that the dispersal of such groups to better environments, where they could have their own houses and gardens and fresh air to breathe, produced an immediately favourable response in at least 80 per cent. of them. Dr. Macfadyen had found from his own experience that persons rescued from some of the most crowded boroughs in London and brought to Letchworth had changed into good citizens, the children had become healthy and more responsive and alert, influencing their own parents most favourably. Environment had both physical and intellectual aspects, including the nature of the domicile and its surroundings, the parents and the social life around them. The clearance of one small congested area in consequence of tuberculosis had been calculated to amount to a saving of £32,000 in three years. Dr. Macfadyen condemned blocks of flats because they increased the density of the

population on a given area, making the actual congestion worse. Even though, by a great expenditure of money on land, building, and public health services, the conditions of flat-dwellers might be ameliorated, they would not promote health. Flats were unsuitable for healthy family life; they seemed to have been designed for the storage of "hands" for industrial purposes. The congestion in great cities should also be blamed for most of the modern neurosis, which in its turn was responsible for one-third of the disease treated under national insurance. These neurotic conditions caused untold misery, suffering, social disability, and even physical diseases. In respect of the new towns advocated by Dr. Macfadyen, he added that each should be surrounded by an open belt of country, sufficient to demarcate it from other towns and to limit its own size. This open belt should provide the new town with playing fields, open spaces, and agricultural and dairy produce. If possible, the new town and its rural belt should be under a common ownership of the land. The town should be big enough to provide all the functions of an active social life, but it need not try to compete with the amenities of a great city.

Surgical Instrument Makers at Dinner

Surgical instrument makers and their guests met at dinner on October 28 under the chairmanship of Mr. Guy Radcliffe Drew. The health of the Surgical Instrument Manufacturers Association was proposed, in a speech full of historical lore, by Professor R. E. Kelly of Liverpool. He congratulated those engaged in this craft on the guild spirit which they were instilling into their younger members. As the son and brother of cutlers he himself from his earliest years was interested in the shaping of steel tools. Although an enormous number of surgical instruments had been invented, very many of them had enjoyed only a brief period of use, but the simplest instruments used to-day were extraordinarily old. Surgical operations were of great antiquity, none of them could have been done without tools, and the craft of the surgical instrument maker was probably the oldest in existence. At the Royal College of Surgeons there were skulls from Peru dating from the Stone Age showing holes laboriously made. The purpose of the drilling, no doubt, was not for the removal of cerebral tumour, but for the letting out of evil spirits or the letting in of good; the fact remained, however, that craniotomy was done in that early period. In the time of Hippocrates trephines, knives, bone drills, probes, needles, forceps, and bone elevators, among other instruments, were in existence. In the Naples museum, among the instruments which had been found in the doctors' houses of ancient Italy, were rectal speculae. Nor was bronze the only metal used in those days. Years before Hippocrates iron, and he believed steel, were made. A very strong and pure ore was used, and iron was produced by means of charcoal. Many of the "new" inventions, added Professor Kelly, were a good deal older than was supposed. Mr. Radcliffe Drew, in responding to the toast, mentioned that one of the problems of the surgical instrument maker was that he worked for the most part with alloys. It was true that he also worked with gold and a number of other pure metals, but not to any great extent. The properties of alloys were not fixed by their composition. If chromium were mixed with ferrite or carbon the end-result did not depend purely on the percentage of one material or the other, but very much on the temperature at which cooling took place. It was on account of the varying qualities possessed by alloys that the surgical instrument industry had become a rather difficult but also a fascinating business. The first problem was to train the workpeople to handle the material. At least five years was spent by the apprentice in learning to shape materials as required. The technical staffs in their workshops had not only to understand the laws of the material with which they were dealing, but also the exact conditions—environment, pressures, and so forth—under which the material was going to be used. It was on that account that contact between surgical instrument makers and surgeons was necessary. The health of the guests and of the ladies was proposed by Mr. T. M. Proudfoot, and responses were made by Mr. H. S. Souttar and Mr. St. John Buxton. The former mentioned some amusing answers given by students at examinations for diplomas of the Royal College of Surgeons; some of them had a confused idea as to the uses of surgical instruments.

Silver Jubilee of Ruthin Castle

An interesting landmark in the history of clinics, nursing homes, and private hospitals in this country is reached with the celebration this autumn of the silver jubilee of Ruthin Castle in North Wales, the institution of which during the whole of the twenty-five years Sir Edmund I. Spriggs has been senior physician. Actually this clinic has been located at Ruthin only during the last fifteen years. It began its operations at Duff House, Banff, in 1913, when, it is claimed, it was the first institution of its kind in Great Britain. The hospital for private patients with nursing staff was already known, but Duff House had a whole-time salaried medical staff, with what would now be called registered auxiliaries for physical treatment, dietetics, radiography, and so forth, all under one roof. The original suggestion was for a sanatorium for gastric diseases, but the range of work was at once extended to include the scientific investigation and treatment of all diseases except infectious diseases, active pulmonary tuberculosis, and mental and severe nervous disorders. The work was carried on in Scotland for ten years, and then, in response to a desire to be nearer the centres of population, the move was made to Ruthin Castle, which was purchased, together with some five hundred acres of land. Ruthin Castle, overlooking the broad valley of the Clwyd, was one of the great fortresses erected by the first Edward as military bases in Wales. The ruins of the Plantagenet castle are still to be seen, with moat and dungeon complete, but they have been surrounded by another group of buildings of various ages. When the property came into the hands of those responsible for conducting the clinic the older buildings were made only the nucleus of the new hospital, and two new wings containing forty-six rooms for patients, as well as rooms for treatment and administration, were added. During the quarter of a century there have been 12,000 admissions. A special matter of pride to the highly qualified staff which has worked under Sir Edmund Spriggs's direction is the amount of research on various aspects of internal medicine which has been possible under these conditions for the study and treatment of disease; this is illustrated in about one hundred published papers.

Extension at Manor House Orthopaedic Hospital

A new wing, comprising three wards with sixty beds, was opened by Queen Mary at the Manor House Hospital, Golders Green, in North-West London, on October 24. Manor House is an orthopaedic hospital, owned and controlled by a quarter of a million industrial workers, each of whom is entitled to its services on a subscription of one penny a week. Mr. A. V. Alexander, formerly First Lord of the Admiralty, who is the president of the hospital, stated that the opening of the new wing coincided with the coming-of-age of the institution, which was started in 1917 to assist in the care of wounded soldiers The present membership included shipwrights, engineers, printers, transport workers, and men engaged in every form of industry in all parts of the kingdom, but some of the most valued members of the hospital were employers of labour who had given valuable time and thought as well as money for the hospital's welfare. Mr. Alexander also said that, including the clinic for rheumatic patients and the special departments for dental and ophthalmic treatment, the hospital had raised since 1920 for maintenance purposes over £650,000, and nearly 100,000 patients had been treated, 19,000 of them in the wards. In order to complete the main hospital scheme for men it would be necessary to raise nearly £200,000, and it was also desired to extend the services to women. A house near by had

been already purchased for this purpose, and about £20,000 was in hand towards the erection of the first block of women's wards to cost not less than £40,000. Queen Mary declared the hospital open, and after making a tour of the new wing and of an occupied ward in the older part of the hospital, took tea in the quarters of Sir Ambrose Woodall, who has been resident surgeon at the hospital almost since its foundation.

SCOTLAND

Wilkie Research Surgical Laboratory

At the half-yearly meeting on September 28 of the General Council of Edinburgh University, Principal Sir Thomas Holland, who presided, said that as a memorial to the late Sir David Wilkie it had been decided to call the Department of Surgical Research, which was opened last July by the Minister of Health, the Wilkie Research Surgical Laboratory. At that time it had been intimated that the extension of the laboratory had been made possible by the help of a donation from an anonymous friend. He might now announce that the donor had been Sir David Wilkie himself. Parliamentary grants to Scottish universities for the present year, it was stated at the same meeting, amounted to £378,000, representing 41.8 per cent. of the total income, while the grants from local authorities amounted to 4.2 per cent.

Hospital Co-ordination in Edinburgh

Professor L. S. P. Davidson, in his inaugural address on taking up the duties of the chair of medicine at Edinburgh University, advocated a co-ordinated hospital policy. He pointed out that large numbers of beds in the municipal general hospitals were empty, while the Royal Infirmary had a waiting list of 3,000. One reason was that patients entering a municipal hospital had to pay part or all of the cost of maintenance if they were able to do so, while patients entering the Royal Infirmary paid nothing. He saw no objection to the principle that those who could afford to pay should do so, but the method adopted by the local authority of applying this principle was wrong. A hospital policy for the south-east of Scotland should be planned on a regional basis. This, however, presented many difficulties, and meanwhile it might be advisable to concentrate on the problem of a local hospital policy for Edinburgh with its half-million inhabitants. There were some twenty separate hospital governing bodies, but the problem might be simplified if the two main groups of hospitals, voluntary and municipal, were considered. The standard of teaching remained as high as it had ever been, but there was an excess of students undergoing clinical instruction. The local authorities might lighten the load of the voluntary hospitals; every vacant bed in the municipal hospitals might be made available for the care of the sick of Edinburgh who required institutional treatment. Much had been done to improve the municipal hospitals during the past six years, and he believed that the principle of patients contributing to their maintenance should be applied in the voluntary hospitals also. Admission to the municipal hospitals should be under the control of the medical officer of health, not the public assistance department, and the question of recovering the cost of maintenance should be investigated by professional almoners. It would appear, Professor Davidson continued, that a proper solution would be found in the formation of a contributory scheme open to all persons in Edinburgh with an income below a certain level. Subscribers to this would be admitted free to any hospital in the city, while non-subscribers would be questioned by the almoners to decide their ability to contribute to the cost of maintenance. Contributory schemes and organized almoner services had literally saved the voluntary hospitals in England, and the time was coming when the great Scottish institutions would have to follow suit.

Correspondence

Treatment of Poliomyelitis

SIR,—In your leading article on the above subject (October 22, p. 841) you stress as an important result of the investigation into Miss Kenny's work, although having no direct connexion with it, "the great value of collecting cases of poliomyelitis at an early stage of the disease into the wards of a hospital in which they can be subjected to intensive treatment by a team in which medical, surgical, nursing, and physiotherapeutic services are included." Anyone who visits orthopaedic clinics run in connexion with school medical and infant welfare services will hope that this comment may gain the fullest attention in the profession.

In spite of all the light that has been focused on this disease in recent years certain unfortunate tendencies are still apparent. In many hospitals, and not a few teaching hospitals, anterior poliomyelitis in its early stages is regarded as a "medical" condition, with the result that the patient is admitted to a medical ward under the care of persons unaccustomed to orthopaedic problems during the all-important early weeks of the disease. The heavy and largely inefficient plaster splint in which deformity has been allowed to occur (representing, not infrequently, a house-physician's first attempt at plaster work) is still no rarity.

Cases of anterior poliomyelitis—particularly the milder cases—are frequently discharged from hospital—perhaps with instructions to attend a massage department twice a week—very early in the convalescent stage after little or no hospital treatment and with no adequate arrangements for subsequent supervision. Many of these cases ultimately find their way to orthopaedic clinics or out-patient orthopaedic departments, but only too often after valuable weeks or months have been lost, and not infrequently after the patients have developed contractures that should never have been allowed to occur. If only it could become a universal practice for all cases of infantile paralysis to be referred to orthopaedic clinics or out-patient departments having facilities for prolonged hospital treatment for patients requiring it and an efficient follow-up system, not a little of the disabilities which are so often seen as a result of this disease could be prevented.—I am, etc.,

Lord Mayor Treloar Hospital, Alton, Oct. 26. H. H. LANGSTON.

Civil Medical Organization in War

SIR,—The views expressed so clearly by Sir Frederick Menzies on civil medical organization in war (*Journal*, October 22, p. 860) must carry weight seeing that he has been a member of five committees which have come and gone and left little mark behind them. He points out the danger of collecting large numbers of valuable medical personnel under one roof, and although the risk is the same for all, the loss in the case of the medical personnel is much greater. This argument, however, applies anywhere where technical knowledge is gathered together, either in the staffs of armies or the organizing centres of large manufactories, and is one of the risks to be faced in war time. This risk, however, should be cut down to a minimum. The senior students are to be exempted from conscription so as to enable them to help in the hospital where their knowledge is most useful,

greater than in those not showing any reaction. I am now using vitamin C in conjunction with the gold injections, and this has proved very beneficial. In those cases showing a low blood count and haemoglobin, parenteral liver injections, I find, will prevent any risk of an agranulocytic state.

As regards vaccines, I did a good deal of work in this direction, but would not continue their use as the results were very disappointing and in no cases did the patients derive benefit.—I am, etc.,

SIDNEY ROSEBERY, M.D., F.R.C.P.Ed.

Sydney, Australia, Sept. 21.

The Occipito-posterior Case

SIR,—Dr. B. E. Meek (*Journal*, October 29, p. 919) must be thanked for insisting that the proper use of obstetric forceps should be taught. They are the only means of producing the power necessary to deliver weakly mothers of children the average weight of which is definitely rising. Within the pelvis the axis of an impacted head with its oedematous scalp cannot be accurately determined by digital examination. The whole hand must go into the vagina. In the old days I always did this. But now, with an instrument that can harmlessly rotate the foetal head, I find I can omit the "whole hand" exploration in the majority of cases and extract after finding the position of the occiput; only if I cannot quickly find it does the whole hand go in. With regard to my second cardinal error, no cervix can fully dilate in a reasonable time below an impacted unadvancing head. So long as it easily admits the blades, can anything but good result from imitating by gentle rhythmic tractions (at three-minute intervals) the absent pains, with a finger-tip upon the stretching rim to estimate the power one may use? I believe that the future obstetrician will find this a cardinal procedure.—I am, etc.,

DAVID PRICE.

Somerset, Oct. 30.

"Science in Advertising"

SIR,—The annotation headed "Science in Advertising" in your issue of October 22 (p. 842) ends thus: "Medical men must view with some alarm the possibility of the profession thus being used in an advertising campaign." Possibility? Surely it is much more than that. The whole country must by now be familiar with drawings of medical men wisely diagnosing the patient's complaint from a wife's anxious description and prescribing the advertiser's product. From ordinary weekly and daily newspapers one can give the following list of goods advertised with "medical" catchwords, diagrams, or semi-scientific statements:

8 *Beverages.*—"Graph showing course of energy consumption during sleep."

6 *Breakfast Foods.*—Calorie value tested "by a leading dietetic laboratory."

2 *Footwear Products.*—"Doctors say walking on [X] rubber heels saves jarring the spine and prevents headaches."

1 *Mattress.*—Gives vitality because it keeps the spine straight during sleep.

1 *Linoleum.*—Whose springiness is "the secret of inexhaustible vitality."

2 *Biscuits.*—To avoid "excess of starch whose assimilation places undue strain on the whole constitution."

3 *Soaps.*—"Dirty hands may carry 27 Germ Diseases say Doctors."

Various Foods.—Wine (to restore nerve fibres); raisins (for iron); cheese (calcium, phosphorus, and milk minerals); jams (to balance the meal: "Appetite fact . . . dieticians say so"); salmon (proteins); and others.

2 *Beauty Products.*—"Three years of research by leading biologists" on a skin vitamin. ". . . A doctor told me X was the discovery of a great Vienna University Professor."

There are many others. Perhaps the nicest was the physician shown advising the housewife to use a certain soap at the kitchen sink since it washed away the fats which bred disease germs. The examples, it will be noted, are mainly household articles and not pharmaceutical products. It seems as if medicine has become the grocer's privilege.

The public must apparently be impressed by vague graphs, anatomical sketches, and rapid references to carbohydrates and vitamins. As a student I wonder if the general practitioner already has patients coming to him complaining of "fagged feeling," "night starvation," "starch heaviness," "cosmetic skin," and other recently created conditions. Such advertising tends to falsify the public's idea of medicine and leads to self-diagnosis. It increases the amount of unnecessary fear over ill-health which already exists. Natural foods must in many cases be discarded for the dearer branded goods.

A good example of the fear technique is a recently advertised beverage: "Heavens! What a sight I look! Is it nerves or lack of sleep?" Below this caption and its appropriate picture is an explanation that the product has been "discovered by an eminent doctor" to restore the body's mineral balance. A classified list of six minerals and eighteen diseases stated to be caused by their deficiency is appended. These vary from eczema to heart disorders.

Apart from general public education on the true aspects of nutrition and health, can anything be done against such advertisements?—I am, etc.,

A. S. PLAYFAIR.

St. Bartholomew's Hospital, E.C.1, Oct. 23.

Universities and Colleges

UNIVERSITY OF OXFORD

The examiners have recommended that the Rolleston memorial prize for 1938 be divided equally between N. V. Polunin, D.Phil., New College, and H. M. Sinclair, B.Sc., B.M., Fellow of Magdalen College.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—P. Baker, H. S. A. Corfield, S. K. Das, E. M. E. Decottignies, H. L. Francis, E. K. Gardner, J. M. Hardy, E. S. Nicholson, F. J. C. Smith, M. K. Twist, M. Whitehead.

MEDICINE.—H. S. A. Corfield, D. L. P. De Courcy, P. A. Dixon, J. R. F. E. Jenkins, F. P. S. Malone-Barrett, R. Rowlandson, V. N. Stevenage, M. K. Twist.

FORENSIC MEDICINE.—H. S. A. Corfield, D. L. P. De Courcy, P. A. Dixon, J. R. F. E. Jenkins, F. P. S. Malone-Barrett, R. Rowlandson, V. N. Stevenage, M. K. Twist.

MIDWIFERY.—E. J. S. Barthorpe, W. H. Clarke, P. H. Davies, D. L. P. De Courcy, D. S. G. Genge, K. R. P. Kent, D. B. Roberts, S. A. Schuyler, M. K. Twist.

The diploma of the Society has been granted to P. Baker, H. S. A. Corfield, P. H. Davies, P. A. Dixon, E. K. Gardner, D. S. G. Genge, J. M. Hardy, F. P. S. Malone-Barrett, F. J. C. Smith, and M. K. Twist.

from 1926 to 1936, when he finally retired, returning to Waterloo to live among his many old friends. A very successful practitioner, he had a great aptitude for surgery, performing many operations rarely undertaken by a general practitioner. His cheerful and companionable temperament made him very popular, and, notwithstanding a busy medical life, he made time for recreation, being fond of golf, fishing, bowls, billiards, and latterly the companionship of his horse. He was thus a man of many parts, who refused to allow himself to be engulfed in the mere humdrum of routine existence. He was a member of the Liverpool Medical Institution, a Conservative in politics, a churchman, and a prominent Mason. He leaves a widow, two daughters who hold medical degrees of the University of Liverpool, and a son who is just finishing his student's career for the degree of the University of London, to whom goes out the sympathy of many colleagues and friends.

We regret to announce the death at the age of 65 of Dr. VAUGHAN BATESON on October 23 after an illness of several weeks' duration. Dr. Bateson, who was the son of Mr. Malcolm Bateson, first Town Clerk of Harrogate, studied at the Leeds School of Medicine and at Glasgow University, qualifying in 1897. He acted as house-surgeon in the Glasgow Royal Infirmary and resident medical officer in the Leeds City Fever Hospital, after which he took up an appointment under the Indian Government at Simla. While in India he spent his leave in exploring Tibet, and he also took part in the arrangements for the Tibetan Expedition of the then Colonel Younghusband. In recognition of his Tibetan exploration he was elected a Fellow of the Royal Geographical Society. In 1912 Dr. Bateson began general practice in Bradford, and on the outbreak of war in 1914 he joined the R.A.M.C. and eventually went to Gallipoli, where he landed with one of the early detachments at Suvla Bay. After the evacuation of Gallipoli he was attached to Allenby's army and went through the Mesopotamia and Palestine campaigns. He was severely wounded in Palestine and was mentioned in dispatches. Whilst in the East he became acquainted with Lawrence of Arabia, and in 1919 he resumed his medical practice in Bradford, which he was still carrying on at the time of his death. Dr. Bateson had many other interests in life beyond his medical work. For thirty-five years he was a divisional surgeon in the St. John Ambulance Brigade, and in recognition of his service he was made an Officer of the Venerable Order of the Hospital of St. John of Jerusalem. He was also interested in the National Fire Brigade Union, and was deputy chief surgeon of the National Fire Brigade Association. He became a Freemason in 1906, and at the time of his death he was a Frater of the Societas Rosicruciana in Anglia, and Arch-President in the Garuda Temple of the August Order of Light. An intimate friend of Rudyard Kipling he was an authority on the works of Kipling and was a member of the Kipling Society. In 1920 Dr. Bateson married Miss Ruby Bower, daughter of Dr. Bower of Bedford, and he is survived by his widow and one daughter. At the funeral on October 26 there was a large and representative congregation at St. Stephen's Church. Police officers and Fire Brigade officers acted as bearers, and contingents of St. John Ambulance Brigade, City Police, and firemen, in full uniform, walked at the head of the cortege.

The death of Dr. JEAN DARIER, only a few weeks after that of Raymond Sabouraud, robs the French dermatological world of one more of its outstanding figures. Like Sabouraud, Darier was at one time attached to the Saint-Louis Hospital, where much of his most important work was done. Darier was born in 1856, of Huguenot stock and Swiss nationality. But though he was born in Budapest and went to school in Switzerland he left this country for France at the early age of 15. His medical studies in Paris carried him from one success to another, and he proved a happy combination of the clinician and the laboratory worker. His earlier publications reflected his predilections for histology, and one of his most important works in this field concerned the blood supply of the valves of the heart. His studies of syphilis of the lungs, liver, kidneys, and arteries revealed him as the patiently discriminating histologist, and it was from this angle that he made his most important contributions to dermatology. His *Précis de Dermatologie* was a monumental work in which he incorporated his original observations over thirty years. He was also the chief animator of the *Nouvelle Pratique Dermatologique*, the first volume of which represents his last word on dermatology.

The following well-known foreign medical men have recently died: Professor KARL SUDHOFF, the eminent medical historian, formerly professor of the history of medicine and director of the Institute of the History of Medicine at Leipzig, a prolific writer on medical history, and editor of the *Archiv für die Geschichte der Medizin*, aged 84; Professor C. NAUWERCK, formerly director of the Institute of Pathology and Hygiene at Chemnitz, aged 85; Dr. ERICH PEIFER, emeritus professor of children's diseases at Greifswald; Dr. JONAS COLLIN, surgeon-in-chief of the Commercial Hospital, Copenhagen, and a writer of works on appendicitis, fractures, and industrial accidents; and Dr. F. REGNAULT, editor of the *Revue Moderne de Médecine et de Chirurgie* for the last sixteen years, aged 75.

The Services

MILITARY MEDICINE AND PHARMACY

The series of international congresses of military medicine and pharmacy represent originally an attempt to benefit humanity by probing the difficulties and distresses inflicted by the war of 1914–18 during the subsequent period of reconstruction and repair, the main objective being the humanization of hostilities so far as might be possible, with especial reference to non-combatants. The first congress was held in Brussels in 1921, when twenty countries sent official representatives, the fifth in London in 1929, while the tenth is to be held next spring in Washington from May 7 to 15. Major-General C. R. Reynolds of the United States Army will preside; he has issued an advance welcome to the delegates in which he expresses the hope that "thought and action may be directed in preventing and ameliorating the suffering and disabilities incident to the assembling of large population groups for peaceful purposes or in the unfortunate circumstances of war." Questions to be discussed at the coming congress are: the organization and function of the medical services in colonial expeditions; methods of calculation of the probable casualties in war; practical procedures for anaesthesia and analgesia in war surgery; the organization and function of the military chemico-pharmaceutical service; emergency treatment and primary apparatus for fractures of the jaws in war; the technical specialization of administrative officers in the medical service; and the practical use of oxygen therapy with troops on active service. A detailed programme in English has been issued and may be obtained from Colonel Voncken, Office International de Documentation, Liége, Belgium; it contains numerous illustrations of Washington and its environs. The *Proceedings* of the sixth session of the International Office of Registration of Military Medicine, held in Geneva in 1936, has now been published in French and English. It contains reports by thirteen medical officers attached to the health offices of ten nations, and the various aspects of the work of military bodies in respect of the maintenance of health are dealt with in detail, thus affording a clear picture of the way in which the various problems are approached in different countries. The physiology of aviation is considered also, and the importance of paying more attention to psychiatry is emphasized.