

British Medical Journal.

SATURDAY, MARCH 4TH, 1916.

RECRUITMENT OF DOCTORS IN ENGLAND AND WALES.

WE are officially informed by the War Office that, in accordance with their previous announcements, doctors who have undertaken to accept a commission in the Royal Army Medical Corps (if offered one) will not be taken for general service; and therefore that any doctor in England and Wales who (whether attested under the Derby scheme or not) has enrolled under the scheme of the Central Medical War Committee or has offered his services in the Royal Army Medical Corps direct to the War Office should, if he receives a notice paper from a recruiting officer calling him up (whether by reason of attestation or under the provisions of the Military Service Act), return it to the recruiting officer, together with his certificate of enrolment, or the War Office acknowledgement of provisional acceptance, as the case may be; and the notice will then be cancelled and the practitioner remain in the Reserve until selected for a commission in the Royal Army Medical Corps.

Doctors will not be called up, whether by reason of attestation or under the Military Service Act, until after March 31st, 1916.

Doctors in England and Wales who have not undertaken to accept a commission (if offered one) in the Royal Army Medical Corps will, when called up (whether by reason of attestation or under the Military Service Act), have the same rights of appeal for exemption as men who are not doctors; but all cases coming before the Central Tribunal will be decided by that tribunal after receiving advice from the representative committee of the medical profession specially recognized for the purpose.

Analogous arrangements will obtain in respect of doctors in Scotland.

The importance of the above official information will, we have no doubt, be fully appreciated, and the question may be asked:

What, then, is the course that a medical man of military age should now take to ensure that his services shall be used in the way that shall best serve the interest of the nation?

In the first place, we would advise him, if he has not already done so, to enrol at once—that is, send in his name to the Central Medical War Committee, 429, Strand, London, W.C., or to the Scottish Medical Service Emergency Committee, Royal College of Physicians, Edinburgh, undertaking to accept a commission in the Royal Army Medical Corps, if offered to him, realizing that, if he takes this course, all his circumstances—public and, so far as he wishes, private—will be considered with the utmost care by a professional body before it is decided whether he should in fact be called upon to take a commission.

In the second place, every medical man who has already enrolled should make it his business to point out to every one not enrolled that it is his duty and advantage to do so at once. It is to his advantage because, when he receives a notice paper from a recruiting officer calling him up, the production of his certificate of enrolment will ensure that the notice shall be cancelled and that he will remain in the Reserve, thus securing that, as explained above, his case shall be fully considered by a professional body before it is decided whether he should be called upon or not. It is his duty, because it is only by having before it provisional offers of service from the general body of medical men that the Central Committee can arrange an equitable distribution of military and civilian services throughout the country.

An interesting case of a medical practitioner on the staff of a well known hospital applying for exemption from service was heard at a local tribunal last week. The tribunal, according to the report before us, granted him one month's extension and expressed the opinion that the applicant ought to go. It would appear, therefore, that this gentleman might shortly have found himself in the combatant ranks of the army had he not, as we hear is the case, since enrolled himself, so that his case, as above explained, will now be dealt with by the professional body.

THE STATE AND THE CARE OF THE CHILDREN.

IN recent issues we have reviewed the Report of the Medical Officer for the Board of Education for the year 1914. Blue books are not seductive reading at any time; in war time we fear few will be attracted to the first-hand study of this report. Yet there is no production that is more pertinent to these grave times, and to the fearful destruction of life that has reduced, and must still more reduce, the virility of our people. For the report deals with the coming generation, and from this we must hope to rebuild the waste places of our homes.

The time was when education meant no more to the average citizen than a due instruction in the three R's. But here in a blue book we find the chief medical officer of the Board of Education dealing almost wholly with the production and preservation of life, for that, after all, is the meaning of schools for mothers, care committees, and the like. When the school medical service is viewed from this standpoint it takes an altogether different value in the national assets. The service is no longer merely an aggregation of inspectors who prowls round the schools with eyes alert to find fault with curriculum, buildings, lighting, books, and the bodies of the children themselves; that work, truly falls to them, but they are now found to have a far more important sphere of action—a solicitude for the very fount of life.

With the war many of the medical officers have undertaken military service, and money grants have been cut off. Therefore much of the work must be curtailed, clerical work especially; the preparation of reports, even research work, must be foregone. But there should be no slackening of the residual and essential part of the school medical officers' work, the supervision of the schools in the interest of the common health, the prompt elimination and care of the obviously unfit, and the promotion by every means, official and voluntary, of a healthy motherhood and a well-born infant. The Board of Education has recognized in the most prompt fashion the necessities of the situation; it has freely permitted the release of

its medical officers for military service, and no red tape has hampered the revision of the orthodox procedure in regard to routine medical examinations.

The gain from the medical side of educational work may not be immediate, but it is certain and cumulative. We may take it that some part of the diminution of the infantile death-rate is to be credited to it. As Sir George Newman writes: "The decline in recent years in infant mortality-rate is providing broadly a direct saving of 20,000 lives per annum. This direct gain is mainly due to more enlightened mothering, the better care and management of infancy, and the effective treatment of infantile disease—all three contributions being due, generally speaking, to an improvement in the education and training of the mother in all that concerns healthy maternity and infant welfare." The school work done is no less impressive. In London alone in 1914 upwards of 194,000 children were examined; 101,000 were found to be in need of treatment and 86,000 received treatment. It is estimated that in England and Wales 1,900,000 children are examined each year, of whom 650,000 present remediable defect and 375,000 actually receive treatment. There is reason to take to heart Sir George Newman's aphorism, "To save child life is an axiom of State preservation; to remedy defect is an axiom of State economy."

One of the most interesting sections of the report deals with the schools for mothers. These institutions originated in voluntary effort; they are now recognized and subsidized by the State to the half of their expenditure, and many have been opened and are now worked by the local authorities. But the working of these schools affords a situation not without its humorous aspects. There are, besides many local authorities, two Government departments interested in them. The Board of Education takes a paternal interest and loosens its purse strings on their behalf in so far as they are schools for mothers, whilst the Local Government Board is willing to act as the foster mother of these self-same institutions and dole out something for their sustenance in so far as they are maternity centres. Each of these Boards issues regulations, and tells the workers in these institutions what features of their work it is that stimulates its affectionate interest, and at the same time states upon what score the needful money can alone be obtained.

The report of the Board of Education attempts to show that there is a difference in the ultimate work of these two governing bodies. "If the ultimate object of the efforts made be considered, a broad line of demarcation between the two can be established without much difficulty. Thus the institutions included under the title 'schools for mothers' have for their main objects the reduction of infant sickness and mortality by means of the education of the mother. They train the mother to keep her baby in good health through a common-sense application of the ordinary laws of hygiene. The training may be given by means of personal advice from doctor or nurse to individual mothers, by home visitation, and by means of collective teaching and systematic classes. 'Maternity centres,' on the other hand, have the health of the mothers and children as their main care. They provide medical advice and treatment for expectant and nursing mothers, and for infants and little children."

We may be particularly dense and lacking in appreciation, but we wholly fail to see any "broad line of demarcation" in "the ultimate object" of these two modes of action. The one has for a "main object the reduction of infant sickness and mortality," the

other "the health of the mothers and children as their main care." It is scarcely arguable that the means adopted to attain these ends are different, but to maintain that there is any difference in the end is to maintain a distinction without a difference.

Even the point that the education authority has nothing to do with the treatment of disease fails in practice, for in the discussion of "The Infant Consultation" we read: "If any treatment is provided, this should be incidental in character and limited to children suffering from minor and temporary ailments—an occasional grey powder, a little boracic ointment, etc." One is inclined to ask if the point of the order lies in the quantity of the ointment to be supplied. The fact is that the more the report tries to show that the Board of Education and the Local Government Board have separate functions in regard to these "schools for mothers" or "maternity centres," or by whatever other name they may be known, the more effective is the demonstration that there is no difference between the aim or the effective attainment of these two bodies; and in these times, when thrift and reasonable economy is a vital necessity, it would be well that the two bodies should compose their differences and put a single effort into a piece of work that is of inestimable value. The Retrenchment Committee in its last report goes somewhat further, for it recommends as a temporary expedient that the control of all institutions, including schools for mothers and day nurseries, providing in any way for the welfare, from the health point of view, of mothers, or children under school age, should be handed over by the Board of Education to the Local Government Board, to be administered in connexion with that Board's public health work generally and in co-operation with the local health authorities. The duties of the medical branch of the Board of Education should not, in the Committee's opinion, extend beyond the supervision of the health work carried out for children of school age who are being educated in public elementary schools. We are not sure that this proposal will prove to be non-contentious, for there is a good deal to be said for the transfer in the opposite direction. In any case, however, the Committee considers this arrangement merely a makeshift, and expresses the opinion that it is very desirable that the first opportunity should be taken of amalgamating the medical branches of the two departments.

Up to the present it would appear that the only effort for united action between the two departments has been the issue of a joint circular (No. 906, May 31st, 1915) in which the position of each department is set out; a hint is given that the institutions are to range themselves under one or other department for the purpose of grant earning, "though joint aid by both departments in exceptional cases is not precluded"; and the statement made that "questions arising under this Memorandum will be referred for investigation and decision to a joint committee of the two boards." Let us hope that the "questions arising" will be in such a continuous flow that the joint committee will ultimately become the single governing authority of these "maternity centres" and "schools for mothers."

RETRENCHMENTS.

THE Final Report of the Treasury Committee on Retrenchment in the Public Expenditure is a disappointing document, not so much because the retrenchments it recommends do not in the aggregate

amount to the cost of the war for a single day, but because of the failure to make plain what economies it thinks can at once be effected. The Committee was not instructed to consider the expenditure on army, navy, and munition services; nor was it allowed to consider the question of the payment of salaries to members of the House of Commons, though it has ventured to recommend the House to withdraw the subsidy of £2,600 a year which it has been in the habit for the last twenty-two years of voting towards the cost of its refreshment room. The Committee was also told that even as regards the civil departments questions of policy already decided by Parliament should be avoided as far as possible, "as it would be impracticable at the present time to introduce controversial legislation." The student of the report is left in some doubt whether the Committee considers that the recommendations it makes, the majority of which would require legislative sanction, do or do not come within the scope of the definition of "controversial legislation"; nor is it made plain what changes it thinks should at once be made and what must be deferred until after the war.

Speaking generally, it seems to have come to the conclusion that the country is over-inspected; it states that as a temporary measure some departments have arranged to curtail inspecting work to a large extent, and it recommends that this policy should be generally adopted as far as possible throughout all departments of the civil service.

Whether the proposal that children under 5 should only be admitted to elementary schools in special cases, and the suggestion that it may be possible to introduce a normal minimum age of 6, are to be considered matters outside the scope of controversy is not plain; it will be surprising if they prove to be so. The Committee definitely recommends—apparently for immediate action—the transfer from the Board of Education to the Local Government Board of the responsibility for medical work, except in public elementary schools, and that the first opportunity should be taken of amalgamating the medical branches of the two departments. This recommendation seems to bring us a step nearer to the ideal of a ministry of public health, although as matters now stand it is difficult to see how such a ministry could be placed on a logical basis without including national insurance, for the Act by which it was instituted is entitled "An Act to provide for insurance against loss of health and for the prevention and cure of sickness. . . ." The Committee was evidently itching to make some drastic recommendations with regard to the Insurance Act, but was told that few, if any, proposals which could be made for economy would be absolutely non-contentious, and that it was quite clear that the system of medical and sanatorium benefit, enumerated as among the questions which afforded the best field for economies, were acutely controversial. They were expressly excluded from the reference to the Insurance Finance Committee, which is instructed to report upon "any amendments in the financial scheme of the National Insurance Acts which experience of the administration of sickness, disablement, and maternity benefits may suggest as desirable, within the existing limits of contributions and benefits, and apart from further Exchequer grants." The Retrenchment Committee evidently does not favour further grants, seeing grave objections to departing from the principle that the benefits to be paid should be measured by the contributions received, including the automatic contribution from the Exchequer.

Two of the recommendations made by the Retrenchment Committee have a very direct, and it seems

possible an immediate, interest for the medical profession. The first is the proposal to reduce the fee for the notification of infectious disease occurring in a practitioner's private practice from 2s. 6d. to 1s., the amount now paid for notifications of cases occurring in his practice as medical officer of any public body or institution. The reasons given for this recommendation are rather curious: first, that doctors have now become familiar with the work; secondly, that many additional diseases have been added to the list since the fees were originally fixed; and thirdly, that the labour involved in filling up the form is very slight. It does not seem to have occurred to the Committee that the fee is not paid for clerical labour, but for knowledge and skill. The other recommendation is that the reports of certifying factory surgeons on accidents should be abolished, mainly on the ground that in all serious cases they entail a duplication of the reports made by the factory inspectors. These two recommendations will call for the serious consideration of the British Medical Association and the profession in general, and we have therefore quoted them textually at page 347.

CRIPPLED SOLDIERS.

ST. DAVID'S DAY was celebrated by Welsh men and women in London by a great patriotic meeting in the Opera House in Kingsway, and, appropriately enough, since St. David is said to have been something of a physician, the occasion was taken to help the fund for providing comforts for the Welsh soldiers; for, as Lord Harlech, Colonel of the Welsh Guards, who presided, told the meeting, Wales has provided over 200,000 soldiers for this war. Another Welsh soldier, Sir Francis Lloyd, the General Officer Commanding the London District, made a stirring speech, but, before this, Major Robert Jones, F.R.C.S., of Liverpool, had paid fitting tribute to the manner in which the traditions of the Welsh troops were being maintained. One of his most impressive experiences had been to hear in the dusk, from a village close to the Welsh lines, the men coming back from the trenches singing as only the Welsh could sing. The story of sanitation at the front was like a fairy tale. The rude ploughed fields of twelve months ago had undergone a marvellous transformation at the touch of sanitary science, and now the sanitation of the war area in Northern France was better than that of any rural area in England. He concluded with a plea for the crippled soldier; to keep him from pain and poverty was a sacred charge upon the nation. Mr. Lynn Thomas made a strong appeal to the patriotism of Wales. He spoke of the teaching of St. David and his insistence upon the value of discipline. Were he alive to-day St. David would have sought to induce his countrymen to understand the importance of strict discipline to attain victory over the monstrous doctrine of might and frightfulness. Mr. Lynn Thomas dwelt on the urgent need and very crying call to go at once to the rescue of the tens of thousands of crippled men, victims of the war. He knew of cases in which young soldiers had been reported unfit for further service who, he believed, could be rendered fit by modern orthopaedic treatment. When it was remembered that the United States after the Civil War had about 400,000 cripples from their army, which was not quite so large as the British army to-day, the necessity would be apparent for immediate action in order to give wounded soldiers with crippling injuries the advantages of the newer principles of treatment. He had recently visited in France a hospital conducted by eminent American surgeons who confessed that they were confronted by new conditions in

crippled limbs and asked for new light. When it was given they expressed their warm appreciation of it. The head of the Army Medical Department at home was fully alive to the need, and was working hard to ensure that the new light should be made to shine upon the large number of crippled soldiers. The public should give its support. A special ministerial department should, in his opinion, be formed to deal with the restoration of crippled men so that they might again become useful citizens. He appealed to the Welsh members of Parliament to render all assistance in their power to hasten the desired consummation.

TRENCH NEPHRITIS.

TRENCH NEPHRITIS, which was recently the subject of an illuminating discussion¹ at a meeting of the Sections of Medicine and of Pharmacology and Therapeutics of the Royal Society of Medicine, has lately been described in a preliminary note² by Sir John Rose Bradford, who has had considerable experience of it in Flanders. He finds that but few cases of nephritis occurred among our troops until March and April, 1915; but in those two months far more cases were admitted to hospital than the total admissions for the whole period of the war up to that date. Further, in March and April typical renal dropsy, previously absent, was a marked feature of the cases. Trench nephritis continued to increase absolutely (and probably also relatively) during the summer of 1915; Sir John has clinically seen some hundreds of cases, and has had the opportunity to study the special case sheets of 1,455 cases under treatment at various periods since the outbreak in all the base hospitals of the Expeditionary Force in France. Early in the disease two symptoms are especially prominent—namely, dyspnoea and oedema. Casts were absent from the urine in over a third of the cases. The greater part of the paper is based on a series of 571 cases in which casts were present (usually both hyaline and granular), while occasionally blood casts were found. In one group of patients smoky or blood-stained urine was passed early in the disease, and fever was noted, much as may be seen in the infective nephritis of bacterial origin seen in civil practice. When dropsy was present the urine was much diminished in amount, and might indeed be suppressed for periods of twelve or twenty-four hours. Only three fatal cases have come under his own observation. In one a chronic Bright's disease had been present, in the other two congenital defects of the kidney were found, and in all death was due to uraemia. It is remarked that the facies typical of acute renal disease was of exceptional occurrence, and that the dropsy was never excessive in amount. The albuminuria was considerable in the acute stages, and was found to be much more persistent than the dropsy; uraemic symptoms were common, particularly an ammoniacal odour, apathy, drowsiness, headache, nausea, and occasionally vomiting. Epileptiform seizures of a considerable degree of severity, and increased arterial blood pressure, the latter often accompanied by severe headache, were by no means rare. In a few cases the characteristic dyspnoea was accompanied by the physical signs of pulmonary oedema. Other uraemic symptoms, such as twitchings, cramps, and skin eruptions, were not noted in this series of cases. Bronchitis occurred in some 30 per cent. of a series of 278 soldiers with trench nephritis; in those instances in which they were looked for, changes in the fundus oculi were absent, so far as the acute cases were concerned. Men of all ages and all branches of the service were attacked, but the disease occurred only in the British troops of the Expeditionary Force, and not amongst the Indian troops—among whom, in fact, but three cases were reported. Sir John sums up his account by saying that trench nephritis may be described as a clinical entity, characterized by the follow-

ing five features: The rapid subsidence of a well-marked renal dropsy, the frequent presence of bronchitis and dyspnoea, the severity and suddenness of onset of uraemic manifestations such as epileptiform seizures, the rarity with which inflammatory complications occur, and the extraordinarily low mortality of only 3 or 4 per thousand cases. He is inclined to believe that this form of acute nephritis is due to some infecting agent, which causes in the first place some illness, such as bronchitis, a severe cold, or diarrhoea. On the other hand, he remarks that bronchitis was common among the Indian troops, who yet escaped the acute nephritis. It may be added that in the discussion held by the Royal Society of Medicine referred to above, Dr. Abercrombie stated that he had been led by his large experience of the disease to assume that it was infective in origin and epidemic in distribution. The infecting agent, presumably a microbe, remains unknown.

BATHS EXTENSION AT BATH.

ALTHOUGH retrenchment is the order of the day, the city of Bath is engaging in fresh enterprise and cultivating its natural advantages to the utmost. Its apologia for so doing is the eight or nine thousand wounded or sick men who have already received free treatment at its springs. This influx, and the anticipation that the popularity of German and Austrian spas among British people will not be regained, has justified a new extension of the bathing establishment. The new "block" of baths, which was opened by Viscount French on February 23rd, consists of some fifty separate apartments arranged along either side of a corridor 200 ft. long. The accommodation provided here is chiefly for deep baths, in which the patient can be almost entirely immersed, while an undercurrent douche is applied to affected joints and muscles. There are also facilities for obtaining radiant heat and light baths, various modifications of the douche and douche-massage, and the Plombières treatment, which last is stated to have proved beneficial for men returning from the Eastern theatres of war suffering from the after-effects of malaria or dysentery. There is a room for mechanotherapy, and, reached by subterranean passages, a large swimming bath of the mineral water suitably cooled. With its floor of vitreous tiles, walls of glass mosaic, and bath linings of glazed fire-clay, the new building looks both pleasing and sanitary. Lord French, whose speeches had a soldierly brevity, made the acknowledgement that although scientific resources were being applied on an unheard-of scale in every branch of military activity, he had never seen, in flying school, or munition factory, or anywhere else, such a remarkable example of modern efficiency and adaptability as in the measures taken for the care and treatment of the wounded. With Lord French was Surgeon-General Russell, who suggested that it required no great stretch of imagination to suppose that the Romans took advantage of the waters of Bath for their wounded soldiers, in just the same manner as with the British wounded to-day. The civic luncheon at the Guildhall was made noteworthy by speeches from representatives of the medical services overseas. Surgeon-General G. C. Jones, Canadian Army Medical Corps, said that Canada had provided ten thousand beds in France and elsewhere; but although the hospitals were staffed and maintained by Canadians, they were for the wounded and sick from all parts of the empire, and imperial bonds were being formed in the military hospitals which would never afterwards be severed. Surgeon-General W. D. C. Williams, C.B., Australian Army Medical Corps, said that in Australia more motor ambulances were given at the beginning of the war than they knew what to do with, and these were readily offered to other imperial units requiring them. The medical profession in Australia, like the consultants, professors, and general practitioners, had given up everything to serve the empire. Lieutenant-Colonel P. G. Stock, D.M.S., South African Medical Corps, gave some reminiscences of the South-West African

¹ BRITISH MEDICAL JOURNAL, 1916, i, 278.

² Quarterly Journal of Medicine, Oxford, 1916, ix, 125.

campaign, and said that the bountiful waters of Bath gave an additional vividness to the recollection of how in that campaign the water had to be carried a thousand miles, with only one pint a day allowance for each man.

CHOLESTEROL AS A CAUSE OF ATHEROMA.

IGNATOVSKI found in 1908 that rabbits fed on animal food, particularly milk and eggs, developed arterial atheroma, cirrhosis of the liver, and enlargement of the suprarenal glands. These experiments have been followed up by Stuckey and others, and in 1913 Wesselkin came to the conclusion that the atheroma produced was due to the cholesterol contained in the eggs and milk. Dr. C. H. Bailey has repeated and extended¹ these observations. He finds that in rabbits a diet rich in cholesterol produces abundant deposits of anisotropic (or doubly refracting) fat in various organs and tissues. Prominent among these lesions is an atheroma of the aorta and pulmonary branches similar to that seen in human beings. In the liver these deposits produce cirrhosis, in the kidneys a proliferation of the interstitial tissue, mainly about the medulla. It is clear that the rabbit is unable to cope with large doses of cholesterol; if there is too much of this substance in its food, the animal becomes atheromatous. How far cholesterol can be regarded as the precipitating cause of atheroma or other forms of arterial sclerosis in human beings is a question of no little interest. It has been attacked by several writers, but their conclusions at the present time must be largely theoretical, as Dr. Bailey points out, for want of any adequate experimental basis.

THE LATE SIR WILLIAM TURNER.

THE funeral of Sir William Turner, on February 18th, was preceded by a service in St. John's Episcopal Church, of which he had been a member. It was attended by, among others, the Lord Provost, the magistrates and corporation of Edinburgh, the commander-in-chief in Scotland (representing Lord Kitchener), and by representatives of the University Court, the Senatus Academicus, the General Council, the Students' Representative Council, and the University Union of the Universities of St. Andrews, Glasgow, Aberdeen, Oxford, Leeds, and Bristol; of the Royal Colleges of Physicians and Surgeons of Edinburgh; of the Faculty of Advocates; of the British Association; of the Royal Societies of London and Edinburgh; of the Royal Infirmary, the School of Medicine for Women, and the Royal Medical Society. Sir William Turner has bequeathed the bust of himself to the University Court, with the request that it may be placed near the bust of his old master, Professor John Goodsir, in the anatomical museum of the university, in the planning of which and in the acquisition of specimens for which he took an active part as professor of anatomy. At the meeting of the University Court on February 24th a letter was read from the Secretary for Scotland, expressing his regret at the death of Sir William Turner and his sense of the loss the university had sustained. On the motion of the court the chairman adopted a minute, which concluded in the following terms: "The University Court, in placing upon record their sense of personal and corporate loss, desire also to express their conviction that the university will long cherish the memory of the unceasing and self-sacrificing labour which the late Principal devoted for so many years to its service." Sir James A. Russell (Edinburgh) writes: "I miss the names of the late John Halliday Scott, M.D., 1877, Professor of Anatomy at Otago (N.Z.), and of the late Alfred Harry Young, who succeeded the late Morrison Watson as Professor of Anatomy at Manchester, from the list of Sir William Turner's former assistants who became professors of anatomy which is given in your obituary notice. Professor Young served

about a quarter of a century; and Professor Scott, who died more recently, must have held office longer."

R.A.M.C. COMFORTS FUND.

At the beginning of October, 1914, a central committee of ladies was formed, composed of wives of Surgeon-Generals of the Army Medical Service, with Lady Sloggett, wife of the Director-General of the British Forces in France, as president, and Mrs. C. K. Morgan as secretary and manager. Its object was to collect, pack, and forward comforts to the various medical units in France. During 1915 this work was enlarged, and bales of comforts were sent to Gallipoli, and latterly to Salonika. Since the spring of 1915 parcels have been forwarded weekly to R.A.M.C. men who were prisoners of war in Germany, either directly by the comforts fund or by ladies who kindly "adopted" a man for a given period. Altogether 2,040 bales have been sent out from the Royal Army Medical College, London, where packing rooms were placed at the disposal of the committee. Of this number, 607 bales, each weighing 11 lb., have been sent to prisoners of war in Germany, and 1,433 bales, averaging 50 lb. in weight, have been forwarded overseas. From the list of garments dispatched it appears that shirts, socks, pants, and vests are those most in request; but cardigans, scarves, handkerchiefs, mittens, and towels have also been sent, as well as complete suits, greatcoats, caps, and boots to prisoners. From the numerous acknowledgements both from prisoners of war and from the officers commanding the various medical units on active service, the ladies feel that their efforts have been greatly appreciated by those they have endeavoured to help. The committee has been greatly assisted by various ladies of the corps who have established "dépôts" in Scotland, Ireland, and different parts of England for the collection of comforts. The amount of money received to the end of December, 1915, was £2,152 5s. 11d. The fund has been most generously supported by the various Royal Army Medical Corps Institutes, both at home and abroad. The committee wish to thank most heartily all those who have so generously helped in the past by donations, both in money and kind, and hope for a continuance of their support. Parcels of comforts should be sent to the secretary, Mrs. C. K. Morgan, "R.A.M.C. Comforts," Royal Army Medical College, Grosvenor Road, London, S.W., and cheques to the treasurer, Lieutenant-Colonel F. W. H. Davie Harris, 124, Victoria Street, S.W.

THE RISE IN THE PRICE OF PETROL.

FURTHER representations have been made to the Government in connexion with the price and supply of petrol to medical practitioners, and the Medical Secretary has received from the Commercial Department of the Board of Trade a letter stating that the matter is engaging the earnest attention of that department in conjunction with the Ministry of Munitions, and that it is hoped that arrangements will shortly be made whereby the difficulties which have recently been experienced will be as far as possible removed.

THE lectures during this session before the Royal College of Physicians of London will be given as follows: The Milroy lectures by Dr. S. G. Moore on infant mortality on March 9th, 14th, and 16th, the Lumleian lectures by Dr. F. E. Batten on polio-encephalo-mylitis on March 30th, April 4th and 6th, and the Oliver-Sharpey lectures by Dr. M. S. Pembrey on the development and regulation of temperature on April 11th and 13th.

AMONG the fifteen candidates selected by the Council for election into the Royal Society are Dr. J. A. MacWilliam, Professor of Physiology in the University of Aberdeen,

¹ *Journ. Exper. Med.*, New York, 1916, xxiii, 69.

and Sir Leonard Rogers, I.M.S., Professor of Pathology, Medical College, Calcutta. The other candidates include: Dr. D'Arcy W. Thompson, Professor of Natural History, University College, Dundee; Mr. H. H. W. Pearson, Professor of Botany in the South African College, Capetown; and Mr. C. Shearer, Lecturer on Experimental Morphology in the University of Cambridge.

Medical Notes in Parliament.

Central Medical War Committee.

In the official reports for February 29th the following questions and answers with reference to the Central Medical War Committee appear:

Mr. King asked: By what authority is the Central Medical War Committee compelling all single medical men of military age, under threat of conscription, to enrol themselves as ready to enter the Royal Army Medical Corps and to place their services at the disposal of this Committee, acting under the direction of the War Office?

Mr. Tennant: The Committee referred to is taking no such action as is alleged in the question. It has circularized medical men in England and Wales, explaining and emphasizing the need of more doctors for the R.A.M.C., and it has brought to their notice an enrolment scheme under which any man below 45 years of age who is willing to take a commission (if offered him) in the R.A.M.C. can secure that his application will be taken up by the War Office at the most suitable time, regard being had both to his particular circumstances and to the medical needs of the civil population in the area where he practises. In all these activities the Committee has been giving very valuable assistance to the War Office, and has been working in intimate relations with the various Government departments concerned.

Mr. King asked the Under Secretary of State for War whether the Central Medical War Committee, whose members are appointed, elected, or co-opted by the British Medical Association, is regarded as truly representative of the whole medical profession; whether he is aware that there are numbers of medical men who are not members of that Association; and whether the doctors who are needed to attend to the civil population are receiving by this arrangement adequate consideration.

Mr. Tennant referred to the answer he gave to a similar question by Mr. Shirley Benn on January 12th (see BRITISH MEDICAL JOURNAL, January 22nd, 1916, p. 140), and continued: I need only add to-day that since that date the Committee has been still further strengthened, and that the civilian aspects of the whole matter, to which the hon. member refers in the concluding paragraph of his question, are amongst the main preoccupations of the Committee working in conjunction with the Government departments involved.

Mr. King asked the Under Secretary of State for War whether, in view of the failure of the Army Medical Department to utilize effectively the medical services which have been freely offered to the army, it is the present policy of the Government to permit the Central Medical War Committee to portion out the supply of medical aid to the industrial community, including munition workers, upon whose energy we are so dependent; and whether, in order to secure the health of the civilian population, the medical profession will in future be classed, like clergymen, as a reserved occupation.

Mr. Tennant: No, sir, I am not aware of any such failure. Such a word seems quite out of place in commenting on the work of the Royal Army Medical Corps. The Committee referred to has collected valuable information as to the existing and prospective provision of medical services for the industrial community, and is endeavouring to assist various members of the profession in bringing about such rearrangements and co-operation as may facilitate the most effective distribution of those services where needed. Information as to the present condition of medical provision in England does not afford any grounds for resorting to the sweeping measures suggested in the concluding paragraph of the hon. member's question.

War.

Employment of Medical Staffs.—In reply to Mr. Lynch, Mr. Tennant said that civilian medical officers were employed to a very small extent in Territorial general

hospitals, which were staffed by officers of the Territorial Force. The number mobilized varied with the number of patients in the wards. The number of medical officers in the base hospitals in France could not be reduced, as the military authorities considered that the number now so employed had reached an irreducible minimum. Mr. Lynch also asked whether a certain number of medical officers were attached to each division and their services limited exclusively to it; or whether, when a single division was engaged in a struggle so protracted that its medical officers and staff were exhausted, medical officers from a neighbouring division not engaged could be drafted into the exhausted division. Mr. Tennant said that this course was followed. It was the duty of the higher military authorities to distribute the medical officers under their command so as to meet the various exigencies which might arise. The watertight compartment arrangement was obviously undesirable. He added, in reply to another question, that he had no knowledge of an instance in which some medical officers were employed for fifty-two hours at a stretch, whilst those of another division were unemployed. Movable hospitals or a closely connected series of hospitals within a short distance of the firing line had been in use for many months.

Army Medical Advisory Board.—In reply to Mr. Lynch, Mr. Tennant stated that the unofficial members of the Advisory Board for Army Medical Services were Professor Kenwood, Sir John Rose Bradford, Professor Leonard Hill, Sir Anthony Bowlby, and Sir Charles Cameron. Sir Anthony Bowlby and Sir John Rose Bradford were on the Board as representing surgical and medical knowledge respectively, and not as representatives of what Mr. Lynch had called "civilian interests."

Theological and Medical Students.—Mr. Robinson asked, on February 29th, whether the exemption of students preparing for the Roman Catholic priesthood would be extended to other theological students, and Mr. Snowden whether the exemption would be given to medical students. Mr. Tennant said that instructions were being prepared under which theological students of all religious denominations would be treated alike. No alteration had been made in the decisions already announced in reference to medical students. The regulations had been framed upon the same lines as those for theological students; if there were any distinction, perhaps the treatment of the medical student was the more generous.

Blinded Soldiers and Sailors.—Mr. Tennant has given the following statistics as to the number of officers, non-commissioned officers, and men discharged from the army for blindness, which he had obtained from Mr. C. Arthur Pearson, chairman of the Blinded Soldiers' and Sailors' Care Committee, who, as Mr. Tennant said, has done admirable work. The total number of non-commissioned officers and men was 156 (English 122, Irish 16, Scottish 15, Welsh 3). The number of British officers was 9 (English 6, Irish 2, Welsh 1). Dr. Macnamara stated that 5 naval officers and men had lost their sight in the war entirely, and, as it was believed, permanently; 2 had been discharged, the one a sapper, R.N.D., with a life pension of 25s. a week, and the other a petty officer, second class, coastguard, with a life pension of 27s. a week; 1 midshipman, 1 ordinary seaman, and 1 boy were still under naval care. One private, Royal Fleet Reserve, had lost the sight of one eye, and that of the other was so affected that the man was practically blind. He was receiving a pension of 26s. 2d. a week, and his case would be reconsidered in six months. The question whether men who had been blinded would be able to earn anything could only be settled when their aptitude for acquiring knowledge as blind men had been gauged, and this would be a matter for the Statutory Committee of the Royal Patriotic Fund Corporation, on whom the responsibility for finding employment for disabled sailors and soldiers had been placed by Parliament.

Nervous Shock.—In reply to Mr. King, the Under Secretary of State for the Home Department (Mr. Brace) stated, on February 23rd, that no further facilities were being offered through the Board of Control for the accommodation and treatment of nerve-shaken soldiers, as no further accommodation could be spared. At the request of the War Office, the completion of the new Hampshire Asylum at Park Prewett was being expedited with a view to its being equipped and staffed by the military authorities as a