

honorary assistant, and in 1940 was elected honorary surgeon in charge of this department, a post held for 20 years by his father, who had, in 1910, originated and devised the method of complete enucleation of tonsils with the guillotine—a method which has only to be mentioned in laryngological circles to arouse discussion and often a sharp division of opinion between those who can and the others who can't master and accomplish the trick of its technique.

Robert Whillis was a most capable and conscientious worker, never sparing himself and giving the best that was in him on behalf of the hospitals with which he was associated, his colleagues, and his patients. For fifteen years we worked together in almost daily contact, and no man ever had a finer partner and friend in the truest sense of what both should stand for. He played the game for the sake of the "team," which he would never let down if any effort of his could prevent it. Had he been spared to run a longer course his work and scrupulously upright example would have shed added lustre on the specialty in which he was so deservedly successful and upon the wider plane of medical life. He leaves behind him very pleasant and abiding memories of a dear and gentle spirit. To his widow and daughter and to his father and mother, we, his colleagues, take this opportunity of expressing our deep and sincere sympathy in their bereavement.

The death of Dr. FRANCIS BARKER will be deeply regretted by the many who knew him. A member of a well-known Scottish family and allied to others which have also achieved distinction, he was a man of fine physique and high intellectual capacity. At lawn tennis he was, as a young man, in the class of tournament players and he was a good golfer. He possessed a charming singing voice and was intensely musical besides being very well read. He specialized in gynaecology and obstetrics and in that capacity was for many years on the honorary staff of the Hospital of St. John and St. Elizabeth; he was also its medical superintendent. At the outbreak of war he became superintendent of the hospital at Ashridge Park and continued to work there till his health failed. A man of strong views and forcible personality he was loyalty itself to what he held to be right and to those who, in his opinion, followed the right, and he had a kind and generous heart. He leaves a dearly loved wife and daughter, and to them the sympathy of all his friends will go out in full measure.—V. B.

Universities and Colleges

UNIVERSITY OF OXFORD

Plastic Surgery Unit

As briefly announced last week (p. 768) the Nuffield Provincial Hospitals Trust, at Lord Nuffield's suggestion, has offered the University of Oxford £8,000 a year for ten years towards the cost of establishing and maintaining a plastic surgery unit. The University has accepted the offer and has appointed Mr. T. Pomfret Kilner as the first director of the unit with the title of Nuffield Professor of Plastic Surgery. The Radcliffe Infirmary will provide hospital facilities for the unit, and these will be supplemented by the Ministry of Pensions. The total of Lord Nuffield's direct personal gifts to the University of Oxford for the purpose of the development of the Medical School now amounts to £2,810,000. The new unit will be a centre for the training of plastic surgeons, and will work in close touch with the university laboratories in which parallel investigations of the biochemical and other problems connected with the growth and repair of tissue, fundamental to plastic surgery, will be carried on. The war has brought a greatly increased demand for the services of plastic surgeons, and Lord Nuffield's proposal was chiefly influenced by a desire to provide the best possible treatment for casualties, especially those suffering from disfigurement caused by burns.

UNIVERSITY OF CAMBRIDGE

The Board of Research Studies has approved Dorothy Stuart Russell, B.A., of Girton College for the title of the degree of Doctor of Science; Dr. Russell is also an M.A. of Oxford and an M.D. of London University. Winifred Ferguson Young, M.B., B.Chir., of Girton received the title of the degree of M.D. by diploma in November.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Council of the College has decided to proceed without delay to make an appointment to the Chair of Human and Comparative Pathology instituted under the gift recently made to the College by Mr. W. H. Collins. To this end a Board of Advisers has been appointed consisting of six members of the Council, and the President of the Royal Society, the Secretary of the Medical Research Council, the acting Regius Professor of Physic in the University of Cambridge, and Prof. J. Shaw Dunn of Glasgow. Details of the appointment are being considered and will become available at an early date.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the annual meeting held on Dec. 2 Dr. A. Fergus Hewat, F.R.F.P.S.G., F.R.S.Ed., was elected President, and Drs. Charles McNeil, L. H. F. Thatcher, A. Ninian Bruce, D. M. Lyon, W. A. Alexander, and D. K. Henderson were elected to form the Council for the ensuing year. Dr. D. M. Lyon was nominated Vice-President.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Faculty held on Dec. 6, with the President, Mr. James H. MacDonald, in the chair, the following were admitted Fellows of Faculty:

Qua Physician: J. W. Affleck, M.B., Ch.B.; *qua* Surgeon: T. Fletcher, M.D., D.P.H., F. McD. Walker, M.B., Ch.B.

FACULTY OF RADIOLOGISTS

The following candidates have satisfied the Fellowship Board at the recent examination for the Fellowship of the Faculty: F. M. Abeles, M.D., D.M.R.E., W. Tennent, M.D., D.M.R.E.

The Services

Temp. Surg. Lieut. F. E. Fraser, R.N.V.R., has been mentioned in dispatches for steadfast courage and skill in a dangerous and important minesweeping operation.

The description of Surg. Cmdr. E. R. P. Williams, O.B.E., R.N., who was appointed a Commander of the Order of Orange Nassau for services to the Royal Netherlands Navy, is as now stated and not as published on Oct. 9 (p. 468).

The names of C. P. Miller, M.B., B.S., E. O. Pedersen, M.R.C.S. (deceased), and D. W. Quantrell, M.B., Ch.B., ship surgeons, appear in a list published by the *London Gazette* of those who have been commended for brave conduct when their ships encountered enemy ships, submarines, aircraft, or mines.

Surg. Cmdr. J. D. Simpson and Acting Surg. Cmdrs. H. L. Hoffman and E. H. Parkinson, R.N.V.R., have been awarded the R.N.V.R. Officer's Decoration.

Jemadar (Assistant Surg.) N. M. Nayar, I.M.D., has been mentioned in dispatches in recognition of gallant and distinguished services in the Middle East.

CASUALTIES IN THE MEDICAL SERVICES

Prisoners of War.—Capt. J. S. Hamilton-Gibbs, War Subs. Capt. C. Nairnsey, and War Subs. Capt. A. McN. Tomlinson, R.A.M.C.

Killed on Active Service.—War Subs. Capt. J. C. Seddon, R.A.M.C.

Died.—Lieut. N. Clarey, R.A.M.C.

DEATHS IN THE SERVICES

Capt. HUMPHREY BARRON THOMSON, M.B., R.A.M.C., who had previously been reported missing, is now officially recorded as killed in action on or shortly after Dec. 14, 1941. From the meagre accounts which have tardily filtered through from the Far East it appears that the 2nd Batt. of the East Surrey Regiment, to which he had been posted as regimental medical officer, was holding part of the border between Malaya and Thailand. The regimental aid-post of the East Surreys was attacked and wiped out by the Japanese in the early days of their invasion. The sergeant of the unit escaped and reported that Capt. Thomson was killed in this assault. Humphrey Thomson was the only son of Prof. and Mrs. W. W. D. Thomson of Belfast. Born in 1916 he was educated at Elm Park and Campbell College, Belfast. He went to the Queen's University and qualified M.B., B.Ch., B.A.O. in June, 1939. After six months in the Royal Victoria Hospital as house-physician and house-surgeon he joined the R.A.M.C. Shortly afterwards he volunteered for service in the Far East. On arrival in Malaya he acted as medical officer in the Military Hospital at Singapore, and later was posted to the East Surrey Regiment as medical officer. A correspondent writes: Humphrey Thomson was full of the joy of life, and his wit and humour, his high ideals of honour, his straightforward nature, his outspoken championship of what he considered right won the regard and affection of all his contemporaries, while his innate kindness of heart and his old-world courtesy endeared him to the older generation. During his short residence in hospital he showed great promise of a happy and useful life in the profession of his choice. Humphrey Thomson would have been the last to claim any brilliance of scholarship or profound book knowledge, but in the medical profession he found an ideal niche for his practical capabilities and shrewd common sense. His success was also due to the absorbing interest he took in his patients, whom he always regarded as men and women rather than mere "cases" and examples of various diseases. Subconsciously he obeyed the maxim of the great father of medicine—Hippocrates—"To a love of his profession

the physician should add a love of humanity." The same trait was exhibited as regimental medical officer, and his work among the ranks received high praise from his brother officers in the battalion. The exact events which happened in that far-distant regimental aid-post may never be known, but it is certain that Humphrey Thomson faced death with a smile on his face and words of cheer and comfort to the wounded and dying men of his battalion.

Medical Notes in Parliament

The White Paper

Mr. ROBERT MORGAN asked the Minister of Health on Dec. 9 whether it was still intended to produce a White Paper as to the proposals for the reformation of the medical service arising out of the recommendations of the Beveridge report. Mr. WILLINK replied that the White Paper was in preparation. He must have sufficient time to study closely the many difficult issues involved. For this reason it was not yet possible for the date of publication of the paper to be fixed, but there would be no avoidable delay. No new consultations were being initiated. The questions involved were important, complex, and delicate, so he must feel he could take real and personal responsibility for the proposals he would put forward to his colleagues. He was giving fresh consideration himself to matters on which Mr. Brown had given full consideration. He hoped the White Paper would be issued quite early next year. The House would then have an opportunity of debating it.

Infant and Child Mortality in Scotland

On Nov. 30 Mr. KIRKWOOD asked the Secretary of State for Scotland if he was aware that the rate of infant mortality since the last war among the poorer classes had, according to recent medical statistics, been the highest in the civilized world, and what steps he was taking in the matter. Mr. JOHNSTON: According to the latest information available to me the Scottish figures, bad as they are, are not the highest even among the nations of Western Europe. The causes of the variations in these infant mortality figures are not always apparent, but a report on the subject by a committee under Sir John Orr's chairmanship set up at my request by the Scottish Scientific Advisory Committee in June, 1942, will shortly be published.

Mr. GALLACHER asked if Mr. Johnston would consider calling a meeting of Scottish members and representatives of the local authorities to discuss this very serious question of health. Mr. Johnston said that that was one of the considerations to which he had been giving attention, but it was obvious, when he read the Orr report, that there were many causes contributing to these alarming figures. Dr. EDITH SUMMERSKILL: Will not Mr. Johnston agree that this question is accurate so far as it relates to children under 1 month old? Mr. JOHNSTON replied that he could not say that without notice.

Mr. KIRKWOOD also asked if the Secretary of State was aware that the child death rate in Glasgow was higher than it was in Tokio, and what immediate plans he had for the rehousing and rehabilitation of the workers in the Glasgow area to save the lives of the children. Mr. JOHNSTON: Figures for 1936 relating to the cities of Glasgow and Tokio are to the effect stated. But the official statistics published by the League of Nations show that, for the five-year period 1934-8, the infant mortality rate for the whole of Japan was half as high again as for Scotland. Bad housing is not the sole cause of a high infant mortality. Regarding the immediate provision of more housing beyond that already under construction, I can add nothing to the explanation given to Mr. Kirkwood on Nov. 11 by the Prime Minister.

Mr. KIRKWOOD: In that reply the Secretary of State for Scotland does not deny the statement made in the *British Medical Journal* that the death rate among children in Glasgow is worse than in Tokio. What steps is he going to take to remove this terrible and disgraceful situation in the West of Scotland? Mr. JOHNSTON: The figures for one year are as stated in Mr. Kirkwood's question, but over five years the figures for Tokio are 50% worse than in Glasgow. The steps we are taking to deal with this matter are, first, to find out what are the deficiencies in the way of homes, housing, and so on—to find out what are the causes of it. The Orr Committee was set up for this purpose, and the report is now in hand, and I expect it will be published.

Vaccination

On Nov. 30 Mr. WILLINK informed Mr. Viant that the policy of his Department on primary vaccination of adolescents and young adults remained as communicated to sanitary authorities in 1929 and referred to in the Chief Medical Officer's annual

report of 1933, to the effect that it was not generally expedient to press for the primary vaccination of children of school age and adolescents in this country unless they had been in personal contact with a case of smallpox or directly exposed to smallpox infection.

The same day Sir JAMES GRIGG informed Mr. A. Edwards that, in the event of the failure of at least three attempts to vaccinate or revaccinate Service personnel, an entry was made in the records to the effect that such persons were in the opinion of the vaccinating officer insusceptible of successful vaccination. In the event of such persons contracting smallpox no specific instructions had been issued, but all the relevant facts concerning the case were recorded in the appropriate documents. Instructions had been issued that in all cases of unsuccessful vaccination the operation should be repeated until there had been three successive failures with calf lymph of known potency. The record of each failure was entered in the personal documents of the officer or soldier.

Sir James Grigg also told Mr. Viant that six deaths from encephalitis following vaccination or inoculation of soldiers had been reported to his Department since the outbreak of the war. Fifteen cases did not result fatally.

Emergency Medical Service

Sir E. GRAHAM-LITTLE was informed by Mr. Willink on Nov. 30 that the cost of the salaries, fees, and expenses of medical officers enrolled in the E.M.S. was at the rate of approximately £1,200,000 a year, and the number of medical officers receiving whole- or part-time salaries, which fluctuated somewhat from time to time, was about 1,550. Although the service had fortunately not been called upon to treat so many casualties as was at one time expected, it had been employed in caring for the numerous other classes of patients brought within the scope of the Emergency Hospital Scheme. Among these classes were large numbers of civilian sick transferred from town hospitals to outer hospitals having more adequate facilities for their treatment, and other civilian patients transferred from hospitals with long waiting lists. In the result the emergency scheme had greatly expanded the hospital facilities provided for the civilian population as a whole, and had made specialist medical skill available to much larger numbers of patients than ever before.

Views of Serving Officers

Sir E. GRAHAM-LITTLE asked whether the Minister of Health was aware of the successful protest made by the Federal Council of the British Medical Association against the nationalization of the medical profession in Australia on much the same lines as have been proposed for Great Britain in speeches by the ex-Minister of Health; and whether he would apply the argument put forward by the Australian Association also to this country, that it was unjust to make plans for the medical profession while many doctors serving in the Forces cannot make their views heard. Mr. WILLINK replied on Dec. 2 that he was alive to the importance of enabling doctors in the Forces to see for themselves what the Government proposals were and to discuss them and express views on them before legislation was undertaken. That was one of the objects of the forthcoming White Paper.

Nurses' Salaries Committee

Lady APSLEY asked on Dec. 2 whether the Minister of Health could make any statement about the Second Report of the Nurses' Salaries Committee and the action he proposed thereon. Miss HORSBRUGH replied that Mr. Willink had received the committee's second report from Lord Rushcliffe. It dealt with male nurses in hospitals, with nurses employed in the public health services, with nurses engaged in domiciliary work, and with trained nurses employed in nurseries. Mr. Willink was communicating with local authorities, the British Hospitals Association, and the Queen's Institute of District Nursing commending to them the recommendations as to salaries, emoluments, and conditions of service, and informing them of the grant which was payable, as in the case of the previous report.

Other White Papers

In the House of Commons on Dec. 7 the debate on the address in reply to the King's speech was resumed. Mr. BARNES moved an amendment dealing with post-war reconstruction and regretting that the Government had not yet reached definite decisions on the action to be taken this session to deal with social security as envisaged in Sir William Beveridge's report. Sir WILLIAM JOWETT, replying to the debate, said that the Government had covered a vast field of work in examining the Beveridge report. In many cases they confirmed Beveridge's conclusions, but they did not slavishly copy them. In many cases they had reached their own conclusions which, he thought, were better. He hoped to produce the White Paper early next year.