

at all by rabbit cells. Furthermore, one patient who had a high sheep-cell agglutination titre reacted strongly to an intradermal injection of horse serum which contained the antigen—an observation which appeared to have a practical bearing on the treatment of infectious mononucleosis, suggesting that the injection of horse serum in these patients for any reason should be avoided. Other experiments which Stuart undertook produced results more difficult of interpretation. For example, serum containing heterophil antibody was toxic for the guinea-pig, and yet guinea-pigs into which Stuart injected serum from patients with a high sheep-cell titre developed only mild anaphylactic symptoms. One other observation was of interest. Landsteiner and others had shown that human red cells of groups A and AB contained the heterophil antigen. In Stuart's group of nine cases of infectious mononucleosis five belonged to group A, and one of these patients had a sheep-cell titre of 1:5120 for both agglutinins and haemolysins. Here, it would seem, were five individuals with the antigen in their red cells and the antibodies to high titre in their serum—a fact for which no obvious explanation was available.

General Discussion

Dr. R. A. Q. O'MEARA, the president, asked Dr. Mitchell if there was a possibility that these cells themselves—whether monocytes or lymphocytes—contained the heterophil antigen, and, their presence being abnormal, the other cells in the blood reacted by producing an antibody.

Professor J. W. BIGGER said that according to Dr. Mitchell most bacteria were supposed not to contain the antigen, but the antigen might occur in diphtheria bacilli. Some years ago he had immunized rabbits with diphtheria bacilli. He had examined the serum for sheep-cell haemolysins, which were found present to a high titre. The presence of the high haemolytic titre in the rabbits was probably due to their previous inoculation with diphtheria bacilli. This suggested that the diphtheria bacillus did contain this antigen. The question was, Had the serum of a person suffering from diphtheria the property of agglutinating these cells? It would be interesting to obtain some sera from diphtheria patients and test it with sheep cells, and also with concentrated horse-prepared anti-diphtheria serum, and see if it did or did not contain this antibody.

At the same meeting Dr. O'MEARA read a short communication on the optimal constitution of media for growth of the pathogenic micro-organisms. An interesting discussion followed in which Professors J. W. BIGGER and W. D. O'KELLY, with Drs. J. C. FLOOD, E. HARVEY, and J. MCGRATH, took part.

At a meeting of the Association of Industrial Medical Officers held in the London School of Hygiene on October 28, Dr. L. P. Lockhart was elected chairman and Dr. D. Stewart honorary secretary for the session 1938-9. A discussion took place on "The Feet of the Industrial Worker," opened by Professor E. P. Cathcart, F.R.S., chairman of the Industrial Health Research Board. He was followed by Mr. C. Lambrinudi, who showed a film on the action of the muscles of the foot; Mr. W. Sayle Creer, who discussed the clinical aspects of the problem; Dr. W. Blood, who told of the foot clinic run by Messrs. J. Lyons and Co. at Cadby Hall; and Mr. H. Bradley, director of the Boot and Shoe Trades Research Association, who described recent research work carried out by his association on the provision of suitable footwear for industrial workers.

The Pasteur Institute of Algeria, under the direction of Dr. Edmond Sergeant, has been authorized by Government decree to put on sale an anti-scorpion serum obtained from horses immunized by repeated injections of the venom of the brown African scorpion.

Local News

ENGLAND AND WALES

Royal Eye Hospital, London

At a meeting of the Clinical Society of the Royal Eye Hospital, St. George's Circus, S.E., on November 2, Mr. L. Vernon Cargill, chairman of the hospital, announced that the pathological laboratory and research department had been reconstituted. A new and highly efficient animal house had been made, and an investigation was being pursued into the retinal changes in rabbits. A technique had been developed in the laboratory for mounting macroscopic specimens without loss of colour; these specimens had been re-labelled and more appropriately catalogued according to the lesions demonstrated. Candidates for examinations could now review the whole field of ophthalmic pathology in a very short time. Attention was drawn to the excellent collections of melanomata of the choroid and intra-ocular foreign bodies, and the remarkable series of cases of expulsive haemorrhage. In the out-patient department there was a comprehensive collection of slides of all the commoner ophthalmic conditions; members of the hospital could now correlate very easily in their minds the ophthalmoscopic and microscopical appearances of the cases they met in the practice of the institution, and reference books were available in that department. Mr. R. H. Rushton demonstrated his new method for the clinical measurement of the axial length of the eye without surgical intervention. The principle of the method was that the retina when adapted to darkness was sensitive to x rays. A beam of x rays was moved forward until it impinged on the posterior pole of the eye when it was recognized entoptically by the patient; at the same time the position of the cornea was registered, and by a simple measurement the axial length was then determined. Important applications of this method in practical ophthalmology were the correlation of the axial length with the refraction in myopia. Mr. E. J. Somerset read a paper on the significance of errors of refraction in chronic blepharitis in children. His conclusions were based on the careful refraction under atropine of 300 cases. He had found that there was a similar incidence of refractive errors to that in normal samples of the population, and that there was no increase of spherical or astigmatic errors in blepharitis. Cases of monocular blepharitis did not show any greater incidence of blepharitis in the eye with the greater error of refraction, and causes other than errors of refraction must be sought for these cases. After the meeting members of the Clinical Society inspected the new animal house and its contents.

St. Ebba's Hospital, Epsom

The final extensions to the St. Ebba's Hospital for Nervous and Mental Disorders, Epsom, were formally opened by the Minister of Health, Dr. Walter Elliot, on November 16. St. Ebba's Hospital was first opened in 1903 as a colony for the care and industrial employment of epileptics, with accommodation for 326 patients. In 1909 the accommodation was increased to provide for 429 patients. From 1918 to 1927 the institution was used first as a hospital for soldiers and later for the treatment of neurasthenic ex-Service men. In 1927 it became once more an L.C.C. hospital for the accommodation of mental patients, and it was known as Ewell Mental Hospital; it was renamed St. Ebba's Hospital in 1937. When the Mental Treatment Act was passed in 1930 permitting for the first time the reception of voluntary patients in public

mental hospitals, plans were prepared for the enlargement of St. Ebba's. The extensions were carried out in two sections. The first, comprising an admission hospital villa, a hospital block for the physically sick, and a convalescent villa for male patients, as well as necessary enlargements of kitchen, laundry, and nurses' home, was finished in 1936 and has since been in use. The second section, now completed, comprises five more villas. The two extensions provide additional accommodation for 504 patients, bringing the total accommodation of the hospital to 933 beds—447 for men and 486 for women. In the administration of St. Ebba's Hospital as much personal freedom as possible is allowed the patients. Modern methods of treatment, psychological and physical, are followed, and the hospital is equipped with a clinical laboratory. At the opening ceremony Dr. Elliot said that they were that day celebrating the clearing away of a bad, an evil, tradition in the treatment of the mentally afflicted, in which the London County Council had made great advance. He spoke of the need for the feeling among doctors, staff, and the patients of the possibility of recovery of the patients. He welcomed the method adopted at that hospital of mixing the uncertified with the certified, and of treating the inmates as patients and not prisoners.

The Bart's Dinner

The dinner of the Old Students of the Medical College of St. Bartholomew's Hospital was held at the College Hall in Charterhouse Square on November 21, when Mr. Harold Wilson was in the chair. Owing to the death of the Queen of Norway, the Duke of Gloucester, who is President of the Hospital, was not able to attend. In proposing the "Welfare and Prosperity of the Medical College," Mr. Wilson gave a special word of welcome to the treasurer, Mr. George Aylwen. Bart's, he said, had fallen behind other hospitals in that it possessed no paying patients' block, and was therefore severely handicapped. Important events of the last year included the opening of the new athletic grounds at Chislehurst and the building of an attractive new pavilion. Sir Edward Meyerstein had most generously given the hospital an adjoining piece of ground. Referring to the achievements of old Bart's men during the past year, Mr. Wilson mentioned the knighthood conferred on Sir Girling Ball and the invaluable work he had done for the hospital and college. During the crisis the hospital had mobilized its forces and had ready operation services, a blood transfusion team, decontamination squads, etc. They realized that, whatever the circumstances, the hospital and school would somehow have to continue, and if war were to arise in the future the school would have to move out to some quieter and safer place, as the hospital would be a front-line dressing station. All these difficulties must be thought out and solved now. In submitting the civic toast, Mr. George Aylwen welcomed in the Lord Mayor of London, Sir Frank Bowater, a friend and governor of the hospital. The Lord Mayor, he said, had granted him the use of the Mansion House for a big appeal he intended to make on January 30. If his appeal was successful he was determined that one of his first efforts would be to build the paying patients' block. In a brief speech Sir Frank Bowater said that he always had the interests of Bart's at heart, a hospital whose doors had been open for over 800 years. In proposing "The Guests," Sir Girling Ball said this was the fifth year since Lord Horder had sat in the chair and launched an appeal to buy the buildings in Charterhouse Square. Of the £200,000 required, £184,000 had been received. Sir Girling said that one of his objects was to get the London hospitals to work together in their common interests, and to this end a Dean's committee had been instituted. Sir Robert Pickard, F.R.S., Vice-Chancellor of the University of London, replied for the guests, and Sir Charles Gordon-Watson proposed the health of the chairman.

SCOTLAND

The Health of Glasgow

Birth and death rates for the City of Glasgow have shown little change for some years, the birth rate in 1937 being 19.8 per 1,000 persons and the death rate 14.6 per 1,000. These figures are taken from the report for 1937 of Dr. A. S. M. Macgregor, medical officer of health for the city. An epidemic of influenza in the early months of 1937, states the report, caused 496 deaths, the highest figure for influenza since 1926. Whooping-cough was responsible for 285 deaths and diphtheria for 116 deaths. The death rate from pulmonary tuberculosis was 8.5 per 1,000 of the population, the lowest figure in any year with the exception of 1934; the general phthisis death rate has, however, varied little during the past ten years. The infant mortality rate was 104 per 1,000 births, being lower than the rate of 109 for the previous year, but the same as the average rate for the past ten years. The maternal mortality rate reached its lowest figure with 4.9 per 1,000 births, as against 5.9 for 1936; this fall was due especially to a smaller death rate from puerperal infections. General hospital accommodation is being gradually reorganized in Glasgow, and in five municipal hospitals the total accommodation is 4,165 beds, while the number of patients admitted to these hospitals has increased since 1931 by 33 per cent. The outdoor medical service for the sick poor has developed further as a whole-time service, most of the work being conducted by twenty-nine whole-time medical officers and eight part-time officers, with twenty nurses. The number of visits paid has increased from 23,230 in 1931 to 72,858 in 1937, while the number of consultations has risen in the same period from 113,217 to 302,560. The clinic system, wherever possible, is being amalgamated with other statutory services. There has been an increase in the number of patients admitted to the mental observation wards of the general hospitals, and the total number of patients under care in municipal mental hospitals during the year was 3,550. As regards mental deficiency, a gradual transfer of patients has been effected from the various general hospitals and other institutions to Lennox, Castle institution, in which at the end of the year there were 988 defectives in residence.

Health Education

Dr. James M. Mackintosh, chief medical officer of the Department of Health for Scotland, addressing the Royal Philosophical Society of Glasgow on November 9 on the subject of health and the general practitioner, said the most intelligent and the most economical method of promoting positive health and of getting away from the notion that health was just the absence of disease was to regard all education as directed towards health. The family doctor had an immense contribution to make to individual and family health, but as we no longer expected the family doctor to undertake major surgery or bacteriology we should not expect him to undertake preventive medicine. When it was said that the doctor should be health adviser to the family, something quite different from preventive medicine in the accepted sense was meant. The family doctor should be trained to guide his patients towards healthy living, and it must be remembered that sickness of the mind rather than of the body was the greatest enemy of health in the family.

The French Minister of National Education has conferred the title of honorary professor on three distinguished members of the Paris medical faculty: Dr. Roussy, rector of the University of Paris; Dr. Brindeau, the obstetrician; and Dr. Sergent, the authority on pulmonary tuberculosis.

likely to prove of any practical value at all. Surely life is not meaningless, and there must be laws of man's social as of his psychical and animal natures, and if so the medical perhaps above all professions is qualified to discover them. At least it has become abundantly clear of late that the politicians are quite incapable of doing so. They have no theory of society.—I am, etc.,

North Queensferry, Fife, Nov. 16.

A. J. BROCK.

SIR,—I have been much interested in Dr. James L. Halliday's letter in your issue of November 12 (p. 1012). I agree with him that the absence of action against environmental factors which frustrate the basic needs of a community will lead to the decline of individual and therefore of national health.

A certain quota of social interests is essential for the maintenance of full health. My work with people who are mentally ill has led me to see how far London fails in this respect. I have been struck, indeed, by the number of lonely people of both sexes, young and old. The growth of the urban at the expense of the country population is a contributory factor here. Rapidly growing large cities do not lend themselves as do long-established village communities to adequate social intercourse. This fact alone indicates the need for measures to combat this very real threat to social integration.

I suggest that one measure to meet this evil would be the opening up of a number of mixed clubs, adequately run on a non-political and non-denominational basis by a committee of capable people interested in social welfare. The aim of such a club would be the promotion of good fellowship and common interests. It might start quite simply in one room where members could meet, talk, play games, and so on, with perhaps the run of a kitchen or other apartment where light refreshments could be served.

I am quite certain that if a chain of such mixed clubs could be opened up throughout London and other large towns it would help to reduce that loneliness and lack of understanding and fellowship which really count as social evils. Driving people in on themselves, they favour the growth of neurosis in its many forms, leading in some cases to delinquency, drug-taking, and even suicide.—I am, etc.,

London, W.1, Nov. 19.

HILDA WEBER.

Prognosis of Anxiety States

SIR,—Let me assure Dr. Arthur Harris (*Journal*, November 19, p. 1063) that no knowledge of the unconscious mind was necessary to enable the criticism of his article on the prognosis of anxiety states to be made. It was a plain inference from the facts contained in the article, and, as Dr. Harris has again misunderstood it, I shall restate it in the simplest possible way, in the form of three propositions: (1) he set out to estimate the factors of prognostic importance in anxiety states; (2) he completely excluded the factor of treatment; (3) the obvious inference is that he does not consider treatment to be a factor of prognostic importance. Sir, surely Hamlet himself could hardly read into this argument more than is affirmed.—I am, etc.,

London, W.1, Nov. 18.

FREDERICK DILLON.

A new law in Latvia ordains that every person suffering from venereal disease must be treated by a registered medical practitioner, who is entitled to search for the source of infection and make the suspected person undergo treatment also.

Universities and Colleges

UNIVERSITY OF OXFORD

At a Congregation held on November 19 the following medical degrees were conferred:

D.M.—T. M. Ling, *N. Chilton, W. D. W. Brooks, C. A. Boucher.

* By proxy.

UNIVERSITY OF CAMBRIDGE

At a Congregation held on November 19 the following medical degrees were conferred:

M.D.—*J. S. Cookson.

M.B., B.CHIR.—*J. H. S. Hopkins, R. S. Morris, D. J. D. Torrens, J. H. Dixon, A. H. Baynes.

M.B.—R. C. Droop, R. L. Rhodes, L. A. Hawkins.

* By proxy.

UNIVERSITY COLLEGE, HULL

At a meeting of the Council, held on November 9, Dr. J. Morrison was appointed a part-time Lecturer in Education, and the British Medical Association Prize, valued £5, was awarded to D. R. F. Atkinson.

UNIVERSITY OF SHEFFIELD

At a meeting of the University Council, held on November 11, Mr. W. J. Lytle was appointed Honorary Lecturer in Surgical Pathology (vice Mr. A. W. Fawcett); Dr. H. E. Harding Honorary Lecturer in Medical Pathology; and Mr. J. Hughes Honorary Demonstrator in Anatomy.

Professor H. N. Green, M.D., and Professor E. J. Wayne, M.B., F.R.C.P., were appointed two of the five representatives of the University on the Committee of Management of the Sheffield Hospitals Council.

UNIVERSITY OF GLASGOW

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

M.D.—Marion Watson (with high commendation).

M.B., CH.B.—W. H. R. Lumsden.

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:

MEDICINE.—Alice Davies, Miriam E. Davies, G. C. D. Evans, W. L. Ll. Rees.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

ANNUAL MEETING OF FELLOWS AND MEMBERS

The annual meeting of Fellows and Members of the Royal College of Surgeons was summoned for November 17, but after waiting for the prescribed time it was announced, for the second year in succession, that no quorum had been obtained, and therefore no resolutions could be moved.

Mr. Hugh Lett, the President, made a few remarks from the chair on the Annual Report. He said that during the past year primary examinations had been held in Melbourne, Sydney, Dunedin, Bombay, and Cairo; these had been quite satisfactory, and it was proposed this year again to hold examinations in India and Egypt. The College museum had attracted visitors from all over the world, and it had been enriched by a number of acquisitions. The library also had received a number of important gifts, among which he mentioned Sir D'Arcy Power's collection of transcripts of mediaeval MSS. of the works of John Arderne, the fourteenth century English surgeon. Professor Grey Turner had deposited on permanent loan his collection of autograph letters of John and William Hunter. The new Bernhard Baron research laboratories had been completed during the year, and the good work already done had aroused the interest of the surgical

world, not only in this country but over-seas. Grants had been made to research workers in the laboratories by the Medical Research Council, the Rockefeller Foundation, and the British Medical Association among other bodies.

Dr. Redmond Roche took up a remark in the report that the number of candidates admitted to the final examination during the year August 1, 1937, to July 31, 1938, was 1,372, an increase of 95 upon the figure for 1936-7, and of 195 upon that of 1935-6, and asked for comparative figures of the numbers admitted by the other licensing bodies.

The President replied that, taking surgery only, there had been increases of candidates for 1937 as compared with 1935 as follows:

Conjoint Board	1,235 to 1,290
London University	294 to 429
Cambridge University	224 to 243
Society of Apothecaries	117 to 141
Durham University	74 to 78
Oxford University	40 to 73
Manchester University	48 to 53
Birmingham University (a decrease)	50 to 46

Dr. Albert James Clarke, who had been chosen to move the usual resolution regarding the representation of Members on the Council, was unable to do so as the meeting was not properly constituted, but he was invited to make the speech he had prepared. He said that the present time would be a fitting one for the College to vindicate what was, after all, a principle of democracy—the right of representation of those who made a contribution to the commonwealth. Having regard to the changes which were taking place, not only in the social order but in matters affecting the profession, and also to the increasing number of candidates who were taking their medical degrees at the universities, he pleaded that the best interests of the College and of all whose welfare was bound up with it would be served if steps were taken to increase its corporate strength. This could be done, not by divorcing the Members from all participation in College affairs, but by according them some measure of representation.

Dr. P. B. Spurgin, president of the Society of Members, said that he felt that the Fellows entertained very friendly feelings towards the Members. They all belonged to a great College and were anxious to do all they could to promote its interests. What was wanted was greater co-operation, and a concession to the democratic principle of representation was the best way of bringing this about. Dr. Redmond Roche drew attention to some remarks made by Dr. Robert Hutchison, President of the Royal College of Physicians, at the opening of the new session at Westminster Hospital Medical School (*British Medical Journal*, October 8, p. 758), when he urged students not to be satisfied with a simple qualification to practise but to go on to a degree. That was a serious statement to come from such a quarter, apparently deprecating the value of the licence of the speaker's own College as well as that of the diploma of the Royal College of Surgeons. Dr. H. H. Sanguinetti also spoke in support of the request.

The President said that the various points made would be communicated to the Council at its next meeting. He appreciated what had been said about co-operation, and he sincerely regretted that the by-laws did not permit him to put the resolution to the meeting.

SOCIETY OF APOTHECARIES OF LONDON

Revision of Regulations for the Licence (L.M.S.S.A.Lond.)

New regulations and schedules, designed to meet the resolutions of the General Medical Council, in regard to professional education have been drawn up and may now be obtained from the registrar of the Society, Apothecaries' Hall, Water Lane, Queen Victoria Street, E.C.4. The new regulations and schedules take effect from October 1, 1939, and will be put into operation as follows:

Candidates presenting themselves for the pre-medical examination for the first time after October 1, 1939, will do so under the new regulations. Candidates who have sat for the examination before that date will be allowed to complete it under the old regulations, but thereafter will be governed by the new; after October 1, 1939, all candidates will take the primary examination under the syllabus of the new regulations; all candidates who pass the primary examination under the old regulations after October 1, 1938, will be required to take the finals under the new regulations.

The Services

DEATHS IN THE SERVICES

Major-General Sir JAMES MURRAY IRWIN, K.C.M.G., C.B., late R.A.M.C., died at Bideford on November 7, aged 80. He was born on February 13, 1858, the son of the Rev. James William Irwin, rector of Sharon, County Donegal, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., M.A.O. in 1881; nearly forty years later (in 1919) he received an honorary M.D. from his University. He was a prominent member of the Trinity College football fifteen. He passed into Netley in 1881, and joined the Army as surgeon on February 4, 1882. He became colonel on December 11, 1911, acted as major-general as Deputy Director of Medical Services in France during the war of 1914-18, and received an honorary step in rank as major-general when he retired on June 3, 1919. From 1906 to 1910 he held the post of Assistant Director-General at the War Office, and there, and subsequently as Assistant Director of Medical Services at Aldershot, took a prominent part in the reorganization of the Royal Army Medical Corps, which was effected under the late Sir Alfred Keogh as Director-General. He served in the Nile campaign under Kitchener in 1898, and received the medal and the Egyptian medal; and in the South African War from 1900 to 1902, when he took part in operations in the Orange Free State and in the Transvaal, including actions at Zand River, Johannesburg, Pretoria, Diamond Hill, Reit Vlei, and Belfast, was mentioned in dispatches, and received the Queen's medal with six clasps and the King's medal with two clasps. In the war of 1914-18 he served as Director of Medical Services of the Third Army under Lord Allenby, was mentioned in dispatches in the *London Gazette* of January 4, 1917, May 29, 1917, December 24, 1917, and December 30, 1918, and received the C.B. in 1917 and the K.C.M.G. in 1918; also the rank of Chevalier of the Legion of Honour. He joined the British Medical Association in 1882.

Major WALTER CROKER POOLE, R.A.M.C. (ret.), died in London on November 16, aged 75. He was born on February 27, 1863, in Northern India, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch. in 1885; he also took the Diploma in State Medicine in 1887. He entered the Army as surgeon on February 5, 1887, became major after twelve years' service, and retired on May 3, 1911. He served in the North-West Frontier of India campaign in 1897-8 with the Malakand Field Force, receiving the frontier medal with a clasp, and throughout the South African War of 1899-1902, when he took part in operations in the Orange Free State, the Transvaal, and Cape Colony, receiving the Queen's medal with three clasps and the King's medal with two clasps. He had been a member of the British Medical Association for forty-nine years.

Lieutenant JAMES WILSON GREENFIELD, R.A.M.C., died at Khartoum on September 20. He was educated at St. Andrews University, where he graduated M.B., Ch.B. only last year (1937). He entered the Royal Army Medical Corps on September 1, 1937, so had barely a year's service at the time of his death.

No. 29 GENERAL HOSPITAL DINNER

The twentieth annual reunion dinner of the 29th General Hospital will be held on December 3 at the Langham Hotel, Portland Place, W., when Lieutenant-Colonel S. H. Withers, C.M.G., will preside. Officers who wish to be present should communicate with the honorary secretary, Captain Percy Groves, Heronfield, Meadowcourt Road, Leicester.

Dr. W. A. Daley, a principal medical officer on the central administrative staff of the London County Council, has been appointed by the Council deputy medical officer of health to take charge of the public health department during any absence of the medical officer of health.