

HOSPITAL BEDS FOR CIVILIAN SICK

According to a statement issued from the Ministry of Health, the hospitals are acting upon the Minister's instructions that the arrangements for treatment of casualties must not be allowed to deprive the civilian sick of in-patient treatment for ordinary illnesses, if their condition requires such treatment. It is the Minister's intention that all the available accommodation in general and special hospitals should be pooled and used to the best advantage to meet the individual needs of each area, whatever they may happen to be. Great importance is attached to the maintenance of residential accommodation under the tuberculosis schemes of local authorities. Sanatoria and hospitals for tuberculosis should continue to function and to receive patients, especially those in the infective stages. Again, patients suffering from cancer, particularly those in the early stages of the disease, should be admitted to hospital for treatment. The Minister will issue a circular to local authorities giving guidance in these matters in greater detail. Meanwhile every possible assistance in planning hospital accommodation for the ordinary needs of the civil population will be given to medical officers of health by the Ministry's principal regional medical officers and hospital officers. The hospital officers are ready to advise on the number of hospital beds that can be allotted in an area for sick persons, while maintaining the necessary quota of beds for possible civilian and Service casualties.

Local News

ENGLAND AND WALES

Merger of Newcastle Hospitals

At a special court of the Royal Victoria Infirmary, Newcastle-upon-Tyne, held on September 30, the governors approved in principle the scheme for merging Newcastle hospitals, and the house committee of the Infirmary was empowered to effect mergers with the other institutions—namely, the Newcastle-upon-Tyne Eye Hospital, the Throat, Nose, and Ear Hospital, the Babies Hospital and Mothercraft Centre, and the Hospital for Sick Children. The purpose of the merger is to bring about economies in the working of the different hospitals, and by bringing the various institutions into closer co-operation to make them more advantageous to each other. Under the scheme, which will probably become operative at the end of the war, each institution will preserve its identity, and each will be separately governed and separately financed. It should provide for increased collective activity and concentration of opportunities for service and training.

London Midwifery Service

The London County Council has arranged to continue the domiciliary midwifery service and the maternity units in hospitals. Thirty temporary midwives have been appointed to supplement the permanent staff of seventy midwives. In view of the possible unreliability of postal and telephone services in war time, which might interfere with close relations between the head office, voluntary organizations, and domiciliary midwives, the midwives have been formed into self-supporting groups with leaders and deputy leaders. The leader's responsibility is to allocate bookings, distribute emergency calls, requisition drugs and supplies, and collect necessary records. Facilities are available for dealing with obstetrical emergencies. The effect of the evacuation of expectant mothers cannot yet be determined. It has to be borne in mind that the maternity beds in the London hospitals have been reduced in number by two-thirds, and that some of the evacuees are returning to London. It can be definitely stated that the work of the domiciliary midwives has increased owing to the additional ante-natal work to be undertaken as a result of the closing of borough clinics, the extra time taken to visit patients

at night due to reduced street lighting, and the extra work thrown on leaders of the groups through decentralization of administration. The period of nursing has been reduced from fourteen to ten days, and twice-daily visits have been limited to three days instead of four from date of confinement. The rules in regard to refresher courses have been waived by the Central Midwives Board and courses arranged have been cancelled. All forms have been revised so as to supply only essential records and to reduce clerical work to the minimum. Arrangements have been made for certain hospitals, both council and voluntary, to continue to maintain a maternity unit, and the number of beds will be increased or reduced according to circumstances.

L.C.C. Reports

The annual reports of the London County Council extend to eleven separate volumes or parts and have been criticized on the grounds of being bulky and unbalanced. It has been decided that the only volumes to be issued annually shall be the report of the county medical officer of health, the report of the school medical officer, and the medical supplement, containing a series of papers and reports on purely medical subjects selected from contributions by members of the hospital and central medical staff, and the continuance of this last-named volume is also to be reviewed next year. The present annual report of the mental health services is not to be continued in a printed form. In most of the other departments of the Council's work it is not considered that an annual report is necessary, and instead of this a triennial general report will be issued. The reasons for the medical reports continuing to be issued annually are that the report of the county medical officer of health is the only report which comments on the vital statistics of the county, that it includes a comprehensive review of such subjects as housing, milk supplies, venereal diseases, tuberculosis, and the midwifery service, and that the issue of such a report is a statutory obligation on every other medical officer of health in the country; while the report of the school medical officer also is a requirement of the Board of Education.

First Red Cross Flag Day of the War

By means of flag days organized in the streets by individual hospitals citizens of London have in the past been in the habit of contributing large sums, chiefly in pennies, for the upkeep of their hospitals. Two years ago these flag days were combined, and instead of seventy-seven flag days held in London the hospitals organized two only, one in May and the other in October. Preparations were already made for a flag day on October 10, when it was announced that the Central Committee of the London Hospitals Street Collections, through its chairman, Lord Luke, had offered this flag day to be organized on behalf of the Lord Mayor's appeal for the joint organization of the British Red Cross and the Order of St. John. In accepting this offer the Lord Mayor stated that he was inviting others to co-operate throughout the country with the object of extending this London flag day into the first national Red Cross Flag Day of the war. In the short period of time at disposal a great burden of work will be thrown upon the workers giving assistance. Additional voluntary workers who are urgently required should offer themselves as soon as possible either to the mayor in their borough, or to Lord Luke, Chairman, Hospitals Day, 36, Kingsway, W.C.2.

Work at Papworth

The report for 1938 of the Papworth Village Settlement records generous gifts from Sir Edward Meyerstein and an anonymous donor towards the equipment of a large workshop, which is to be named after Mr. Chamberlain. The director, Sir Pendrill Varrier-Jones, reviews the difficulties encountered in the development of Papworth as an industrial enterprise, happily solved through the sympathetic collaboration of the Ministry of Health, the Friendly Societies, and the Trades Unions. Reviewing the future from the national point of view, Sir Pendrill claims that the way is now clear for the

division of industry into two grades, the first profit-making, the second non-profit-making. In the former category only fit men can be employed; Papworth belongs to the latter category. Sir Pendrill further points out that if second-grade industry had the benefit of the saving it effects it would be almost, if not quite, self-supporting. For example, men, women, and families now settled at Papworth would be drawing £17,500 a year in unemployment benefit if they were not at the settlement. Instead they paid, during 1938, £1,090 into Government insurance funds, while Papworth industries, their employers, contributed a further £1,131. Given this annual total of nearly £20,000, Papworth could provide the service of a sixty-year $3\frac{1}{2}$ per cent. loan, more than large enough to build the entire settlement. The wide application of the Papworth experiment to the vast problem of disablement would not only be a financial benefit to the country, but would also remove from the disabled a legitimate source of grievance. "And let it not be forgotten that the most dangerous agitators, the most successful revolutionaries, have been the men rendered bitter by privation and disease."

At the annual meeting in London the president, H.R.H. the Duke of Kent, alluded to the work of Dr. Brown Cruickshank, carried out in the Papworth research department. Lord Willingdon, the chairman, said that wages to a breadwinner were often almost as vital to health as medical treatment, and that Papworth had associated the two in a big centre of social medicine. Sir Pendrill Varrier-Jones stated that the personal interest of the Royal Family had contributed largely to the development of Papworth. All the royal luggage for the Canadian and American tour was made at the settlement.

SOUTH AFRICA

The Capetown Health Report

Vital statistics recorded in the annual report for the year June 30, 1938, of the medical officer of health, city of Capetown, compare unfavourably with the figures for the preceding five years. The death rate showed an increase of 2.4 per cent. in Europeans and 4 per cent. in non-Europeans. On the other hand there was a decline in infant mortality of 9.4 per cent. in Europeans and 4.9 per cent. in non-Europeans. The depressed social and economic conditions of the non-Europeans, operating through under-nourishment, bad housing, overcrowding, and low cultural standards are reflected in classified mortality rates. For example, deaths under 25 years of age were 17 per cent. of the total in Europeans, 58 per cent. in non-Europeans. From tuberculosis the death rate in non-Europeans was 5.8 times as great as in Europeans. In infants under 1 year of age the death rates from measles, respiratory diseases, and diarrhoeal diseases were respectively 2.3, 4.8, and 6.2 times as great in the one race as in the other, and in infants between 1 and 2 years of age the corresponding rates were 5.9, 6, and 23.6. The report states that no new houses were built by the city council during the year under review, and that overcrowded and insanitary conditions are still all too frequent, not only among the coloured population but also among certain of the poorest of the Europeans. Houses affording reasonable accommodation for one family are often sublet to several, and in many cases whole families live in single rooms. In a recent survey of an area in Central Capetown, with a population exceeding 45,000, of whom 91 per cent. were non-Europeans, more than half were found to be living in single-room lettings; in another area one-third of the population were in a similar predicament. Despite extension of sewerage schemes many areas in the suburbs are still without proper drainage, and in June, 1938, faeces were being removed by men and wagons from nearly 6,000 premises dependent on pail closets. Among efforts to ameliorate the condition of the poorer sections of the community is a

State-aided milk and butter scheme. The butter is sold at 6d., 5d., and 4d. a lb. for the first, second, and third grades respectively. Unfortunately the privilege of purchase is restricted to Europeans and Cape coloured; natives and Indians, despite the representations of the city council, are excluded. Milk is supplied to school children at a charge of 2s. per quarter, partly or wholly remitted in cases of poverty. During a temporary milk shortage cheese was supplied to coloured schools: 7,376 Europeans and 23,616 coloured children received a half-pint of milk or an ounce of cheese daily.

Correspondence

Radium Precautions

SIR,—In your issue of September 16 (p. 614) you say the Radium Commission would like to hear of any suggestions for resuming radium therapy. I have a simple one to make: pull the radium needles out of the bore holes and use the radium again. In common with many other radiologists, I think that this burying of radium needles is quite unjustifiable. It was done, I know, on the advice of some experts, but I am convinced it is a panic measure, based on a very faulty estimate of the dangers involved.

Think of the sequence of events necessary to cause a serious risk of radium poisoning. A bomb must hit the building, penetrate to the basement (where obviously the radium safe would be), burst wide open a heavy steel safe, and scatter into small fragments a large almost solid mass of a plastic metal, lead. It must then split open a considerable number of tough, malleable platinum containers (each of very small mass) and disperse widely the contained radium salt.

And now please draw up a balance sheet. Place on the credit side the hypothetical prevention of loss of life from this chain of improbable possibilities. On the debit side place the lives lost because radium therapy is withheld, and note the hopeless imbalance. So far the "black-out" accident cases and these cancer patients have been the principal British casualties. I submit that a sense of proportion in those in charge of the nation's radium would have lessened the number of the latter.—I am, etc.,

London, W.1, Sept. 26.

S. COCHRANE SHANKS.

Organization of the Emergency Medical Services

SIR,—I quote from the article by Lieut.-Colonel W. A. Lethem which appears in your issue of September 23 (p. 656): "Probably a very high percentage of all casualties will be classified as orthopaedic, and at first will have to be admitted to any surgical hospital, though in time special types of case will be transferred to the care of surgeons with specialized experience." This is not the best treatment for orthopaedic cases. "In time" is a very elastic phrase. The cases may be a long time before they get to an orthopaedic hospital. Meanwhile in the stress of circumstances and for want of the "surgeons with specialized experience" undue suffering and avoidable crippling may result, and individuals will become an unnecessary financial charge on the country. Therefore, both on humanitarian and on economic grounds, these cases should reach a special orthopaedic hospital at once. I do not think that this is impossible. I wrote a letter which appeared in the *Times* of August 9 last to urge it. I recall the efforts of Sir Robert Jones in the last war which resulted, after some interval, in the establishment of special orthopaedic hospitals. I only wish that he were alive now to exercise his powerful influence in the direction which I advocate.—I am, etc.,

Cardiff, Sept. 27.

A. W. SHEEN.

rough particles of irregular shape which are quite definitely lyophile elastic and compressible, and therefore of varying and variable density and size. In Stokes's formula,
$$V = \frac{2r^2(S-S')g}{9\eta}$$
, V is the magnitude of the velocity of the particle, r of its radius, S of its specific gravity, S' of the specific gravity of the continuous phase, η of its viscosity coefficient, and g of the gravity constant. Here every quantity on the right side of the equation is subject to uncontrollable and indeterminable variations, a circumstance which places the utilization of the formula for the solution of the present problem entirely out of the question.

Finally, ultra-filtration and ultra-centrifugation may in the extreme case, conceivably, at times remove the whole of the agent from a tumour extract. It is not, however, to be argued on this ground that the agent is particulate. The onus of proof that the agent in such a case has not been adsorbed on particulate organic matter, such as cell debris, etc., and so removed, rests on those who hold an opposite opinion. The finding by microscopical examination of particles on the surface of the retaining membrane or in the deposit on centrifugation is of no avail in settling the question, since microscopical examination, alone or assisted by staining methods, has proved incapable of determining the nature of these particles.—I am, etc.,

Aberdeen, September 26.

J. P. MCGOWAN.

Routine Tuberculin Testing of Children

SIR,—The introduction of the tuberculin patch test with its simplicity, painlessness, and relative freedom from severe local or general reaction raises the question whether tuberculin testing should not be more generally applied among children attending for medical examination at welfare clinics and the like. Such testing might be expected to result in (1) the discovery of early cases of active tuberculosis in children; and (2) the discovery of unrecognized or inadequately treated cases of adult tuberculosis among the home contacts of tuberculin-positive children.

The Camberwell tuberculosis officer realized the possibility of such a scheme, and with the approval of the medical officer of health the Vollmer tuberculin patch test has been applied during the present year to 350 children, aged between 1 and 4 years, who had attended the five toddlers' consultation clinics in the borough of Camberwell. Eighteen positives have been discovered and these have been referred to hospital for further investigation, including a skiagram of the chest. Of these eighteen, three children have proved to be suffering from pulmonary tuberculosis with sufficient evidence of activity to warrant immediate institutional treatment. The following case is illustrative:

A child aged 1 year was brought to the clinic for her annual examination. The mother said the child was quite well. Examination showed a sturdy vigorous baby of normal weight. The patch test was positive and there was a history of contact. The skiagram showed extensive lung infiltration, and activity was confirmed by a much raised sedimentation rate. After six months' treatment in a sanatorium the child is now progressing well.

In half the positives there was a clear history of contact, although in some of these the adult in question was not receiving treatment, and the occasion was used to exert pressure towards this end. In the remaining nine positives where there was no history of contact a special attempt to discover one by examining home contacts has been made by the tuberculosis officer. So far no new case of adult tuberculosis has been discovered in this way, but in one case such an investigation revealed that infection had occurred from a case of tuberculosis unknown to the child's parents. The case illustrates how mutually advantageous close co-operation between the toddlers' clinics and the tuberculosis dispensary can be.

A 2-year-old child was brought to the clinic for her annual examination. For some months she had not been as bright as usual, and had recently developed a slight cough. Physical signs were indefinite. The patch test was positive, but questioning of the mother failed to reveal any definite story of contact. A skiagram

showed opacity of the right upper lobe, and she was sent to a convalescent home as a case of epituberculosis. Inquiries by the tuberculosis officer now revealed that the mother went to work during the day and left the child with a woman. A month previously the husband of the latter had died, but she had not disclosed to the child's parents that the cause of his death was tuberculosis, although frequent contact with the child had occurred. By also failing to disclose to the tuberculosis officer the child's presence in her house, the child had escaped the examination to which other members of the household had been subjected after the man's death.

The discovery within eight months of three cases of active tuberculosis in children, in two of which there were neither symptoms nor signs such as could have allowed the diagnosis to be made at this stage without the evidence afforded by the patch test, is surely striking. Might not the more general introduction of tuberculin testing of young children be a worth-while step forward in the campaign against tuberculosis?—I am, etc.,

London, N.W.1, October 7.

DOUGLAS GAIRDNER.

The "Iron Lung" in Treatment of Scoliosis

SIR,—I am very grateful to Mr. S. Alan S. Malkin (*Journal*, September 30, p. 702) for trying out this method of treatment which I suggested in my letter in the *Journal* of February 25 (p. 416). His statement that, in selected cases, improvement has been very marked is particularly welcome. Of the two hospitals with which I am connected, at one the apparatus has not yet been fully assembled, while at the other it has been in constant use for the treatment of paralytic cases. When hospital conditions become more stabilized I shall endeavour to give the method a complete and prolonged trial. Meanwhile, I strongly endorse Mr. Malkin's opinion that this line of treatment should be tried in other centres.—I am, etc.,

Hove, Sept. 30.

J. M. TURNER, F.R.C.S.

The Services

DEATHS IN THE SERVICES

Surgeon Commander EDWIN FOLLIOTT, R.N. (ret.), died at Salisbury on September 21. He was educated at St. Bartholomew's Hospital, and took the M.R.C.S., L.R.C.P. in 1896. After filling the post of assistant house-surgeon at Shrewsbury Infirmary he entered the Royal Navy, attained the rank of surgeon commander on May 25, 1911, and retired soon after the end of the war of 1914-18, through which he served, receiving the medals. He then specialized in tuberculosis work, serving as clinical assistant to the Plymouth Tuberculosis Dispensary and as assistant tuberculosis physician at Cardiff, after which he became tuberculosis physician to the King Edward VII Welsh National Memorial Association, and tuberculosis consultant to the Aberdare, Merthyr, and Mountain Ash general hospitals, and to Merthyr Infirmary, and medical officer of Pontsarn Tuberculosis Hospital.

Colonel JAMES MEEK, C.B., late R.A.M.C., died at Belfast on July 5, aged 77. He was born on November 20, 1861, and was educated at Queen's College, Belfast, where he gained an entrance scholarship. He graduated M.D. and M.Ch. of the Royal University of Ireland with honours, and gained the first Peel exhibition; he subsequently took the D.P.H. of the London Colleges in 1905. Entering the Army as surgeon on May 30, 1885, he attained the rank of Colonel on August 3, 1914, and retired on November 20, 1918. He served in the Sikkim War of 1888, gaining the frontier medal with a clasp; in China in 1900, on the hospital ship *Maine* (medal); in South Africa in 1900-2, first on the hospital ship *Maine* and later in operations in the Orange River Colony and in the Transvaal (mentioned in dispatches, *London Gazette* of June 17, 1902, Queen's medal with three clasps); and in the war of 1914-18, when he was mentioned in dispatches in the *London Gazette* of February 17 and June 22, 1915, in which year he received the C.B.

The eighth Pan-American Congress of the Child will be held at San José, capital of Costa Rica, from October 12 to 19. The congress will be divided into six sections devoted respectively to medical paediatrics, surgical paediatrics, infantile hygiene and eugenics, education, social assistance, and legislation and sociology.

The thirty-second Italian Congress of Dermatology and Syphilography will be held at Bologna from October 7 to 12, when a bust of the celebrated Professor Domenico Majocchi of Bologna will be unveiled. The chief subjects for discussion are inguinal lymphogranulomatosis and tuberculosis of the skin.

Owing to the war there will be no meetings of the Harveian Society of London until further notice.

The Central Hospital Supply Service of the Red Cross and St. John, the department responsible for organizing hospital supplies, has moved from 41, Lowndes Square, London, S.W., to 2, Lowndes Street.

Under war-time arrangements pre-clinical students of London medical schools are located temporarily as follows: St. Bartholomew's and the London Hospital at Cambridge; Charing Cross, St. George's, King's College, and Westminster at Glasgow University; Guy's at Sherwood Park, Tunbridge Wells; St. Mary's at Manchester University; Middlesex at Bristol University; Royal Free at St. Andrews and Aberdeen Universities; St. Thomas's at Oxford; and male students of University College at Aberystwyth (University of Wales). Students in their clinical years have for the most part been distributed over the ten sectors whose apices are at their own teaching hospitals. The administrative offices of the University of London are now at the Royal Holloway College, Englefield Green, Surrey.

At a meeting of the General Board of the Westminster Hospital last week the measures taken in accordance with the Ministry of Health scheme for emergency medical services were reported. While the Ministry had agreed to pay the cost of reserving 200 casualty beds, the income of the hospital, at a time when it had just entered into occupation of new buildings, had been seriously affected. It had been necessary to make the hospital, nurses' home, and medical school light-proof, and the cost of this alone, amounting to over £3,000, fell upon the general funds of the hospital. The ninety-three beds reserved for civilian sick were being rapidly filled up. The governors agreed that these should be increased by thirty, and that twenty-four more should be reserved for private patients.

The president and honorary secretary announce that the condition of war prevents the Ligue Internationale Contre le Rhumatisme from continuing its activities. The bureau at Amsterdam will be closed, and this will discharge council members, representatives, substitute representatives, editors, and members of the Ligue Internationale from their rights and duties.

Arrangements for the removal by stages of 35,000 additional school children from the evacuation areas in England have now been authorized by the Ministry of Health. In some districts the movement has started this week. These children were registered by their parents when, following completion of the main evacuation at the beginning of September, the Government decided to afford a further opportunity for evacuation of unaccompanied children. As billets become ready and transport is arranged, parties will be dispatched according to arrangements made between the evacuating area and the corresponding receiving area under the general direction of the Ministry of Health and the regional staffs. All the children will be medically inspected.

The July issue of the *Bulletin of the History of Medicine* is devoted to the transactions of the fifteenth annual meeting of the American Association of the History of Medicine held at Atlantic City, New Jersey, on April 20 and May 1, 1939.

The appeal of the Belgian Red Cross to athletic and philanthropic societies for blood donors aged from 20 to 60 has met with a gratifying response. There are at present fourteen centres for blood transfusion in Belgium.

Universities and Colleges

UNIVERSITY OF OXFORD

No serious reduction is anticipated in the numbers of medical students, as the age limit is 20, and not 18, and any student with two terms' anatomy and physiology is reserved. Dr. K. J. Franklin is deputizing as Dean of the Medical School for Dr. B. G. Macgrath, and Dr. A. M. Cooke is Clinical Sub-Dean; Dr. Cooke is also Assistant to the Regius Professor of Medicine. Pre-clinical students from St. Thomas's Hospital have moved to Oxford, and to conform with the arrangements usual at St. Thomas's plans have been made for a ten-weeks instead of an eight-weeks term this Michaelmas. Oxford medical students began work on October 2, two weeks before the rest of the University. Courses will conform so far as possible to the normal, but there must be some adaptation to the emergency circumstances. In view of the disturbed arrangements in London clinical schools, the University Department of Medicine is offering to its own students only a complete second B.M. course in the Radcliffe Infirmary and associated hospitals, provided the war lasts that long. The initial ten-weeks course (general pathology and bacteriology and an introduction to clinical work) began on October 2. The Department is also offering facilities, but not set courses, to a limited number of its own students whose clinical courses, begun elsewhere, have been interrupted by the war. Applicants should write to the Clinical Sub-Dean, the Radcliffe Infirmary, Oxford, stating what they have already done, what they still have to do, and when they propose to sit for the Final B.M. examination. By a recent decree those students who have passed all the examinations for the first B.M. are deemed to have passed all the examinations requisite for the degree of B.A.—that is, they will not, as most of them normally do, interpose a year of study for the Final Honour School of Animal Physiology between the first and second B.M. courses. At the moment the arrangements for the 1939 B.M. examinations stand, but there may be changes in 1940. The first B.M. examination begins on December 4, and the second B.M. examination on December 6, 1939. The D.O. course and examination are suspended for the academic year 1939-40. The address of the Dean of the Medical School remains as before—namely, Department of Medicine, the Museum, Oxford.

UNIVERSITY OF LONDON

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE

It has been decided that the office and certain departments of the London School of Hygiene and Tropical Medicine shall remain for the present at the school building in Keppel Street, Gower Street, W.C. Although courses normally lasting an academic year have necessarily had to be discontinued for the time being, it is hoped in the near future to provide short courses of instruction in tropical medicine and hygiene. The school library will be open between the hours of 10 a.m. and 5 p.m. (Saturdays 10 a.m. and 12 noon), and the librarian will be glad to answer inquiries by post or telephone.

UNIVERSITY OF GLASGOW

At a graduation ceremony held on September 27 the following medical degrees were conferred:

M.B., Ch.B.—*A. W. Kay, *D. Struthers, *G. C. McKinlay, †A. Muir, †A. Allison, †W. D. Buchanan, †H. B. Young, †C. M. Steven, †W. Blair, †H. N. Munro, †K. R. Urquhart, †A. H. Lauder, †J. Milne, †Alexina MacL. Paterson, †D. G. Wright, †Isabella M. Kerr, G. F. Allan, G. R. Anderson, W. Anderson, B. Andrew, Janey C. A. Arnott, J. Ballantine, H. Barrowman, I. S. Bergius, A. Berkovitch, J. Black, Catherine I. Blyth, Enid E. Brackenbury, A. Brown, Marjorie A. McK. Brown, O. T. Brown, W. Brown, Janet M. Bruce, Margaret L. Bryson, A. M. Buchanan, J. R. F. Buchanan, M. Buchanan, Helen D. Burns, Margaret Callaghan, H. C. Campbell, J. L. Campbell, W. R. S. Campbell, D. Canning, Agnes E. D. Cathcart, M. R. Chassels, S. Childs, S. Citron, J. Corbet, R. L. Coulter, L. Couper, J. M. Crawford, Muriel C. H. Cunningham, J. P. Currie, R. G. Dalziel, Barbara M. Davidson, Isabel Davidson, P. W. McL. Davidson, A. S. Dawson, A. Dick, J. Donaldson, J. L. Douglas, H. Duff, H. G. Easton, G. M. Edington, R. S. Edington, H. Fairlie, J. Ferrier, R. Finlay, J. W. Fleming, J. O. Forbes, J. A. Fraser, J. F. M. Frew, Marion S. Gardner, Marjory A. Garrey, W. M. Gibson, J. G. Gillan, Janet B. Grant, S. Haase, H. L. Hart, Mary B. Howat, T. K. Howat, J. F. K. Hutton, Jesse D. Johnston, W. C. Johnston, L. G. Jubb, G. M. Kesson, A. W. Lees, G. Leslie, Millicent H. S. Leslie, Brenda E. Linck, R. Livingstone, W. P. D. Logan, J. Loudon, Jean M. McArthur, J. J. McCall, A. I. McCallum, J. McComb, E. L. F. McConnachie, J. S. McCrae, A. C. Macdonald, I. A. Macdonald, T. L. Macdonald, J. L. MacDougall, H. M. Marfarlane, I. W. Macfarlane, I. D. Macfie, P. G. McGrath, W. Q. McIntyre, A. McN. McKelvie,

W. B. McKenna, W. R. Mackie, C. M. McLean, A. MacLellan, I. McLennan, J. A. MacLeod, R. G. MacLeod, Helen McC. McNeish, P. F. Maguire, S. S. Mair, K. C. Matheson, H. J. B. Miller, R. I. Mitchell, R. Montgomery, Greer C. Murray, Margaret K. Murray, R. Murray, J. C. Mustardé, R. S. Patrick, R. Paul, D. Raeside, E. Rentoul, W. D. Richardson, Mary McC. Richmond, W. D. Ritchie, R. B. G. Robertson, N. O. Rodger, J. Rogers, A. M. Roy, D. Salamon, J. Scobbie, Dorothea H. Graham-Service, F. Shaw, J. Simpson, J. C. Simson, J. G. Smith, Jean McC. Smith, P. Sommerville, W. Steele, Elizabeth M. Stephen, Mary Sullivan, J. D. Thomson, Janet Todd, J. W. Totten, J. A. Urquhart, R. Waddell, F. M. Wainman, A. P. Walker, R. T. B. Watson, J. Weir, W. P. Weir, Margaret E. Wells, Janet C. Willock, Margaret P. Wilson, R. M. Wink, G. M. Wood, Marion T. Wright, Eileen S. M. Wybar, A. K. Young.

* With honours. † With commendation.

Andrew Watt Kay gained the Brunton Memorial Prize, awarded to the most distinguished graduate in medicine for the year 1939.

The West of Scotland R.A.M.C. Memorial Prize was awarded to Andrew Watt Kay as the candidate with the highest aggregate marks in surgery, medicine, and midwifery in the Final M.B., Ch.B. examinations held during 1939.

The Macewen Medal in Surgery was awarded to David Struthers as the candidate who obtained the highest aggregate marks in surgery in the Final M.B., Ch.B. examinations held during 1939.

The Stockman Medal was awarded to Hamish N. Munro as the candidate who obtained the highest aggregate of marks in the professional examinations in materia medica and therapeutics and medicine (written, oral, and clinical), excluding paediatrics, in 1939.

The John W. Weir Prize was awarded to Andrew Muir as the candidate who obtained the highest aggregate number of marks in midwifery and diseases of women in the final degree examinations in medicine held in 1939.

GUY'S HOSPITAL DENTAL SCHOOL

It is proposed to reopen the Guy's Hospital Dental School on November 1 at a large clinic one and a half miles distant from Tunbridge Wells. Provision is being made for students in all stages of their course, including pre-medical studies. The clinic is situated in the neighbourhood of the base hospital of the Guy's Sector. There will be a subsidiary clinic in which conservative work, extractions, and prosthetic work will be carried out actually in Tunbridge Wells. Accommodation will be provided in the School for some of the students. Further particulars may be obtained from the Sub-Dean, Guy's Hospital Dental School, London Bridge, S.E.1.

Medical Notes in Parliament

Mr. CHAMBERLAIN made a statement in the House of Commons on October 3 about the war. He said that if peace proposals were made the British Government would examine and test them. No such proposals had yet been received.

The Finance Bill was read a second time in the House of Commons on October 2. Replying to the debate Sir JOHN SIMON mentioned that cosmetics had been put on the list of prohibited imports. During the preliminary debate on the Budget Resolutions Sir ARNOLD WILSON said on September 28 that many would welcome a tax on medicines, even including healing medicines, provided a small sum were earmarked for the medical health services of the nation. Sir FRANCIS FREMANTLE, speaking on September 29 on a proposal to reduce the sugar duty, said enormous damage was done to the teeth of children by confectionery, and that dental decay was at the root of rheumatism. The motion to reduce the duty was defeated. Mr. BOOTHBY, speaking on the Finance Bill on October 2, referred to the case of a Harley Street physician, with a very high rent, who had been making sums of anything from £5,000 to £10,000 a year, and now found himself on Government work in a hospital at a salary of £400 a year; yet he had to pay tax on the very large sums he had earned in recent years. Sir JOHN SIMON intervened and said: "What my hon. friend is saying is not in accordance with the provisions of the Bill or what I said in my speech. I am so conscious of cases of the sort that he has quoted that I explained in my Budget speech that

instead of calling upon such a taxpayer to pay in respect of those thousands of pounds earned in past years he would be entitled to substitute his actual earnings of this year. That is an enormous alleviation."

The Parliamentary Medical Committee met at the House of Commons on September 28, with Sir Francis Fremantle in the chair, and will continue regular meetings during the war. Sir Francis Fremantle, as representative on the Central Emergency Committee of the British Medical Association, reported on the present position of the profession. The Committee discussed the under-employment of medical men in certain public services, the establishment of military hospitals in the United Kingdom, the interchange of patients between civil and military hospitals, and the medical treatment of the civil population. It also considered the admittance of patients to hospitals, their evacuation to more distant hospitals, and evacuation of patients to their homes. Petrol rationing to medical men and the employment of radium were discussed. Subsequently Sir Francis Fremantle and Dr. Howitt went as a deputation to Dr. Elliot, put forward considerations on several subjects named above, and found that he is active to rectify defects.

Hospital and Medical Services for Civilians

On September 26 Mr. SORESENSEN asked the Minister of Health whether he was aware of the acute suffering and hardship caused by the removal of certain patients from hospitals to their homes, by the refusal of beds to patients needing special treatment, and by the relative scarcity of medical services in reception areas, and also of the number of doctors, nurses, and other medical staff on duty but performing no immediate service in hospitals allocated to deal with air raid victims. Miss HORSBRUGH said that the Minister was aware that difficulties and hardships had inevitably arisen from the far-reaching steps which were of necessity taken to deal with the possibility of large numbers of casualties from air raids. Numerous steps had been taken to enable the best possible use to be made of the hospital accommodation and medical and nursing personnel at present available. Arrangements had been made to release for part-time service in private practice a number of doctors at present employed in the Emergency Medical Service. All possible publicity had been given to several announcements that patients whose condition required hospital treatment, whether in-patient or out-patient, should certainly receive it. The Minister was continuing to keep the situation closely under review.

Health of Evacuated Children in Scotland

On September 26 Mr. HENDERSON STEWART asked the Secretary for Scotland how, in view of the large sums spent on health services in the cities of Scotland and the repeated assurances that these services were adequate and efficient, he accounted for the serious bodily condition of so many of the persons recently evacuated; and whether he would order an immediate inquiry into the health services of the cities of Scotland. Mr. COLVILLE said there had been a tendency to exaggerate the position, but that a proportion of the evacuated children were suffering from skin diseases or were in a verminous condition. He did not consider that an inquiry such as Mr. Henderson Stewart suggested would serve a useful purpose in present circumstances. He had arranged that the local authorities of sending areas would make a thorough medical inspection and give whatever treatment was necessary before any further children were evacuated. The evacuation took place in conditions of urgency, at a time when the supervision of the children was curtailed because of school holidays.

Care of Expectant Mothers in Reception Areas

Dr. ELLIOT stated on September 28 that as normal public health services included organized visiting of expectant mothers, he was taking steps to ensure that such services were available in reception areas for evacuated women as well as for the ordinary population. Steps for augmenting health visiting staff were primarily a matter for the welfare