

On the matter of alternative occupation Sir Arnold Wilson had no doubt that the present Royal Commission on Workmen's Compensation would abolish the legal term "light work" and substitute "alternative occupation." He agreed with a previous medical speaker that men of sixty and over should be excluded from the pit, subject to a certain latitude in exceptional cases, for there were, he said, some men who lived by and for their work, and whose expectation of life would be halved if told they must never go down again. He was impressed by the need for more detailed statistical research. He knew enough about medical statistics to pay far greater attention to the doctor who said, "My experience is . . ." than to the doctor who said, "Statistics show . . ."; but statistics had their value if properly prepared by a competent person and not used for purposes other than those in view when they were compiled. The point had been raised in the discussion as to why the Miners Federation was not prepared for the medical examination of men entering the industry. Sir Arnold Wilson said that he shared the view of the Federation. It would be too dangerous a weapon to place in the hands of employers. There might arise such a system of medical examination in every industry as would mean the creation outside the industry of a group of unemployables, anxious and not unfitted for work, but condemned to the lowest levels by reason of medical rejection. Every industry so far as possible ought to be a cross-section of the physical conditions and age groups of society, and carry its 10 or 15 per cent. of partially disabled, partially ineffective persons. It was done by Henry Ford—to take one example, and by no means a good one—who was able to provide for 20-odd per cent. of persons who had lost a limb or an eye in his factories and give them a good livelihood.

One feature of the whole discussion on miners' nystagmus was the point that malingering was negligible. Dr. HARRISON BUTLER, who opened the discussion, said that the number of malingerers was not worth taking into account, and Dr. CAMPBELL ORR of Wolverhampton said that in his own extensive experience he could recall only two men who were definitely malingering. Dr. Butler felt that little progress could be made until the term "miners' neurosis" was substituted. As against this Mr. HERBERT CAIGER said that while they were all agreed that the underlying cause of the disablement was a neurosis, the neurologists on the British Medical Association committee had also stated that in the psychoneurotic symptoms of which miners complained there was nothing specific to their occupation. The dilemma was, therefore, that if it continued to be called miners' nystagmus it suggested something not specific to the disablement, while if it were called neurosis it could not be put in the schedule.

The discussion, to which a dozen ophthalmologists practising in mining areas contributed, was so excellent that Sir Arnold Wilson begged the congress not to bury it in its archives, and said that if he were sent 150 copies he would undertake personally to place them in the hands of interested Members of Parliament.

The Yorkshire Tuberculosis Society, which was resuscitated two years ago, under the presidency of Dr. N. TATTERSALL, recently held its annual meeting at Killingbeck Sanatorium, at the invitation of Dr. W. SANTON GILMOUR. Four meetings are held during the winter, and the programme just completed has included papers by Dr. PETER EDWARDS on methods of obtaining complete collapse of the lung; by Dr. JOHN T. INGRAM on the diagnosis and treatment of tuberculous skin lesions; by Dr. H. L. CROCKATT on the pros and cons of arthrodesis; by Dr. MARGARET SHARP on the diagnosis of abdominal tuberculosis in children; and by Dr. S. P. WILSON on cases of transient positive sputum.

## Local News

### NEW ZEALAND

#### THE CANCER CAMPAIGN

[FROM OUR WELLINGTON CORRESPONDENT]

As the result of the visit to New Zealand in 1929 of Mr. W. Sampson Handley, authorized by the Duke of York, now King George VI, a branch of the British Empire Cancer Campaign was established in New Zealand. This branch has the support of and could, if necessary, have financial assistance from the Government. However, in accordance with the policy of the society, donations were invited from the citizens of New Zealand for the purpose of engaging the interest of individuals in what is in large measure a personal rather than a Government problem. From first to last a sum approaching £100,000 has been raised in this way. It was considered advisable that the organization of a New Zealand branch of the British Empire Cancer Campaign should follow that of the B.M.A. Accordingly, there are various divisions corresponding to the provinces of New Zealand, and these divisions are autonomous but co-ordinated in the central branch council. This branch joins with the various State and the Commonwealth cancer societies of Australia, which hold an annual joint conference. The last conference, in February of this year, was held in Wellington under the auspices of both the Commonwealth and the Dominion Governments.

#### Research Laboratories

One of the first activities of the New Zealand Branch was to establish, in connexion with the medical school at Dunedin, a medical research laboratory. A New Zealander, Dr. A. M. Begg, who was working at the Stroud Laboratory in London, was appointed director of the New Zealand Cancer Research Laboratory, and he has the assistance of Mr. Hall as technician. Dr. Begg is at present engaged on cancer research work in England, and is being retained beyond the ordinary period of his study leave by Dr. Gye in connexion with a line of research which shows considerable promise.

A useful part of the New Zealand organization has been the establishment and equipment of a radiophysics laboratory under the control of Professor White and Mr. Strong. This is also a research laboratory. Its special function is to calibrate the dosage of x-ray machines, the effect of which is to regulate and standardize dosage with a view to the best therapeutic results. The benefit derived from the work done in this radiophysics laboratory relates not only to the patients receiving treatment but also to the safety of the radiotherapists and nurses who operate the various plants. Radium has been bought as necessary, and that in unsuitable dosage or containers has been reconditioned.

#### Cancer Clinics

The other activities of the New Zealand Branch are on more or less regular lines. Education of the public has not been neglected, and it has been done in such a way as to avoid cancer phobia. Perhaps the main practical activity has been the establishment of cancer clinics at the metropolitan hospitals. Before these clinics were established the treatment of cancer was unsatisfactory and rather haphazard. They have been active for approximately a decade, with the result that a considerable amount of statistical information has now been collected. This will lead to statistical research when data obtained in New Zealand are correlated with similar data in Australia. Funds of the Branch have been used for giving necessary financial assistance to friends or attendants pro-

ceeding with patients from country districts to the metropolitan cancer clinics. With regard to the collection and collation of statistics it has been found advisable at times to send a medical inspector to the provincial clinics mainly for the purpose of seeing that statistical forms are suitable and of uniform type and that details of the records are given full attention. An indication that the work of the New Zealand Branch of the Campaign has been satisfactory is that this body has the honour of controlling the organization and treatment of cancer with the full authority of the New Zealand Government and also of the hospital boards which administer the hospital system of the Dominion.

## ENGLAND AND WALES

### Defects of Hygiene in British Ships

The report for 1938 of the medical officer of health to the Port Health Authority, Manchester, states that 3,195 vessels entered the port during the year. The cosmopolitan nature of the maritime trade of this inland port is shown in a table giving the number of crews of various nationalities on vessels inspected during the year. Twenty-four different countries are represented. Seamen suffering from venereal disease are treated at Salford Municipal Centre, the nearest institution to the docks; fifty-four British and sixty foreign seamen were treated during the year. The number of ships in which nuisances were found by inspectors is still high, and the proportion is greater in British ships than in those of other nations. The report stresses three points which demand attention: the question of storage of fresh water; the position of the galley in cargo vessels; and the care and maintenance of the crews' quarters. It is pointed out that nothing is said in the Merchant Shipping Acts of the quantity of drinking water a vessel should carry or how and where it should be carried. The arrangements for drinking water, the most essential commodity in a ship, are to a considerable extent left to chance. With regard to galleys, these are too often situated on the fore end of the fiddley casing, with forward bulkheads fitted with barred windows opening on to two side pocket bunker hatches, while the skylight, if open, receives a full share of smoke, fumes, and heavy dust rising from the stokehold. In such conditions it is impossible for the cook to keep food or galley reasonably clean, while the proximity of the stokehold increases heat discomfort in the Tropics. It is suggested that responsibility should be definitely allocated for care and maintenance of crews' quarters instead of the prevailing system—a possible cleaning every Saturday morning.

### The Unmarried Mother and her Child

The twenty-first anniversary of the National Council for the Unmarried Mother and her Child was celebrated at Drapers Hall, London, under the presidency of Lord Gorell. The large number of public men and women who sent messages of congratulation and good wishes included the Prime Minister, who was president of the council from 1928 to 1931, and wrote that his association with the work had been long and interesting, and that the organization had won the appreciation of all interested in the welfare of children and their mothers. It was recalled that it was Mr. Neville Chamberlain who sponsored the first Bill which the National Council promoted in 1920, a Bill the chief objects of which were the legitimizing of children by the subsequent marriage of their parents, and an increase of the amount payable by the father under an affiliation order—a kind of forerunner of the Legitimacy Act of 1926. The assistant secretary to the Home Office brought to the gathering a message of thanks from the Home Secretary for the work of the National Council in respect of "care and protection cases" under the Children and Young Persons Act, 1933, and also for its useful help in regard to alien

unmarried mothers who arrive pregnant or become pregnant in this country. Mrs. Walter Elliot also brought a message from her husband, the Minister of Health. Sir George Newman contrasted the conditions obtaining to-day in regard to the mortality of illegitimate infants with those of forty years ago, and said that what had been accomplished by the National Council gave ample grounds for thanksgiving and satisfaction. On the proposition of Dr. W. G. Willoughby, an original member of the Council, the meeting placed on record its gratitude to Mrs. H. A. L. Fisher, who has been chairman during the whole of the twenty-one years.

In celebration of the coming-of-age Mrs. Fisher has written a pamphlet entitled *Twenty-one Years*, in which she describes in a matter-of-fact way the uphill work which has been done. It was during the war that attention was drawn to this uncultivated corner of the child welfare field, particularly by a vigorous reference in the Registrar-General's report for 1916, in which it was pointed out that the ratio of the mortality of illegitimate infants to that of legitimate during the first week of life had increased from 170 per cent. in 1907 to over 200 per cent. During the last five years the death rate of the illegitimate has been below 100, for the last two years 88, and although it is, of course, far too high, it can no longer be said to be more than twice that of the legitimate. The National Council came into existence as the result of a representative conference at the Mansion House in 1918. Its main work is comprehended under three heads: (1) individual case inquiries, placing those concerned in touch with people and organizations able to help them; (2) the encouragement of the provision of suitable homes and hostels; and (3) legal reform. Mrs. Fisher says: "We still believe, and all our experience has strengthened the belief, that keeping together the mother and child not only helps the moral and physical well-being of both, but by giving to the mother a responsibility, something to work and live for, helps to prevent a second illegitimate birth."

### Radiological Research at the Middlesex Hospital

A research fellowship in medical radiology at the Middlesex Hospital Medical School, to the value of £100 per annum, has been endowed by the Duke of Bedford in memory of the late Duchess of Bedford. This fellowship, which is to be known as the "Duchess of Bedford Fellowship," is intended to further experimental research in medical radiology. It is open to qualified men or women of any nationality, and may be held for a period not exceeding three years. The gift has been especially welcomed by the Medical School Council as constituting the first permanent endowment in aid of postgraduate research. It will be remembered by many that the late Duchess of Bedford was keenly interested in the subject of radiology in medicine, and she was a member of the Society of Radiographers.

### Sheffield Hospital Petitions for Charter

The copy of a petition of the Jessop Hospital for Women, Sheffield, praying for the grant of a charter, was forwarded by the Lord President of the Privy Council to the General Medical Council and laid before the Executive Committee of that body at its last meeting. The preamble to the draft charter stated that the work and object of the hospital now include attendance upon cases of midwifery and diseases peculiar to women either in the institution or in patients' own homes, the training of medical students in obstetrics and gynaecology, the training of intending midwives, and the maintenance of a centre and laboratories for the development of research work and the prevention of disease. It was stated that the research laboratory for the investigation of the cause and prevention of puerperal sepsis was established in 1930. The laboratory was recognized by the Medical Research Council in 1931, and had been financially assisted both

by that Council and by the British Medical Association. In 1938 over 3,500 patients were admitted to the hospital, and over 24,000 attendances made by out-patients. The grounds on which the petition was presented were stated to be that difficulties had from time to time arisen in the administration of the property and funds of the hospital through trustees under rules and regulations which were found to be insufficient for general purposes, and that the board was of opinion that the objects of the hospital would be greatly promoted if a charter were granted. The Executive Committee resolved to inform the Privy Council Office that it did not desire to offer any observations on the petition. It took the same course in the case of an application by the Children's Hospital, Sheffield, transmitted to the Council from the Board of Trade, for a licence under Section 18 of the Companies Act, 1929, to enable the hospital to be registered without the use of the word "Limited."

#### West London Medico-Chirurgical Society

The fifty-seventh annual dinner of the West London Medico-Chirurgical Society was held at the Trocadero Restaurant on July 5, with the president, Dr. Maurice Shaw, in the chair. In proposing "The Society" and the health of its president Sir Allan Powell, Mayor of the Royal Borough of Kensington, discussed the close co-operation there had always been in Kensington between the general practitioners and the medical officer of health, and referred to recent local public health measures and, in particular, to the methods adopted to ensure the purity of the water in the swimming baths. Dr. Maurice Shaw recalled Sir Allan Powell's long association with the Metropolitan Asylums Board, and went on to describe the progress the Society had made during the past twelve months, and notably the arrangements whereby students of the West London Hospital had been admitted to associate membership. "Medico-chirurgical" was not, he thought, a happy compound, but it appeared that the Greeks had no name and presumably no use for surgeons. The toast of "The Guests and Kindred Societies" was proposed by Mr. James Kemble, who welcomed especially Professor J. B. S. Haldane and the presidents of the three Royal Colleges and of the Hunterian Society and the Chelsea Clinical Society, as well as the medical representatives of the three Services. Replies to this toast were made by Mr. Herbert Eason, principal of the University of London, Sir Girdling Ball, president of the Royal Society of Medicine, and Surgeon Vice-Admiral Percival Nicholls, Medical Director-General, Royal Navy.

## SCOTLAND

#### The British Association at Dundee

The British Association for the Advancement of Science will hold its annual meeting at Dundee, under the presidency of Sir Albert Seward, who delivers his inaugural address on the afternoon of Wednesday, August 30, on "The Western Isles through the Mists of Ages." The proceedings of Section B (Chemistry) begin on August 31 with the presidential address by Professor E. K. Rideal on "Film Reactions as a New Approach to Biology," and the rest of the day will be devoted to a joint discussion with Section I (Physiology) on tissue respiration, to be opened by Professor R. A. Peters. Dr. Malcolm Dixon will deal with catalysis in tissue respiration (catalorulin), and Dr. H. Theorell of Stockholm with the flavoproteins. After an account of cytochrome and similar compounds by Professor D. Keilin, Dr. F. Dickens will consider the interpretation of intermediary metabolism from measurement of tissue respiration, and Dr. J. H. Quaster that of narcosis. Dr. S. Ochoa will deal with carbon dioxide evolution and cocarboxylase. Professor H. S. Raper will discuss the control of tissue respiration, and other aspects

of the subject will be presented by Dr. D. E. Green, Sir F. Gowland Hopkins, Dr. H. A. Krebs, Dr. T. Mann, and Dr. E. P. Poulton. On August 31 in Section D (Zoology) Professor J. Ritchie will speak on perspective in evolution. On September 1 Professor W. E. Le Gros Clark will give his presidential address to Section H on the scope and limitations of physical anthropology, and Mr. R. J. Bartlett, in Section J, on measurement in psychology; while the Section of Physiology meets all day at St. Andrews to discuss the problem of pain. The only item for Sunday, September 3, is an address by Sir Richard Gregory on science and social ethics. On September 4 Sections H and I will combine to discuss nutrition and physique; on September 5 they will discuss, separately, the teaching of anthropology and the assessment of physical fitness. The last item on the programme is a debate on nutrition by the Division for the Social and International Relations of Science, on September 6.

#### Royal (Dick) Veterinary College

At the annual prize-giving of the Royal (Dick) Veterinary College in Edinburgh Sir T. Hudson Beare, who presided, said that progress was being made with the erection of the new buildings of the college, and some of the laboratories would be in use by October. Sir Arthur Oliver, Principal of the College, stated that greatly improved facilities and increased staff were essential for the extended courses of instruction now required. New diseases and disease conditions had arisen in recent years. The importance of farm livestock had greatly increased, and the future of the veterinary profession lay in the proper study of conditions which had been forced upon the farming community by competition from abroad. They were faced with the teaching of 400 students, or three times as many as the college had originally been designed to accommodate, and they had to provide for a course of five years instead of four as previously. In their effort to improve and increase the accommodation they had been greatly helped by the Department of Agriculture for Scotland, but still more funds were required. Lord Provost Henry Steele, who distributed the prizes, spoke of the importance of veterinary science to the State, and assured the College of the support of the Edinburgh Corporation.

#### Aberdeen University Graduation

At the summer graduation in Aberdeen University on July 6 Principal W. Hamilton Fyfe conferred the honorary degree of LL.D. upon Emeritus Professor Alexander Low, M.D. Professor T. M. Taylor, in presenting Professor Low for the degree, said that he had begun his association with this university in 1886 when he entered King's College as a student of arts. Later he studied medicine, and on graduating joined the staff of the university, being lecturer in embryology; in 1925 he was appointed to the chair of anatomy. His work on the development of the lower jaw was recognized as one of the classics in embryology, and he had made many notable contributions to anthropology. The degree of M.D. was conferred upon five graduates, and the degrees of M.B. and Ch.B. upon sixty-four graduands. Principal Fyfe, in his address, congratulated the graduates upon their good fortune in having a career immediately open to them as compared with the tragic fate of many unemployed. He said that as a nation we were committed to defend what we called democracy, a way of life in which men and women were free to seek the truth, to declare it, and to settle their difficulties by free discussion. We were determined to preserve this way of life, but this committed us to determining that democracy was worth defending at the utmost cost. If democracy was genuinely valued, then they must not tolerate the dangerous diseases of our social life, the tragedy of unemployment, the callous sacrifice of youth, and the persistence of poverty and malnutrition. Reforms were only won by hard, persistent thinking and by

obstinate determination. Never had any generation been faced with a finer challenge, and he hoped that, like many Scotsmen who had gone before them, his listeners would accept the challenge with energy and courage.

#### Crippled Children in South-East Scotland

The running expenses of the Princess Margaret Rose Hospital, Edinburgh, amounted last year to £15,726, which was met to the extent of £11,803 by maintenance charges, leaving a deficit of £3,923 to be provided from hospital funds and subscriptions. The hospital's endowment fund stands at £13,225 after the expenditure of £8,569 last year on necessary buildings and equipment. These figures were given at the annual meeting of the hospital, when it was also stated that the hospital would be required in war time for the treatment of air raid casualties, primarily for bone and joint injuries, and that existing patients would be removed to their homes or to houses in the country which had been approved by the Department of Health. Mr. W. A. Cochrane said that the services of the hospital had increased considerably during the past year, and that the work had nearly doubled since 1936. There were 277 admissions last year, and 1,500 out-patients were being dealt with (as compared with 100 in 1933) through thirty-five local clinics. Large numbers of patients suffering from infantile paralysis are now being treated at an early stage, and many of them were discharged with very little defect remaining. Many of the patients in cases in which there was not complete recovery could still be rendered fit to earn their living, especially if training institutes could be made available.

## Correspondence

### Clinical Research in General Practice

SIR,—The article by Dr. Percy L. Backus on psychoneuroses (*Supplement*, July 1, p. 1) and certain correspondence on the above subject which has appeared recently in your *Journal* prompt this letter. Dr. Backus states that the work on which he reports was carried out in the quieter months of the year because of the time involved in note-taking. As he seems to magnify the difficulty of the task which he undertook, and as this may deter others from undertaking similar or other investigations, I should like to suggest a simple method whereby such investigations can be carried out the whole year round, even in the largest of industrial practices.

For the purpose of any system of note-taking for medical records a definite method of investigation and interrogation must first be devised. This can be left to the inclination of the individual practitioner, but once devised, if strictly adhered to, then positive findings only need be recorded. Questions which give negative answers can be ignored, and so also can negative investigations. Such records can be of little use without the "key," but with the "key" very few words can convey a vast amount of information to the reader, and this no matter how many years may elapse between the recording and the studying of the recorded observations. Note-taking need never be a handicap, and in retaining the confidence of the patient it can be time-saving.

Dr. Backus supplies a series of figures which he says require a correction to be kept in mind. Even with this correction in mind they are difficult to analyse, and perhaps impossible to use as a standard of comparison. For this reason may I suggest a method which is quite simple to carry out and capable of general use. It is by means of "signals," and what I think is described in

commercial undertakings as the "block method" of analysis. Many of these signalling systems are on the market, but they are rather expensive. I have found paper clips with little bits of different-coloured strips of gummed paper attached to them are quite effective, and a complete signalling system of these only costs a few pence. The analysis which Dr. Backus wished could be carried out with one colour of "signal," and utilizing three different positions on the record card—the left edge, the middle, and the right edge. These would give the "three main classes of disorder," and if a division of the second is desired this could be accomplished by two different colours. In practice the method is to begin a new list for each week, and at the end of the week to count the signals. The numbers of these will be the bases of the analyses. At the present time in my own work, in order to investigate some points of clinical interest, four colours and five different positions on the history sheet are being used, and out of those possible combinations fifteen graphs are being constructed. I do not think that this particular study takes up more than half an hour of work in the week.

These suggestions are being put forward because I have always found that where simple methods of investigation and analysis can be devised, extensive clinical research in general practice can be carried out with little effort, and it is, of course, very fascinating.—I am, etc.,

Halifax, July 5.

A. GARVIE.

### Treatment of Gonorrhoea in General Practice

SIR,—The introduction into the treatment of gonorrhoea of a series of new chemotherapeutic substances may be said to have revived the interest of the profession in that disease. One or two recent undocumented letters from medical men, recording failure to reproduce in their practices the 80 to 90 per cent. successes claimed in the published reports of recognized specialists, make it apparent that the modern treatment of gonorrhoea is not quite so simple a thing as the mere swallowing by patients of a number of tablets for three or four days. Although the opinions of the specialists are still somewhat fluid on the questions of optimum dosage and reliable tests of cure, their views have crystallized to the extent of being able to lay down certain broad rules for the use of sulphonamides in gonorrhoea. It is painfully evident to many of these specialists that those rules are unknown and unobserved by practitioners who have neither the facilities nor the training for making accurate diagnosis or tests of cure. To secure proper use of these potent new remedies for gonorrhoea the co-operation of general practitioners, medical officers of health, and venereologists is desirable. To that end I commend to the notice of all interested the letter addressed by the medical officer of health for Birmingham to practitioners in his area. I am obliged to Dr. H. P. Newsholme for permission to quote from his letter:

*Cautions in relation to the Use of Sulphonamides  
(including M & B 693) in the Treatment of  
Gonorrhoea*

I am advised that the attention of practitioners should be drawn to certain difficulties and dangers attending the use of sulphonamide drugs (including M & B 693) in connexion with their present extensive application to the treatment of gonorrhoea in both males and females. While such treatment can yield almost startlingly rapid effects, both immediate and on occasion ultimate, it should particularly be noted that unless proper care is taken the results can be disastrous. In the majority of cases the symptoms of the disease will quickly disappear with this form of therapy, but this does not mean

## The Services

### HEALTH OF THE R.A.F. IN 1937

The earlier stages of the present remarkable expansion of the Royal Air Force were already apparent in 1937, when the average strength, 59,232, was greater by nearly one-quarter than that of the previous year. The report records a slight decrease in the total number of cases of sickness and the number of sick daily, while the average duration of each case remained unchanged. There were 243 deaths during the year, showing an increase in incidence from 3.8 to 4.1 per thousand. Of these deaths 187 were the result of injury. The death rate from disease showed a marked decrease.

#### *Injuries and Diseases*

The number of cases of injury of all types during the year was 3,232. Casualties from flying accidents totalled 289, with 142 deaths. Sixteen injuries, none of them fatal, were caused by airscrews. The majority of these were sustained while actually handling the airscrews, but in one instance the hand of an airman was blown by the slipstream of one aircraft into the revolving airscrew of another machine immediately behind, and in another an airman was struck by the airscrew while crawling out from under the wing. One man was injured in a parachute descent. He landed on a motor car. As in previous years car and motor cycle accidents, the majority occurring off duty, accounted for a large number of injuries. One man was wounded in the thigh during air action in Palestine.

The incidence of influenza showed an almost fourfold increase during the year, mainly due to an epidemic of a mild type in England. There were fifty-one cases of dysentery abroad, of which thirty-eight were diagnosed as bacillary dysentery. The majority of cases occurred in India. Malaria showed a marked increase in incidence. Stations with the largest number of primary infections were Khartoum, Nairobi, Aboukir, and Abu-Sueir in the Middle East; Karachi and Miramshah in India; Hinaidi and Basrah in Iraq. The last-named country contributed largely to the rise in the incidence of phlebotomus fever with 283 cases. The damp and debris which are the inevitable concomitants of extensive building operations provided an ideal breeding ground for the phlebotomus at the new station of Habbaniya in the Baghdad district.

#### *Hygiene in the R.A.F.*

A miscellany of varied information is to be found in the section of the report devoted to hygiene. An improvement in the method of clothing is the issue of light-weight cotton pyjamas and underclothes in place of the woollen garments previously supplied. The new clothing, which has the additional advantage that it is more easily cleansed and disinfected, is much appreciated by airmen. With regard to dietary, the former allowance of one ounce of ordinary margarine has been replaced by an ounce of butter and half an ounce of vitaminized margarine. Aircraft apprentices and boys are also provided with an extra half-pint of milk every day. An interesting experiment was carried out at Peterborough concerning the vitamin C reserve of fifty airmen. Urinary ascorbic acid excretion was measured and the response to test doses observed. Twenty-two of the men showed a minor degree of deficiency, five a somewhat greater deficiency. At the same time a control group of five officers living in mess was investigated. Here the average daily excretion was almost double that of the airmen, and in each case there was a massive response to the first test dose. These officers were in the habit of taking a glass of orange juice at breakfast.

The report describes the preventive measures taken when seven aircraft, two from Cairo and five from Khartoum, carrying a total of thirty-five officers and men, made a cruise to West Africa. All the crews received a protective inoculation with serum and virus against yellow fever before starting. The inoculation gave little or no immediate reaction, but three

to four months later seven men developed jaundice. Other precautions mentioned include pressure spraying of aircraft with pyrocid 20 twice daily and immediately before leaving any stopping place, enforced use of mosquito nets, and a daily dose of five grains of quinine. Despite the last two measures one officer and three airmen developed malignant tertian malaria (primary infection) within a fortnight of completion of the cruise.

#### *Transfer of Casualties and Medical Assistance by Air*

In the course of the year 298 patients were transported by air, and the errands of mercy performed by aircraft were varied indeed. Four nurses were flown from Calshot to Gibraltar to attend German sailors injured in the bombing of the *Deutschland*. In the Middle East Command calf lymph was delivered to a refugee camp in Kenya infected with small-pox, and anti-rabic vaccine was flown from Khartoum to Wau. The latter journey, although only 850 miles by air, normally involves several weeks' travelling by slow river steamer. In Transjordan a medical officer was flown to the scene of an accident to an Arab legion lorry, where he was able to render first aid and to bring back one of the injured men by air to Amman. On two occasions patients were transferred by air from British Somaliland to Aden. In one instance the case was one of acute appendicitis, successfully operated upon; in the other, two victims of an air crash were brought to hospital. Medical officers went by air to investigate an outbreak of fever ravaging the local tribes, to attend tribesmen injured in private wars, and to visit notables of Somaliland who were seriously ill.

Air transport proved to be of the greatest value in India, where 165 patients were transferred to hospital; 157 of these were sick and wounded in the Waziristan operations, who would otherwise have had to suffer a long and arduous road journey, or even to remain where they were, for at certain times either the military situation or the state of the roads rendered evacuation by means of ground transport impossible. Neil-Robertson stretchers and Universal stretcher sheets were not employed with aircraft engaged in this work, lying cases being loaded directly into the machines on ordinary stretchers.

The King has appointed Dr. F. M. R. Walshe to the Civil Consulting Staff of King Edward VII Convalescent Home for Officers at Osborne, Isle of Wight, in succession to Dr. Gordon Holmes, F.R.S.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

During June titles of the degrees of M.B., B.Chir. were conferred by diploma on G. M. Allen-Williams of Newnham College.

The managers of the Frank Edward Elmore Fund have elected Arthur Morgan Jones, M.Sc., M.B., Ch.B.Manch., and Richard Edward Kenny Levick, M.B., B.Chir., of Christ's College, to Elmore Medical Research Studentships, from October 1, 1939.

### UNIVERSITY OF LEEDS

On July 3 the honorary degree of D.Sc. was conferred on Dr. Leonard Alfred Rowden, honorary director of the Electrotherapeutic and X-ray Departments of the General Infirmary at Leeds.

### UNIVERSITY OF MANCHESTER

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

M.D.—By thesis: S. Almond, 'C. G. Eastwood, Evelyn M. Holmes, A. E. Martin (gold medal), C. S. Parker, H. T. Simmons, C. Starkie.

FINAL M.B., Ch.B.—Part II: G. T. Ashley, T. G. Barlow, Irene M. Bower, T. M. Brand, Frances M. Bullough, W. W. Burnett, T. E. A. Carr, G. R. Crawshaw, Olive I. Elkin, 'Mary Fleure, R. T. Grime, Joan Halstead, C. Hamwee, C. P. Heywood, Hannah Horton, W. L. R. Kenyon, J. Latham, Joyce Leach, 'A. D. Leigh, R. A. Martin, A. P. Massie, Asa Mills, 'M. D. Milne, M. J. Parsonage, J. R. Platt, T. H. Redfern, E. Ridehalgh,

B. Roditi, E. S. Rogers, M. S. Rowley, L. D. Rutter, J. E. Schofield, Barbara M. Statham, F. W. Taylor, M. R. Tomlinson, G. K. Tutton, <sup>2</sup>A. F. Williams, R. M. Winston. *Part I (Forensic Medicine and Hygiene and Preventive Medicine):* A. Ashworth, J. H. R. Barker, F. R. Brebner-Smith, T. Brittain, G. Caplan, Rachel Claiman, Hilary J. Crewe, J. G. Ferguson, E. S. Frazer, R. J. Gampell, J. K. Gregory, Hilda R. Harris, H. Hassall, S. Haythornthwaite, Irene E. Howorth, Margaret Jacques, O. Janus, P. W. Kippax, 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, Joyce Worthington.

D.P.H.—*Part II:* R. Bennett, Caroline J. Chalmers, W. Fielding, G. M. Fleming, D. MacL. MacKechnie, H. D. B. North, R. M. Shaw, G. R. Walker, A. B. White. *Part I:* S. G. Abelson, D. H. Anderson, H. S. Bagshaw, Caroline J. Chalmers, J. R. Davidson, W. Fielding, G. M. Fleming, N. Maclean, H. N. Osborne, M. Pivawer, R. M. Shaw, F. Stratton, A. B. White.

<sup>1</sup> With commendation. <sup>2</sup> First-class honours. <sup>3</sup> Second-class honours. <sup>4</sup> Distinction in medicine. <sup>5</sup> Distinction in surgery. <sup>6</sup> Distinction in obstetrics.

### UNIVERSITY OF ABERDEEN

At a graduation ceremony on July 6 the honorary degree of LL.D. was conferred on Dr. Alexander Low, professor of anatomy in the University of Aberdeen from 1925 to 1938, and on Cyril Burt, D.Sc., professor of psychology in the University of London.

The following medical degrees and diplomas were conferred:

M.D.—J. D. MacLennan, <sup>2</sup>A. B. Christie, <sup>2</sup>A. M. Ramsay, J. C. Niven (*in absentia*), R. W. H. Welsh.

M.B., Ch.B.—<sup>3</sup>R. Semple, <sup>4</sup>Alison B. Cruickshank, <sup>4</sup>J. I. Rice, <sup>4</sup>R. L. Richards, <sup>4</sup>G. S. Riddell, J. Abernethy, L. H. Allan, Jessie E. C. Baird, J. E. A. Bartlett, K. M. Bell, C. A. Brown, P. L. Brunnen, W. N. Calder, I. W. Caldwell, W. D. Catto, G. Cormack, D. A. Craib, Phyllis E. Davidson, S. Duff, J. Duguid, Jean A. Ferguson, Marian M. Ferguson, Alice D. Findlay, H. R. Findlay, R. J. A. Fraser, Rose M. Fraser, L. D. M. Gavin, Helen W. Geddes, S. M. Gill, J. S. Hamilton, N. G. C. Hendry, J. A. Houston, A. Hunter, A. S. Jessamine, C. Low, D. McBain, A. D. McGill, J. K. Mackay, I. A. R. Mackenzie, Margaret R. McKenzie, M. MacLeod, Anne M. S. Macrae, N. H. Mackworth, R. G. Main, E. Milne, W. S. Milne, J. Morrison, C. F. Murison, Janet B. Patterson, I. D. Pennie, J. W. Rae, J. B. Raffan, Mary H. Reid, D. H. Rhind, J. Scorgie, E. T. Shennan, G. M. C. Smith, Helen A. Smith, D. L. Stewart, J. C. Taylor, Elizabeth M. F. Tolmie, Sheena M. Tosh, Jean C. Twort, P. B. R. Williams.

D.P.H.—Ann L. Shennan (*née* Thomson), D. Barclay, C. E. Gorrod, J. J. T. Morrison, J. B. Petrie, G. L. Ritchie, C. J. Silver, J. M. Thomson.

<sup>1</sup> Awarded highest honours for thesis. <sup>2</sup> Awarded commendation for thesis. <sup>3</sup> With first-class honours. <sup>4</sup> With second-class honours. <sup>5</sup> Passed Final M.B., Ch.B. degree examination with distinction. <sup>6</sup> With credit.

### NATIONAL UNIVERSITY OF IRELAND

#### UNIVERSITY COLLEGE, CORK

The following candidates have been approved at the examinations indicated:

M.D.—V. J. Dillon, W. Kearney, J. P. Morehan, P. F. O'Connor. *Exempt in Pathology:* M. M. Mansfield.

M.B., B.Ch., B.A.O.—<sup>2</sup>M. F. McMahon, <sup>2</sup>D. J. O'Callaghan, <sup>1</sup>E. A. Scher, <sup>1</sup>F. H. Cross, <sup>1</sup>Madoline M. Horgan, <sup>1</sup>W. F. M. Fitzgerald, <sup>1</sup>M. J. Murphy, G. N. Dalton, Anna T. Gallagher, T. G. Galvin, D. M. Kelleher, T. Kelleher, Maev Kennedy, D. J. K. McCarthy, P. N. Murphy, St. J. G. O'Connell, T. J. O'Connor, J. F. O'Donovan, D. A. O'Sullivan, Beatrice G. Simmelkiar. *Part I:* T. F. Coleman, J. J. Hennessy, J. P. Kenefick, M. S. Murphy, P. J. Murphy, W. P. Navin, Mary L. Neville, J. S. O'Dwyer, M. G. O'Mahony, J. O'Regan, P. J. O'Sullivan. *Part II:* M. Bennett, J. A. Desmond, D. Herlihy, T. McCracken, J. A. A. Ryan. *Exempt in Medicine:* Nora T. U. O'Callaghan, W. P. O'Neill. *Exempt in Surgery:* P. J. Murphy, Mary L. Neville. *Exempt in Pathology:* M. Bennett. *Exempt in Ophthalmology:* P. J. Murphy.

<sup>1</sup> First-class honours. <sup>2</sup> Second-class honours.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### Election to the Council

On July 6 three Fellows were elected into the Council to fill the vacancies caused by the retirement in rotation of Mr. G. E. Gask and Sir James Walton and by the death of Mr. Graham Simpson. The result of the poll was as follows:

	Votes
Sir JAMES WALTON (London) .. ..	585
CECIL AUGUSTUS JOLL (Royal Free) .. ..	518
ROBERT JOSEPH WILLAN (Newcastle-upon-Tyne) .. ..	448
Robert John McNeill Love (Royal Northern) .. ..	414
Reginald Martin Vick (St. Bartholomew's) .. ..	351
Robert Davies-Colley (Guy's) .. ..	342
Vincent Zachary Cope (St. Mary's) .. ..	275

	Votes
Lennox Ross Broster (Charing Cross) .. ..	240
Ralph St. Leger Brockman (Sheffield) .. ..	198
Sir Lancelot Edward Barrington-Ward (Great Ormond Street) .. ..	195
James Ernest Helme Roberts (St. Bartholomew's) .. ..	191
John Bowman Hunter (King's College Hospital) .. ..	165
Julian Taylor (University College Hospital) .. ..	164
William Hugh Cowie Romanis (St. Thomas's) .. ..	156

In all 1,669 Fellows voted; in addition seventeen votes were found to be invalid and two votes arrived too late. Sir James Walton, Mr. Joll, and Mr. Willan are all elected for the full period of eight years.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on July 3, with Dr. John Henderson, President, in the chair, the following were admitted Fellows of Faculty: Habibud-Din Ahmed, M.B., William Ferguson Anderson, M.B., Ch.B., Tom Osborne Howie, M.B., Ch.B., Velu Pillai Kumara Pillai, M.B., B.S., Alfred Sands Rogen, M.B., Ch.B., Bhupendra Nath Sur, M.B., Abu Khaled Muhammad Abdul Wahed, M.B.

## Obituary

Dr. CHARLES EVANS MAGUIRE died in London on June 13 after many years of active work in the British Colonial Medical Service and under the New Zealand Government. Born at Tain, Ross-shire, sixty-seven years ago, he received his medical education at Aberdeen and St. George's Hospital, graduating M.B., C.M. in 1893. For three years he was a medical officer in the Durham Mental Hospital. In 1898 he entered the Colonial Medical Service and was appointed assistant surgeon to a hospital in Lagos. He proceeded M.D. Aberdeen in 1899. He was later appointed Government medical officer at Ibadan in the Lagos hinterland. He trained at Netley for the Ashanti campaign, and subsequently served for six years in Northern and Southern Nigeria, being then transferred to Fiji, where he was successively medical officer in the Taviuni and Tewa River districts and was then placed in charge of the Suva Hospital. After five years in Fiji he was appointed chief medical officer at Tonga, and instituted a Government medical service in the Friendly Islands group; he was also British Vice-Consul at Tonga. In 1911 he became medical superintendent of the Auckland Hospital, New Zealand, and remained in the service of that hospital for more than twenty-five years. At the outbreak of the war he volunteered in New Zealand for active service, and was mentioned in dispatches for his work in organizing a hospital under canvas at Ismailia. He was later recalled by the New Zealand Government to organize the care of wounded New Zealanders on their return to their native land. He remained medical superintendent of Auckland Hospital until 1932, when failing eyesight necessitated his resignation, but, following a successful operation, he was appointed superintendent of Auckland Infirmary, from which he retired in the early part of 1938, returning to England in April of that year with his wife on an extended holiday, during which he became gravely ill, but still hoped to return to New Zealand next November. Elected a member of the British Medical Association in 1895, he served on the Representative Body at the Annual Meeting in 1925, and among those who attended his funeral in June was a representative of the Association. He is survived by his widow, a married daughter, and his sister.

Dr. HUGH ALEXANDER CLARKE of Deane Road, Liverpool, died there on June 24 after a long illness, at the age of 83. Born in County Antrim, he was first trained for the teaching profession, graduating M.A. at Queen's College, Belfast. After some years, during which he held various educational posts in England and Ireland, he entered University College, Liverpool, as one of its first