

Major George Home, Officer in charge of Surgical Division, No. 2 New Zealand General Hospital.

Dr. Edward William Hope, D.Sc., M.O.H. Liverpool.

Dr. Alexander Hunter, Chief Medical Officer, Earl's Court Belgian Refugees' Camp.

Major Arthur Hammersley Johnston, Assistant County Director, British Red Cross Society, East Riding of Yorkshire.

Dr. William Dunmore Loveday, designer of the Wantage crutch.

Dr. William Halliburton McMullen, Specialist Member of a Recruiting Board.

Major William Lewis Martin, Deputy Commissioner of Medical Services, Ministry of National Service, Perthshire.

Lieut.-Colonel Frank Hamilton Mewburn, C.A.M.C.

Major Henry Ross, Additional Assistant Director-General I.M.S., Bengal.

Major Thomas Lindsay Sandes, M.B.E., Officer in Charge of the Surgical Division, South African Hospital, Richmond.

Major Hugh Short, N.Z.M.C.

Dr. Robert James Smith, Chairman Cardiff Local War Pensions Committee.

Captain Hugh Stott, I.M.S., Medical Officer on board the hospital ship *Madras*.

Dr. Charles R. J. Atkin Swan, Administrative Medical Officer, Royal Air Force Hospitals.

Miss May Thorne, M.D., in charge of Sisters, hospital, and staff departments, Malta.

Mr. Charles Todd, Principal Bacteriologist of the Department of Public Health, Egypt and the Sudan.

Dr. Frederick Thomas Travers, Commandant and Medical Officer, Maidstone Auxiliary Hospital, Maidstone, Kent.

Major Alexander Lewis Urquhart, R.A.M.C., for services with the British Expeditionary Force, Salonica.

Captain Thomas George Wakeling, President of a Recruiting Medical Board.

Captain John Wallace, Deputy Commissioner of Medical Services, Ministry of National Service.

Fleet Surgeon Alfred Ernest Weightman, R.N., Medical Department, Admiralty.

Fleet Surgeon Samuel Henry Woods, R.N.

To be M.B.E.

Temporary Lieutenant Henry John Andrews, I.M.S., medical officer in charge of the Thomas Emery Hospital at Moradabad, United Provinces.

Dr. William Edward Audland, Assistant County Director, Northamptonshire, British Red Cross and Order of St. John of Jerusalem.

M. R. By Tiruvadi Chidambara Ramaswami Sarma Avargal, Sub-assistant Surgeon, Madras.

Ali Ibrahim Bey, Senior Assistant Surgeon at Kasr-el-Ainy Hospital, Cairo.

Wadh Bey Birbari, P.M.O., Nagazig Hospital.

Lieutenant George Thomas Brown, C.A.M.C.

Dr. John Harold Burridge, Commandant and Medical Officer in Charge, Slough Auxiliary Hospital.

Surat Kunwar Chandhuri, M.B., Benares State Service.

Dr. Harry Gordon Cooper, Assistant County Director for Altrincham Division, British Red Cross and Order of St. John.

Mrs. Barbara Grace Rutherford Crawford, M.B., Ch.B., Medical Officer at one of H.M. factories, Ministry of Munitions.

Dr. John Edwards Cresswell, P.M.O., Suez.

Miss Lucy Davis Cripps, M.B., Ch.B., Medical Officer at a national filling factory.

Mrs. Mary Ariel Stewart Deacon, M.B., B.S., Medical Officer at a filling factory, Ministry of Munitions.

Dr. Archibald Alexander George Dickey, Organizer, Colne Auxiliary Hospital, East Lancashire.

Captain Wilberforce Vaughan Eaves, Medical Officer, Royal Arsenal, Woolwich.

Dr. Duncan Forbes, M.O.H. Brighton.

Captain William Harris Fox, C.A.M.C.

Miss Catherine Fraser, M.B., Ch.B., Medical Officer at one of H.M. factories, Ministry of Munitions.

Dr. William John Gilpin, Commandant, Bourne Auxiliary Hospital, South Lincolnshire.

Dr. Arthur Stanley Green, Commandant and Medical Officer, Boutham Auxiliary Hospital, North Lincolnshire.

Maurice Roberts Wilson Hart, I.S.M.D., Assistant Surgeon, Madras.

Miss Eileen Mabel Hewitt, M.D., Medical Officer in Charge, Women's Hospital, Royal Arsenal, Woolwich.

Dr. Thomas William Hicks, Staff Medical Officer to County Director and Officer in Charge of Red Cross Convoys, Middlesex, British Red Cross and Order of St. John of Jerusalem; Commandant, East Finchley Auxiliary Hospital.

Dr. Edwin Andrew Cuthbert Hindmarsh, Officiating Civil Surgeon, Muzaffarpur, Bihar and Orissa.

Khan Sahib Sayad Nazir Hussain, I.S.M.D., Civil Surgeon, Mianwali, Punjab.

Captain Robert Kirkpatrick, C.A.M.C.

Dr. James MacLachlan, Honorary Secretary Sutherland Branch, Scottish Branch, British Red Cross Society.

Miss Florence Muriel Morris, M.D., Commandant and Medical Officer in Charge, Paignton Auxiliary Hospital, Devonshire.

Dr. Albert Alfred Osborne, Commandant and Medical Officer in Charge, Ilfracombe Auxiliary Hospital, Devonshire.

Dr. Leslie Powne, Commandant and Medical Officer in Charge, Crediton Auxiliary Hospital, Devonshire.

Lieutenant John Ritchie, Second in Command of Army Medical Store, Woolwich.

Miss Mary Thompson Ritchings, M.B., Ch.B., Medical Officer in Charge, Y.M.C.A., Auxiliary Hospital, Swansea.

Captain James Maxwell Ross, F.R.C.S.Ed., County Director, Dumfries, Scottish Branch, British Red Cross Society.

Mr. Albert Charles Butler-Smythe, F.R.C.S.Ed., member of a Recruiting Medical Board.

Mrs. Emma Christine Williams, M.B., B.S., Medical Officer at a Shell Filling Factory.

*Mr. Frederic G. Hallett, secretary, Committee of Reference, is appointed an officer of the Order, and Lieut.-Colonel Orlando K. Gibson, Deputy Director of Dental Services, Canadian Forces, Mr. Edmond T. Gann, civil assistant to the Director-General A.M.S., and Miss A. L. Lawrence, assistant secretary, Central Medical War Committee, are appointed members.

The following members of the medical profession are among the recipients of the medal of the Order of the British Empire for services in connexion with the war in which great courage or self-

sacrifice has been displayed: Dr. Ernest James Berkley and Dr. Athol Raymond Moore, for rescue work on the occasion of a Zeppelin raid, and Dr. Edward Wright (Divisional Surgeon Metropolitan Police) for attending to the injured on the occasion of an air raid.

MENTIONED IN DISPATCHES.

The following are among the names of those brought to notice in a dispatch, dated March 25th, by Lieut.-General G. F. Milne, K.C.B., D.S.O., Commander-in-Chief, British Salonica Force, for gallant and distinguished services rendered from September 21st, 1917, to February 28th, 1918:

Staff.

Colonel G. T. Rawnsley, C.B., C.M.G., A.M.S.
Lieut.-Colonel P. H. Henderson, D.S.O., R.A.M.C.

Royal Army Medical Corps.

Lieut.-Colonel M. M. Lowley
Temporary Lieut.-Colonel C. M. Wenyon, C.M.G.
Major (acting Lieut.-Colonel) F. J. Garland.
Major R. K. White.
Temporary Major H. W. Wiltshire.
Captain and Brevet Major (acting Lieut.-Colonel) B. Johnson.
Captain (acting Major) A. L. Urquhart.
Captains E. Davies and A. M. McCutcheon.
Temporary Captains: D. I. Anderson, G. V. Bakewell, D. M. Borland, R. C. Brown, P. C. Davie, T. E. George, L. G. McCune, J. H. McNicol, M.C., F. H. Morrell (Special List), E. C. White, A. Wilkin.
Temporary Lieutenant E. Gardner.

Royal Army Medical Corps (Special Reserve).

Captains: T. Y. Barkley, M. C. Cooper, G. G. Drummond, J. A. Musgrave, H. B. Sherlock, M.C., H. W. Torrance.

Royal Army Medical Corps (Territorial Force).

Lieut.-Colonel J. R. Whait.
Major and Brevet Lieut.-Colonel F. E. A. Webb.
Captain (temporary Lieut.-Colonel) H. G. G. Mackenzie.
Captain (temporary Major) A. W. Falconer, D.S.O.
Captains: C. E. C. Ferrey, I. A. Harwood, W. H. Manson, B. E. Potter, P. S. Price, G. White, H. W. Weir.
Quartermaster and honorary Captain G. W. Harris.

Indian Medical Service.

Temporary Lieutenant H. S. Rajan.

NOTES.

Fleet Surgeon William Wallace Keir, R.N., is among the officers mentioned in dispatches (*London Gazette*, June 7th).

L'ENTENTE MÉDICALE.

For a considerable time past, owing to the fact that French and British troops have been fighting in the same areas, French wounded have reached British casualty clearing stations and British wounded have reached the corresponding French units (*hôpitaux d'évacuation*). *Le Journal* has called attention to the fact that recently this has happened on a much larger scale, owing, no doubt, to the unification of the chief command and the consequent more intimate mingling of French and British troops. The intention is that a French soldier treated at a British clearing station or a British soldier treated at a French evacuation hospital should be sent on from there to the hospital on the lines of communication provided by his own country, but this has not always been possible, and many French wounded have, we believe, reached British hospitals on the lines of communication and even at the base. Our contemporary states that the converse recently happened on a somewhat large scale. After a recent offensive the large evacuation hospital under the control of the military Government of Paris received a large number of British wounded. The first arrivals were admitted to the hospitals at St. Cloud, Astoria, and the Bois de Boulogne, and the overflow were sent on to the French Red Cross hospitals, where our allies were thoughtful enough to send nurses who could speak English well. As soon as they were fit to be moved on the men were sent by hospital trains to ports of evacuation. On June 8th General Phillips, commandant of the British zone in Paris, formally thanked M. Louis Mourier, Under Secretary of State, for the great care and skill expended on the British wounded. M. Mourier immediately transmitted the thanks of the British general to the medical inspector of the district, General Février, and to his fellow workers, medical and nursing.

Scotland.

VENEREAL CLINIC IN EDINBURGH.

A BRANCH of the National Council for Combating Venereal Disease was formed at a public meeting called by the Lord Provost on June 5th. The scheme for a venereal clinic in Edinburgh, which Dr. Leslie Mackenzie said would shortly receive the sanction of the Local Government Board, covers not only Edinburgh but the three Lothians. Provision is made for a special department at the Royal Infirmary, to be open at convenient hours, and also for indoor treatment. Provision is also made for expert advice for medical men and institutions, and it is intended to establish pathological laboratories for diagnosis. The meeting was attended by Sir Francis Champneys and Mrs. Gotto (representing the

National Council). The latter spoke of the necessity of protecting the ignorant from the devices of quacks, the enactment against whom was not being enforced. The motion for the appointment of the local committee was made by Councillor Young, convener of Edinburgh Public Health Committee, seconded by Dr. McKenzie Johnston, President of the Royal College of Surgeons, and supported by Sir Robert Philip and Professor Russell, President of the Royal College of Physicians.

TREATMENT OF DISABLED SOLDIERS.

At the monthly meeting of the Joint Institutional Committee of Scotland, held in Edinburgh on June 8th, the chairman, Sir Arthur Boscawen, M.P., Parliamentary Secretary to the Ministry of Pensions, announced that Major Grant had presented his house and grounds at Kilgaston, Perthshire, to be used as an institution for permanently disabled men. It will be available for patients from all parts of Scotland, and will be managed by a committee appointed by the Central Area Committee. The orthopaedic annexe at Tynecastle, Edinburgh, will, it is expected, be ready in July. A scheme for providing after-sanatorium treatment for discharged men suffering from tuberculosis at the Polton Farm Colony was approved by the meeting, which also received a report from the South-Western Committee on the necessity for providing a hospital to give in-patient treatment to discharged men from the West of Scotland. A scheme was also considered for an annexe at the Moffat institution for pensioners for discharged men suffering from rheumatism.

WORKING OF INSURANCE.

Speaking at the first of a series of lectures arranged by the Scottish Insurance Commission, to be given in different centres, Sir James Leishman, chairman of the commission, said that in spite of the war the financial experience of last year had been satisfactory. Payments into the Scottish fund amounted in round numbers to 12 millions; payment out for sickness, disablement, and maternity benefit was very nearly 4 millions, and 3 millions had been paid out for medical benefit, sanatorium benefit, and the working of insurance committees and societies. Nearly 5 millions was invested. There were substantial balances to the credit of almost all the societies in Scotland, and there was no reason for the loose statements that the Insurance Act and the societies were bankrupt.

Ireland.

MEETING OF MEDICAL DELEGATES.

At a largely attended meeting of delegates of the Irish medical profession held in the Royal College of Surgeons, Dublin, on May 29th, 1918, the following resolutions were passed:

Reappointment of Irish Medical Committee.

- (a) That the Irish Medical Committee be reappointed; that it be constituted as arranged at the delegates' meeting July 13th, 1913, and that it be empowered, if it think desirable, to give adequate representation on its body to any medical association or organization for which provision was not made at the aforesaid delegates' meeting.
- (b) That for the purpose of recording the views of the medical profession in Ireland in connexion with Irish medical affairs, and, when necessary, promoting legislation thereupon, the Irish Medical Committee, owing to its representative character and constitution, be regarded the authoritative body with regard to such matters.

Salaries of Poor Law Medical Officers.

- (i) That this meeting of delegates, representing the medical profession in Ireland, is of opinion that the initial salary for dispensary districts should be £200 per annum, increasing to a maximum of £300 per annum after fifteen years' service; that in the case of existing officers these terms should have retrospective application, and that a special scheme of salaries be drawn up by the Irish Medical Committee for medical officers of workhouses.
- (ii) That the Irish Medical Committee, acting in conjunction with the local medical committees, take such action that pressure can be brought to bear from the central committee to supplement the demands for increased scales of salaries put forward by counties or union areas; that in the event of boards of guardians refusing to grant adequate salaries, that the medical officers in the areas concerned communicate with the secretaries of the Irish Medical Committee before taking further action.

Medical Benefits under Insurance Act.

That we approve of the extension of medical benefits to Ireland on terms suitable and acceptable to the profession in this country.

Deputation to Local Government Board.

The meeting arranged that a deputation should be appointed by the Irish Medical Committee to wait on the Local Government Board, and that it should make strong representation to this Board to take the necessary steps:

(1) To fix or regulate the salaries of all Poor Law medical officers. (2) To introduce a bill in Parliament providing compulsory superannuation for Poor Law medical officers, and to urge, if possible, a provision for an increase in the superannuation of retired Poor Law medical officers. (3) To make alterations in the present system of sworn inquiries so as to protect the medical officers from frivolous and malignant accusations and their undue publicity. (4) To make changes in the rules for the presentation of tickets for medical relief.

Pledge.

The delegates having all signed the following pledge the meeting directed that secretaries of local medical committees take steps to have it signed by all the doctors residing in the areas covered by their committees:

That in case it should be necessary for any doctor to resign his appointment for the betterment of his position, I promise not to apply for or to accept his appointment, or to act as locumtenent in his district as long as it is vacant.

England and Wales.

MATERNITY NURSING IN LONDON.

A CONFERENCE on maternity nursing, arranged by the Central Council for District Nursing in London, was held on June 4th under the presidency of Sir William Collins, M.P., with whom was Sir Arthur Downes. The points for discussion were—

1. To what extent is it desirable and practicable that maternity nursing should be undertaken by district nursing associations in London?
2. The relation of maternity nursing to midwifery, and, in particular, whether it is essential that the maternity nurse should hold the C.M.B. certificate.
3. The question of co-operation with the hospitals for the purpose of nursing the extern maternity cases.

As these three subjects were taken together the discussion was somewhat disjointed, and all resolutions were ruled out, as it was not desired to tie the council's hands, but merely to elicit a free expression of opinion. With regard to the first point, Sir Arthur Newsholme, after detailing what the Local Government Board had done, said that the Board had no intention to supersede the work of the voluntary associations. The second point was the one which gave rise to most discussion. Sir Francis Champneys expressed the view that it was absolutely essential, if any scheme was to be successful, that the private practising midwife should be retained. He was convinced that poor women would not consider that any official, however competent, stood in the place of the women of their choice. In doctors' cases his view was that the nurses should not be midwives. With regard to the third point, Dr. Lauriston Shaw expressed the opinion that the hospitals would welcome any effort on the part of nursing associations to help their extern maternity departments. Some had provided nursing sisters in sickness, but not maternity nursing to any large extent. A large number of other speakers took part in the discussion, including medical men and women, practising midwives, and members of district nursing associations; and in summing up the various expressions of opinion Sir William Collins said that the interchange of views had been valuable. The ideal in all minds was to secure that no parturient woman should be unattended or inadequately or improperly attended. On the first of the specific points before the conference he had heard no negative opinion expressed, and the third point also as to co-operation with the hospitals had brought out no disagreement. It was really with regard to the second question that divergence of view was to be noted. The midwife had a great past, and would perhaps have a great future, but the fully qualified nurse was not disposed at the present time to work under a midwife who had had six months' training. Could the midwife be trained so as to become the equivalent of the obstetrician, and could a