

called a "toxic neurosis." Chronic toxic absorption produced a very definite effect on the mentality, often perhaps mild, but not seldom profound, and sometimes going beyond the borders of what a fairly tolerant public considered sanity. In the watch for focal infection it was not enough to pay regard only to the obvious sources, the teeth and tonsils; the ear should not be ignored, and a complete investigation should be made of the nasal accessory sinuses.

Mr. J. C. HOGG said that it must not be supposed that the rhinologist was often confronted with an obviously psychotic patient, but one could not help wondering how much incipient mild mental disorder was overlooked in a busy clinic. It was easy to take the view that sinusitis was due to pus, and that if there was no obvious pus there could not be sinusitis; but rhinology did not lend itself readily to over-simplification. Very slight pathological changes in the membranes lining the nasal sinuses would often give rise to severe and crippling headache; on the other hand, there might be widespread disorganization of the nasal sinuses without any pain whatsoever. Mr. R. S. STRANG said that he was quite convinced from the results he had seen that considerable amelioration or even cure of mental states could be obtained by the removal of chronic infective conditions of the ear, nose, and throat, even when such conditions were not obvious. He regarded a complete investigation of this region in mental patients as offering some hope of improvement. Mr. S. E. BIRDSALL said that the rhinologist saw a large number of cases of sinusitis, but in only a few of them could mental disorder be said to exist. Out of 80 such cases at a children's hospital, only 5 had been referred on account of what could be described as mental symptoms, such as listlessness, inattention, and excessive fatigue. School medical officers in their reference of cases evidently had in mind a connexion between being a dunce and having large tonsils, but in very many cases he thought it could be shown that the sinuses and not the tonsils were at fault. With regard to the ear, he believed that among deaf-mutes mental depression was uncommon; the deaf-mutes whom he happened to know were exceptionally happy and lively people. But it was very different with the person with acquired deafness of high degree (leaving on one side senile deafness), who was usually introspective, morose, depressed, and ill adjusted.

Dr. F. A. PICKWORTH, who gave a lantern-slide demonstration of pathological conditions, said that infection of the sphenoidal sinuses was not *per se* a cause of mental disorder, but was a source of vascular changes in the brain. He believed that such vascular changes inhibited neuron integration by obstruction at various synapses, so that the pattern of motor behaviour was rendered abnormal, and that clinical mental disorder became evident when such vascular changes were extensive or had a certain anatomical localization. Dr. H. F. FENTON said that as the superintendent of a mental hospital he had formed the firm opinion that cases of toxic infection did occur among mental patients, and that chronic as well as acute cases could be successfully treated. When focal sepsis was found and eradicated mental and physical improvement ensued in the majority of cases; in many the response was remarkable, and in those in which recovery did not occur there was generally a reduction in psychomotor activity, better behaviour, and improved health. Dr. ARTHUR POOL asked why, although practically the whole population suffered from colds, only a small percentage developed sinusitis. He suggested that a good many patients got and maintained their infection because they had not the right diet which enabled them to withstand the infective process. Before any patient was subjected to the severe operations which had been outlined he should be given the benefit of medical treatment, with the administration of adequate quantities of vitamin C, together with a regulation of the salt content of the diet. Dr. W. J. T. KIMBER wondered whether the change in the atmosphere and spirit of a mental hospital in which these methods of investigation and treatment were introduced might not have a psychological effect which in part explained the results. The more hopeful treatment of patients was in itself a valuable factor.

Dr. ASTLEY COOPER referred to some statistics circulated by the president, from which it appeared that out of a total of 3,050 patients, nasopharyngeal sepsis had been found in 2,754 (over 90%). This meant either that it was a universal cause

of mental disease and that its eradication ought to produce recovery or that the very universality of the condition made it negligible as a cause. "Improvement" appeared to be as inevitable as in all the recently introduced "successful" treatments of schizophrenia.

Dr. A. A. W. PETRIE (president-elect of the Association) said that he was not entirely convinced that ear, nose, and throat trouble was the most important cause of mental disorder, but he shared with other medical superintendents the view that intensive investigation of patients for signs of focal sepsis was entirely to the good.

Local News

ENGLAND AND WALES

Mental Welfare

In the early part of 1939 the Mental Health Emergency Committee was constituted to function, in the event of war, in order to prevent the overlapping of mental health services. It included representatives of the Central Association for Mental Welfare, the Child Guidance Council, and the National Council for Mental Hygiene; later on representatives of other bodies were added. In its first report, covering a period of two and a quarter years, it describes the assistance its mental health workers have been able to render in reception areas among children who have been evacuated. The value of such work in its experimental stage was brought home to the Ministry of Health, which agreed to recognize the payment of these workers as an evacuation expense. A survey was made of the hostels for difficult children, and, with the beginning of intensive raids, help was given in the shelters and rest centres, as well as in the receiving areas in which the homeless people, especially those suffering mentally or nervously from the result of raids, were subsequently billeted. The Central Association for Mental Welfare, which also issues its report for two years, has to confess to some enforced suspension of activity, but it has been in a position to institute lectures on psychology to teachers, to arrange a course for medical practitioners, to help in arranging special billets for mentally unstable, subnormal, or senile individuals whose condition has been rendered more acute through shock, fear, or the destruction of their homes, to continue the visitation of epileptics in London and the Home Counties, and to carry out much other useful work. It is regretted that the report of the Feversham Committee on voluntary mental health services should have had to be shelved, but it is felt that the co-operation which has come about between mental health bodies as a result of the war has vindicated the recommendations of the report to a degree which would have been impossible to attain by ordinary propaganda alone. When the pages of the Feversham report are reopened and their contents publicly discussed "the discussion will be carried on in the light of incontrovertible practical experience, and the battle—if battle there be—will have been half won at the outset."

Appeal for London Hospitals

An appeal for £125,000 a year for hospitals during present circumstances was made at the annual meeting at the House of Lords of the King Edward's Hospital Fund for London, at which the President, H.R.H. the Duke of Kent, took the chair. The Duke of Kent said that uppermost in everyone's minds to-day, when they thought of hospitals, was the large number which had been bombed, and the endurance and bravery shown by the staffs as well as by the patients. The number of hospitals in the Metropolitan area, in which the Fund made its distribution of donations, which had been severely damaged now totalled 43, while a further 30 had been less seriously damaged in air raids. The Duke continued: "From what I have seen myself of hospitals in London and elsewhere, I can endorse all that has been said about what they have suffered and the way they have stood up to it. We are all specially grateful for the practical expression of sympathy which has come from our friends in the United States. . . . Our annual report refers to the schemes of some of the hospitals for moving part of their civil work to the country.

The King's Fund is watching this experiment with sympathy and interest, particularly because of the financial liabilities implicit therein. The King's Fund has already given additional help to the hospitals in the difficulties caused by the war and the conditions preceding the war. The annual distributions, both for 1939 and for 1940, were maintained at £300,000. Emergency grants totalling £80,500 were also made to a few hospitals during these two years. The combined result was that the total of grants and special administrative services was £307,000 in 1939 and no less than £384,000 in 1940." Reference was made to the work of the Voluntary Hospitals Parliamentary Committee, which included members of the King's Fund, the Nuffield Trust, and the British Hospitals Association, in presenting the case of the voluntary hospitals in connexion with Workmen's Compensation, the Purchase Tax, and the War Damage Act.

Hospital Contributory Schemes

Steps to increase and co-ordinate hospital contributory schemes are to be taken by a new representative committee set up by the King Edward's Hospital Fund for London. Contributory schemes have grown rapidly during recent years until they now provide an important part of the income of voluntary hospitals. Sir Kenneth Wigram, who is also connected with the Nuffield Hospital Trust, is the chairman of the new Contributory Schemes Committee, which includes representatives from the Voluntary Hospitals Committee, the Hospitals Savings Association, and the Hospital Saturday Fund. The Committee will examine the different schemes in the metropolitan area, making recommendations, and will also deal with the relation of London hospitals to schemes in the Provinces. The secretary is Mr. T. W. Place, for some years secretary of the British Hospitals Contributory Schemes Association.

Birmingham Accident Hospital

Since April last the Queen's Hospital, Birmingham, has become the Birmingham Accident Hospital and Rehabilitation Centre. Certain of the medical, nursing, and administrative staff have been taken over, as well as the buildings and equipment, and thus a specialized hospital has been established devoted entirely to the treatment and rehabilitation of men and women injured as a result of accident. The Board of Management has appointed Mr. William Gissane, F.R.C.S., of St. James Hospital, Balham, to be clinical director, and he is expected to take up his duties early in September. He will be assisted by a full-time staff with specialized knowledge, and a number of consultants will be associated with the work. The operating theatres, plaster rooms, and x-ray services will be available at all hours. There are 280 beds, certain of which will be set aside for observation cases in order that patients suffering from wounds may have a short period of in-patient treatment to ensure that complications will not develop. Rehabilitation by remedial exercises and occupational therapy will be carried out in a department to be set up for the purpose. Schemes have been prepared by the Board for the establishment at this hospital of schools for the training of nurses in industrial nursing and of selected personnel for industry and industrial first aid. The provision of a mobile surgical unit is also part of the Board's policy.

Merseyside Hospitals Council

The report of the Merseyside Hospitals Council for 1940 states that the income last year soared to a new high record of £280,284. The employers subscribed £46,220. In the three years immediately before the war the amount which it was possible to pay to the voluntary hospitals had each year fallen short by an average of £47,500 of the actual cost of the hospitals' services to members and their dependants—a sum very like that by which the hospitals collectively failed to balance their budget each year. This amount was made up during 1940 partly as a result of a plan known as the extra penny—whereby members subscribe not only a penny a week for every £ but for every part of a £—and partly because of the sharp upward curve in employment. Last year the associated voluntary hospitals received £113,246, which was £2,138 more than was distributed to them in 1939, leaving a balance of £47,000 from the year's revenue, which was held back for very good reasons. Some of the hospitals have moved to new quarters, others have suffered in air raids, and in the closing months of the year their many and varied needs were not

clearly known. Therefore the Distribution Committee, after discussing the financial position in all its aspects, decided to suspend the distribution of this reserve at least until the hospitals' financial position was known as at the end of the year 1940. Other items in the distribution were £33,104 for treatment in municipal hospitals, £14,667 to voluntary medical institutions other than the associated hospitals, £10,604 to civic war charities, and £9,400 to the medical staffs' fund. The offices of the Council have been moved to 40, Upper Parliament Street, Liverpool, their former headquarters having suffered air-raid damage.

SCOTLAND

Orthopaedic Progress in Scotland

At the annual meeting of the Princess Margaret Rose Hospital for Crippled Children, held recently in Edinburgh, Mr. W. A. Cochran, the surgeon in charge, speaking of the success of treatment, said that many instances of notable achievements could be supplied. Sufferers from infantile paralysis had been cured, and in a number of very severe cases had been enabled to walk and lead an independent life. Deformed feet had been reconstructed and shortened legs restored to normal length. Upwards of 75% of the crippling conditions of childhood could be cured sufficiently for the child to grow up in a position which enabled him to earn his living on more or less equal terms with normal people. Besides carrying out its main purposes, the Princess Margaret Rose Hospital had been extended to provide for orthopaedic war casualties in the civilian population and in the Forces. Dr. Andrew L. Davidson, Chief Medical Officer of the Department of Health for Scotland, paid tribute to the hospital for its pioneer work in orthopaedics and its efficient organization. The care of the cripple, he said, was not only a medical but a social problem. The ideal to be aimed at was the prevention of crippling. Hitherto welfare work for cripples in Scotland had been backward and limited in scope, but even in these difficult times steps were being taken to establish regional orthopaedic schemes to cover the whole country.

An Edinburgh Nutrition Inquiry

The Edinburgh branch of the Children's Nutrition Council recently sponsored an inquiry into the adequacy of incomes and expenditures of 103 families with slender means, and has now issued a report entitled "Food and the War." The B.M.A. minimum diet, as laid down in the 1933 report of the Committee on Nutrition, was used as a basis for the inquiry, the items of food being repriced at their cost in Edinburgh in November, 1940. The income level of the families investigated was that of the unskilled labourer. The report states that the cost for an adult man had risen since 1933 from 5s. 11d. to 12s. 6d., the rise for children was rather less, but on the whole food prices for a family were about doubled. Out of 76 families whose food bills were examined, only eight are regarded as spending enough to buy a diet adequate in every respect. The main cause of the inadequacy was lack of means; other factors were imperfect catering or inability to obtain a sufficient variety of food-stuffs. In achieving even the low nutritional standards brought to light, half of the families were over-spending their income and running bills from week to week with shopkeepers. The children, according to this report, suffer from lack of essential protective foods and may show the stigmata of stunted growth, deficiency diseases, and an inability to withstand the ravages of infections. While much could be done by furthering the knowledge of correct eating and the best possible use of available food in the homes, the main task is to ensure that enough food of the right kind is obtainable by all. Four measures are advocated: a wide development of communal feeding, expansion of all social services relating to food, extension of the National Milk Scheme to include children up to the age of 16 at least, and distribution of certain vitamins as a social service. Greater use should be made of Scotland's agricultural potentialities. A more equitable distribution of available foods is called for, and steps should be taken to ensure that wages, allowances, and old age pensions keep pace with rising costs of living. Copies of the report may be had from the Secretary, Children's Nutritional Council, 37, Esslemont Road, Edinburgh, 9 (price 3d., by post 4½d.).

Obituary

SIR WILLIAM WILLCOX

Dr. J. D. Rolleston writes:

Beyond the statement that he served on a special committee at headquarters on tests for drunkenness the otherwise excellent obituary of Sir William Willcox in the *Journal* of July 19 (p. 103) contains nothing to indicate the interest which, without being an abstainer, he always took in the alcohol problem. In particular no mention is made of his connexion with the Society for the Study of Inebriety, of which he was president from 1924 to 1927. In 1923 he delivered the Norman Kerr lecture before this society, his subject being drug addiction, and in 1924 his presidential address was devoted to the aims and work of the society. He also always took an active part in the discussions held at the society's meetings. Furthermore he contributed an article on the medical aspects of temperance to a book entitled *Confirming the Facts*, recently published by the Temperance Collegiate Association, and containing articles by Sir Frederick Gowland Hopkins, Prof. Amy M. Fleming, Mr. W. McAdam Eccles, Lord Stamp, Sir Leonard Rogers, and others.

Early this year the liner on which Dr. HILDA CRICHTON BOWSER was returning to India was shelled in mid-ocean by a German surface raider. Most of the lifeboats were thus damaged and fellow passengers have reported that Dr. Bowser was in one which had been seen to sink. The more seaworthy boats were too full to rescue survivors, who had to be left in the water in the hope that they would be picked up by a boat which had been launched from the raider. This hope has proved vain, and the Baptist Missionary Society and a wide circle of friends now mourn the loss of the Society's senior medical missionary in India. Dr. Bowser was the daughter of the late Principal of the Midland Baptist College. She took her B.Sc. degree from Nottingham University College before entering the London School of Medicine for Women, where she qualified M.R.C.S., L.R.C.P. in 1919 and later took the M.B., B.S. of London University. Relinquishing her studies for the degree of M.D. in obstetrics she sailed in 1923 to India, and for eighteen years built up a unique hospital and nurses' training work at the Rahmatpur Women's Hospital at Palwal in the South Punjab. Her reputation and influence were felt in a wider circle in India. She represented the Association of Medical Women on the governing board of the Lady Hardinge Medical College in Delhi, and acted as chairman of the North India Board for Nurses' Examinations. She maintained the highest standards of professional work, and the reports of Government inspectors invariably praised the efficiency of what was considered as a model rural hospital. Physically robust—a college and county hockey captain—and possessing great mental vigour, Dr. Bowser was the embodiment of the ideal of "mens sana in corpore sano." Her gifts and graces were wholly dedicated to a life of service. It is men and women like Hilda Bowser who are responsible for the fact that the phrase "missionary spirit" has found a place in the vernacular of a country which needs and greatly admires the spirit of the Good Physician.

We regret to announce the death after a long illness, on June 13 at the age of 74, of Hofrat Professor JULIUS ZAPPERT of Vienna at Slough, where he had been living in exile for the last two years. His chief work was concerned with the neurology of children, his principal publications being devoted to Heine-Medin's disease (1911), diseases of the nervous system in childhood (1922), convulsions in childhood (1928), and post-vaccinal encephalitis in conjunction with Dr. Marius Kaiser which received notice in this *Journal* (1939, 1, 59).

The following practitioners have died abroad: Dr. LARS WILHELM FAGERLUND, a Finnish anatomist and epidemiologist, author of numerous works, especially on medical jurisprudence, leprosy, and tuberculosis, aged 87; Dr. JOHANNES WILHELM HJELMMAN, a Helsingfors dermatologist and syphilologist, aged 79; and Dr. LLOYD VERNON BRIGGS, past president of the New England Society of Psychiatry and former director of the Massachusetts Society of Mental Hygiene, aged 77.

Universities and Colleges

UNIVERSITY OF OXFORD

The first examination in Special and Clinical Pathology begins on September 30, and names must be received at the University Registry by 3 p.m. on Wednesday, September 10. The attention of candidates is drawn to the facts that: (1) Certificates 4 and 10b must be produced. The former is to the effect that the candidate has been instructed in special pathology, including post-mortem examinations, and clinical pathology for a period of not less than eighteen months. The latter is to the effect that the candidate has completed twenty-one months of systematic clinical instruction. (2) They must also offer forensic medicine and public health unless they have already passed in it.

UNIVERSITY OF LONDON

The Principal's Report

The report of the Principal, Mr. H. L. Eason, on the work of the University during the year 1940-1 has now been printed, and much of it is naturally concerned with the war and its effects upon academic life in general, on teaching and research, and on the buildings of the university and its constituent schools. In his introduction Mr. Eason notes that the results of intensive air raids on London have fully justified the policy of dispersal generally adopted in the summer of 1939. The damage to university buildings has been so severe and so widespread that if the schools had still been in London the work of the internal side of the university would have practically come to an end for the time being. University College has suffered very badly, and one of the more recent sufferers is the London School of Hygiene. The hospitals attached to the medical schools of the university have almost without exception been severely damaged, but owing to the decentralization of staffs, students, and patients under the Emergency Medical Service, medical education has been maintained at a high level. The greatest sufferers among the medical schools have been St. Bartholomew's and the London School of Medicine for Women. Notwithstanding all the handicaps under which it has laboured, by reason of war damage, decentralization, and delays and difficulties due to disturbance of communications, the work of the university has been well maintained, and normal examinations have been held, though in some cases in provincial centres. The Principal conveys the grateful thanks of the University of London to all those provincial universities and university colleges which have hospitably entertained staff and students and enabled the examinations to be carried on without material loss of efficiency. Among many miscellaneous items mentioned in this report are the foundation by Dr. T. H. Sanderson-Wells of prizes in the pathology and physiology of food, and funds for an occasional lecture on human ailments with special reference to soil fertility; the appointment of Dr. J. H. Gray to the chair of anatomy at St. Mary's on the retirement of Prof. J. E. S. Fraser; and special work of therapeutic value developed in connexion with the military and E.M.S. hospitals. In conclusion Mr. Eason writes: "This report necessarily deals in a scattered way with a scattered university. While exile has its disadvantages both for staff and students, it has its advantages in stimulating adaptability to circumstances and in providing an education in its methods, habits, and customs of universities other than one's own. Our students and teachers have certainly not sat down by the waters of Babylon and wept."

GUY'S HOSPITAL MEDICAL SCHOOL

The following awards have been made for 1941: *Entrance Scholarship in Arts* (value £100): E. L. W. Leiser. *Entrance Scholarship in Science* (value £100): Divided between J. C. Craok and D. D. Hilton.

UNIVERSITY OF EDINBURGH

A graduation ceremony was held on July 16, when the following degrees and diplomas were conferred:

M.D.—²D. S. Fairweather J. A. Farfor, Captain, R.A.M.C., ¹C. A. Green, ¹D. Harley, A. G. MacGillivray, ³H. Miller, Surgeon Lieutenant, R.N.V.R., A. Paterson, A. I. Ross, ²W. S. Thomson, Lieutenant, R.A.M.C.

Ph.D.—A. E. Sundareson, M.B., B.S.

M.B., Ch.B.—P. A. Adam, R. S. F. Adam, W. J. Aitken, F. G. Alexander, W. G. Alexander, A. Anderson, W. Anderson, Winifred A. Bailey, Helen S. Barrett, C. L. Bikitsa, E. C. B. Bramwell, A. S. Brown, I. G. Brown, J. B. Brown, M. L. Brown, R. Brown, Maud L. Buchanan, G. M. Carstairs, Josephine A. Cartwright,

The Services

DIRECTOR-GENERAL, ARMY MEDICAL SERVICES

Colonel (Temporary Brigadier) Alexander Hood, C.B.E., has been appointed Director-General, Army Medical Services, in succession to Lieutenant-General Sir William P. Macarthur, K.C.B., D.S.O., O.B.E., who retired on August 1.

The new Director-General graduated in medicine at Edinburgh University in 1910 and took the M.D. degree in 1931. He entered the R.A.M.C. in 1912 after serving as house-surgeon at the Edinburgh Royal Infirmary. He has been D.D.M.S. in France and D.D.G. at the War Office.

HONORARY SURGEONS TO THE KING

Surgeon Rear-Admiral G. F. Syms, R.N., has been appointed an Honorary Surgeon to the King.

Colonels T. C. Boyd, V.H.S., and H. J. M. Cursetjee, D.S.O., V.H.S., I.M.S., have been appointed Honorary Surgeons to the King, vice Colonel J. Taylor, C.I.E., D.S.O., I.M.S. (ret.), and Major-General N. M. Wilson, C.I.E., O.B.E., I.M.S. (ret.), respectively.

ARMY AWARDS

Major F. McL. Richardson, R.A.M.C., has been awarded the D.S.O. and has been mentioned in dispatches, and Captains H. S. Ahluwalia and M. C. L. Smith, I.M.S., have been awarded the M.C. in recognition of gallant and distinguished services in the Middle East.

MENTIONS IN DISPATCHES

Surgeon Lieut. John Ffrangcon Roberts, R.N.V.R. (H.M.S. *Rosaura*) has been posthumously mentioned in dispatches for gallantry in saving a wounded shipmate.

COMMENDATION

Lieut. Frederick Graham Millar, R.A.M.C., has been commended for brave conduct.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

Lieut. ANTHONY JAMES MOON, who was reported missing in s.s. *Lancastria* in June, 1940, is now presumed killed. He qualified M.R.C.S., L.R.C.P. in 1936, and took the degrees of M.B., B.Chir. of the University of Cambridge in the following year. Before the war he was in practice at Wallington, Surrey.

War Substantive Captain ROBERT MONTGOMERY MAXWELL, who has died of wounds, received his professional education at the University of Glasgow, where he graduated M.B., Ch.B. in 1936. His home was in Glasgow.

Prisoners of War

Captain Alfred Ruff Darlow.

War Substantive Captain Harry Acroyd Barker.

Lieut. James Alexander Savage Mulligan.

DEATHS IN THE SERVICES

Major-General Sir OWEN EDWARD PENNEFATHER LLOYD, V.C., K.C.B., late R.A.M.C., died at St. Leonards-on-Sea on July 5, aged 87. He was born on January 1, 1854, the son of Major M. P. Lloyd of the 58th Foot and of Co. Roscommon, was educated at Fermoy College, at the Queen's University, Cork, and in the school of the Edinburgh College of Surgeons, taking the L.R.C.P.&S.Ed. in 1877. He entered the Army as surgeon in 1878, became full colonel in 1905, surgeon-general in 1909, and retired in January, 1914, but rejoined as soon as war broke out in August, 1914, and served as D.M.S. of the Southern Command. He won the V.C. in the Kachin, Burma, expedition of 1892-3, received the C.B. in 1910, and was promoted to K.C.B. in 1919. From 1922 to 1924 he was a colonel commandant of the R.A.M.C. During his first year of service he took part in the Zulu War of 1879-81, and was present at the storm and capture of Sekukunni's stronghold, receiving the medal and clasp. In the first Boer War of 1880-1 he formed one of the garrison of Standerton, which held out against a superior force of Boers till the end of the war. During the Burmese War in 1892-3 he won the V.C. for his share in the defence of the Siva post in the Kachin Hills. The announcement in the *London Gazette* read as follows: "During the attack on the Siva post by Kachins on January 6, 1893, Surgeon-Major Lloyd, on hearing that the C.O., Captain Morton (who

T. M. Chalmers, Edith M. Churchward E. A. Claireaux, J. R. Clark, L. E. S. Coghlan, O. C. Colt, J. F. Cowan, J. D. Crombie, Rosina G. Dabb, A. B. da Costa, W. J. E. Darling, Esther A. Davidson, F. B. Davidson, J. Davidson, J. R. Deuchars, H. S. Dewar, J. S. Drummond, J. W. Drummond, A. D. Drysdale, E. C. Eadie, Ethel F. Edwards, A. W. G. Elliott, Esther T. Ewing, E. C. Field, D. E. P. Forbes, W. R. Fyvie, T. M'L. Galloway, M. Gandz, J. A. L. Gilbert, I. C. Godfrey, J. M. Gold, I. W. B. Grant, Marie P. S. Grant, A. A. Guild, D. S. Harling, Elizabeth G. Harris, K. W. Horn, H. Hutchison, Katherine I. Izat, D. Jaboore, P. M. Kerr, A. M. Langwill, J. R. Lauckner, J. Lawson, P. B. Lockhart, Philippa M. Ludlam, J. M. M'Alpin, J. M'Clemont, R. N. C. M'Curdy, H. MacL. T. MacDonald, J. A. Macfarlane, R. C. M'Laren, I. MacC. MacLeod, G. C. Malloch, K. L. Marks, Margaret St. C. Masson, Ellis M. Matthew, F. G. Maxwell-Smith, J. C. G. Mercer, A. M. Merriweather, Grace M. Mitchell, R. C. E. Moffat, A. G. C. Neill, D. F. Nicholson, J. Orr, C. A. Palfrey, R. B. Parker, W. H. Parkinson, J. M'D. Paterson, M. G. Pearson, H. J. Powell, J. W. T. Pretsell, T. Primrose, V. T. Pugh, B. C. E. Richardson, M. R. Rifaat, Winifred B. Ritchie, W. G. Robertson, H. E. Robins, H. N. Robson, J. D. Ross, J. Y. W. Russell, A. J. Sangster, Sheila P. V. Sherlock, O. H. Siung, Betty V. Slesser, J. D. A. M. Smart, A. C. Smith, C. J. C. Smith, Margaret Sinclair Smith, Margaret Steele Smith, J. C. W. Somerville, J. J. Stevenson, N. R. Stewart, J. R. Stuart, A. P. Tait, Helena P. M'L. Taylor, Mildred S. Tie-Ten-Quee, T. Tie-Ten-Quee, J. E. Tinne, W. H. Toms, Janet C. Trotter, Davina M. van Weel, J. W. Walford, Margaret J. P. Walker, Grizel Warnock, Elizabeth M. Watson, W. B. Whiston, J. G. Whitty, J. Wilkinson, Jean C. Willison, J. A. C. Wilson, Sara S. Wood, H. C. Worrall, Kathleen M. F. Worrall (née Whalley), R. K. W. Yang, W. W. Yellowlees.

D.P.H.—Olive B. Barnetson, G. A. R. Brown, W. D. Buchanan, J. Cameron, Monica de S. Craig, W. Giles, Rachel Hunter, R. P. Seymour, Mora A. Smeaton, Mona M. M'F. Thomson.

DIPLOMA IN MEDICAL RADIOLOGY.—K. Brauer, B. Donnelly, G. H. Illingworth, J. A. Wain.

¹ Awarded gold medal for thesis. ² Highly commended for thesis. ³ Commended for thesis. ⁴ Passed with honours. ⁵ *In absentia*.

The following prizes were presented:

MacLagan Prizes in Forensic Medicine: D. Henderson and R. T. S. Louttit. Straits Settlements Gold Medal: W. F. E. Baumann. Ettles Scholarship and Leslie Medal, Scottish Association for Medical Education of Women Prize, Mouat Scholarship in the Practice of Physic, Dorothy Gilfillan Memorial Prize, Beaney Prize in Anatomy and Surgery, Keith Memorial Prize in Systematic Surgery, and Murdoch Brown Medal in Clinical Medicine: Sheila P. V. Sherlock. Buchanan Scholarship in Midwifery and Gynaecology and Annandale Medal in Clinical Surgery: Josephine A. Cartwright. James Scott Scholarship in Midwifery and Gynaecology and Royal Victoria Hospital Tuberculosis Trust Medal: J. Y. W. Russell. Conan Doyle Prize: W. R. Fyvie. Wightman Prize in Clinical Medicine: A. M. Merriweather. Pattison Prize in Clinical Surgery and Thomson Memorial Medal in Child Life and Health: J. A. L. Gilbert. Sir Humphry Rolleston Prize: J. Orr. Murchison Memorial Scholarship in Clinical Medicine: A. A. Guild. Ellis Prize in Physiology: A. E. Ritchie. Gunning Victoria Jubilee Prize in Chemistry: G. T. Meiklejohn. Gunning Victoria Jubilee Prize in Materia Medica: G. A. Levvy. Gunning Victoria Jubilee Prize in Medicine: J. Innes. Lewis Cameron Undergraduate Prize in Bacteriology: B. Cruickshank. Biggam Medal and Prize in Pathology: H. T. G. Strawbridge. Cunningham Memorial Medal and Prize in Anatomy: P. R. Walbaum. Whiteside Bruce Bursary: A. D. Bethune and Constance C. Forsyth (equal). Vans Dunlop Prize in Botany and Zoology: Constance C. Forsyth and Hilary F. H. Hamilton (equal).

POLISH SCHOOL OF MEDICINE AT EDINBURGH

The degrees of M.B., B.Ch. were conferred on K. Bazarnik, Lieutenant-Pilot, Polish Air Force.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on July 21, with Dr. H. M. Traquair, President, in the chair, the following, who had passed the requisite examinations, were admitted Fellows:

F. P. Cameron, Lyra M. de Souza, K. Fraser, J. W. Frost, W. J. F. Guild, Ethna W. Little, G. E. Moloney, D. M. Morrissey, K. D. Rao, E. W. Somerville, B. G. Spiers, W. S. Tulloch.

CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the final examinations, have been granted the diploma of L.R.C.P.Ed., L.R.C.S.Ed., and L.R.F.P.&S.Glasg.:

N. V. Appavoo, H. K. Banda, F. H. Batchellor, S. J. Blau, A. H. Brambri, W. Brown, M. Burdman, D. Davidson, W. J. Dempster, H. H. Feldman, W. J. E. Fernando, J. Fitzsimons, S. Gelband, E. G. Gordon, H. P. Hall, H. V. Hankins, A. S. B. Hebron, M. H. Hurwitz, J. Ireland, L. Kaywin, H. Laret, M. Links, E. Lipschik, M. K. McCabe, A. McCall, T. McMurray, J. C. MacWilliam, I. Markowitz, H. Pearl, J. M. Stewart, L. J. Swirsky.

E. Nobel, a graduate of a recognized foreign university, was also admitted a Licentiate.

had left the fort to visit a picket about 80 yards distant), was wounded, at once ran out to his assistance under a close and heavy fire, accompanied by Subadar Singh. On reaching the wounded officer, Surgeon-Major Lloyd sent Subadar Singh back for further assistance, and remained with Captain Morton till the Subadar returned with five men of the Magwe Battalion of Military Police, when he assisted in carrying Captain Morton back to the fort, where that officer died a few minutes afterwards. The enemy were within 10 or 15 paces, keeping up a heavy fire, which killed three men of the picket and also Bugler Purna Singh. This man accompanied Captain Morton from the fort, showed great gallantry in supporting him in his arms when wounded, and was shot while helping to carry him back to the fort. The native officer and five sepoy above alluded to have been awarded the [Indian] Order of Merit." After Captain Morton's death Surgeon-Major Lloyd took command of the fort and brought the fight to a successful issue. He served afterwards as medical officer to the Franco-British Boundary Commission on the Mekong River in 1894-5, and in the same capacity on the British-Chinese Boundary Commission on the Burmese frontier in 1898-9, acting for a time as commissioner in the place of Sir George Scott. On his return to England he served as senior medical officer of the Dover Garrison and District. In 1905 he returned to India as principal medical officer of the Bareilly Brigades, when he was appointed Honorary Surgeon to the Viceroy. Subsequently he served for a short time as principal medical officer in South Africa. He had been a member of the British Medical Association for twenty-two years.

Major-General Sir WILLIAM WATSON PIKE, K.C.M.G., D.S.O., R.A.M.C. (ret.), died at Lincoln on June 26, aged 81. He was born in Co. Mayo on March 10, 1860, the son of the late Mr. W. Pike of Glendaray, and was educated at Dublin, taking the L.R.C.P. and S.I. in 1880 and the F.R.C.S.I. in 1888. In his student days he was a famous rugby international, playing at three-quarter back in the Irish team on several occasions. He entered the Army as surgeon in 1882, reached the rank of full colonel in 1911, was specially promoted to surgeon-general for distinguished war services in 1917, and retired in 1920. He served throughout the South African War of 1899-1902, when he took part in the relief of Kimberley; in operations in the Orange Free State, including the actions of Paardeberg, Poplar Grove, and Driefontein; in the Transvaal, including actions at Pretoria; and in Cape Colony; was twice mentioned in dispatches and received the Queen's medal with five clasps, the King's medal with two clasps, and the D.S.O. In the war of 1914-18 he served first as A.D.M.S. of a division, then as D.D.M.S. of a corps, but in 1917 as D.M.S. of the Fourth Army. He was then sent to East Africa to confer with General Smuts on the medical organization of the troops in that theatre of war. In 1918-19 he was serving in India on special duty and on his return home was made a K.C.M.G. Before receiving this honour he was mentioned in dispatches three times and received the C.M.G. as well as a special promotion. Sir William Pike had been a member of the British Medical Association for thirty-five years. In 1886 he married Sara Louisa, daughter of Mr. E. Wheatley; she died in 1918, leaving a daughter who married Colonel O. Y. Hibbert, and died in 1935.

Lieutenant-Colonel DAVIS HERON, C.I.E., I.M.S. (ret.), died suddenly at Ashridge Hospital on June 24, aged 63. He was born in January, 1878, and was educated at the University of Edinburgh, where he graduated M.B., Ch.B. in 1900. He took the F.R.C.S.Ed. in 1912. After filling the post of house-surgeon at Scarborough Hospital and Dispensary and serving as a civil surgeon in the R.A.M.C. in 1901-2, entered the I.M.S. in 1903, became lieutenant-colonel in 1922, and retired in 1930. He served during the war of 1914-18, was mentioned in dispatches in 1917, and received the C.I.E. in 1918. He had been a member of the British Medical Association for thirty-five years. He leaves a widow.

On production of a certificate from the doctor or midwife who has been booked to attend a confinement, or, in the case of a woman attending an ante-natal clinic, from the medical officer of health, expectant mothers will be supplied by welfare authorities with fifty coupons to buy materials for garments, which should be made before the baby is born. The certificate, which should be given as soon as the diagnosis is made (usually the sixth month of pregnancy), should state the mother's name and address, her National Registration number, and the approximate date on which the confinement is expected. Double the number of coupons will be issued where a positive diagnosis of twins has been made and confirmed.

Medical Notes in Parliament

In the House of Lords on July 22 the Royal Assent was given to the Finance Act. In the House of Commons on the same day the National Health Insurance, Contributory Pensions, and Workmen's Compensation Bill passed its remaining stages.

Pharmacy and Medicines Bill

The House of Commons in Committee amended the Pharmacy and Medicines Bill on July 15 and 16.

On Clause 3 (Prohibition of advertisements relating to certain diseases) Mr. PETERS moved to add to the list of those to whom prohibited advertisements might be sent persons who, although not registered practitioners, were engaged in medical research. Mr. ERNEST BROWN said the clause was a fundamental one to prevent sufferers and their relatives being imposed on by advertisements of useless remedies. The amendment was too vague. He would be glad to discuss with Mr. Peters any proposal affecting a definable group. The amendment was withdrawn.

Dr. RUSSELL THOMAS criticized the list of diseases cures of which were not to be advertised. He said the number of people suffering from locomotor ataxy was so small that it would not pay to advertise cures for it. There was nothing to prevent the patient taking advertised cures for neuritis and dizziness for years till this disease was diagnosed. Similarly persons suffering from diabetes used all sorts of patent remedies for their weakness until their disease was diagnosed. The clause would have no effect on the advertising campaign for debility and weakness. The inclusion of glaucoma was futile. No vendor of patent medicines would say he had a cure for cataract or glaucoma, but there would be ample scope for the patent medicine vendor to advertise remedies for the symptoms. In the case of Bright's disease there was every field before the disease was diagnosed for the vendors of patent medicines to sell wares for the treatment of slowly developing symptoms. The inclusion of Bright's disease would have no effect on the patent medicine trade. The same thing applied to epilepsy and paralysis.

Miss HORSBRUGH said the clause would make illegal the advertising of specific articles as cures for particular diseases, not the treatment of those diseases. Proceedings would not be taken except with the consent of the Attorney-General or Solicitor-General.

DISCLOSURE OF INGREDIENTS

Mr. JAMES GRIFFITHS moved to provide that the disclosure must be in English. Dr. RUSSELL THOMAS said a famous pill whose composition in Latin would read something like: "Sap. moll., ext. aloin, zingiberis" would probably not flourish so much if on the wrapper in plain English were written: "Soap, aloes, and ginger." Mr. BROWN said disclosure should be made in terms clearest to those who had scientific knowledge and to those who bought. He had an amendment to leave out "composition" and to insert "accepted scientific name or other name descriptive of the true nature." He would go into the matter again before the Report stage. Mr. James Griffiths then withdrew the proposal that disclosure must be in English, and the House accepted Mr. Brown's amendment.

The House negated an amendment, proposed by Sir THOMAS MOORE on behalf of the Society of Herbalists, which would exempt from detailed disclosure a remedy composed of a non-poisonous plant or plants.

On the motion of Captain ELLISTON the coming into force of the Act was delayed from January, 1942, to July, 1942, to give a sufficient period for disposal of stocks.

On Clause 9 (Repeal of medicine duties) Sir FRANCIS FREMANTLE said his friends agreed to this clause only if other conditions were laid down for complete and effective control of advertisements and the disclosure of ingredients. When the Purchase Tax was removed there would be a case for resuming the taxation of medicines.

ENFORCEMENT OF THE BILL

Mr. BROWN proposed a new clause authorizing food and drugs authorities to enforce the provisions of the Bill relating