tolerance took longer to establish and its action was less constant and lasting. As a result morbidity continued, the parasite infestation remained at a higher level for a longer period of life, and clinical manifestations occurred. In regard to any immunity or tolerance to malaria in newly born or suckling infants, it seemed unlikely that this could be due to any specific antibody absorbed during lactation. More probably it resulted from transmission of immunity via the placenta or to an immunity acquired *in utero.*

General Discussion

Colonel C. A. GILL agreed with Professor Gordon that the term "tolerance" was a more exact description of immunity associated with hyperendemic malaria. Two types could be recognized. In hyperendemic areas with "complete tolerance" the adults had good physique, little sickness, no marked anaemia, a relatively low spleen rate, a low infestation index, and, according to Schüffner, a remarkably high birth rate and a low adult death rate. In hyperendemic areas with "incomplete tolerance" the afflicted natives were physical wrecks. Fever and anaemia were common, and the spleen rate and infestation index were both relatively high. The birth rate was extremely low and abortions were frequent, while the total death rate was relatively high. Dr. Wilson regarded frequent and constant infection as the main factor concerned in determining hyperendemicity with complete tolerance in Africa. While this might be one cause, it did not rule out a difference in racial reaction to infection, and in India "complete tolerance" was limited to aboriginal tribes or primitive tribes of great antiquity.

Dr. E. M. LOURIE spoke particularly on bird malaria and its bearing on human infections. He pointed out that in acute cases infection took place not because there was no natural immunity but because there was not enough of it or because acquired immunity had, for some reason or another, not sufficiently developed. Acquired immunity was really nothing more than an immunity to superinfection. The parasites were still present, but they were either below the threshold at which they could be seen, or if they could be seen they were not producing demonstrable clinical effects. This acquired immunity might at any time break down, giving rise to relapse.

Sir MALCOLM WATSON emphasized the difficulty of gauging fully the ill effects of malaria on a village unless one removed malaria from those people or removed them to a non-malarious area. Then the improvement was extraordinary. Where nothing else could be done—and at the beginning of a campaign nothing else could be done—infected people should be treated with quinine. Quinine would enable those people to develop an immunity; without quinine they died. Our conception of malaria control to-day included not merely malaria therapy and the control of mosquitos by drainage, species sanitation, and flushing, but the associated control of other diseases by biological measures, direct co-operation with agriculture in soil preservation, improvement in the soil, and preservation of the rainfall in countries where rainfall was deficient.

Colonel S. P. JAMES said that Dr. and Mrs. Wilson had made important improvements in technical methods for conducting a malaria survey. Instead of random sampling in the village street they had got to know the families in their homes, and watched infants and young children grow up through the various stages of parasitic infestation until complete or partial immunity had been maintained. Particularly interesting was their conclusion that the best guide to anti-malarial policy in these areas was the assessment of the number of parasites harboured by a community at different age periods and at different seasons of the year.

The Howard League for Penal Reform is calling a representative conference to be held in London during the last ten days of January to consider Sir Samuel Hoare's Criminal Justice Bill, which will reach committee stage in the House of Commons early in February when Parliament reassembles after the Christmas recess.

Local News

ENGLAND AND WALES

In Recognition of Work in Tropical Medicine

The Mary Kingsley medal, which was founded in 1904 to commemorate the work of Mary Kingsley (a niece of Charles Kingsley the novelist) for the welfare of the natives of West Africa, is awarded annually in recognition of services in tropical medicine. This year there were four recipients and, in addition, one honorary recipient, Lady Danson, and the medals were presented by Viscount Leverhulme, chairman of the Liverpool School of Tropical Medicine, at a reception held in the museum of the school. The recipients, who were introduced by Professor Warrington Yorke, were:

Dr. M. A. BARBER, whose many contributions to our knowledge of the mosquito and its habits include the discovery of the manner in which "Paris green," an arsenic compound, can be used as an effective and inexpensive means of destroying the larvae of malaria-carrying mosquitos. His long and distinguished association with the International Health Division of the Rockefeller Foundation is well known for his work on the hook-worm. At the early age of 26 he became professor of bacteriology and pathology at Kansas, and during this period he invented the apparatus with which his name will always be associated—the "Barber micro-manipulator." By the aid of this instrument bacteriologists are able to study the growth of individual minute organisms, and biologists to dissect individual cells, under far higher magnifications than were previously possible. In Dr. Barber's absence in Mexico the medal was received by his colleague, Professor Gunn, vice-president of the Rockefeller Foundation.

Professor EMILE BRUMPT was appointed professor of parasitology and natural history in the Faculty of Medicine of Paris in 1919. In the same year he undertook the heavy duties of Secretary-General of the Institute of Colonial Medicine of France, which he still carries out with energy, and in 1936 he was appointed director of the School of Malariology of the University of Paris. Professor Brumpt is the author of over 350 published papers. He founded the *Annals of Human and Comparative Parasitology,* a journal which he has directed from its inception, and his name is familiar to students in every country through his well-known textbook on parasitology, of which a fifth edition has recently appeared.

Professor WALTER SCOTT PATTON, who has worked in the Liverpool School for ten years, was for twenty years a member of the Indian Medical Service, and during that time he added much to our knowledge of the diseases of India. The value of his work was early recognized by his appointment as a specialist to investigate the aetiology of kala-azar and Oriental sore, and later by his promotion to the directorship of the King Institute of Preventive Medicine in Madras. In 1925 he was chosen by the Royal Society to be director of the Kala-azar Commission to Northern China, and two years later was appointed to the Dutton Memorial Chair of Entomology in the University of Liverpool. Professor Patton was unable to attend to receive the medal; it was received by his wife, who has added much to the interest and scientific value of his numerous publications by her exquisite drawings.

Professor WERNER SCHULEMANN, whose researches when director of the great German chemical firm of Bayer at Elberfeld have resulted in a discovery of such importance to tropical medicine that his name is known to all workers in this field. In 1924 he succeeded in synthesizing in the laboratory a chemical compound which not only acted on the malaria parasite but accomplished what quinine had failed to do, in that it destroyed the stage of the parasite which infects the mosquito. This outstanding achievement attracted

world-wide attention and gave a great impetus to the comparatively new science of chemotherapy, the full significance of which is only now beginning to be appreciated. Two years ago Professor Schulemann left the firm of Bayer to become professor of pharmacology at Bonn.

Lord Nuffield's Further Gift to the Wingfield-Morris Orthopaedic Hospital

Viscount Nuffield has shown a great interest in the development of orthopaedic services in Great Britain and throughout the Commonwealth. He has at heart the prevention of crippling and the cure of cripples, and has shown it in no uncertain way by giving various sums amounting in all to approximately £500,000 to the Mother Country and the Dominions of Australia, New Zealand, and South Africa for this purpose. In addition to this widespead munificence he has taken a special personal interest in the Wingfield-Morris Orthopaedic Hospital, Oxford; and it has been his purpose that this hospital should provide an example of all that can be done toward restoring activity to the disabled by surgery and by the natural healing powers of the sun and the open air. The Wingfield-Morris Hospital should, in his plan, be a working model, available to specialists and post-graduate students from all over the world. While the hospital draws its patients primarily from the three counties of Berkshire, Buckinghamshire, and Oxfordshire, and has a direct responsibility for the treatment of patients throughout this area, it is much more than a local hospital; and its committee feels bound to do all it can to make it an example fit to fulfil Lord Nuffield's aims and capable of demonstrating what is right in clinical work, in organization, and in design to all who visit it from far and near. Already, owing to the very great generosity of Viscount Nuffield, the main part of the hospital has been rebuilt, with every part planned exactly for its purpose. The wards, the surgical, physical treatment, and *x*-ray departments, the plaster room, the kitchen and laundry are all admirably designed and working faultlessly. The Wingfield-Morris Hospital is a voluntary hospital without endowment and, though many cases are partially paid for, it depends largely on voluntary subscriptions for its maintenance. The increasing pressure of the waiting list has demanded a gradually increasing number of beds; furthermore, the ever-rising standard of work, records, and research involves greater cost per bed. Recently the need for providing additional nurses' quarters, some twenty more beds, and for the replacement of obsolete hutment buildings had presented an acute need for capital expenditure. The additional quarters for nurses are, in the main, needed in order that their hours of duty may be reduced to the modern right and reasonable standards. The additional beds will also mean the need for a few more nurses. The hospital has, despite the increase of beds from 135 in 1932 to 180 in 1938, managed to reduce its net overdraft from nearly £5,000 in 1934 to less than £2,500 at the present time. But it has now been faced with a compelling need for a capital expenditure of £31,383, though with an overdraft rather than any means at its disposal. Once again Lord Nuffield has most generously stepped into the breach and, fully appreciating the necessity, given the hospital this sum.

Papworth Tuberculosis Settlement

In the annual report for 1937 of the Papworth Village Settlement the medical director, Sir Pendrill Varrier-Jones, stresses the psychological aspect of the treatment of tuberculous patients. For example, in the industrial departments, which are such a feature of the Settlement, no visible element of "charity" must be apparent, and every position, from that of general manager downward, must be open to a disabled man or woman. In order that the healing process may proceed without psychological embarrassment the patient must be free from the anxiety neurosis engendered by fear of unemployment. The report points out that, by means of the Papworth scheme, patients who would otherwise have become permanent charges upon public funds or private charity are rendered wholly or partially self-supporting; their families are well protected against the disease, and the additional expense of treating new cases is thereby avoided; the happy and voluntary segregation in the Settlement prevents the spread of infection. "Every patient who becomes a settler at Papworth thus represents a twofold economy—a reduction in public expenditure and a reduction in public risk." Towards the end of the year the new home for tuberculous nurses was unofficially opened, and nurses from England, Scotland, Ireland, and Wales are now in residence. The report predicts that this home will shortly be filled to capacity, and the hope is expressed that similar institutions in other parts of the country may also be able to make provision for nurses suffering from tuberculosis.

Domiciliary Midwifery Service in London

A report has been made to the London County Council on the results of the first nine months' working of the Council's domiciliary midwifery arrangements under the Midwives Act, 1936. The number of patients attended during the period January 1 to September 30 was 8,137, of whom 2,465 were attended by the Council's midwives and 5,672 by the midwives of voluntary agencies included in the scheme. The number of midwives has been adequate, but in certain districts, owing to independent midwives surrendering their certificates, there have been heavy bookings, and the number of midwives employed by the Council has been increased from the forty-seven originally engaged to fifty-three. In view of the pressure on the accommodation in the maternity wards at the Council's hospitals, applicants for admission who are considered to be suitable for confinement at home are being invited to make use of the Council's domiciliary midwives. The section of the Midwives Act which prohibits the employment of unqualified persons for attendance as a nurse on maternity cases has been applied to London from November 1. These factors will have the effect of increasing still further the demand for the services of the Council's midwives.

The arrangements originally approved provide for a payment of £2 14s. for each patient attended. When a domiciliary midwife is taken away from a case by the Council, on account of the presence of infection, the further attendance is carried out by the district nursing association. If the complication is personal to the mother the association receives payment from the borough council under its maternity and child welfare powers, but if the midwife is removed because of other infection in the home the district nursing association, although providing nursing attendance for both mother and child, receives payment from the borough council only in respect of the child. The county council now proposes in such cases that a payment of £1 7s.—namely, half the usual fee—should be made.

It is stated that the arrangements are working with considerable success, thanks to the co-operation of the voluntary organizations and the borough councils, also to co-operation between the midwives themselves and the health visitors. Patients have availed themselves freely of the facilities provided by the borough councils, many of which have found it necessary to increase the number of sessions at their ante-natal clinics.

Remedial Exercises in General Medicine

The value of suitable exercises as an adjuvant to treatment is not perhaps fully recognized by all medical men. A demonstration of remedial treatments arranged by the London Branch of the Chartered Society of Massage and Medical Gymnastics at the Middlesex Hospital on December 16 gave some idea of the wide range of these methods outside the orthopaedic conditions in which their use is most familiar. Miss C. Sparger showed how ballet dancing

technique is applied to the correction of foot defects and the posture problems which arise from them and also give rise to them. The exercises are performed to gramophone music and are ingeniously devised to strengthen the muscles which are weakened as the result of deformity or misuse, and to stimulate the intrinsic muscles which maintain tone and cannot be contracted voluntarily. Miss M. Randall exhibited a range of exercises which, allied to simple teaching in the anatomy of parturition, greatly assist the normal processes of pregnancy and labour and enable the mother to co-operate with intelligent interest. Her stress on the value of ability to relax was repeated by Miss H. Angove in an entirely different connexion: that of the treatment of asthma. Patients must learn to relax before they can begin to learn the breathing exercises which are such a useful auxiliary to medical treatment and psychotherapy. They then exercise the walls of the chest and abdomen, and practise shaking movements on deep expiration. The whole course takes about three months, after which the patient is able to perform the exercises without supervision and is often already much improved. Mrs. Guthrie Smith's use of pulleys and slings is now widely known, especially in the treatment of the after-effects of poliomyelitis. She showed a film, and exercises by a sufferer from residual paralysis. As a patient in slings is released from the influence of gravitation and friction he can perform voluntary movements with muscles that are too weak to move under other conditions, but even the most vigorous exercises can be carried out in the sturdy tubular frame from which the slings are suspended. Miss G. E. Bristow demonstrated the use of short-wave current by spaced electrodes and by coil in the treatment of sinus infections, and Miss B. Copestake the preparation of Pistany mud packs for the treatment of sciatica and arthritis. The medical visitors expressed great interest in what they saw, and admitted that much of it was new to them. There is room for extension in the use of such measures in hospital, and even more so in private at the direction of the general practitioner.

IRELAND

Medical Research Council

The Medical Research Council of Eire has made the following awards, each for one year, for whole-time research: Mr. Patrick J. Boyle, M.Sc., investigation: (1) into the effect of the potassium ion on the kidney; and (2) to develop a micro-method for the estimation of glucose; the work to be carried out in the Department of Physiology, University College, Dublin, under the direction of Professor E. J. Conway. Mr. Thomas G. Brady, M.Sc., investigation into the occurrence of vegetable adenylic acid in plasma and tissues, the work to be carried out in the Department of Physiology, University College, Dublin, under the direction of Professor E. J. Conway. Dr. Owen T. D. Loughnan, investigation into the value of heparin in the treatment of established thrombosis, the work to be carried out under the direction of Professor J. M. O'Donovan, University College, Cork. Dr. Denis K. O'Donovan, investigation into the specific metabolic principle of the pituitary gland, the work to be carried out in the Department of Physiology, University College, Dublin, under the direction of Professor J. M. O'Connor. A grant has been made to Miss E. J. Power Steele, M.Sc., for part-time research into the degree of visual defect resulting from a deficiency in vitamin A, the work to be carried out at the Rotunda Hospital, the Physical Laboratory, Trinity College, Dublin, and other Dublin hospitals and schools, under the direction of Dr. Dockeray and Professor R. W. Ditchburn. The following grants-in-aid have also been made: Dr. Gerald FitzGerald, for one year for expenses in connexion with training in methods of neuro-pathological research in the National Hospital for Nervous Diseases, Queen Square, London; Professor J. Brontë Gatenby and Miss Olive Aykroyd, B.A., for one year for an investigation of the secretory functions of the endometrium and uterine glands, the work to be carried out in the School of Zoology, Trinity College, Dublin; and Dr. E. F. McCarthy, for one year for an investigation of the oxygen affinities of human foetal and maternal haemoglobin, the work to be carried out in the Department of Physiology, University College, Cork. Original grants have been renewed for further periods, as follows: Mr. R. P. Cooke, M.Sc. (one year); Dr. Oliver FitzGerald (one year); Dr. Ninian Falkiner (one year); Dr. Cecil Mushatt (nine months); Dr. T. C. J. O'Connell (six months).

Tuberculosis in Belfast

In his report for 1937 the chief tuberculosis officer of the City and County Borough of Belfast gives an interesting commentary on the sex incidence of tuberculous affections. He states that, while in 1915 the proportion of men to women suffering from tuberculosis was 100 to 150, the figure for 1937 was 100 to 83. Similarly with regard to mortality from tuberculosis in 1915, for every 100 male deaths there were 134 female; in 1937 the comparable number of female deaths was 97. It is further observed that, although in England there has been a fall in the incidence of mortality from tuberculosis among females of all ages, the death rate for young women of the age period 15–25 has risen during recent years. In Belfast, however, the mortality among young women has fallen, the rate per thousand showing a reduction of over 50 per cent., when comparing the quinquennium 1933–7 with that of 1912–16. "It is difficult to see what is the cause of the rise in the mortality from pulmonary tuberculosis in this age-period in England, or why we should not suffer a corresponding rise in the same age-period in Belfast. Industrial conditions—at any rate in the older industries—are better, hours of work shorter, and pay envelopes heavier. It is probable that the 'enjoyment' of additional leisure hours may be more exhausting than work; or again that conditions in the newer industries employing vast numbers of young women may not be so satisfactory as in the older."

Purdysburn Fever Hospital

Owing to the resignation of Dr. A. Gardner Robb from the post of medical superintendent of the Belfast Fever Hospitals the corporation has appointed Dr. F. F. Kane to be resident superintendent at the Purdysburn Fever Hospital, Belfast.

FRANCE

Tributes to Brown-Séquard

The recent unveiling of a commemorative tablet to Dr. C. E. Brown-Séquard at the University of Nice in connexion with the Congrès des Sociétés Savantes was made the occasion for several more or less biographical addresses by eminent men. One of them, Professor Achard, classified the world's savants according as they were *savants dispersés* or *savants concentrés*. Brown-Séquard, he was sure, belonged to the former group, for not only was he always on the run, crossing the Atlantic more than threescore times, but he was also always without blinkers as a research worker. The fields in which he made his mark most clearly were those of experimental neurology and the internal secretions. With regard to the latter he was a pioneer indeed, and the experiments he performed on himself with testicular extracts made him incur the fate of most scientists who are before their time. But if he appeared then to be

somewhat lacking in mid-Victorian good taste, he was ultimately to be proclaimed as one of the founders of endocrinology.

Soundless Rest Cure in the Sahara

In a recent issue of *La Presse Médicale* Dr. Malachowsky has made himself the mouthpiece for a new scheme which is nothing less than a silence cure in the Sahara, recently traversed by him and found ideal for his purpose. For four weeks he has revelled in silent days and silent nights, undisturbed even by the rustling of a newspaper, so successful was he in escaping not only from the sounds but also from the news of the outer world. Other prospective benefits, which seem at first sight unconnected with an orthodox silence or rest cure, are the sterility of the desert sand, the high magnesium content of certain of the Sahara's waters, the comforts of the hotels, and the big-game shooting. The last-named in particular would hardly seem compatible with a silence cure unless the weapons employed are to be bows and arrows. Be this as it may, Dr. Malachowsky has announced that he is organizing a medical tour of the desert for a month at an inclusive charge of 12,500 francs.

Medical Obituary

The death is announced on November 7 of Dr. Roman Adelheim, professor of pathological anatomy at the University of Riga. Born in 1881, he did experimental work on the pancreas and, during the great war, he published in Russian a monograph on the pathological anatomy of poisoning by suffocating gases. Much of his more recent work was also concerned with the chemical side of modern warfare. He made important contributions during and after the war to the study of several infectious diseases, including small-pox, typhoid, typhus, and influenza. The death is also announced at the age of 85 of Dr. Durand Fardel, corresponding member of the French Academy of Medicine, and distinguished in the world of hydrology and thermal stations. Another recent death is that of Professor Leenhardt of Montpellier. He was born in 1875, and was on his way, at the end of October, 1938, to Paris, to attend the Paediatric Congress, of which he was vice-president, when he died suddenly. He made important contributions to paediatrics.

Medical Lectures in Paris

The Association d'Enseignement Médical des Hôpitaux de Paris has organized for the scholastic year 1938–9 a series of Sunday lectures at the Paris Faculty of Medicine free of charge. The first lecture, given on November 20 by Dr. Bénard, dealt with the heart and sport. The subject of the second lecture was lipoid nephrosis in the child. A series of twelve lectures and six practical demonstrations is being given in Paris this winter free of charge to all doctors, medical students, and persons interested in guidance in the choice of a trade, occupation, or profession. This course is given under the direction of Professor Tanon at the Faculty of Medicine, and is sponsored by the Institut National d'Orientation Professionnelle, whose leaders have foreseen that doctors taking part in this activity will need special training for it.

Events Postponed

The fiftieth anniversary of the inauguration of the Pasteur Institute will be celebrated on March 15, 1939, its celebration in the autumn of 1938 having been deferred on account of the critical state of the international situation. On December 3 the French League against Rheumatism gave the rheumatic demonstration which had originally been timed for October 8. A special feature of this meeting was the demonstration of patients operated upon for chronic arthritis and of a film showing the various stages of the operation performed.

Correspondence

Mechanical Respirators

SIR,—The "iron lungs" which Lord Nuffield is manufacturing and presenting to hospitals are made in accordance with the original design of Professor Drinker of Harvard University, but of wood instead of steel. Drinker himself had made a respirator of wood, but found steel to be better. In many Press notices of Lord Nuffield's gift the inventor appears to have been forgotten. It was the high incidence of infantile paralysis in the U.S.A. which led Professor Drinker, after much experimental work, to invent his respirator, and a large number of these are now in use in American hospitals. In 1930 Drinker brought an "iron lung" (as the Press called it) to England, and demonstrated its use to the medical profession. Sir Robert Davis purchased this particular apparatus and made arrangements with Professor Drinker for its manufacture. In accordance with medical custom no patent was taken out, but the apparatus was to be known as the Drinker respirator. The original machine was freely lent to several hospitals, and was the means of saving several lives, a notable case being that of the Stowe schoolboy, who recovered after treatment in this machine for many weeks at the Wingfield-Morris Orthopaedic Hospital. A cheaper model, of simplified construction, was, I understand, made and supplied to the London County Council in 1934 at the price of £97. Subsequently, as a result of the practical experience of L.C.C. medical officers, refinements and accessories were embodied, with increase in cost, but making for greater efficiency in operation and greater comfort for the patient. Lord Nuffield's model is similar to the simplified machine produced in 1930, but all the models are on Drinker's principle, and in justice to him should be referred to as Drinker respirators. While public welfare is paramount, and everyone appreciates the generosity of Lord Nuffield, credit is due and should be given to those who have made and perfected these respirators. It is doubtful whether a wooden structure will lastingly ensure the safety of the machine to meet emergencies, which very rarely occur. Another type of respirator in which rhythmic compression of the chest is used, invented by Sir William Bragg to meet the needs of a paralysed friend, has been perfected by Mr. R. W. Paul.—I am, etc.,

Bucks, Dec. 15. LEONARD HILL.

SIR,—A few months ago, when I had occasion to place my first case of acute poliomyelitis with respiratory paralysis in a box respirator, I found the procedure of drawing the child's head through the opening in the rubber diaphragm a difficult task and a most uncomfortable ordeal for the patient. Subsequently, I made a five-inch split in the rubber diaphragm towards the periphery, which split is opened and closed by means of a zip fastener sewn on to thin leather stuck to the rubber. I communicated the idea to Mr. Both, and such rubber diaphragms, complete with zip fasteners, are now supplied by Messrs. D. and J. Fowler, 215–218, Mansion House Chambers, Queen Victoria Street, E.C.4, or the ordinary rubber diaphragm can be easily converted at but little cost and labour.

I feel that this simple method, whereby a patient can be placed in and taken out of the box respirator with considerable ease, should be universally known to all users of box respirators, whether of the "Drinker" or "Both" type. As box respirators have been but little used in this country

to the Malvern Dispensary, to St. Edward's Orphanage, to the convalescent homes of the Birmingham Hospital Saturday Holiday Fund, and surgeon to the St. James' Lodge of Oddfellows. During the war he acted as medical officer at St. John's V.A.D. Hospital, "Formosa," Malvern, and at the convalescent home belonging to Messrs. Accles and Pollock of Oldbury. Dr. Finley was an original member of the Malvern Medical Society, was its president for the last six years, and had been a member of the British Medical Association for twenty-eight years. His opinion was valued both in practice and in consultation, and he kept in touch with a wide circle of professional colleagues. He had many and varied interests. It might well be said that he was a friend as well as a doctor to a great many people, who will miss him sadly. His many acts of quiet and private charity will long be remembered in West Malvern. He leaves a widow, a son, and two daughters.

Dr. ALICE NEVILLE VOWE JOHNSON, who died on December 14 at Clifton Road, Wimbledon, was for twenty years medical officer of the "Bird in Bush" Mothers' and Infants' Welfare Centre in the Old Kent Road. Born in London in 1869, the daughter of Edward Johnson, she was educated at Katherine Lodge, London, at Les Ruches, Fontainebleau, and at the London School of Medicine for Women. She qualified as L.S.A. in 1893 and L.R.C.P. & S.Ed. in 1901; she also obtained the M.D. of the University of Brussels with high distinction, and the F.R.C.S.I. in 1903; and held the Cambridge D.P.H. Dr. Alice Johnson's first appointment was that of assistant medical officer to the Joint Counties Asylum, Carmarthen; she then became medical officer and examiner under the L.C.C. and the Board of Education. She was also for a time clinical assistant to out-patients at the Elizabeth Garrett Anderson Hospital and medical officer to the Central Foundation School Unit. During the war she worked as honorary medical officer at the Chelsea Red Cross Hospital. She had been a member of the British Medical Association for forty-four years, and in the intervals of her work for the welfare of children she enjoyed music and Alpine climbing.

Dr. WILLIAM GOSSE, who died at a nursing home in Boscombe on December 19 after a very long illness, was at one time an active worker in the British Medical Association. Born on November 13, 1860, in Lincolnshire, he studied medicine at Charing Cross Hospital after earlier education at University College, Aberystwyth, and qualified as M.R.C.S., L.R.C.P. in 1886. He took the Cambridge D.P.H. in 1890 and the Durham M.D. in 1902. From Charing Cross, where he had been house-surgeon, he went to Sittingbourne, and was in general practice there until he moved to Parkstone, Dorset, and became a member of the Bournemouth Division of the B.M.A. He was representative of his Division at the Annual Meetings from 1903 to 1911, and for two years a member of the Central Council. A former colleague (B. T.) writes: In 1908 I joined Dr. William Gosse in partnership, and in 1912 he retired. From personal knowledge as his partner and after his retirement I appreciated how greatly he was respected in Sittingbourne, and that to his patients he was not only their doctor but also their friend. During the war he acted as medical officer of health for the borough of Poole. He was, both before and after his retirement, a very active member of the British Medical Association. He was always keenly interested in his old hospital, and endowed a bed there.

Dr. WILLIAM MOORE GUILFORD, who on the occasion of his 105th birthday was described in the *Journal* of February 5 (p. 319) as the oldest living physician in the United States of America, and probably in the world, died of pneumonia on December 10 at Lebanon, Pennsylvania. Graduating from Pennsylvania Medical School in 1852, he had been in active practice until past 100.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Appointments Committee of the Faculty of Biology has appointed W. Feldberg, M.D., of Berlin University, Lecturer in Physiology for three years from October 1, 1938. Marie Jahoda, Ph.D., of Vienna, has been appointed to the Pinsent-Darwin Studentship for the Study of Mental Pathology for one year.

The following candidates have been approved at the examination indicated:

THIRD M.B.—*Part I (Surgery, Midwifery, and Gynaecology):* R. H. Armin, J. Aspin, D. M. Baker, G. C. Barron, H. F. S. Beadles, K. G. Bergin, J. R. Bolton, J. F. Buchan, K. P. S. Caldwell, A. G. H. Clay, M. A. X. Cochemé, K. H. S. Dalliwall, J. H. Dean, K. C. Dixon, R. H. Elphinstone, J. F. Erskine, G. H. Evans, R. M. Evans, W. B. Evans, T. Fenwick, A. D. Fisk, W. J. D. Fleming, C. M. Fletcher, R. Fletcher, R. G. D. Forward, T. C. N. Gibbens, M. O. J. Gibson, J. A. Glover, E. S. Goller, I. R. S. Gordon, G. S. Graveson, G. W. Harris, R. D. Hearn, R. P. Hendry, A. C. C. Hughes, I. M. Jackson, T. G. S. James, J. Jordan, G. J. Laws, G. M. Lewis, F. M. McGown, I. C. K. Mackenzie, K. S. MacLean, R. W. J. Maclure, J. M. Marchant, A. J. Moss-Blundell, J. M. Naish, J. C. R. Nuttall-Smith, A. M. Ogilvie, L. D. Osler, J. N. Pattinson, J. H. Penrose, C. P. Petch, A. L. Phillips, R. Piper, H. L. Porter, B. W. Powell, D. Rice, R. Rowlandson, W. H. S. St. John-Brooks, P. D. Samman, P. D. Scott, R. C. Southern, J. R. Squire, A. Standeven, A. J. S. B. Tawse, A. M. Thomas, B. S. Thorne, R. C. H. Tripp, P. Unwin, D. B. Wallis, H. R. E. Wallis, J. Watson, G. C. Wells, H. W. Whittingham, A. J. Wilson, R. Wilson, R. Wright. *Women:* J. M. E. Hannaford, W. F. Holman, A. M. Lewis, M. Savory, M. J. Scott.

UNIVERSITY OF LONDON

Woo Kai-fun (London Hospital Medical College) has been approved at the examination for the Academic Postgraduate Diploma in Clinical Pathology, and P. Beinart (St. Bartholomew's Hospital) at the examination for the Academic Postgraduate Diploma in Medical Radiology.

UNIVERSITY OF MANCHESTER

Dr. R. E. Lane has been appointed Lecturer in Factory Hygiene.

UNIVERSITY OF GLASGOW

An address on "The Surgery of the Eye in Hungary" will be given by Professor Emile de Grósz of Budapest at the Tennent Memorial Institute, Church Street, Glasgow, on Wednesday, January 18, at 8.15 p.m. The address has been arranged by the Department of Ophthalmology of the University and all interested are invited to attend.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Primary Fellowship Examination

The following have been successful at the First Professional Examination for the Diploma of Fellow:

J. C. Adams, M.B., B.S., S. S. Anand, M.B., B.S., G. P. Arden, M.B., B.S., D. A. Arnott, M.B., Ch.B., W. J. Atkinson, A. S. A. G El Barbary, M.B., Ch.B., J. R. Barbour, M.B., B.S., R. D. N. Bisset, M.B., Ch.B., H. B. Boctor, M.B., Ch.B., R. H. F. Brain, M.B., Ch.B., H. L. Brewer, M.B., B.S., R. T. Campbell, D. B. Cater, M.B., E. H. Clarke, M.B., Ch.B., E. P. Clarke, M.B., B.S., S. H. C. Clarke, M.R.C.S., K. Coen, M.B., B.S., G. G. Cooley, M.B., B.S., K. Das, M.B., J. B. David, M.B., Ch.B., G. De Lacey, M.R.C.S., S. R. Dhall, M.B., B.S., H. V. Dholakia, M.B., B. S., J. A. Dunlop, M.B., B.S., A. K. Dutta Gupta, M.B., H. H. G. Eastcott, M. H. El Zeneiny, M.B., Ch.B., E. L. Farquharson, M.D., F.R.C.S.Ed., W. G. France, M.B., Ch.B., W. R. Gayton, M.B., B.S., N. W. Gill, W. C. Gledhill, M.B., B.S., N. G. Godfrey, M.B., B.S., K. T. Goldswain, M.B., Ch.B., C. J. Gordon, M.B., B.Chir., H. Haigh, M.B., B.Chir., B. C. Hardy, M.D., H. E. Hobbs, M.B., B.S., F. H. Howarth, E. B. C. Hughes, M.B., B.S., T. I. Hughes, M.R.C.S., F. L. Hutter, M.B., Ch.B., N. Jungalwalla, M.B., B.S., R. G. M. Keeling, M.B., B.Chir., N. F. Kirkman, M.D., N. D. Lakhani, M.B., B.S., D. G. Lambley, A. M. Large, M.D., D. F. Lawson, M.B., B.S., A. R. Leask, M.R.C.S., Katharine I. Liebert, M.B., Ch.B., O. W. Leitch, M.B., B.S., M. G. A. Little, B.Ch., B. T. Lovell, M.B., B.S., J. M. McArthur, M.B., B.S., H. L. McMullen, A. I. S. Macpherson, M.B., Ch.B., R. A. Mogg, M.B., B.Ch., A. J. Moon, M.B., B.Chir., K. A. Moore, M.B., B.S., Perin K. Mullaferoze, M.B., B.S., G. M. Muller, M.B., B.S., J. C. Newbold, M.B., B.Chir., A. K. Pardhy, M.B., B.Chir., R. H. Percival, C. C. S. Pike, M.B., B.S., G. C. L. Pile, M.B., B.Chir., R. Prasad, M.B., B.S., J. A. Rhind, M.B., Ch.B., J. J. Richmond, M.B., B.S.,

K. C. Sarbadhikari, M.B., A. H. El Sharkawi, M.B., B.Ch., M. V. Sheehan, M.B., B.Ch., J. M. Small, M.B., Ch.B., K. F. Strachan, J. H. Tasker, G. N. Taylor, M.B., B.Ch., J. G. Taylor, E. H. Travers, M.B., Ch.B., E. G. Tuckwell, B.M., B.Ch., D. P. van Meurs, M.B., B.S., Eugenie L. Willis, M.B., B.Chir.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—G. R. Green, R. G. Ticehurst.

MEDICINE.—J. A. Bailey, N. P. Desai, C. R. Morgan, D. Specter.

FORENSIC MEDICINE.—J. A. Bailey, N. P. Desai, C. R. Morgan, D. Specter.

MIDWIFERY.—J. A. Bailey, D. H. Dracup, D. S. Foster, A. B. Kennedy, G. E. King-Turner.

The diploma of the Society has been granted to J. A. Bailey, C. R. Morgan, and G. E. King-Turner.

Medical Notes in Parliament

Mr. Chamberlain announced on December 21 that the Committee stage of the Cancer Bill will be taken in the House of Commons on January 31.

The Marriage (Scotland) Bill was read a first time by the Commons on December 21.

In the House of Lords on December 20 the Marriage (Scotland) Bill, the Limitation Bill, the Housing (Financial Provisions) (Scotland) Bill, and the Census of Production Bill were read the third time and passed.

The second reading of the Bastardy (Blood Tests) Bill is set down in the House of Lords for February 8. That House stands adjourned till February 7 unless urgent business intervenes.

The Royal Assent was given on December 22 to the Expiring Laws Continuance Act and the Housing (Financial Provisions) (Scotland) Act.

Drunkenness.—Sir SAMUEL HOARE stated on December 20 that from 1924 to 1932 there was a steep fall in the number of convictions for drunkenness. Since 1932 the figure had risen each year, though the total was substantially lower than in 1930. The question of what steps could be taken to elucidate the causes of the increase was engaging his attention.

Pasteurization.—Sir ERNEST GRAHAM-LITTLE asked on December 22 whether, in view of the conflicting opinions still expressed with regard to the value of pasteurization, Dr. Elliot would cause a judicial inquiry to be made into this matter at the earliest opportunity so that a final and considered decision could be given. Dr. ELLIOT said in reply that the facts with regard to pasteurization were well known. The conflict was a matter of opinion. He did not think that any useful purpose would be served by taking the course suggested.

Occupational Therapy.—Miss RATHBONE said on December 22 that two Commissioners of the Board of Control who visited Park Prewett Mental Hospital in July, 1937, made an entry in the visitors book to the effect that they had been disappointed at the progress made in occupational therapy, and that little appeared to be done for those patients who were in need of occupational treatment. She asked whether Dr. Elliot was satisfied that the defect referred to in this entry either had not existed or had been remedied; and how often and on what dates Park Prewett Hospital had been inspected since the date when this complaint was made. Dr. ELLIOT replied that he knew of the entry made in July, 1937. Two Commissioners of the Board of Control visited the hospital again on October 14, 1938, and reported that since the previous visit a welcome advance had been made in the development of occupational therapy. There were certain directions in which they suggested the possibility of further advance.

Cancer "Cures."—Mr. GROVES asked Dr. Elliot whether the cures of cancer by Mr. Rees Evans had been brought to his notice; and whether, in drawing up his plan for a cancer service, he considered any of the unorthodox treatments claimed to have numerous successes. Dr. ELLIOT replied on December 22 that Mr. Rees Evans's claims had been brought to his notice, but so far as the Minister knew he had never disclosed the nature of his remedy. Dr. Elliot added that the Cancer Bill did not specify methods of treatment. Its purpose was to provide a framework within which it would be possible for local authorities to make arrangements under which every person requiring treatment for cancer would be able to receive the treatment most appropriate to his case.

Midwives Act.—Dr. ELLIOT declared that, taking the different boroughs and counties in Wales, the Midwives Act of 1936 was fully operative in each of them. This was the first full year during which the service set up by the Midwives Act had been in operation. The maternal mortality rate for Wales in 1937 showed a welcome improvement over that in 1936, and he hoped the new service would contribute to the maintenance of that improvement.

Milk in Schools.—On March 31, 1938, out of 29,223 public elementary school departments in England and Wales, 1,920 made no arrangements for the supply of milk. The departments making no arrangements were for the most part small, and contained less than 3 per cent. of the total number of public elementary school children.

Notes in Brief

In Scotland, during six months from May 1 to October 31, 297 persons were charged with drunkenness caused by methylated spirits, compared with 1,243 persons in the corresponding six months of 1937.

Medical News

Mr. R. C. Elmslie, M.S., F.R.C.S., has been appointed a member of the Royal Commission recently set up to inquire into the subject of workmen's compensation. The chairman of the Commission is Sir Hector James Wright Hetherington, LL.D.

Professor Emile de Grósz of Budapest will give an address on "The Surgery of the Eye in Hungary" at the Tennent Memorial Institute, Church Street, Glasgow, on Wednesday, January 18, at 8.15 p.m. The address has been arranged by the Department of Ophthalmology of the University of Glasgow, and all interested are invited to attend.

The Royal Sanitary Institute has arranged a discussion on "House Management: its Principles and Practice," to be opened by Dr. J. Greenwood Wilson, at 90, Buckingham Palace Road, S.W., on Tuesday, January 10, at 5.30 p.m.

The winter conversazione of members of the University of London Medical Graduates Society and other medical graduates of the University of London was held at the Wellcome Research Institution by invitation of the Director-in-Chief, Dr. C. M. Wenyon, F.R.S., on December 15. The president, Sir James Walton, received the guests, who included Sir StClair Thomson, the Foundation President of the Society, and a representative gathering. Dr. S. H. Daukes, Director of the Wellcome Museum of Medical Science, outlined the objects of the museum, the system of arrangement and recent developments, and led the visitors on an inspection of the exhibits. The annual meeting and dinner of the Society will be held in the Langham Hotel on Tuesday, May 2, 1939.

The issue of *La Riforma Medica* for November 5 is devoted to an illustrated account of the proceedings of the forty-fourth congress of the Italian Society of Internal Medicine and the forty-fifth congress of the Italian Society of Surgery, held simultaneously in Rome on October 19 to 22.

The International Association for the Prevention of Blindness has founded a new quarterly journal entitled *Journal of Social Ophthalmology*. Its offices are at 66, Boulevard Saint-Michel, Paris VIe.

Dr. Ross T. McIntire, White House physician, has been appointed Surgeon General of the U.S. Navy with the rank of rear-admiral, in succession to Admiral Percival S. Rossiter.