

be achieved by other methods. Mr. Wainwright considered excision to be the treatment of choice in all patients approaching middle age, whatever the size of the proximal fragment, provided the coronoid process and the head of the radius were intact.

Local News

ENGLAND AND WALES

A Scheme of Training for Nurses

The Manchester Public Health Department has issued a memorandum of proposals for a State scheme of training for nurses, which has been prepared by Miss J. M. Calder, secretary to the local emergency committee for the nursing profession, at the request of Dr. Veitch Clark, medical officer of health for Manchester. Briefly the memorandum, which is very detailed and is intended to form a basis for discussion, proposes a four-years training course, the first part or basic course covering three years, and the second part or specialized course lasting one year, full registration being granted only to those candidates who complete both parts successfully. The scheme is built up on a regional plan of Central Schools of Nursing established in co-operation with the local hospitals and public health services. Each school of nursing would be part of a "Faculty of Nursing" in the University, and this faculty would arrange, with the approval of a "fully representative" General Nursing Council, the curricula for the courses, and would be the examining body. A very full syllabus for all four years is given, beginning with six months in the preliminary training school and ending with eight months' specialization in one of the following: clinical nursing, midwifery, domiciliary nursing, health visiting (including tuberculosis and school nursing), and industrial nursing. The transfer from classroom to the wards, the memorandum states, should be gradual, beginning with two hours daily in the first week, increasing to an eight-hour day inclusive of lectures and study. The memorandum concludes by stating that, on the basis of a recommendation in the interim report of the Interdepartmental Committee on Nursing, "it may be presumed that the recognition of nursing as an essential national service will secure an allocation of State funds for schools of nursing approved as training institutions for student nurses."

The *Nursing Mirror* of August 23 publishes a fully worked out scheme for the reconstruction of the nursing profession, and a reprint in the form of a folder leaflet has been received from the office, Dorset House, Stamford Street, London, S.E.1. The scheme deals in detail with methods of attracting recruits, and with the training of candidates on a regional basis in order to produce two grades of nurse; and there is a section on organization and control, with a view to the ultimate setting up of two registers, one for each of the two types of nurses. The scheme was drawn up by Miss Evelyn C. Pearce, Mrs. B. A. Bennett, Miss L. Snowden, and Miss G. B. Carter.

Central Shelter Sick Bay for City of London

A central shelter sick bay was opened by the Lord Mayor of London (Sir George Wilkinson) on August 27 at 66, Cheapside. In all the principal shelters of the City there are sick bays, but it was felt by the corporation that there should be a larger central clearing bay to which cases of illness occurring in the shelters could be brought for observation and later on removed to hospital if necessary, or sent home, supposing the patient to have a home, which is not always the case with these shelterers. Provision of this kind was at first arranged in Leadenhall Street, but the premises were required for another purpose connected with A.R.P., and eventually the Cheapside basement was acquired and adapted. It is actually a basement below a basement, and is regarded as one of the safest places in the City. It has been partitioned off into two wards, painted white, one for men and the other for women, with six beds in each, though the number of beds could be doubled if need arose. There is also a nurse's duty room with a doctor's table, and a well-equipped kitchen. The place is well lighted—each bed has its individual head-lamp; there is a carpet by each bed, and the

patchwork quilts and other pleasant features give a private-nursing-home touch to this subterranean refuge. There is also a small sterilizer, an electric cooker, a sink with warm water laid on, and a central heating installation. At this level there are chemical closets for use if necessary, but water closets are installed on the floor above. The Lord Mayor stated that the Ministry of Health had supplied the beds, the W.V.S. the bed drapery and clothing, and Messrs. Evans Sons Lescher and Webb the drugs and dressings, surgical instruments, trolleys and trays, cupboards and lockers, and the kitchen equipment. Alderman Key, commissioner for shelter for the London Region, speaking appreciatively of the corporation's action, said that having visited the areas of all the ninety-five local authorities in the London area it was no mere formality to say that some of the best shelters were in the City.

Middlesex Hospital Standing Up

Annual reports of hospitals, which used to be dull reading, are now often pages of adventure. Thus the report of the Middlesex Hospital describes two occasions on which the hospital was damaged in air bombardment: the first when two upper floors of the central block of the out-patient department were rendered unsafe for use, and the second, early this year, when there was a direct hit on part of the cancer wing. The report pays tribute to the magnificent work of the hospital staff, medical and lay, in these emergencies. To exemplify them it refers to certain members of the medical staff. Dr. H. E. A. Boldero, Dean of the School, adapted the work of the hospital to wartime conditions before taking over the duties of a group officer in the sector which is based on the Middlesex. Dr. H. L. Marriott further developed the wartime organization until his special work on blood transfusion took him into the R.A.M.C. Dr. Alan Moncrieff made the final preparations for the great test of air bombardment. "He [Dr. Moncrieff] stands for all sides of our work—tireless, firm, patient, and good-humoured in all circumstances." At the end of last year he left the hospital on transfer to Aylesbury, where the Middlesex staffs two hospitals, wholly in the one case, almost wholly in the other, with a total of some 1,500 beds. An annexe of 200 beds, capable of immediate expansion to 400 in the event of the hospital being put out of action, has been opened at Mount Vernon. The number of medical casualties attending the out-patient department during 1940 was 7,558, and the number of surgical casualties 11,013. In brief references to research the report states that investigations on the new chemotherapeutic drugs, particularly their effect upon war wounds, have been proceeding at the Bland Sutton Institute. In the Barnato Joel Laboratories problems of dosage in radiology have been studied, while in the Courtauld Institute of Biochemistry a number of studies have been made, including an investigation into the profound chemical disturbances of the body found in air-raid casualties. The preclinical students of the School are at the University of Leeds; the clinical students are posted at the Middlesex and at three sector hospitals, to each of which members of the honorary staff are attached and are continuing their regular courses of instruction.

Coroners' Inquests in London

The number of deaths reported to London coroners in 1940 was 10,129, being almost 1,000 more than in the previous year. Of these deaths, 3,747 occurred in hospitals and other institutions, including mental hospitals. Inquests were held in 2,979 cases. There was a small decrease in the number of suicides, and nearly one-third of the total of 538 were of persons over 60 years of age. Post-mortem examinations were made in 2,650, or 88.9%, of the inquest cases, and in 5,514, or 77.1%, of the cases in which it was decided that no public inquiry was necessary. In three cases a verdict of murder was returned, and seven inquests were held in connexion with executions. The number of people who met their deaths by accident was 1,695, being fifty-five fewer than in 1939. Only sixty-eight of the deaths were from drowning; fifty-eight were due to excessive drinking.

Dr. J. C. Drummond, professor of biochemistry in the University of London and scientific adviser to the Ministry of Food, has been elected Fullerian professor of physiology in the Royal Institution in succession to Sir Frederick Keeble.

two years ago. He was J.P. for the County of Lancaster and for many years M.O.H. for Whitworth, and was a Fellow of the Society of Medical Officers of Health. Apart from these duties he took no active part in public affairs. He declined office in the local Division of the B.M.A., but was a very loyal member of the Association, and consistently upheld by example a high ideal of professional behaviour in his relations with his patients and colleagues. He was cremated at Rochdale on August 4. The service was attended by the members of the Whitworth Urban District Council and a large number of his old patients and professional colleagues. He is survived by his widow and two sons.

The following well-known medical men have died abroad: Dr. MAX BJORKSTEN, a famous Helsingfors epidemiologist, aged 75; Dr. JAKOB SZWAJZER, formerly director of the Czyszt Hospital, Warsaw, aged 90; Prof. JOSÉ DA COSTA CRUZ, director of the Oswaldo Cruz Sanatorium, Rio de Janeiro; Dr. BRANSFORD LEWIS, emeritus professor of urology at St. Louis University School of Medicine, aged 78; Dr. JOHN TEMPLETON BOWEN, an eminent dermatologist of Boston, emeritus professor of dermatology at Harvard University, whose name has been given to a precancerous dermatitis, aged 84; Dr. SAMUEL W. BECKER, assistant professor of dermatology, University of Chicago, author of *Common Diseases of the Skin*, aged 47; Prof. W. A. JOLLY, a Zurich psychiatrist; and Dr. CHARLES WALLIS EDMUNDS, a leading member of the Council on Pharmacy and Chemistry of the American Medical Association and co-editor with Prof. J. A. Gunn of Oxford of *Cushny's Textbook of Pharmacology and Therapeutics*, aged 68.

Universities and Colleges

UNIVERSITY OF OXFORD

The Theodore Williams scholarship in anatomy, 1941-2, has been awarded to P. P. H. Schmidt, St. Catherine's Society.

UNIVERSITY OF LONDON

The headquarters of the University of London administrative staff has moved from Royal Holloway College, Englefield Green, Surrey, to Richmond College, Richmond, Surrey (telephone, Richmond 2301).

The title of Professor Emeritus of Physiology in the University has been conferred on Dr. Winifred C. Cullis on her retirement from the Sophia Jex-Blake Chair of Physiology at the London (Royal Free Hospital) School of Medicine for Women. Miss Esther M. Killick, M.Sc., M.B., Ch.B., has been appointed to succeed Prof. Cullis.

SOCIETY OF APOTHECARIES OF LONDON

At a meeting of the Court of Assistants of the Society of Apothecaries Sir Stanley Woodwork, M.D., F.R.C.P., was elected Master for the ensuing year, Prof. F. G. Parsons, D.Sc., F.R.C.S., Senior Warden, and Mr. V. Warren Low, F.R.C.S., Junior Warden.

The following candidates have passed in the subjects indicated:

SURGERY.—K. J. Adams, G. J. Ambrose, E. D. C. Davies, S. Fink, S. E. Gordon, S. Hashim, H. G. King, Pak So.

MEDICINE, PATHOLOGY, AND FORENSIC MEDICINE.—K. J. Adams, H. P. Anderson, B. Berman, E. D. C. Davies, M. C. Hannon, A. Hannūn, J. H. C. Hill, D. W. Mayman, S. S. Zoha.

MIDWIFERY.—K. J. Adams, G. R. Boyes, E. D. C. Davies, S. Hashim, N. F. Murphy, T. W. Renton, B. E. O. Williams.

The diploma of the Society has been granted to K. J. Adams, H. P. Anderson, B. Berman, E. D. C. Davies, S. Fink, A. Hannūn, S. Hashim, J. H. C. Hill, and D. W. Mayman.

The Services

HONORARY PHYSICIAN TO THE KING

Lieutenant-General Alexander Hood, C.B.E., late R.A.M.C., Director-General, Army Medical Services, has been appointed an Honorary Physician to the King, in succession to Lieutenant-General Sir William P. MacArthur, K.C.B., D.S.O., O.B.E., retired.

COLONEL COMMANDANT, R.A.M.C.

Major-General H. P. W. Barrow, C.B., C.M.G., D.S.O., O.B.E., retired pay, late R.A.M.C., has been appointed Colonel Commandant of the Corps, vice Major-General R. S. Hannay, C.B., C.M.G., D.S.O., retired pay, late R.A.M.C., who has attained the age limit for the appointment.

CASUALTIES IN THE MEDICAL SERVICES

AUSTRALIAN ARMY MEDICAL CORPS

Captain STEWART IRVINE WEIR, who was killed in action in Greece in April, was educated at the University of Melbourne, where he graduated M.B., B.S. in 1930. He became a Fellow of the Royal College of Surgeons of Edinburgh six years later. He had been a member of the British Medical Association since 1935. He leaves a widow and one daughter.

DEATHS IN THE SERVICES

Colonel ANTHONY HENRY WARING, D.S.O., late R.A.M.C., died at Maresfield on August 9, aged 69. He was born on November 28, 1871, and took the M.R.C.S., L.R.C.P.Lond. in 1895. Entering the Army as surgeon lieutenant in January, 1896, he became lieutenant-colonel in the long war promotion list of March 1, 1915, and colonel on October 15, 1916, was placed on half-pay on December 26, 1919, and retired on January 8, 1921. He served throughout the war of 1914-18 in France and Flanders, was mentioned in dispatches in the *London Gazette* of October 10, 1914, and May 20, 1917, and received the D.S.O. in 1917, and was also appointed Commander of the Portuguese Order of Avis. After his retirement he lived for many years at Antibes, in the Alpes Maritimes, France.

TUBERCULOSIS IN INDIA

To assist tuberculosis work in India a subcommittee of the Tuberculosis Association of India has issued a report on classification of pulmonary tuberculosis. The recommendations include taking into account the anatomical extent of the disease judged by both physical and x-ray examination, and the subdivision of patients into two groups, according to the history—"acute initial" and "chronic recrudescence." By the term acute initial is meant a case with acute onset, a course of illness more or less continuous, without healthy intervals, with a duration not exceeding two years. By chronic recrudescence is meant a case slowly developing with healthy intervals, and cases of the acute-initial group with a duration of illness of more than two years. The classification recognizes three stages according to anatomical extent, special regard being paid to cavitation and complications; and each stage is subdivided into A, B, and C according to the extent of systemic disturbance. Recommendations are also made in regard to classification of results of treatment at the time of discharge. This includes the term "arrested" (which in Great Britain cannot be applied until two years after a case has been pronounced quiescent). In the Indian classification both the terms "arrested" and "quiescent" require that no tubercle bacilli should have been found in the sputum for the last three months, and this implies that "before the sputum is declared negative it should have been examined on four separate days in each of three months, using the ordinary smear method." It is, however, strongly recommended that culture methods should be used when no tubercle bacilli are found by the smear method, and that in all reports from institutions it should be stated, when giving figures for positive or negative sputum examination, whether culture methods have been used. The report also contains four informative and very useful appendices on radiography of the lung, sputum examination for tubercle bacilli, blood examinations in tuberculous patients, and on the taking of temperature in tuberculous patients.