

friends. At one time archaeology was, after surgery, his chief pursuit, and he walked fast and hatless along the green roads of the Downs, dug with Dr. Curwen in prehistoric hill-forts, and filled his house with pieces of ancient pottery. He was an early and keenly interested visitor to Soviet Russia, though his first enthusiasm waned. He had considerable knowledge and appreciation of Chinese art, and his presidential address to the Brighton and Sussex Medico-Chirurgical Society in 1938, entitled "A Blind Man with a Lantern" (afterwards printed in pamphlet form), was a study of the Chinese philosophy of life, which appealed to his own fastidious outlook. He had served in the war of 1914-18 as a captain, R.A.M.C., though he never spoke of it, and in 1938 he circulated a pamphlet entitled "The Pacifist Faith of a Surgeon," for he had learned to hate all war, and 1939 depressed him deeply.

Douglas Crow, born in 1889 at Loughborough, was educated at Fort William and Edinburgh University, where he had a distinguished career, winning several prizes and qualifying in 1911. He became house-surgeon at Doncaster Royal Infirmary and at the Sussex Throat and Ear Hospital, Brighton, and went into general practice at Brighton, though keeping up a connexion with the Throat and Ear Hospital. The late Mr. Arthur Hutchison of Brighton encouraged him to specialize in otolaryngology, and after having served as registrar to the Central London Throat, Nose, and Ear Hospital and having been one of the first Englishmen to attend Chevalier Jackson's course in bronchoscopy at Philadelphia, he was appointed honorary surgeon to the Sussex Throat and Ear Hospital in 1920 and to the Royal Sussex County Hospital in 1925. In 1927 he published a book on *The Ear, Nose and Throat in General Practice*, a particularly stimulating and well-illustrated production, not a formal textbook but a vigorous expression of personal opinions, with emphasis on principles. In 1930 he opened a discussion on bronchoscopy and oesophagoscopy in the Section of Laryngology of the Royal Society of Medicine, characteristically beginning with an account of his one (and only) failure; he frequently reported cases of interest at meetings of the Sections of Laryngology and of Otolaryngology and in the medical journals, including this *Journal*. He had a large consulting practice extending all over Sussex, held appointments as consulting surgeon to Haywards Heath Hospital, the Royal Alexandra Hospital for Sick Children, Brighton, and the Brighton Infirmary, and will be greatly missed.

DR. FREDERIC RYOTT PERCIVAL TAYLOR, for many years medical superintendent of the East Sussex County Mental Hospital, Hellingley, died at Eastbourne on Oct. 5. He was born in Berkshire, near Newbury, on March 2, 1865, and from the local grammar school went with an entrance scholarship to Westminster Hospital, where, after qualifying M.R.C.S., L.R.C.P. in 1889, he was house-surgeon. He graduated M.B., B.S. in 1891, and took his M.D. after serving as resident medical officer at Queen Charlotte's Hospital. Dr. Taylor's long experience of mental defect and disorder began as assistant medical officer at the Earlswood Asylum, and at the L.C.C. Mental Hospital, Claybury. He was then medical superintendent of the Darenth Home for Mental Defectives, and in 1902 became resident physician and medical superintendent at Hellingley Mental Hospital. In 1922 he was appointed physician for nervous disorders at the Princess Alice Memorial Hospital, Eastbourne, and neurologist to the Ministry of Pensions for the Brighton area. He joined the B.M.A. in 1891, and held office as vice-president of the Section of Neurology and Psychological Medicine at the Eastbourne Annual Meeting in 1931. The funeral service was held at Hellingley Hospital Chapel on Oct. 11.

The sudden death from cerebral haemorrhage at the early age of 47 of Dr. R. P. S. LEWER, of Knayton, Thirsk, on Oct. 20, cast a gloom over the area. He was a native of Dorset, and son of the late Dr. Edward Stewart, of Burnley-in-Wharfedale. He was a grandson of General Robert Lewer, Director of Medical Services at Gibraltar, and great-great-grandson of the Rt. Hon. Charles Kendal Bushe, Lord Chief Justice of Ireland and Master of the Queen's Bench. Educated at King's School, Canterbury, Dr. Lewer served in the war of 1914-18, later qualifying in Dublin L.R.C.P. & S.I., L.M. He practised for the past six years at Knayton in Yorkshire, where he settled down very happily to country work. A man of upright, serious, and kindly character, he will be greatly missed. The sympathy of the profession goes out to the widow and two little children he leaves behind.—W. McK.

Universities and Colleges

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Buckston Browne Dinner

The Buckston Browne Annual Dinner of Fellows and Members was held at the College on the evening of Nov. 15, when a large company was received by the President, Sir Alfred Webb-Johnson, and the Vice-Presidents, Mr. C. Max Page and Mr. W. H. Ogilvie. The principal guest was Viscount Addison, Secretary of State for the Dominions. After the health of the King as Visitor of the College had been honoured, the President began on a note of sorrow for the death of Sir George Buckston Browne in his 95th year on Jan. 19. This was the first of the dinners he endowed at which they had not had the pleasure of seeing and hearing him. Besides being a great and loyal friend of the College, Buckston Browne was one of its three most munificent donors, ranking with Sir Erasmus Wilson and Sir William H. Collins; his memory would always be honoured by Members and Fellows. The President greeted Lord Addison not only as a Minister of the Crown but as one of themselves present in his own right as a Fellow. This was a family party and also a house-warming, and he welcomed home those who had returned to civilian life, saying that the College was intensely proud of them. He quoted words spoken to him by Field-Marshal Montgomery in tribute to the medical and nursing services for their invaluable work in maintaining the morale of the Army. What of the College to which they had come back? It had suffered terribly by bombardment, but the foresight of his predecessor, Sir Hugh Lett, had saved much. Turning to Lord Addison, the President became for the moment an outspoken mentor of the Government on the essentials of a sound national health service, in which there must be the highest quality of professional work, freedom with reasonable discipline, and willing partnership. Lord Addison, after a tribute to the Medical Research Council, a body financed by the Government in which he had had a hand at the start, said that the beginning of a comprehensive health service would be an immense task, and to build it up would take years. Those members of the Government concerned in the matter knew the vital importance of giving incentive to efficiency and of gaining the good will of those who worked the service. Mr. Julian Taylor was called upon to say a few words about his experiences as a prisoner of war in the Far East, and paid a moving tribute to the medical men who worked with him in captivity.

Council Meeting

At a meeting of the Council of the College, held on Nov. 8, Diplomas of Membership were granted, jointly with the Royal College of Physicians of London, to R. H. B. Mills, J. D. Huntley, R. D. Price, and C. T. Ross, and to the 184 successful candidates whose names were printed in the report of the meeting of the Royal College of Physicians of London in the *Journal* of Nov. 3 (p. 630). Diplomas in Medical Radiodiagnosis were granted, jointly with the Royal College of Physicians of London, to G. A. D. Gordon, P. P. Hauch, W. J. Latham, C. F. Parry, and D. G. Wollin.

Mr. P. H. Mitchiner was re-elected a member of the Court of Examiners. Sir Frank Colyer was elected Charles Tomes Lecturer, and he will give two lectures on a dental subject in July, 1946. Dr. H. A. Sissons (Melbourne) was appointed a Leverhulme Research Scholar to work in the pathological department of the College.

The following hospitals were recognized for the resident surgical post required of candidates for the Final Fellowship Examination: Dudley Road Hospital, Birmingham, resident surgical officer and house-surgeon; Burton-on-Trent General Infirmary, resident surgical officer; Halifax General Infirmary, resident surgical officer and house-surgeon; Burnley Municipal Hospital, resident surgical officer.

UNIVERSITY OF OXFORD

Theodore Williams Scholarship in Pathology

There will be an examination for the Theodore Williams Scholarship in Pathology in the Sir William Dunn School of Pathology on Monday, Dec. 3, at 2 p.m. It will consist of a written paper and a viva voce examination. The viva voce examination for short-list candidates will be held on Friday, Dec. 7, at 2 p.m. The scholarship is open to any member of the University of Oxford, whether man or woman, who on June 30, 1945, had not exceeded twenty-six years of age and had attended a course in general pathology and bacteriology in the Sir William Dunn School of Pathology either in the academic year 1944-5 or in the academic year 1943-4. Those intending to present themselves for this examination should inform the Professor of Pathology before Wednesday, Nov. 28.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—15 K. E. Cooper, 14 J. Luder, 1235 J. Swale, 13 R. W. E. Watts, Mary C. V. Alabaster, K. D. Allanby, P. S. Allenby, Sheila W. Anderson, A. R. Anson, G. J. E. Ansell, R. N. Austin, G. M. Bailey, Agnes W. Baker, P. B. Banaji, D. N. Baron, H. F. McG. Bassett, Joan R. K. Bastable, R. A. Boland, G. E. Bond, Lesley M. McL. Bowen, A. F. Bromwich, D. E. M. Brown, A. J. Buller, Joyce B. Burke, D. E. St. J. Burrows, M. F. Butler, M. Caine, K. A. A. Campbell, K. H. Chin, C. J. M. Clark, K. S. Clarkson, Sylvia D. Corben, A. V. Craig, A. R. Darlow, Elizabeth E. Davies, J. S. Davis, S. Davis, J. W. Dickson, Aileen P. M. Dring, Kathleen A. D. Drury, E. M. C. Dunlop, Viola M. Frymann, Joan R. Gomez, G. E. Griffiths, G. R. S. Grogono, V. L. Guillem, Ruth A. Haes, Kathleen M. Harding, W. J. Ll. Harries, M. A. Harris, W. C. Harris, L. M. Harrison, W. E. Hassan, Audrey Hazelden, Josephine M. R. Heber, Joan F. Heffernan, A. R. Helm, J. Henneman, M. D. Hillel, B. H. Hogben, J. E. Holgate, E. R. A. C. Hollingbery, Margaret E. Holness, Pamela M. Horne, Betty E. Howarth, J. D. Huntley, A. F. Huston, Patricia L. Hutchinson, M. S. R. Hutt, Ruth C. J. James, R. M. Jenner, R. G. G. Jones, T. J. Jones, H. E. M. Kay, M. B. King, S. Lall, Jean V. Lang, V. B. Levison, J. W. Lewis, Jeanne C. Lister, Helen M. Littler, Joan V. MacDonald, J. D. Martin, R. W. P. Mellish, P. C. Meyer, Jean Mitchell, P. R. Montgomery, P. L. F. Mortimer, C. R. Neve, P. F. New, K. A. Newton, Patricia C. O'Brien, D. O'Keeffe, L. H. Pimm, Joan M. Price, J. M. Pugh, N. C. Rees, D. B. Richards, P. A. Ring, C. G. Roberts, K. B. Roberts, K. W. Robinson, F. F. D. Rosenthal, C. F. Rycroft, C. Sanger, G. E. Schofield, F. J. Sharrod, J. F. Shaw, S. R. Shaw, Elsie M. Sibthorpe, P. H. S. Silver, R. B. Sloane, C. J. W. Soutar, C. J. Stevenson, L. Stirling, B. Strickland, D. W. Stuart, P. D. Sutton, J. M. Talbot, C. G. Teverson, D. L. C. Thomas, Phyllida M. M. Thornton, D. E. Truscott, Kathleen L. Turner, P. P. Turner, R. S. Walker, P. T. J. C. P. Warner, A. D. Weatherhead, R. G. Welch, O. G. Williams, F. R. M. Young, R. Youngman.

¹ With honours. ² Distinguished in pathology. ³ Distinguished in hygiene and forensic medicine. ⁴ Distinguished in medicine. ⁵ Distinguished in applied pharmacology and therapeutics.

UNIVERSITY OF DUBLIN

The Board of Trinity College, on the nomination of the University Council, has appointed Prof. R. A. Q. O'Meara, M.D., Sc.D., F.R.C.P.I., to the chair of pathology in succession to Prof. J. T. Wigham, M.D., F.R.C.P.I., who has resigned. Dr. O'Meara was elected a Fellow of Trinity College in 1941, and in the following year was appointed to the chair of experimental medicine.

The Services

Capt. R. H. S. Lee, R.A.M.C., has been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services in the field.

The following appointments and awards have been announced in recognition of gallant and distinguished services in Burma:

C.B.E. (Military Division).—Brig. (Local) J. Bruce, Brig. (Acting) I. G. W. Hill, T.D., and Brig. (Temp.) D. F. Panton, R.A.M.C. Col. (Temp.) W. A. Burki, M.B.E., I.M.S.

O.B.E. (Military Division).—Lieut.-Cols. (Temp.) H. Gass, G. G. Mer, J. H. Moffett, T. A. Pace, and A. V. Stevens, M.C., R.A.M.C.

M.B.E. (Military Division).—Lieut.-Col. (Acting) W. H. Wolstenholme, Major (Temp.) A. Milne, and Capt. P. J. R. Davis, R.A.M.C. Lieut.-Col. (Temp.) S. M. Paw, Army in Burma Reserve of Officers.

Bar to the D.S.O.—Major (Temp.) B. G. A. Lilwall, D.S.O., R.A.M.C.

M.C.—Capt. A. M. Ogilvie, R.A.M.C. (killed in action).

The following have been mentioned in dispatches in recognition of gallant and distinguished services in North-West Europe: Brig. (Temp.) Q. V. B. Wallace, C.B.E., M.C., late R.A.M.C., Brig. (Temp.) A. E. Porritt, C.B.E., Brig. (Acting) G. K. Fulton, M.B.E.; Cols. (Temp.) K. Fletcher-Barrett, O.B.E., R. Rutherford, T.D., and I. A. M. Paton, O.B.E.; Lieut.-Col. G. B. Mitchell-Heggs, O.B.E.; Lieut.-Cols. (Temp.) J. C. Caird, S. J. Chessier, M.B.E., P. J. H. Clarke, T. H. Crozier, E. A. Jack, O.B.E., R. B. Myles, O.B.E., R. W. Power, T.D., and K. G. W. Saunders; Lieut.-Col. (Acting) R. G. Evans, M.B.E.; Major J. S. Kelleher; Majors (Temp.) P. M. Acheson, A. K. Borland, M.B.E., D. S. Buchanan, G. P. Charles, A. E. Cooper, M.C., A. B. Donald, G. B. Forbes, W. Hobson, J. S. Lancaster, M.C., J. L. Linacre, B. T. Mann, E. H. Moore, J. F. D. Murphy, W. A. B. Nicholson, R. F. G. Ormrod, T. G. Riskey, T. D. Ross, W. C. Ross, J. E. Semple, K. D. Stewart, M.B.E., G. F. Valentine, A. W. J. Kirton-Vaughan, L. B. Wevill, A. Young, and J. M. Zabokrzycki; Majors (Acting) D. J. A. Alban-Jones, T. Black, and N. A. Mossendew; Capt. G. L. McC. Blair, J. Booth, E. M. Callander, S. H. Chazen, R. B. Coles, E. G. A. Crawshaw, J. B. Farquhar, R. W. L. Hall, E. B. Harrison, F. J. Hebbert, B. C. H. Luker, B. W. MacDonald, J. S. MacRae, J. S. O'Dwyer, J. Y. W. Russell, K. E. Rymer, J. Slater, R. S. Sunderland, and H. B. Young; Lieuts. W. Brownsey, P. A. Hann, P. F. Holley, D. G. Jones, J. G. Searle, and J. K. Tizard, R.A.M.C. Lieut.-Cols. H. A. Ansley, G. A. Copping, F. G. Kergin, and F. W. Schroeder; Majors C. W. Dales, F. J. McLean, J. H. Shaw, and J. E. Williams; Capt. R. E. Bell, A. E. Conley, N. C. Delarue, A. C. Derby, C. M. Leighton, A. H. MacLennan, R. E. G. Place, and J. C. G. Young, R.C.A.M.C.

Repatriated.—Fl. Lieut. F. A. Forbes, R.A.F.V.R.; Capt. J. F. McGarity, I.M.S.

Medical Notes in Parliament

Conditions in Mental Hospitals

Mr. JOHN LEWIS opened on Nov. 6 a discussion on mental hospitals. He said that this year approximately 127,000 persons suffering from mental disorders were in our hospitals and homes. The majority were treated in wholly or partly rate-aided institutions. The staffs of these institutions worked under most difficult conditions due to lack of accommodation and understaffing. It was only possible for them to skim the surface of treatment because their time was taken up in ordinary routine. The big figure he had given for people in these institutions represented only a fraction of those in need of mental treatment and attention. Psychoneuroses occurred in 2% of the population. General practitioners said that 30 to 50% of their practice was concerned with people suffering from functional nervous disorders. In general hospitals 17% of those referred to general medical out-patient departments suffered from psychological illness without serious organic component.

What inducement was there for patients to enter mental hospitals to-day voluntarily to receive treatment? The remoteness of the places, with high walls, bleak premises, and locked doors, made clear to those able to think that those entering might never return. This was despite the fact that 40% of patients who entered mental institutions returned to their family cured, and 20% returned home much improved. These figures were more encouraging because people very often came to mental hospitals in a late stage of mental illness and often in the last stages of senile dementia. In mental hospitals 70% of the inmates suffered from chronic or senile dementia and could not benefit from any form of treatment other than care and attention, which were lavished on them by a devoted staff. To amend the system public opinion must be educated.

There were approximately 1,000 to 3,000 patients in the average mental hospitals. Fever hospitals had 144 sq. ft. per bed, general hospitals 120 sq. ft., but mental hospitals only 50 sq. ft. In some parts of these hospitals beds were so close together that it was impossible to stand between them. The most terrible indictment of the system was the mortality from tuberculosis in 1942 in mental institutions, which was fifteen times as high as in the normal population. These high figures had been reduced where the overcrowding had been reduced and where the diet had been improved. There was no reason why the incidence of tuberculosis in mental institutions should be higher than among the normal population. Most of the hospitals were very old and out of date; patients were not classified according to their type of mental disease but, as a rule, by their degree of physical infirmity, by the degree of noise, and by habits—whether clean, dirty, destructive, or violent. Epileptics and potential suicides were scattered throughout the whole hospital.

In many hospitals true convalescent wards did not exist. Patients who were presumed to be convalescent were usually sent into the admission ward, but often into the chronic wards if the permanent residents were clean and quiet. This atmosphere was not encouraging for the patient trying to adjust himself to normal circumstances. Hospital wards were largely utilized for the chronically infirm and not for patients who came for treatment. They might include people who had been bed-ridden for 50 years. These were not the proper conditions in mental institutions for people who were actually ill and needed treatment.

The patients in most institutions were fed from centralized kitchens and the food often arrived cold. The low standard of diet had its origin in the fact that years ago it was believed that low feeding would keep a patient quiet. That system still operated to-day in some places. So far as the medical staff was concerned the average was 1 doctor to from 300 to 700 patients. That was insufficient to allow doctors time for research in psychiatry. Patients who could afford to pay had more cheerful surroundings and better furniture but no better treatment because it was not available. Much more money must be provided for improved treatment, nursing, surroundings, and research. Two categories of mental hospitals should be built: those to deal with the 70% of chronic cases which would not improve; and those for the treatment of acute cases, in which the most modern scientific methods would be employed. It would not be necessary to discard the present institutions. Inmates who could not benefit from treatment should be left to end their days there. New hospitals must be built near to universities or medical schools. A medical superintendent should be a teaching member of the university. Where there was no chair of psychiatry one should be established; there