

Mr. B. W. FICKLING said that at the Royal Dental Hospital there had been some investigation of the mode of action of these drugs, and many of the investigators considered that the concentration of the drug at the site of infection was important. Some work had been done on the concentration of M & B 693 (sulphapyridine) in the saliva, and it was found that whereas this drug was present in the mouth in all the cases it was only present in about one-third to one-fourth of the concentration in the blood. With regard to the use of these drugs in incipient submaxillary abscesses, he had analysed sixteen cases which had been admitted to the Royal Dental Hospital for this condition. Of this number twelve required incision no matter whether they had had sulphapyridine or sulphanilamide or had not, and only two cases could be called successes in the sense that when incision failed to cure the sulphonamide drug proved effective.

Professor FLEMING, in reply to Dr. Fish's question concerning the possibility of bacteraemia after extraction, said that so far as his limited knowledge of the conditions in the mouth went the question of the sensitiveness of mouth microbes to these drugs had not been worked out. If the organisms were sensitive he had not the slightest doubt that bacteraemia could be prevented. A question had been raised about the strength of the drug in the saliva. It was in the infected tissues, not in the saliva, that one wanted to kill organisms. Doubtless in the infected tissue outside a pocket one would get the drug in much the same concentration as in the blood, but it might be much weaker in the saliva and yet act perfectly well as regards the infection.

Chemotherapy in Gingivitis and Pyorrhoea

Dr. A. J. COKKINS, in a short communication, described some work which he had superintended in a small chemotherapy clinic at St. Mary's. The object was to discover the value of chemotherapy in *S. viridans* infections, especially pyorrhoea. Cultures were taken from the patients' gums at various stages of pyorrhoea and gingivitis, and *S. viridans* was discovered in practically every case, sometimes in pure culture, very often mixed with non-pathogenic organisms, and in quite an appreciable proportion of cases mixed with *S. haemolyticus*. Over seventy cases had been treated with sulphonamide compounds—namely, sulphanilamide, sulphapyridine, and uleron. The last-named proved much less effective than the others. There was little difference between the first two, provided the sulphanilamide was given in rather larger doses. The majority of the patients showed some clinical response to treatment, however advanced their pyorrhoea. He was convinced that the obvious manifestations of acute gingivitis, whether localized or diffuse, could be made to clear up completely in about a week by oral administration of sulphanilamide or sulphapyridine, 3 to 4 grammes daily. The fetor and the morning stain on the teeth and lips completely disappeared. The oedematous interdental papillae shrank and the large lymph glands which had been observed in some of the cases subsided. This result could be produced by sulphonamide therapy without any adjuvant measures at all. But it was quite certain that one course of chemotherapy did not suffice to cure gingivitis, the condition relapsing a week or so afterwards. By giving further courses, however, and particularly by increasing the immunity response by preliminary and accompanying vaccine therapy, the infection could be indefinitely delayed for six months or more. In cases with a deeper infection, with pus pockets, apical abscesses, and loosening of the teeth, chemotherapy and immunotherapy could only play a secondary part, if any at all. There were evidences of anti-bacterial activity, however, even in these cases, the pain of a pulp infection being relieved or a pus pocket cleared up. But this was temporary, and cure could only be obtained through the odontological surgeon. An incidental benefit was the prevention and treatment of the septicaemia occasionally produced by the bacterial shower liberated into the blood stream after the extraction of several septic teeth. He had seen cases in which this septicaemia had cleared up quickly under sulphonamide compounds, and it was probable that vaccines and a short course of sulphonamide therapy would largely abolish these unpleasant complications of dental surgery.

Local News

IRELAND

Tuberculosis in Belfast

The report for 1938 of the chief tuberculosis officer for the county borough of Belfast states that 2,200 persons, notified as suffering from signs of tuberculosis in various forms, were examined during the year. Of these 36 per cent. were found to be tuberculous, and a further 7 per cent. suspect. The total number of patients who received treatment or who passed under observation was 7,842. It was found that 47 per cent. of new tuberculous patients examined had a definite opportunity of infection through contact with other tuberculous patients among their own family connexions. The report stresses the importance in avoiding infection of scrupulous care, not only in the disposal of sputum, but in the cleansing of the hands and of table utensils. It is suggested that every patient and attendant should have a separate set of table utensils for his own use. The application of P.P.D. (purified protein derivative) tests proved to be especially valuable in children. A positive reaction may provide early diagnosis; repeated tests at periodical intervals may furnish helpful guidance concerning the progress or regression of the disease. On the other hand, a negative reaction, especially in the higher dilutions of P.P.D., prevents sufferers from bronchitis or wasting being wrongly labelled as tuberculous. Application of the test to children of pre-school age may aid in the discovery of a hitherto unsuspected case of tuberculosis in the household.

Medical Research Council of Ireland

The Medical Research Council of Ireland has made the following awards: Dr. W. R. F. Collis and Dr. Oliver FitzGerald, each a grant-in-aid for special apparatus; Dr. Martin G. A. Little, part-time grant for one year from January 1, 1940, for an investigation of the nervous control of the digestive glands, the work to be carried out in the department of physiology, University College, Galway, under the direction of Professor J. F. Donegan; Dr. D. P. Murnaghan, grant-in-aid towards the expenses of his research training in the department of embryology, Carnegie Institution of Washington, Baltimore, U.S.A., under the direction of Dr. George Streeter. Whole-time grants have been renewed for further periods as follows: Mr. Patrick Boyle, one year; Dr. T. G. Brady, one year; Dr. P. J. Holland Clarke, six months; Mr. R. P. Cooke, one year; and Dr. Cecil Mushatt, five months. Part-time grants renewed are: Dr. Oliver FitzGerald, one year, and Dr. D. K. O'Donovan, one year. The grant-in-aid awarded to each of the following has been renewed: Dr. E. S. Duthie, six months; Dr. Ninian Falkiner, one year; Professors W. R. Fearon and R. W. Ditchburn, six months; Dr. Gerald FitzGerald, one year; Professor J. B. Gatenby and Miss O. E. Aykroyd, one year; and Dr. David Mitchell, one year.

SCOTLAND

Scottish Mental Pathology

The annual report for 1938 of the Scottish Mental Hospitals' Pathological Scheme gives a short summary of the work of Dr. Campbell, the pathologist, in collaboration with his predecessor, Professor Biggart, on the nature and incidence of the polio-encephalitis first described by Wernicke. The opinion is put forward that this disease is not necessarily restricted to cases of alcoholic excess, but may occur in a wide variety of conditions of bodily privation or exhaustion. A lack of vitamin B₁, whether or not associated with an infective focus,

is regarded as a potent factor in its causation. The report points out the importance of this research with a view to the diagnosis and treatment of the many obscure, obviously organic cases of mental and cerebral deterioration, with no evidence of arteriopathic degeneration sufficient to account for the symptoms, which are received every year in mental hospitals. Among other researches mentioned are an investigation of the influence of the thyroid on the temperature disturbances produced by experimental lesions in the hypothalamus, an experimental study of the quantitative variation of the cerebral capillary bed under different conditions, and an investigation into the reactions of the cerebral vessels in normal and hypertensive animals. Routine work comprised 252 histological examinations, including examination of 221 brains.

Edinburgh V.D. Scheme

The annual report for 1938 of the City and Royal Burgh of Edinburgh Venereal Diseases Scheme describes the year under review as a period of transition from older and less efficient to recent improved methods of treatment. The adoption of the new chemotherapy for gonorrhoea produced a marked drop in the number of out-patient attendances, with the substitution of one interview with a medical officer every day for thrice daily irrigations. Sulphapyridine (M & B 693) is now given as the routine treatment of gonorrhoea in all its manifestations, including vulvo-vaginitis in young girls and ophthalmia neonatorum. The proportion of successful cases is estimated at approximately 90 per cent. The only disadvantage of the new form of treatment is that the symptoms subside so rapidly that patients too often fail to continue attendance for the prescribed period. With regard to syphilis the report states that increasing use is being made of the pentavalent arsenical compounds, acetylarsan and tryparsamide. The total number of cases during the year shows a slight increase. Routine Wassermann testing is advocated, a procedure which in Denmark has resulted in a striking decrease in the death rate from congenital syphilis. In follow-up work some difficulty is experienced regarding "problem girls," those who have had not only one but two or three illegitimate children. These girls readily become infected with venereal disease and are a source of danger to themselves and society. Although sterilization would prevent the production of children by irresponsible parents, it would only lead to further promiscuity and increased chances of the spread of disease. The provision of a suitable home or institution for this type of girl would contribute to the solution of the problem.

Correspondence

Cancer of the Lung

SIR,—In a letter in the *Journal* of April 2, 1938 (p. 755), I drew attention to the presence of some form of silica and iron in certain dusts that were under suspicion as causing cancer of the lung.

It was stated therein that experiments with mice were being conducted to study the effects of iron and silica dusts separately. These experiments, although not all completed, have reached a stage at which it is already established that exposure six times a day on five days of each week for one year to dust clouds consisting either of precipitated silica (SiO_2) or of iron oxide (Fe_2O_3) increases the incidence of primary lung tumours in mice, compared with that for control mice from the same stock and not specially dusted. About sixty mice lived to ages greater than ten months, and of these only 6 per cent. of the controls exhibited primary lung tumours compared with 20 per cent. of the sixty mice dusted with silica; this silica experiment is completed. The silica produced fibrotic nodules in the lymph nodes, but there was less indication of fibrosis in the lung tissue, much of the silica being removed by way of the trachea and by the lymph channels.

With the iron oxide dust, although the experiment is not completed, the incidence of lung tumours is already sufficient to give over 20 per cent. for the total dusted mice living ten months or longer; all the mice are not dead yet. Thus the iron oxide seems more potent than the silica, but such fine conclusions may not be drawn, since the lungs seem to contain more iron oxide than silica.

In any case the increases due to silica and to iron oxide seem together sufficient to explain the 45 per cent. incidence of lung tumours obtained in mice exposed to road dust from which the tar had been extracted by benzene (*Brit. J. exp. Path.*, 1937, **18**, 215). The highest incidence (74 per cent.) occurred in the mice exposed to road dust containing tar (*Brit. J. exp. Path.*, 1934, **15**, 287; *ibid.*, 1939, **20**, 122), and it might be considered that 74 minus 45 per cent.—that is, 29 per cent.—were due to the tar and the remainder of the excess of the 45 per cent. over the normal incidence might be regarded as being due to such inorganic constituents of the dust as silica and iron oxide. Since these constituents are also in the general atmospheric dust, it is not unreasonable to hold that some of the tumours present in control mice are due to similar causes. There is evidence that iron and silica may cause cancer of the lung in man (Dreyfus, T. R., *Z. klin. Med.*, 1936, **130**, 256; Kennaway, N. M., and Kennaway, E. L., *J. Hyg., Camb.*, 1936, **36**, 236; Turner, H. M., and Grace, H. G., *ibid.*, 1938, **38**, 90).

It has been suggested by several observers that cancer may originate in cells suffering from anoxia. To test this in the lung an experiment has been conducted for nearly three years with mice bred and living almost continuously under low oxygen pressure (13 to 15 per cent.—mostly 13—of one atmosphere) in a chamber. Thirty-two of such mice older than ten months have died, and of these over 30 per cent. have exhibited primary lung tumours. They have not been specially dusted, but have been exposed to some dust from soda-lime (used to absorb carbon dioxide and moisture), and also to dust from the sawdust bedding and from the mixed grain-and-bread diet. Fifty-three controls which had been shut up in a similar chamber with soda-lime, etc., but with normal oxygen pressure—namely, 20.9 of an atmosphere—show an incidence of 15 per cent. for primary lung tumours, so that the anoxia appears to double the incidence. Primary lung tumours often seem to originate in a portion of collapsed or thickened lung, and presumably the centre of such an area might suffer from some degree of oxygen want, which might be one of the factors in tumour formation. The experiment is being continued, and full details of the above result will be published elsewhere.

To date 363 control mice have given 12 per cent. incidence of primary lung tumours; on the other hand, 542 similar mice exposed to various dusts under suspicion as causes of lung cancer in man have given 36 per cent. incidence.—I am, etc.,

London, N.W.3, Nov. 29.

J. ARGYLL CAMPBELL.

The Intervertebral Disk

SIR,—Having recently spent ten months at the Mayo Clinic, and having been deeply impressed with the work there on protruded intervertebral disks, I was particularly interested to read Mr. Pappworth's article on the subject in your issue of November 25 (p. 1038). He raises, however, several points which seem to me to be controversial and worthy of discussion.

His use of the phrase "a critical review" as a subtitle seems hardly justified, for six of the seven articles which he uses as the basis for his arguments are from the same clinic, and, as he himself admits, they are concerned with the same series of cases. True enough, he includes one article from the Mayo Clinic, but refers to it only once apart from direct quotation. His main argument seems based upon the fact that he has discovered several statistical discrepancies in the six papers of the Boston group, and it should be made clear that there is no similar quarrel with Camp and Love's paper. Nor does it seem reasonable to maintain that minor inaccuracies (which might be due to a change in the opinion of the workers) invalidate the claim that prolapsed intervertebral

local medical board. He retired from active work about four years ago because of failing health. Dr. Corder first joined the British Medical Association in 1887.

The following well-known foreign medical men have died: Dr. HEINRICH NEUMANN, formerly professor of oto-rhino-laryngology in Vienna, in New York, aged 66; Dr. D. G. STIEFLER, extraordinary professor of neurology at Innsbruck, aged 62; Dr. AUGUSTE PETTIT, professor at the Pasteur Institute of Paris, member of the Academy of Medicine, and author of works on anti-poliomyelitis serum and spirochaetosis ictero-haemorrhagica, aged 70; and Dr. CARL GUSTAF SANTESSON, emeritus professor at the Karolinska Institute, Stockholm, and editor of *Skandinavisches Archiv für Physiologie*, aged 77.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Faculty Board of Medicine gives notice that as from October 1, 1939, it has withdrawn approval of courses in pharmacology held at institutions outside Cambridge, but students who on October 1, 1939, had gone out of residence without attending the course in Cambridge may make application to the secretary of the Faculty Board for leave to attend courses given elsewhere.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners in the examinations indicated.

PATHOLOGY AND BACTERIOLOGY.—J. D. P. David, A. A. Edwards, W. M. Jones, J. Lewis, Monica Parry-Morton, D. K. W. Picken, K. M. Wheeler, J. Williams, O. Williams, G. A. Wright.

OBSTETRICS AND GYNAECOLOGY.—*Beryl Badham, T. C. H. Davies, D. I. Harries, Marguerite J. Hennelly, D. D. Howell, O. Howell, G. A. Jones, Anne N. M. Llewellyn, J. E. Lloyd, R. M. Marshall, D. G. Morris, H. V. Roberts, Glenys J. Wade.

PHARMACOLOGY.—J. D. P. David, Sadie M. Davies, *N. E. France, W. S. Hill, E. H. Horton, Margaret W. Hughes, Morfudd E. Humphreys, R. T. James, E. R. Jones, D. K. W. Picken, Erica M. G. H. Roberts, Huw D. Walters, O. Williams.

SURGERY.—H. R. Hudd, M. Lewis, Mair Llewellyn, Silvia M. D. Mehta, D. G. Morris, R. E. Packer, J. L. Rees.

* With distinction.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—J. B. Gurney-Smith, A. M. McCall, M. F. Smith, K. Talboys.

MEDICINE.—G. O. C. Davies-Webb, R. M. J. Franks, E. A. Griffiths, W. C. Heunis, J. N. Hunt, J. A. Sutton.

FORENSIC MEDICINE.—G. O. C. Davies-Webb, R. M. J. Franks, E. A. Griffiths, W. C. Heunis, J. N. Hunt, J. A. Sutton.

MIDWIFERY.—C. E. S. Myers, J. P. Rochford.

The diploma of the Society has been granted to W. C. Heunis and J. A. Sutton.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the annual meeting of the Royal College of Physicians of Edinburgh, held on November 30, Dr. Alexander Goodall was re-elected President, and the following were elected to form the Council for the ensuing year: Dr. Edwin Bramwell, Dr. Charles McNeil, Dr. A. Fergus Hewat, Dr. D. M. Lyon, Dr. W. D. D. Small, and Dr. A. Graham Ritchie. Dr. McNeil was nominated Vice-President.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on December 4, with Dr. J. Souttar McKendrick, President, in the chair, the following were admitted Fellows of Faculty: James Paton Orr Erskine, M.B., Ch.B. (Glasgow), Alexander Slessor, M.B., Ch.B. (Motherwell).

Medico-Legal

DISSOCIATED PERSONALITY

The tragic case in which Dr. L. P. Lockhart was found guilty of the murder of his wife but insane¹ showed very clearly the application of established legal principles to a somewhat unusual set of facts. The doctor had been badly shocked in the last war, and there was plenty of evidence of his emotional instability before the act. He was proved to have written a notice, "Keep out; gas (study). Fetch police," to have given his wife an injection of sodium evipan, to have placed her and himself on the floor by a gas fire, and to have turned on the gas. The defence sought to prove that he had done these things unconsciously in a condition in which his personality was suppressed and the automatic powers of the body took charge. Serjeant A. M. Sullivan, K.C., pointed out that this was not an insanity defence but that, as the doctor had committed the act during unconsciousness, he should simply be found not guilty. Eminent psychiatrists agreed that the facts, if true, showed a genuine state of dissociation, and that in such a state a series of highly complicated and apparently rational acts could be performed automatically and not remembered.

In order to set up an insanity defence it is necessary to prove that the accused person, owing to mental disorder, either did not know what he was doing or did not know that it was wrong. If, however, a person kills another in a state of unconsciousness the obvious inference is that he was labouring under mental disorder. In his summing-up the learned judge indicated some disagreement with the suggestion that Dr. Lockhart really was quite unconscious of his acts, but said there was evidence on which the jury could find that he had been insane and not responsible for them; the jury found this evidence convincing. Even if the unconsciousness had been proved beyond any doubt, it was manifestly due to disorder of the mind; the unfortunate patient was shown to be a danger to himself and others; and it was necessary in his interests as well as those of the community that he should come under the care of the State and be suitably treated. Incidentally, it is interesting and encouraging to observe the progress the courts are making in their recognition of dissociated states in which the offender is not responsible for his actions and is hardly, if at all, conscious of them. They do not yet, however, recognize the state, sometimes called "irresistible impulse," in which the action is just as dissociated and automatic but the offender is conscious of it and of its illegality. Nor does the law of England permit a verdict of "Not guilty on the ground of insanity," preferring the illogical formula "Guilty but insane." One of His Majesty's judges a short time ago directed the jury in a similar case that they might find the accused guilty of the act charged but by reason of disease of the mind not responsible at law. Such a formula is more merciful as well as more logical. Moreover, those who desire to see a verdict of "not guilty" follow a successful insanity defence must remember that no legislation is likely to take away the prerogative right of the Crown to take care of an insane person who has committed a crime until he can safely be allowed to re-enter the community.

¹ *British Medical Journal*, November 25, p. 1063.

"Surgical Addiction."—In an excellent paper is described the unfortunately familiar type of patient whose psychological state becomes successively worse with each of the many operations which he or she has successfully induced surgeons to perform. The phrase "surgical addiction" indicates the psychological homology between this and other types of addiction.—*Surgical Addiction: Case Illustration*. P. Greenacre. —*Psychosomatic Med.*, April, 1939, 1, 325.

The Services

DEATHS IN THE SERVICES

Colonel HENRY HALCRO JOHNSTON, C.B., C.B.E., late R.A.M.C., died on October 18, aged 83. He was born at Orphir House, Orkney, on September 13, 1856, the fifth son of James Johnston, eleventh Laird of Coubister, Orkney, and was educated at Dollar Academy, at the long-defunct Collegiate School of Edinburgh, and at the University of Edinburgh, where he graduated M.B., C.M. in 1880. He proceeded M.D. in 1893 and in the same year took the B.Sc., proceeding D.Sc. (Public Health) in 1894. He entered the army as surgeon on July 30, 1881, attained the rank of colonel on February 16, 1911, and retired on September 13, 1913. In his young days he was a noted rugby footballer, having played as full-back for Scotland against both Ireland and England in 1877. He did not again receive an international cap, but for three years he played as a forward in the Edinburgh University fifteen. He had a fine list of war service: Sudan, 1885, at Suakin, medal with clasp and Khedive's Star; North-West Frontier of India, 1897-8, in charge of British No. 1 Field Hospital, operations in the Malakand, in Bajaur, in the Mahmud country, and in Buner, including the action at Laudakai and the attack and capture of the Tanga Pass, mentioned in dispatches, April 22, 1898, medal with clasp; South Africa, 1899-1902, operations in Natal, mentioned in dispatches, February 2, 1901, and July 29, 1902, Queen's medal with clasp and King's medal with two clasps, and the C.B. After retirement he rejoined for service in the war of 1914-18, when he served as Assistant Director of Medical Services at Glasgow and at York, and as Deputy Director of Medical Services at Gibraltar, and received the C.B.E. He was the author of numerous contributions to scientific journals. After retirement he settled at Orphir, in his native island of Orkney, where he was a deputy lieutenant of the county. He was unmarried.

The Bibby liner *Yorkshire* was torpedoed and sunk by a German submarine with much loss of life. She had on board a total of 278, of whom 160 were ship's complement, the remainder passengers, chiefly officers and soldiers with their families on the way home from the East. The company reports that 33 passengers were missing, chiefly women and children. Among those lost was Lieutenant-Colonel WILLIAM LEONARD ELIOT REYNOLDS, M.C., R.A.M.C. He was born on April 4, 1889, was educated at Guy's Hospital, and took the M.R.C.S., L.R.C.P. in 1915. He at once entered the Royal Army Medical Corps, Special Reserve, as a temporary lieutenant, took a commission as lieutenant and temporary captain on January 1, 1917, became captain on August 1, 1918, and major on February 2, 1927, and was promoted to lieutenant-colonel in August this year. He served throughout the war of 1914-18, in which he gained the Military Cross. He had been a member of the British Medical Association since 1927. He was Deputy Assistant Director-General, Army Medical Services, War Office.

Lieutenant-Colonel CHARLES HENRY STRATON, R.A.M.C. (ret.), died at Exmouth on November 1, aged 63. He was born on May 16, 1876, was educated at St. Mary's Hospital, and took the M.R.C.S., L.R.C.P. in 1898, and subsequently the D.P.H. of the Colleges in 1911. After serving as house-surgeon at St. Mary's Hospital and clinical assistant at the Great Ormond Street Hospital for Sick Children and at the Central London Ophthalmic Hospital, he entered the Royal Army Medical Corps as lieutenant on April 25, 1900, became lieutenant-colonel on December 26, 1917, and retired on August 20, 1921. He served throughout the war of 1914-18, chiefly in the Mediterranean, where he acted as Assistant Director of Medical Services in Egypt. He received the Order of St. Sava of Serbia (4th Class), as well as the war medals. After his retirement he settled in Devonshire, where he was school medical inspector to the Devon County Council at Honiton. He was a member of the British Medical Association for thirty-eight years.

Lieutenant-Colonel GEORGE FOWLER, Indian Medical Service (retired), died suddenly at Keynsham, near Bristol, on November 13, aged 65. He was born on April 29, 1874, and educated at Madras and Charing Cross Hospitals. He took the Scottish triple qualification in 1895, after gaining the L.M.S. Madras in 1894. He also took the D.P.H. of the London Colleges in 1899, and the D.T.M. Lond. and D.T.M.

and H. Cantab. in 1908. Entering the I.M.S. as lieutenant on June 27, 1901, he became lieutenant-colonel on December 27, 1920, and retired on April 29, 1929. He was appointed a Civil Surgeon in the Central Provinces in May, 1914, but reverted to military employ during the war from January, 1915, to October, 1919. He had been a member of the British Medical Association for thirty-eight years.

Major GEORGE BAILLIE, R.A.M.C. (ret.), died suddenly at West Runtun on October 26, aged 66. He was born on March 1, 1873, the youngest son of the late Dean Baillie of Letterkenny, Co. Donegal, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., B.A.O. in 1900. He entered the Army as lieutenant in the Royal Army Medical Corps on January 21, 1900, became major on June 21, 1912, and retired on August 1, 1920. He served in the war of 1914-18.

Major PIERCE MORGAN BRETT, R.A.M.C. (ret.), died at Salisbury on November 26, aged 54. He was born on May 23, 1885, was educated in Ireland, and graduated M.B., B.Ch., B.A.O. of the Royal University of Ireland in 1909. He entered the Royal Army Medical Corps as lieutenant on January 27, 1911, became major on November 25, 1927, and retired immediately afterwards but continued to be employed at Salisbury in the Reserve of Officers after retirement. He joined the British Medical Association in 1926 and served as honorary secretary of the Salisbury Division in 1936-8. He leaves a widow.

Medical Notes in Parliament

In the House of Commons on December 5, during the debate on the address, Dr. ELLIOT said that he had that morning received from Lord Nuffield the offer of a million ordinary share units of Morris Motors Limited, equivalent to perhaps £1½ million, as the nucleus of a central fund for the co-ordination of hospital finance and policy in the provinces, which he had accepted forthwith (see p. 1148).

The debate on the address continued during the week and was largely concerned with supplies for the fighting Services. In the House of Lords Lord Halifax spoke on British war aims.

The Postponement of Enactments (Miscellaneous Provisions) Bill was down for second reading in the House of Commons on December 6. It proposes to postpone the operation of the House-to-house Collections Act to a date to be fixed by Order in Council.

Hospital Accommodation in Scotland

In the House of Commons on November 21 a discussion took place on hospital problems in Scotland. Colonel COLVILLE said that they had secured some 12,000 beds in existing hospitals for the treatment of casualties, and this number could be increased at short notice to 14,500. Adaptation of mental hospitals and three large hotels should give them, in a few months, some 5,100 additional beds, and hotted hospitals and annexes now being built 10,000 more. In all the programme would give them some 31,000 beds. The needs of the ordinary sick and of military cases were not being overlooked. Hospitals included in the scheme were expected to admit all persons who might fairly be said to be in urgent need of institutional treatment. Arrangements were being made under which the additional hospital accommodation would be available for the ordinary sick if they could not obtain treatment elsewhere. He was issuing a small brochure on the hospital services which would give the information in some detail.

Army personnel in urgent need of institutional treatment were admitted to hospitals in the Emergency Service in the same way as civilian patients. Arrangements had also been made at the request of the Deputy Director of Medical Services, Scottish Command, whereby accommodation was being made available for 500 Army sick who required light hospital treatment which could not be afforded in hospitals controlled by the military authorities. The patients were being admitted, in