

most cases of this condition, discovered in adults, had a rheumatic basis. Mönckeberg's calcific degeneration was a disease mainly of the fibrous aortic layer of the cusp characterized first by the deposit of lipoids and then by calcification. Large calcified, craggy masses might be formed in the cusps and project mainly into the sinuses of Valsalva. The ventricular layer of the cusp was not thickened, as in rheumatism, but was usually normal, or else thinned out by reason of the stretching and distortion caused by the calcareous masses.

In the discussion which followed Dr. W. S. SUTTON and Dr. A. M. ABRAHAMS took part. Pathological specimens were then shown by Mr. HUGH REID, Dr. G. D. OWEN, and Dr. RONALD ELLIS.

Local News

ENGLAND AND WALES

Westminster Hospital Medical School

The annual dinner of past and present students of Westminster Hospital Medical School was held at the Trocadero on December 13, with the dean, Dr. Adolphe Abrahams, in the chair. Proposing the toast of "The School," Dr. Abrahams said that the Westminster was now in the greatest year of its history, and those present were paying honour to the school and to all generous benefactors who had helped to build it. The president (Lord Wigram), the chairman (Mr. B. D. F. Docker), and the secretary (Mr. Charles M. Power) were with them that evening to prove the close bond between hospital and school. When they dined together once again in ten months' time the new Westminster would be completed. Dr. Abrahams paid affectionate tribute to Mr. E. Rock Carling, the senior surgeon, without whom it was difficult to believe that there would ever have been a new Westminster. After some witty suggestions for slogans for each department, so that the hospital might "put itself across to the public," he called upon a distinguished old student, Mr. C. Price Thomas, and the honorary secretary of the Students' Union, Mr. G. Martin Jones, to reply to the toast. Mr. Rock Carling proposed "The New Hospital" and spoke of the adaptation of its structure to function and of the old fine spirit of the place which would carry on into the new phase. He said that in several ways the Westminster had given a lead to other hospitals in respect of construction and equipment. Mr. Docker, replying to the toast, declared that the new building would be one of the finest hospitals of its kind in the country. It was being erected with the blessing of the Ministry of Health, the L.C.C., the Middlesex County Council, and the Westminster City Council. In pursuit of its ideal of co-operation, general practitioners would be encouraged to visit their patients in the hospital, to act as clinical assistants, and to attend short postgraduate courses. The hospital would provide 409 beds (350 of them available for teaching purposes), and it was safe to assume that patients would be admitted to the new building in May next. The senior staff had been most helpful and unselfish in tackling the problem of allocation of beds between the various departments. The health of the guests was submitted in happy phrases by Sir Stanley Woodwork, who welcomed many old friends of the hospital and school, and in particular Dr. Robert Hutchison, P.R.C.P., Professor J. A. Ryle, Professor G. E. Gask, Dr. K. J. Franklin, and the Editors of the *Lancet* and the *British Medical Journal*. Lord Macmillan, in acknowledging the toast, said that London University was proud of its medical schools and of their work in promoting the greatest of the sciences. The last toast, very warmly received, was that of "The Chairman," proposed by Mr. Arthur Evans.

Tuberculosis in Lancashire

The report of the Central Tuberculosis Officer (Dr. G. Lissant Cox) for the year 1937 shows that the death rate from pulmonary tuberculosis in the County of Lancashire has remained the same as in the previous three years—0.46 per 1,000 of the population—and there has been an increase of sixty over 1936 in the number of new cases of pulmonary tuberculosis reported. Similarly in regard to non-pulmonary tuberculosis, the death rate—0.10 per 1,000 of the population—is the same as in 1935 and 1936, and the number of new cases reported shows an increase of twenty-nine over the previous year. Bearing on the importance of early diagnosis in the campaign against tuberculosis, Dr. Lissant Cox carried out an investigation, and found that between 1920 and 1937 the duration of symptoms from their onset to the date the patient consulted his medical attendant had declined by 61 per cent. to 2.9 months for negative-sputum cases, and by 48 per cent. to 4.2 months for positive-sputum cases. The period the patients were kept under observation by their medical attendants showed similarly a decline of 40 per cent. to 3.2 months for negative-sputum cases, and of 27 per cent. to 3.5 months for positive-sputum cases. Dr. Cox comments that "the reductions are welcome, but there is still much room for further improvement both on the part of the patient and the medical attendant." Co-operation with the medical practitioners, together with the medical officers and sanitary inspectors of county district councils, is shown in the fact that no less than 92 per cent. of new cases (excluding contacts) were sent *before notification* to the tuberculosis officers for an opinion as to diagnosis and treatment. The examination of contacts remains unsatisfactory—only 45 new child contacts and 51 new adult contacts were examined per 100 deaths from tuberculosis. The respective figures for England and Wales are 95 and 82, and even these figures are generally admitted as being far too low. Finally, attention may be drawn to the liberal staffing of the dispensaries in Lancashire; it compares very favourably with other counties in England. The report contains a very clear and well illustrated account of tomography by Dr. F. S. C. Bradbury, which deserves wide publicity.

Empire Rheumatism Council

The Empire Rheumatism Council began its work in October, 1936, and had as one of its avowed objects the education of the public with regard to rheumatic diseases. Its educational programme has been continued with success, despite the preoccupation of the British people in recent months with gas masks which do exist and bomb-proof shelters which do not. With the co-operation of the Press the man in the street is gradually being made to realize that rheumatism is a disorder affecting not only the health but also the economic well-being of the community. An affiliated Council is undertaking the same sort of educational work in Canada, and it seems likely that an Australian Rheumatism Council will come into being within the next few months. The volume of work undertaken by the Scientific Advisory Committee of the Council has been such that it has become necessary to establish three subcommittees—bacteriological, chemical, and physical—for the preliminary examination of suggestions for treatment. Dr. C. A. Green has been appointed to take direct charge of an investigation into the causes and the best means of prevention and treatment of rheumatic disease in the training establishments of the Royal Navy. The Medical Research Council has co-operated in the important task of allotting research grants and fellowships, and work is in progress on a variety of problems, the most important of which is perhaps that of preparing a report on a system of treatment which might be economically applicable on a national scale. It is hoped that this particular report will be completed in the early part of the New Year. New treatment centres

have been established in connexion with different hospitals during the past year, but they are still too few. It is probably true to say that even now specialized treatment is available in England and Wales for less than 10 per cent. of the million or more adult cases of rheumatic disease and for less than 25 per cent. of about half a million juvenile patients. These disturbing figures were given by Lord Horder, the chairman of the Empire Rheumatism Council, on Monday last in the course of his second annual report. Even so, the situation is better than it was twelve months ago, thanks largely to the efforts of the Council. Lord Horder also referred to the recent Cancer Bill and went on, perhaps prophetically, to hope that "with the growth of knowledge of the tragic degree of human suffering and economic loss caused by rheumatism this will also shortly be fully recognized as a national problem."

Manchester Hospitals Advisory Board

The third annual report of the Manchester Joint Hospitals Advisory Board reveals continued progress in co-operation between voluntary and municipal hospitals in the Manchester area. A scheme for co-ordinating the treatment of fractures, which follows the principles laid down in the British Medical Association's report, has been agreed upon; the existing fracture services will be grouped in northern, central, and southern areas and a free interchange of patients between the hospitals within each group should make for greater efficiency and should steadily diminish the overlapping and duplication of services which seemed inevitable only a few years ago. Thoracic surgery in Manchester is to be concentrated in two units with one surgeon in charge of both; that at the Royal Infirmary will deal with all non-tuberculous cases, that at Withington Hospital with all tuberculous cases. The question of establishing a central hearing-aid clinic is being considered and work on other problems of co-ordination continues. In Manchester, at least, it would seem that Section 13 of the Local Government Act of 1929, which has since been repealed and re-enacted as Section 182 of the Public Health Act, 1936, is being implemented as fully as it possibly can be.

Food and Drugs Act, 1938

The Minister of Health has issued a circular to all local authorities and public analysts on the new Food and Drugs Act passed last July. The Act does not come into force until next October, but it should receive early study and attention, for it represents a very great simplification of the existing Food and Drugs Law, a process which has involved many minor amendments. The opportunity has also been taken to introduce into the general law provisions which have up to now only been included in Local Acts. The existing legislation dates back many years—some of it to the sixteenth century—and modern methods of food sophistication and advertising have revealed loopholes which it is hoped the new Act will effectively close. Among the new provisions which will become enforceable in October next are the registration by local authorities of premises used for the sale or manufacture of ice-cream and the preparation or manufacture of sausages or preserved food; ice-cream vendors must have their names and addresses on stalls, carts, barrows, etc., and this requirement may be extended in any district to all or any other foods by the local authority. Slaughterhouses and knackers' yards will all in future be licensed for limited periods only, and this includes those now known as registered slaughterhouses and those licensed without limitation of time. It will be an offence to dispose of meat from a knacker's yard for human consumption, and local authorities may require records to be kept of animals and carcasses in such yards. In addition new requirements are laid down as regards rooms, yards, etc., in which food is sold or prepared for sale. The Act largely follows a draft

Bill prepared by a departmental committee and explained by them in their report published in December, 1937 (Cmd. 5628; 1s.). This report very fully explains the amendments in the law, and the circular now issued merely elaborates certain points. The circular is numbered 1755 and may be obtained from the Stationery Office, price 2d.

The L.C.C. and the Cancer Bill

In reporting to the London County Council on the Cancer Bill, which received a second reading in the House of Commons last week, Mr. Somerville Hastings and Mr. Charles Latham, chairmen respectively of the Hospitals and Medical Services and the Finance Committees of the Council, state that substantial facilities already exist for the diagnosis and treatment of cancer in London, and while it is recognized that there is a need in various parts of the country for the provision of further facilities, it is not clear, so far as London is concerned, that there is any need for the imposition of a statutory duty upon the L.C.C. to ensure that arrangements for the diagnosis and treatment of cancer shall be adequate. The Council treats cancer patients in all its twenty-seven "acute" general hospitals, and there are special units for deep x-ray and radium therapy at Lambeth and Hammersmith Hospitals. Many voluntary hospitals treat cancer patients, and some have spent considerable sums on radium and x-ray apparatus. The total number of admissions of cancer patients to the Council's hospitals in 1937 bordered on 7,000. At a conference between the Minister of Health and representatives of the L.C.C. and others it was understood that the inclusion of voluntary hospitals as circumstances may render desirable in schemes prepared by local authorities may embrace not only the provision of treatment but also the provision of diagnostic centres. The choice of hospitals, both municipal and voluntary, for inclusion in schemes will naturally depend upon the needs of the area to be served and upon the service which the hospitals are equipped to render.

At the interview with the Minister the Council's representatives submitted that Exchequer grants towards the expenditure of voluntary hospitals in London should be made direct to such hospitals without supplement from the rates and without prejudice to the Council's responsibility for the preparation of a scheme for cancer in the metropolis. The Minister, however, stated that he thought the scheme would work more smoothly and efficiently if the control were in the hands of the local authority, and that it would be better for the authority to pay the grant due under the scheme to the voluntary hospitals. Those speaking for the Council do not share this view, and hold that grants from public funds to voluntary hospitals for cancer treatment and facilities should be paid direct by the Minister. It is also considered that, as the additions to the expenditure of local authorities by the imposition of further statutory duties have already heavily intensified the Council's financial burdens, the proposal to scale down the grant in respect of the new cancer service below a minimum of 50 per cent. to any authority should be resisted. The Minister's suggestion is that as the existing facilities for dealing with cancer in the areas of the "richer" authorities are so much better than in the areas of the "poorer," the cost to the former would be comparatively small, and therefore there is justification for their percentage of Exchequer grant being scaled down.

It is anticipated that the unit cost in London will be materially higher than the country average, having regard to the higher standard of costs to which the cancer service in London will unavoidably be subject. The L.C.C. maintains that the object of control over the expenditure of local authorities could equally well be secured by substituting for the average for the whole country an approved unit for regions in which special local factors would receive proper recognition, and the Minister has intimated that he is prepared to consider this point.

SCOTLAND

The R.C.P. Laboratory at Edinburgh

The annual report of the Laboratory of the Royal College of Physicians of Edinburgh records the resignation of its Curator, Sir Robert Philip, after nearly thirty years of active official association with the laboratory. Sir Robert had held the appointment of Curator for the past fourteen years. During the year under review thirteen papers were published by workers in the research department. Further investigation of anti-rabies treatment statistics includes a study of the figures from the Union of Soviet Socialist Republics. It appears that during the years 1927 to 1934, 343,149 persons were treated in Russia, and 584 (0.17 per cent.) of them contracted rabies. The most striking feature of these statistics is a steady decline in the number of people presenting themselves for treatment, attributable to "an abrupt diminution of rabies in animals in the U.S.S.R." Among other researches are studies of the mode of action of cod-liver oil and certain other oils in the treatment of wounds. Experiments *in vitro* have shown that cod-liver oil, both in the presence and in the absence of a nutrient medium, possesses a strong bactericidal action, which is markedly increased by previous irradiation of the oil with ultra-violet light. Of other oils investigated, only linseed oil proved to be more potent than cod-liver oil, but for various physical reasons this substance is contraindicated as a means of treatment. In the field of parasitology trichomonas infections have been studied, and it has been demonstrated that *Trichomonas vaginalis* and *Trichomonas intestinalis* differ from one another in morphological and cultural character. Vaginal infection with this parasite appears to be far more common than is generally supposed. Conditions predisposing to infection, and the part played by the parasite in causing sterility and other pathological changes in the genital tract, are under investigation.

The Blind in Scotland

At the opening of an extension to the Royal Blind Asylum, Edinburgh, on December 9, Mr. W. J. Anstruther Gray, Parliamentary Secretary to the Secretary of State for Scotland, said that this institution had been founded by Dr. Johnson of Leith in 1793, and the school had been added by James Gall in 1835. Since the Blind Persons Act of 1920 expenditure in Scotland on behalf of the blind had risen from £80,000 to £300,000, and 9,000 blind people were provided for. The number of blind children had greatly decreased, and the increase in the total number of the blind was due to longer life. Mr. James Adshead, chairman of the Board, said that estimates for the extension amounted to £20,000, of which education authorities throughout Scotland who sent children to the school were expected to provide three-fourths, leaving about £5,000 to be found by the institution itself.

Treatment of Venereal Diseases

The current annual report of the City and Royal Burgh of Edinburgh Venereal Diseases Scheme opens with a masterly synopsis of the advances in treatment during the last twenty-five years. It is recalled that it was the Edinburgh Corporation which, in 1928, promoted and presented to Parliament a Bill designed to secure compulsory powers for the examination and treatment of known or suspected cases of venereal disease. The Bill, however, was not passed, for the enforcement of such legislation would present considerable difficulties. The employment of sulphanilamide and its derivatives produced highly satisfactory results in the treatment of gonorrhoea during the year under review. An allied preparation—uleron or disepal—was also given extensive clinical trials. The clinical officer states that in the majority of cases the effect of these new drugs has been amazingly rapid, resulting in the disappearance not only of the

signs and symptoms of the disease but also of the causative organisms within a few days. The response, however, was not satisfactory in every case, and to this extent their action may be described as inconstant and "capricious." The report records a considerable increase in the number of new patients. This is chiefly accounted for by a larger number of cases of non-specific venereal disease, syphilis and gonorrhoea showing a slight diminution. Analysis of new cases gives the following figures, those of the previous year being shown in parentheses: Total number 2,860 (2,540); syphilis 686 (695); gonorrhoea 1,256 (1,280); chancroid 35 (27); non-specific venereal disease 883 (538). The last named thus forms nearly one-third of the total.

Dundee Health Report

Attributable to simultaneous outbreaks of whooping-cough, influenza, and primary pneumonia during the first quarter of the year, a rise in the general death rate is recorded in the annual report for 1937 of the Public Health Department, City of Dundee. The rate for the year was 15 per thousand, compared with 14.1 in 1936 and 13.2 in 1935. These three diseases caused 406 deaths—whooping-cough 51, influenza 113, and pneumonia 242. Of the deaths from whooping-cough twenty-four occurred in infants under 1 year, and twenty-four in children aged 1 to 5. Only one death was certified as due to whooping-cough alone. The remaining cases suffered from complications, of which pneumonia was the most frequent. Among other infectious diseases scarlet fever and chicken-pox also showed an increased incidence, but with regard to measles intimations of only 312 cases were received, compared with 1,862 in 1936. The majority of the measles cases occurred in the last two months of the year under review, conforming with the usual tendency of this disease to make biennial appearance in epidemic form in the city. Of ten notifications of enteric fever, all of which were admitted to hospital, the diagnosis was accepted in eight—two typhoid and six paratyphoid B. In three of the latter cases it was thought probable that the source of infection might have been associated with the eating of periwinkles.

Correspondence

Lay Analysts at L.C.C. Mental Hospitals

SIR,—I think that you may be interested to learn the circumstances under which lay analysts are to be allowed to receive instruction in the London County Council's mental hospitals.

On November 15, 1938, a report from the St. Bernard's Hospital Committee was received by the General Purposes Subcommittee of the Mental Hospitals Committee, stating that the Director of the Institute of Psycho-Analysis had asked for permission for a small number of lay analysts to observe the technique and to study the reactions of patients at St. Bernard's Hospital, and that the medical superintendent was willing to co-operate. As this involved an important question of principle, we, the Municipal Reform Party members, asked whether before reaching a decision the Board of Medical Superintendents might be consulted, as it was a matter on which we as a lay committee were not competent to decide. This was refused. We then asked whether the question could be deferred until the committee of the British Medical Association which we understood was inquiring into the whole question of the scope of the work of lay analysts had reported. This was

wife died several years ago, and he is survived by two sons and two daughters. He joined the British Medical Association in 1907, but never took office, though he was keenly interested in its affairs.

Dr. ALEXANDER MACALISTER, Walt Whitman's physician and friend, and one of the first in America to use diphtheria antitoxin, died at Camden, New Jersey, on November 22, aged 77.

JORGEN PETER MULLER, originator of the Muller system of home gymnastics and for many years principal of the Muller Institute in London, died at Aarhus, Denmark, on November 17, at the age of 73.

Medico-Legal

A HERBALIST ACQUITTED

A case tried before Mr. Justice Croom-Johnson at the Manchester Assizes at the end of November* raised some interesting points concerning unqualified practice.

Trial at Manchester Assizes

A "consulting herbalist" named Thomas Hugh Wilbraham was charged with the manslaughter of a youth of 22, whose father had put him under Wilbraham's care for diabetes. Mr. J. G. Lynskey, K.C., prosecuting, said that Wilbraham represented himself as being skilled to deal with the disease of diabetes, but had not shown the necessary skill or used the necessary care, with the result that the boy had died on September 5. In March, 1937, the boy's father had noticed that he was drinking much water and becoming drowsy. The father consulted a doctor, who diagnosed serious diabetes and sent the boy to Dr. Norman Kletz, who tried a diet for two or three weeks and then decided that the boy required insulin injections. Unfortunately, before that treatment was undertaken the father had heard that insulin was not a cure for diabetes but only a stabilizer, and got the impression that diabetes could be cured by a herbalist or osteopath. For a time he placed his son under the treatment of a woman herbalist, but in November, 1937, he went to Wilbraham. The accused, said counsel, told him that he specialized in the treatment of diabetes, had had successful results with other patients, strongly disapproved of the use of insulin, and included in his treatment the use of herbal medicine which caused the pancreas to function again. He was confident he could cure the boy. His charges were 10s. a visit. He did not prescribe any special diet except that the boy should restrict himself as much as possible to green vegetables. He began treatment in January, and in August the boy again broke down, became weak in his legs, and was terribly thin. Wilbraham, however, said he was very pleased with his condition, and that he was giving "pancreatic juices" in the medicine. Later he said that the sugar was down 1½ points. In September the boy could not stand, and his father asked Wilbraham by telephone whether he should get a doctor. The accused replied that he did not think it necessary. Next day he came to see the boy at the request of the father and said that the sugar was less, that there was not much chance of coma, that the boy was suffering from a poisoned stomach, and that he would give him medicine to put him right. Next morning the boy was worse, and he died in hospital next day.

In cross-examination by Mr. E. J. Hemmerde, K.C., the father admitted that he would not have accepted Wilbraham's treatment along with insulin, but he denied that Wilbraham had suggested insulin. Re-examined, he said that two doctors had advised the use of insulin, but he had not followed their advice because a friend gave him a paper which said that

diabetes could be prevented and cured if it had not progressed too far, provided the patient had not taken too much insulin.

Dr. Patrick Fay said that he had seen the boy in March, 1937, and that on April 23 he had stressed the need for insulin. Dr. Kletz said that in this case it was probable that without insulin life would have been materially shortened. Dr. W. H. Grace, the pathologist who made the necropsy, expressed the opinion that if the boy had started to take insulin in January he would now be living a normal active life.

Wilbraham, giving evidence on his own behalf, not only denied having neglected to give insulin, but said that the use of insulin with his treatment was definitely helpful in some cases and essential in others. He asked his diabetic patients to get insulin prescribed by a doctor. He was not allowed by law to prescribe or use insulin. Some of his present patients were using insulin under doctors' directions. In August he had told the father and the son that the son must have insulin. The son said he did not want it and the father said he could not have it. Later he said to the father, "Without the use of insulin I am afraid you are going to make a terrible mistake." The father walked out of the place in disgust. Wilbraham told him that he must call in a doctor right away, and that if he did not Wilbraham would send one. The father replied that he did not care for the doctors round there; he had had some trouble with them before. From first to last, said Wilbraham, he treated the boy according to the knowledge he had, and did everything he could to help him. If he had been allowed to use insulin he would have compelled the boy to have it. The death was accelerated by the failure to give insulin.

The judge, in summing up, warned the jury that they were not trying the question whether treatment by registered medical practitioners according to ordinary practice was better or worse than treatment by herbal medicine. The question was whether Wilbraham had advised or failed to advise insulin, or had advised against its use. The jury found him not guilty and he was discharged.

The Services

DEATHS IN THE SERVICES

Surgeon Commander ALFRED THOMAS GAILLETON, R.N. (ret.), died at Valparaiso on November 29. He was educated at Edinburgh University, where he graduated M.B., Ch.B. in 1898. He entered the navy soon after qualifying, became surgeon commander on August 10, 1915, and retired after the war. After his retirement he took the D.P.H. at Cambridge in 1923. He served in the war of 1914-18, receiving the medals.

Major-General JOHN JOSEPH GERRARD, C.B., C.M.G., late R.A.M.C., died in London, from the effects of an accident, on December 14, aged 71. He was born in Dublin on October 22, 1867, and was educated at St. Augustine's College, Ramsgate, and at Trinity College, Dublin, where he graduated M.B., B.Ch., B.A.O. in 1888. He entered the Army as surgeon captain on July 23, 1891, and was specially promoted to surgeon major for services in the Tirah Campaign on May 20, 1898. Incidentally he was the last officer promoted to surgeon major before the grant of the military titles. He became lieutenant-colonel on July 28, 1906, colonel in the long list of war promotions on March 1, 1915, and major-general on January 24, 1918, and retired on January 27, 1922. He served on the North-West Frontier of India in the Tirah Campaign of 1897-8, when he was mentioned in dispatches in the *London Gazette* of April 5, 1898, received the frontier medal with two clasps, and was specially promoted to surgeon major; in the South African War from 1899 to 1902, when he took part in the action at Colenso and in the relief of Ladysmith, and in operations in the Orange River Colony and the Transvaal, and received the Queen's medal with three clasps and the King's medal with two clasps; and throughout the war of 1914-18, when he held various administrative appointments at the fronts in Flanders and France, was mentioned in dispatches in the *London Gazette* of June 15, 1916, January 4, 1917, and May 29, 1917. He received the C.B.

* *Manchester Guardian*, November 30 and December 1.

in 1917 and the C.M.G. in 1919. After the war he was principal medical officer in Ireland from 1920 to 1922, during the Sinn Fein rebellion. He was appointed Honorary Physician to the King in 1920. In 1898 he married Miss Mabel Repton, who survives him with two sons and two daughters. His eldest and third sons were killed in action in 1918.

Lieutenant-Colonel SIDNEY ARTHUR WILKINSON, chief medical officer of the Bombay, Baroda, and Central India Railway, lost his life on November 26 after a railway accident at Barwani on that line. Apparently no one was injured in the accident itself; some carriages were derailed and Colonel Wilkinson had got out of his carriage and was walking along the line to see if there were any casualties when he suddenly collapsed and died of heart failure. He was educated at St. Thomas's Hospital and took the M.R.C.S., L.R.C.P. in 1914, and subsequently, when on leave in England, the D.T.M. at Liverpool in 1927, and the D.T.H. in 1928. After acting as house-surgeon at Wolverhampton Hospital he entered the service of the Bombay, Baroda, and Central India Railway and had risen to be its chief medical officer. He took a commission in the Indian Railway Volunteers on May 1, 1915, subsequently joining the Indian Auxiliary Force Medical Corps, in which he held the rank of major from May 1, 1927, and recently reached the rank of lieutenant-colonel. At the time of his death he was expecting to go home soon on furlough. He had been a member of the British Medical Association since 1919. He leaves a widow and daughter, who were in Bombay when he died.

Lieutenant-Colonel FREDERICK DURAND STIRLING FAYRER, I.M.S. (ret.), died at Eastbourne on December 2, aged 69. He was born on October 28, 1869, the fifth son of the late Sir Joseph Fayrer, Bt., K.C.S.I., President of the Medical Board, India Office, for over twenty years—1873 to 1895. He was educated at Cambridge University, where he graduated B.A. in 1891 and proceeded M.A. in 1894, and at Charing Cross Hospital, and took the M.R.C.S., L.R.C.P. in 1896. He entered the Indian Medical Service as surgeon lieutenant on January 29, 1898, became lieutenant-colonel after twenty years' service, and retired on April 8, 1925. He served in the war of 1914-18, on the North-West Frontier of India in 1914-15, in the Tochi Valley. He had been a member of the British Medical Association since 1901.

Universities and Colleges

UNIVERSITY OF OXFORD

The following medical degrees were conferred in Congregation on December 10:

D.M.—D. G. Ferriman, H. R. Bathurst-Norman.
B.M.—E. M. Poulton, J. Scholefield, L. G. C. E. Pugh, R. G. W. Ollerenshaw, C. D. Cormac, E. L. James, J. C. G. Abraham, E. H. Hiley.

UNIVERSITY OF CAMBRIDGE

At a Congregation held on December 9 the following medical degrees were conferred:

M.D.—W. A. Elliott, A. K. Monro, L. C. Cook.
M.B., B.Chir.—*A. W. Bone, *G. V. Steward, K. E. Bond, A. Winder, A. H. Masina, R. S. Saxton.
M.B.—*F. H. Masina, A. H. Gurney.
* By proxy.

UNIVERSITY OF LONDON

At a meeting of the Senate, held on December 14, the Graham Scholarship in Pathology was awarded to R. M. Calder, M.B., Ch.B.

Dr. H. E. A. Boldeiro has been appointed as one of the representatives of the General Medical Schools on the Senate for the remainder of the period 1938-42 in succession to the late Professor Leonard S. Dudgeon.

The Royal Hospital, Wolverhampton, has been approved for three years as from October, 1937, for the purposes of the External Diploma in Clinical Pathology.

Foundation Day was celebrated on November 24, when the Chancellor, the Earl of Athlone, F.R.S., held a reception at Senate House. Graduates who had obtained degrees since May were presented to the Chancellor.

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—†T. B. Griffiths, ‡L. J. Honeywill (University Medal), *M. E. MacGregor, †C. M. Miller, †C. S. Smith, *R. B. Terry, *Margaret D. Thomas, †Mary E. E. Ward, B. S. S. Acharya, A. G. Apley, J. R. Ascott, Romana G. Bartelot, D. McN. Beaugie, R. D. Blachford, Natalia S. Blumenfeld, D. J. A. Brown, K. C. Brown, Margaret M. Burton, W. E. Clarke, J. C. A. L. Colenbrander, Dorothy L. Crossley, E. R. Dansie, D. A. Davies, Joan M. St. V. Davies, A. S. Dods, A. M. Edwards, J. A. C. Edwards, Phyllis M. Edwards, B. H. Ellis, D. G. Evans, J. A. P. Evans, C. C. Evill, C. G. Fagg, B. R. Fink, D. S. Foster, H. Foster, J. P. Fox, D. F. Freebody, Ysobel M. Garland, Margaret F. Gillison, Janet D. Gimson, H. M. Goldberg, Jean E. Grant, L. J. Grant, S. I. Green, C. L. Greenbury, W. S. Hacon, J. A. G. Hair, M. Halberstaedter, N. W. A. Harvey, Doreen Jamieson, S. M. Jenner, A. Jordan, J. B. Kinmonth, C. C. Kirby, G. S. A. Knowles, G. Kruatrachue, A. S. Lee, D. R. Levinson, C. V. Lewis, A. W. Little, K. N. Lloyd, M. Lubran, Margaret E. McLaughlin, R. J. H. McMahon, D. E. Macrae, Elizabeth C. Marshall, H. A. C. Mason, S. W. Maxwell, Mary D. Mellers, P. S. Meyrick, G. D. N. Milne, Elizabeth M. Mitchell, J. D. N. Naborro, Gladys L. Neill, C. S. Nicol, A. J. Nimmo, D. E. Parry, Edith A. S. Parry-Evans, T. Partington, K. G. Pascall, Ruth Penlon Jones, Gloria H. Platt, S. S. F. Pooley, D. W. Pugh, Elizabeth C. Randall, W. J. Rees, Nora Reid, Nancy E. G. Richardson, R. B. K. Rickford, A. C. Ricks, A. T. M. Roberts, L. F. W. Salmon, D. K. Sambrook, C. R. Savage, W. J. Shannon, P. Shemilt, G. Shneerson, M. M. Shrinagesh, J. R. Simpson, J. H. Smart, Margaret D. Snelling, G. R. Staley, Margaret M. Strange, Mary R. Thompson, L. C. Thomson, K. B. Thornton, J. Todd, Betty Walker, J. W. B. Waring, C. P. Warren, W. R. W. West-Watson, M. H. G. White, J. H. Whittles, R. F. Wyatt, G. Wynn Williams, R. O. Yerbury. Part I: H. Auger, Diana E. Barbour, Patience E. Barclay, Rosalind S. Barclay, G. A. Beck, Mary B. Bensusan-Butt, H. E. Bentley, A. C. Bingold, R. A. Blair, Elizabeth Broadhead, T. H. W. Clarke, J. V. Davies, M. E. Davies, A. R. Dearlove, W. Donkin, Jean M. Drury-White, Jean L. Edwards, R. G. Evans, Edith I. Fettes, E. L. Fränkel, P. Fränkel, J. M. French, Kathleen M. French, L. V. Gimson, G. L. Haine, V. W. J. Hetreed, C. A. Jackson, G. M. Killpack, R. A. King, P. D. C. Kinmont, Dorothy M. S. Knott, Joan V. Laughlin, G. D. Lumb, L. Nancekieveil, S. Oram, A. S. Oscier, D. J. Paddison, G. A. Robinson, R. G. Robinson, A. F. Russell, R. W. B. Scott, Eva G. Seaton, Margaret M. Shrubbsall, Joyce R. Simmons, F. M. S. Smith, T. D. Spencer, B. E. C. Stanley, W. M. Stephens, Katharine W. Stuart, W. F. T. Tatlow, Norah G. Taylor, J. L. Temple, Elsie M. Terry, R. D. Tonkin, Elizabeth Topley, F. G. Tucker, A. J. Walker, A. F. Wallace, M. Watkins, Alice Yates. Group I: L. D. Arden, R. H. Barrett, Mary Brandon-Jones, G. L. Burgess, J. Burton, Mercy S. Cam, H. B. O. Cardew, C. D. Chiton, H. D. Cockburn, G. P. Crean, T. T. Davies, J. J. Davis, Ursula M. Dick, J. E. Dickson, C. J. Evans, W. K. Frewen, P. A. Gardiner, Beryl M. Gee, J. Henry, R. N. Houlding, Barbara J. Hussey, M. T. I. Jones, R. R. McSwiney, F. P. S. Malone-Barrett, H. Matthews, A. Miller, H. E. Moody, Rosie Morris, R. E. Newman, Sylvia D. Orchard, J. F. Perredes, G. L. Pett, A. S. Porter, J. Sondheimer, Susan M. Tracy, Joan Wagstaff. Group II: R. Asquith, J. C. Ballantyne, P. B. Banaji, Ailsa Bannerman, D. A. G. Brown, Amelia E. Burch, J. A. Burnett, Diana M. M. Carr, Phoebe Charlton, D. L. Davies, D. M. Dunn, P. S. Fuller, L. Goodman, S. Grossmark, J. Herbert-Burns, A. P. Hick, J. D. O'D. Lavertine, Dorothy K. Paterson, M. Radzan, S. B. Smith, P. D. Swinstead, J. Watkins-Pitchford, N. A. F. Young.

* Distinguished in medicine. † Distinguished in forensic medicine and hygiene. ‡ Distinguished in surgery. § Distinguished in obstetrics and gynaecology.

KING'S COLLEGE HOSPITAL

The Committee of Management of King's College Hospital has decided that one of the medical registrars shall be resident and has appointed R. B. Niven, B.M., B.Ch., to hold the office from January 1, 1939. To another medical registrarship has been given the name of Sir Raymond Crawford, a former dean of the medical school and senior physician to the hospital, and G. A. Kiloh, M.B., B.S., has been appointed first holder of the office. G. R. Steed, M.B., B.S., has been appointed to the Sambrooke Medical Registrarship, founded in 1866 by a lay member of the committee of management.

UNIVERSITY OF BRISTOL

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—¹ J. F. Ackroyd, E. M. Barber, C. B. Jones, M. M. Lewis, Jane Mackintosh, ² Joan E. Mackworth, P. C. Phelps, Sybil M. Williams. In Group II (completing examination): J. S. Richardson. Section I: ³ Ruth Appleby, Dorothy M. Ayre, D. L. Bayley, ⁴ D. C. Bodenham, Jean A. Butt, Mary Crago, ⁵ J. N. P. Davies, ⁶ Marjorie O. Dunster, ⁷ J. L. Elliott, J. L. Emery, Sara M. Field-Richards, E. M. Grace, ⁸ Betty F. Hannaford, F. R. Hurford, Rosemary W. Knowles, N. E. Melling, ⁹ C. A. St. Hill, ¹⁰ Jeannette Shed, ¹¹ Dorothy M. Shotton,

P. R. H. Slade, A. R. Stonehill (formerly Steinberg), * Edith M. Wagstaff, * T. H. White.

¹ Second-class honours. ² Distinction in surgery. ³ Distinction in public health. ⁴ Distinction in forensic medicine and toxicology. ⁵ Distinction in materia medica, pharmacy, pharmacology, pharmaco-therapeutics, and toxicology. ⁶ Distinction in pathology and bacteriology.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—W. Dodd, F. R. Edwards, R. L. Hartley, A. J. Helfet, L. Henry, K. Jilani, J. C. Twomey, O. Walker.

M.CH.ORTH.—S. R. Chandra, E. W. Knowles, W. R. D. Mitchell, G. C. Sen, G. M. Sleggs, J. V. Todd.

FINAL M.B., Ch.B.—*Part I*: W. F. Christian, J. Collins, D. W. Ellis-Jones, A. H. Hands, Mrs. C. W. L. Harries, M. P. Jones, Joan Macara, S. B. Nelles, P. P. Newman, Margaret E. Parry-Edwards, C. W. R. Roseby, Beryl M. Smith, R. H. M. Stewart, P. G. W. Sutton, Hilda Walker. *Pharmacology and General Therapeutics*: G. J. C. Brittain, W. Rotherham. *Part II*: S. Ellenbogen, H. Hall, J. S. Hindley, R. R. Knowles, R. J. Parry, Kathleen Pugh-Jones, H. J. Shuttleworth, H. J. H. Souley, G. O. Thomas, Joan P. Thomson, A. G. Williams. *Part III*: E. J. Bowmer, H. Buckley, J. L. Chisnall, W. H. R. Cook, D. J. Doherty, O. M. Haarbarger, S. Hen, A. L. T. Hutson, Iola L. T. Jones, G. Karstaedt, Helen Kay, G. L. Manson, J. M. Marchant, S. Newman, J. L. Patton, G. I. Roberts, G. R. Thorpe, G. C. Tweedie.

DIPLOMA IN TROPICAL MEDICINE.—A. S. Affara, B. Basu, S. J. Campbell, L. J. Charles, S. K. Chatterjee, S. G. Cowper, S. Garnjana-Goonchorn, C. Haddad (recommended for Milne Medal), M. N. Hwang, B. S. Jaiswal, H. N. Lee, D. V. Oka, I. S. Parboosingh, H. R. R. E. Ramesar, S. H. Segerman, A. H. D. S. de Silva, G. C. Watt.

UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examination indicated:

FINAL M.B., Ch.B.—Muriel I. R. ApThomas, H. B. Austin, K. Harrison, R. B. Hollos, P. N. Holmes, D. N. Kiff, Jean Mason, J. Meynell, Mary B. Oakden, Lilian P. Parry, T. B. Whitehead, E. J. Yates. *Part I*: Peggy Anderson, G. T. Ashley, J. G. Atherton, T. G. Barlow, E. F. Burndred, J. H. Gifford, C. Hamwee, E. Lee, D. Livshin, A. S. Ogden, W. E. Rigby, Barbara M. Statham, W. P. Sweetman.

THIRD M.B., Ch.B.—*Pathology and Bacteriology*: Eva Abrahamson, A. Ashworth, J. H. R. Barker, F. R. Brebner-Smith, T. Brittain, I. C. Campbell, G. Caplan, Rachel Claiman, Hilary J. Crewe, W. Dickson, H. Diggles, G. R. Ferguson, J. G. Ferguson, E. S. Frazer, R. J. Gampell, J. Gregory, Hilda R. Harris, H. Hassall, S. Haythornthwaite, B. L. Hoffmann, Irene E. Howorth, Margaret Jacques, O. Janus, P. W. Kippax, G. Lancaster, J. T. A. Lloyd, J. L. Maclean, W. Mellor, Elsie L. Mettam, Catherine E. D. Nash, C. Parish, K. C. Prausnitz, T. F. Redman, F. Robinson, Margaret H. Roscoe, J. C. Seddon, G. K. Spruell, J. K. Steward, T. A. Taylor, Edith M. Thorp, A. L. Tulk, Ena M. Walmsley, Elizabeth C. S. Williams, Joyce Worthington. *Pharmacology*: E. P. Abson, R. G. Balf, J. Ball, J. K. Brown, E. A. Cachia, B. O. Dowdell, B. I. Eames, E. Feinmann, A. Glass, E. Greenwood, J. C. Greenwood, P. G. Griffiths, E. G. Hall, Frances A. Hepburn, S. H. Jackson, R. P. Jepson, H. Khazam, M. Levinson, D. C. Little, J. K. McMyn, F. S. Mooney, A. B. Morrison, T. E. Parry, S. S. Rose, Susanne M. Seligsohn, G. J. Shanklin, H. G. B. Slack, J. Thompson, Vera Waiane, *A. E. Wall, F. R. Wilde, *L. Wise, B. Wolman.

* With distinction.

UNIVERSITY OF ABERDEEN

At a graduation held on December 14 the following medical degrees were conferred:

M.D.—*A. Grant, †J. A. Cardno, †H. D. Chambers, H. S. Fraser, W. R. Gauld.

M.B., Ch.B.—L. C. Allan, Margaret P. Allan, J. Anderson, S. C. Anderson, J. Caie, W. Cockburn, N. J. H. Davidson, L. G. Eddey, W. J. Finnie, F. D. Forbes, W. L. Gordon, N. L. Hulse, Marion MacLeod, D. G. McRobbie, D. Matheson, H. K. Paterson, M. MacR. Paterson, L. G. Tulloch, J. Walker, Margaret J. Walker, Elizabeth A. White, J. Wylie.

* With honours.

† With commendation.

UNIVERSITY OF EDINBURGH

A graduation ceremonial was held in the Upper Library Hall on December 16, when the following degrees were conferred:

M.D.—D. M. Anderson, W. G. Annan (*in absentia*), †A. F. M. Barron, H. E. Collier, †I. Douglas-Wilson, F. O. Graham, †C. L.

Grant, †G. M. Greig, J. Hutton, †J. S. Lawrence, *Agnes R. Macgregor, †F. M. L. Richardson, Major, R.A.M.C., J. Ronald, A. G. H. Smart (*in absentia*).

M.B., Ch.B.—M. A. Ayoub, J. McK. Bertram, A. G. Brown, Fanny B. Chisholm (née Mackintosh), P. S. Clouston, J. H. Comloquoy, S. P. Cornell, W. E. Cowie, H. D. Dobson, R. Dowie, Janet K. O. Duff, W. Finlayson, W. Forrester, W. A. Glaubman, R. M. Henderson, G. M. Jolly, A. Ketchin, E. H. Lamb, S. Lurie, R. D. M'Intyre, A. MacLeod, J. W. Martin, C. M. Norman-Williams, A. A. F. Nussiebeh, B. M. Omar, J. C. Robertson, S. P. Robson, A. M. I. Runcie, W. S. Russell, Annie D. Savill, L. S. Sedgwick, Ellie Seligman, C. S. Singh, Evelyn M. Stewart, L. N. Stewart, Ida E. Wilkinson, Pak Foo Woo, R. B. Wylde.

* Awarded gold medal for thesis. † Highly commended for thesis. ‡ Commended for thesis.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following medical degrees were conferred on December 3:

M.CH.—R. L. Forsyth, R. G. Taylor.

M.B., B.Ch., B.A.O.—M. E. C. Balmer, Miriam A. Becket, J. W. Boland, R. S. MacL. Cooke, H. R. T. Devlin, D. B. George, Emily E. E. Hill, J. R. Mahon, J. L. Mans, D. E. Meares, F. G. Millar, J. E. Milne (formerly Murphy), J. R. Murdoch, F. W. Parke, W. A. J. Pike, Elizabeth M. Rees, Elizabeth L. J. Ryan, Kathleen E. A. Smith, D. K. Stewart, J. G. Waugh, S. L. Wray.

L.M.D., L.Ch., and L.A.O.—M. D. M. Bergin.

The following candidates have been approved at the examinations indicated:

FINAL MEDICAL EXAMINATION.—*Part I, Materia Medica and Therapeutics and Pathology and Bacteriology*: †F. G. M. Ross, †C. P. Clancy-Gore, †Maureen C. Johnston, †W. E. O'C. C. Powell, R. M. Halahan, S. O. O. Franklin, M. D. Leitch, M. Steinberg, L. C. Jacobson, Lois J. Macaulay, H. FitzGibbon, Olive S. H. Devlin, J. Nash, F. J. Queally, E. G. R. Butler, H. B. C. Houston, C. F. Ford, F. N. C. Levy, S. D. Reid. *In completion*: Margaret Sutcliffe. *Part II, M.B.*: †J. G. Waugh, †W. Sandford, †J. R. Murdoch, †L. S. Levinson, Sylvia M. FitzGerald, M. Herman, Elizabeth L. J. Ryan, Miriam A. Becket, Rosaleen de C. McCormick, W. A. J. Pike, F. G. Millar, W. B. Welpy, W. Jones, E. R. F. Mellon, J. W. Boland, F. R. T. Hollins, J. L. Mans, Mary A. Conyngham, D. A. Huggard, Kathleen E. A. Smith, E. R. Coetzee. *B.Ch.*: †Emily E. E. Hill, †S. L. Wray, †J. R. Mahon, Miriam A. Becket, F. P. O'Sullivan, J. W. Boland, Elizabeth M. Rees, Kathleen E. A. Smith, M. E. C. Balmer, R. S. MacL. Cooke, H. R. T. Devlin, D. B. George, D. K. Stewart, F. G. Millar, J. L. Mans, J. E. Milne, D. E. Meares, F. W. Parke, M. D. M. Bergin. *B.A.O.*: *M. O'C. Drury, *R. S. W. Baker, †C. J. Du Prez, †E. G. Hobart, †G. S. Sheill, D. L. Harbinson, S. F. H. Haughton, E. N. O. Sodeinde, G. A. Anderson, C. H. Rutherford, M. E. Tapissier, J. P. Gore-Grimes, E. F. Keating, W. M. Winn, Sheila Kenny, Patricia D. Concannon, D. St. B. F. Nunan, Kathleen E. A. Smith, R. Brass, B. Serebro, T. Shier, F. P. O'Sullivan, R. J. Balfe, D. G. Harrison, J. R. A. Martin.

M.D.—R. Bowesman.

* First-class honours.

† Second-class honours.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—C. V. Arthur, J. A. Bailey, D. L. P. De Courcy, J. Fergusson, N. A. Jevons, H. Shepherd, W. Simpson, J. W. Weston, C. E. Winterstein.

MEDICINE.—H. J. S. Coldham, R. M. Corker, H. L. Francis, J. B. Gurney Smith, J. A. L. Leeming, R. P. Parkinson, T. G. Viljoen, M. Whitehead.

FORENSIC MEDICINE.—H. J. S. Coldham, R. M. Corker, H. L. Francis, J. B. Gurney Smith, J. A. L. Leeming, R. P. Parkinson, T. G. Viljoen, M. Whitehead.

MIDWIFERY.—H. J. S. Coldham, M. Becker, M. M. El Garrahy, F. W. Ford, A. J. Fraser Simson, A. Jones, A. B. Taylor.

The diploma of the Society has been granted to M. Becker, R. M. Corker, D. L. P. De Courcy, J. Fergusson, H. L. Francis, N. A. Jevons, R. P. Parkinson, T. G. Viljoen, and J. W. Weston.

BRITISH ASSOCIATION OF RADIOLOGISTS

At the recent examination for the Fellowship of the Association, the following were successful:

*J. E. Bannen, M.B., Ch.B., D.M.R.E., *T. P. Eustace, M.D., D.M.R.E., †P. R. Goodfellow, M.B., B.Ch., D.M.R.E., *S. Nowell, M.B., Ch.B., D.M.R., *R. G. Reid, M.B., Ch.B., D.M.R.E.

* Honours in radiodiagnosis. † Honours in radiotherapeutics.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on December 16, with Mr. W. J. Stuart, President, in the chair, the following candidates, having passed the requisite examinations, were admitted Fellows:

J. E. Andrew, M. Arnold, N. B. Betts, H. N. Bhatt, W. Blackwood, C. Bowesman, D. P. Burkitt, R. J. Coto, E. J. Crawford, I. W. Davidson, K. S. Fitch, R. J. Fleming, I. T. Fraser, L. D. B. Frost, J. C. Goligher, T. L. Gordon, P. R. Greeves, A. H. Hall, M. E. S. Harrison, S. H. Harrison, J. Kiely, M. V. Kramer, S. L. A. Manuwa, I. G. MacGregor, A. McKenzie, J. C. Nicholson, H. Park, H. Poston, J. F. Riley, W. Simpson, A. J. Slessor, A. L. Som, J. R. St. G. Stead, W. J. Virgin, R. H. H. Williams.

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

On December 15 the Royal Australasian College of Physicians was inaugurated in the Great Hall of Sydney University. The Governor of New South Wales, Lord Wakehurst, attended the ceremony and read a message from the King wishing the College all success. The Royal College of Physicians of London was represented by Dr. H. Morley Fletcher, formerly Senior Censor, who presented an address from the old College to the new, which was printed in the *British Medical Journal* of December 10 (p. 1218). The College was incorporated on April 1, 1938, under the Companies Act of the State of New South Wales as a company limited by guarantee and not having a share capital. The registered office is in Macquarie Street, Sydney. The first President is Sir Charles B. Blackburn (Sydney); the vice-presidents are Dr. C. T. Champion de Crespigny (Adelaide), Professor D. W. Carmalt Jones (Dunedin, N.Z.), and Dr. S. V. Sewell (Melbourne); the censor-in-chief is Dr. S. O. Cowen (Melbourne); the hon. secretary Dr. Allan S. Walker (Sydney), and the hon. treasurer Dr. Stewart Arthur Smith (Sydney). The Foundation Fellows number 247 and the members 39.

Medical Notes in Parliament

The business of the House of Lords this week included the third readings of the Marriage (Scotland) Bill and the Housing (Financial Provisions) (Scotland) Bill.

The House of Commons this week discussed foreign policy, the National Register, and the redistribution of population before adjourning till January 31, when the House will probably go into committee on the Cancer Bill.

During the dinner given by present and past members of the Parliamentary Medical Committee to Dr. Elliot at the House of Commons on December 14, Dr. Elliot recalled that the Committee was founded by Sir Watson Cheyne in 1919 and that he himself had been its honorary secretary from 1920 to 1922, when he was succeeded by Sir Francis Fremantle. Speeches were also made by Sir Francis Fremantle—in the chair—Sir Auckland Geddes, Dr. Somerville Hastings, Dr. O'Donovan, Sir John Worthington, Sir Richard Luce, Dr. Drummond Shiels, and Dr. A. B. Howitt. Lord Dawson was unable to attend owing to indisposition.

Progress of Bills

The Public Health (Coal Mines Refuse) Bill was reported on December 8 from a Standing Committee of the House of Commons.

The Custody of Children (Scotland) Bill and the Pensions Acts (Amendment) Bill were read a second time by the House of Commons on December 10.

On December 15 the House of Lords passed the Expiring Laws Bill.

Dentists' Annual Registration Fee

On December 5 Mr. HOPKIN asked the Minister of Health if his attention had been drawn to the fact that dentists qualifying after 1921 had to pay an annual registration fee of about £4, whereas other dentists had to pay no annual fee; and if, in view of the dissatisfaction among dentists, he would inquire into the whole question. Earl WINTERTON, who replied, said that the Dentists Act, 1921, provided that the payment of the annual fee in question might be required only in the case of dentists registered after the commencement of the Act. This provision, which preserved the rights of those practising dentistry before the Act was passed, gave effect to a recommendation of the Interdepartmental Committee on the Dentists Act, 1878. He was not aware that the provision had caused any general dissatisfaction in the dental profession, and he did not consider that further inquiry was called for.

Workmen's Compensation Bill

In the House of Commons on December 10 the Workmen's Compensation Acts (1925 to 1938) Bill was rejected on second reading. This Bill, introduced by Miss Irene Ward, proposed to deal with compensation claims for miners' nystagmus. Miss Ward explained that it was designed to implement the report of the Stewart Commission. M.P.s for mining constituencies opposed the Bill because they were not satisfied with the system of diagnosis which it proposed. Mr. W. J. STEWART said nystagmus was often not discernible to a medical man when the miner was above ground. Mr. GEOFFREY LLOYD said there was not now much increase in miners' nystagmus. He referred to unsatisfactory arrangements for medical certification.

A.R.P. at Mental Hospitals

On December 13 Mr. BERNAYS, replying to Mr. Sorensen, said that the Minister of Health hoped to issue very shortly a memorandum on the air raid precautions which should be carried out at hospitals, including mental hospitals, in the more vulnerable areas. Information regarding precautions actually being carried out had been utilized in the preparation of the memorandum. The Government was prepared to assist in approved cases towards expenditure on precautions at hospitals, including mental hospitals, which were included in the emergency hospital schemes. No estimate of the total expenditure involved in protecting mental hospitals could be given at present, as the appropriate measures varied widely according to local conditions.

Board of Control for Scotland

In moving the second reading of the Reorganization of Offices (Scotland) Bill in the House of Commons on December 13, Colonel COLVILLE said that the proposals were based on the report of the Committee on Scottish Administration, appointed at the end of 1936. The committee had considered the question of the reorganization of the General Board of Control. It was represented to them by certain witnesses that the intimate relations between physical and mental health made it desirable to abolish the Board altogether and to transfer its functions to the Department of Health. The committee, however, decided that there were special reasons—in particular the necessity for having a separate body with independent and quasi-judicial functions to protect the interests of the insane—which made it desirable to retain the Board. The Government accepted this recommendation. At the same time, they felt that the views expressed by the committee as to the need for strengthening the Board's staff and associating it more closely with the Department of Health were wise.

The existing Board was therefore being reconstituted. It would consist of a paid wholetime chairman, who would be an officer of the Department of Health holding the rank of assistant secretary; the two existing paid medical commissioners; a part-time paid legal commissioner; a representative