

way to effect a reduction of the waiting list is to keep the hospital strictly to that class of case for which it is intended. The report shows that a number of cases sent by practitioners turned out to be suffering from lesions of the nervous system, arteries, heart, and other miscellaneous organic diseases. The admission of such cases must cause much inconvenience and disappointment, and Dr. Ross devotes a considerable section of his report to an analysis of the signs and symptoms presented by those patients who were found to be the subjects of organic disease, in the hope that his observations may be of some help in differential diagnosis. It is mainly through improved diagnosis that the full use of the beds can be obtained, and Dr. Ross considers that the elimination of the psychotic cases is of the utmost importance also from this point of view. He proposes to defer the discussion of this subject to another occasion, but observes that for certain patients with psychotic depression the hospital provides a suitable environment, though it does not do so by any means for all who are sent in.

England and Wales.

HUGH OWEN THOMAS MEMORIAL LECTURE.

DURING the war the council of the Liverpool Medical Institution resolved to establish a fund to keep green the memory of Hugh Owen Thomas, truly described as a surgical genius. Subscriptions came from surgeons the world over, and the council of the institution decided to establish a lecture on some surgical aspect of orthopaedics, to be delivered every two years by some eminent surgeon, and to use the interest of the fund for his honorarium. The second biennial lecture was delivered by Dr. Robert B. Osgood, of Boston, U.S.A., at the institution on June 2nd. There was a large audience, and the president, Mr. R. C. Dun, who was in the chair, introduced the lecturer in graceful terms. At the outset Dr. Osgood paid a tribute to the memory of Hugh Owen Thomas, and referred to Sir Robert Jones as a leader in orthopaedic surgery. Dr. Osgood took as the subject of his lecture the orthopaedic aspects of chronic arthritis. We hope to publish a report of the lecture in a subsequent issue. The lecture was listened to with attention and was much applauded. The president, in thanking Dr. Osgood, alluded to his inspiring qualities as a teacher.

UNIVERSITY OF LIVERPOOL.

At the graduation ceremony held in St. George's Hall on June 5th, the Chancellor, Lord Derby, conferred the honorary degree LL.D. on Sir Dyce Duckworth, Bt., and on Sir Robert Jones, K.B.E. Sir Dyce was described as a distinguished alumnus of the old Liverpool Royal Infirmary School of Medicine, whose loyalty to Liverpool and his old school has been steadfast. A lover of books, a lucid teacher, a polished speaker, a writer who has advanced clinical medicine, the Chancellor expressed his pleasure as a Lancashire man on paying Sir Dyce the highest honour the University could bestow. Sir Robert Jones, who was greeted with vociferous applause by the students, was introduced as the greatest bone surgeon of this or any generation, renowned and honoured the world over. Through his influence and teaching he had been the means of saving to the Empire and the Allies a vast number of lives, and it was owing largely to him that our streets show relatively so few cripples as compared with bygone days. The Chancellor recalled the fact that as War Minister he had appointed Sir Robert to the Medical Advisory Board of the War Office. The illustrious surgeon had not kept his great skill and knowledge for Liverpool only, but had given them to the world at large. The University delighted to pay Sir Robert this high honour as a tribute to his outstanding ability in his profession.

PRESENTATION TO DR. W. E. THOMAS.

Dr. W. E. Thomas, J.P., of Ystrad-Rhondda, was presented, on June 6th, by the insurance practitioners of Glamorgan, with his full-size portrait in oils, painted by

Miss Margaret Lindsay Williams, as a tribute to the great services he has rendered to the medical profession, and to the British Medical Association, of whose Council he has long been a member. A diamond brooch was given to Mrs. Thomas on the same occasion. The chairman of the presentation committee, Dr. J. Morgan Rees, laid stress on the great value of the yeoman service rendered by Dr. Thomas, not only to the medical profession, but also to the social and public life of South Wales and Great Britain. Dr. Howard Davies emphasized the courageous way in which Dr. Thomas had tackled so many difficulties in the past; and the Medical Secretary of the British Medical Association, Dr. Cox, speaking in the same strain, added that, in addition to his other qualities, Dr. Thomas had the very rare power of inspiring affection wherever he went. Dr. Thomas, replying, said that during the forty years he had lived in the Rhondda he had found that the people there proved to be very good friends. It was owing to the great self-sacrifice of his wife that he had been able to devote so much time to public work. Dr. Thomas was the guest of honour at a banquet which was held the same evening, when the toast of "The British Medical Association" was proposed by Sir David Evans, and the toast of "Our guest, W. E. Thomas, doctor of medicine, justice of the peace, and prospective high sheriff of his native county," was proposed by Sir Ewen Maclean. Dr. Thomas, in his reply, expressed his gratitude for the warm appreciation of his work. He was glad that his friends and colleagues had deemed him worthy of such a present in spite of the fact that he had never concealed or been false to his political or professional views.

PUBLIC HEALTH NEEDS OF LONDON.

The Minister of Health, the Right Hon. Neville Chamberlain, M.P., received on June 8th a deputation from the London County Council, which submitted to him the report of the Special Committee on Health Administration in London. In submitting it, Captain C. E. Warburg, chairman of the Council, laid special emphasis on—

(1) The necessity for an early reform of the Poor Law, along the general lines of the report of the Maclean Committee, in order that a fuller use might be made of the existing Poor Law institutions in the treatment of disease. Pending a settlement of the future of Poor Law infirmaries, it was not possible to reach a satisfactory position as to the hospital needs of London and, in particular, as to the use which might be made of the existing infirmaries in connexion with advanced cases of tuberculosis.

(2) The need for the revision and consolidation of the Acts relating to health services in London.

(3) The desirability of an expert inquiry into the question of the disposal of refuse.

(4) The advisability of a technical inquiry into the problem of dealing with the drainage of London. This arose particularly in connexion with the pollution of the River Lea. One obvious solution of the problem was that the drainage of the outlying districts at present discharging into the Lea should be taken by the London County Council, but the capacity of the Council's sewers was limited, and the Council also felt that it should not lightly add to the volume of effluent discharged into the River Thames.

(5) The desirability of instituting an inquiry into the after-care of tuberculous patients. Valuable as were the experiments being carried out at Papworth and Preston Hall, they could never by themselves provide a solution of the problem of tuberculosis in urban districts. Patients who returned from sanatoriums partially restored to health were in danger of relapse when they came back to the conditions of life in which they had originally contracted the disease, with weakened physique and earning capacity.

Mr. Herbert Morrison said that Labour members of the Council gladly endorsed this report so far as it went. They attached particular importance to the reform of the Poor Law, which had been promised for the last five years but had never made any progress. The Labour members did not, however, endorse the view that management by joint committees would be satisfactory; the alternatives were local administration pure and simple, or central administration.

Smoke knew no borough boundaries, and he was satisfied that the responsibility for dealing with smoke abatement should be laid primarily on the central authority for London. Mr. H. Arthur Baker, J.P., speaking for the Progressives, said that they warmly endorsed the report.

The Minister said that he welcomed the description of the relation between the Ministry, the London County Council, and the metropolitan borough councils as a partnership. He was satisfied that great value had been derived in the past from the surveys that had been jointly undertaken by the Council and by his department. The latter he regarded in the light of a sort of general staff in dealing with health matters. The Ministry of Health, ever since its foundation, had always been hampered by the demands made on the attention of Ministers by the housing problem, but this was only temporary and partial, and was now, he hoped, well on its way to settlement. He had already publicly announced his intention of dealing with the reform of the Poor Law next year, provided always that he was successful in getting the Rating and Valuation Bill, which was an essential preliminary, through the House of Commons this year. He agreed with the deputation that in dealing with advanced cases of tuberculosis it was highly undesirable to segregate them in special institutions, to be sent to which was regarded by the patients as equivalent to a sentence of death, but he was not yet satisfied that the existing Poor Law infirmaries were necessarily the best suited for that purpose. He agreed that in connexion with hospital provision, both for tuberculosis and other diseases, some central co-ordinating authority was necessary. This was a subject which would require further discussion. He had included a bill for smoke abatement in his programme for next year, but he was not clear that the view of the London County Council with regard to the advantages of central control in this matter represented the views of the majority, but he would give this point further consideration.

The consolidation of the Public Health Acts was in hand, though it would be necessary for him to pass a further amending bill next year before consolidation could be carried through.

He was inclined to fall in with the suggestion of an expert inquiry into refuse disposal, with a view to the issue of an authoritative technical report, though more information on this subject was already available than was generally made use of. Further consultation with the interests concerned, such as the metropolitan borough councils, would be necessary before he could set up the committee.

The drainage of London was rather a question for the London County Council itself to consider. It was clear that not much more sewage could be taken from outside districts without either enlarging the sewers or undertaking expensive works for the treatment of sewage, or possibly both. Either alternative would be very expensive. If the Council agreed he would gladly associate a technical officer of his department in an inquiry, and he thought that there should also be representatives of other authorities.

The after-care of tuberculous patients he regarded as an essential part of schemes for the treatment of the disease. If relapses of patients whose condition had been relieved were to be avoided suitable occupation under medical supervision was absolutely essential. Papworth and Preston Hall were useful examples of what could be done along these lines, but he agreed with the Council in thinking that they did not provide the solution of the problem so far as it affected the urban population. He had under consideration measures for increasing the after-care provision available.

THE LONDON HOSPITAL.

At the recent quarterly court of the Governors of the London Hospital Lord Knutsford announced that Mr. Bernhard Baron had presented £10,000 to the hospital for the erection of a pathological institute. The cost of the new operating theatre presented by Lord Bearsted would be about £7,000, and the donor desired that the difference between this cost and his gift of £10,000 should be invested so that the interest on the sum might be devoted to

medical research. A new hostel for the resident medical staff was to be built at the cost of £39,983; the children's department was to be enlarged and improved so as to serve as a consultative centre for all the child welfare organizations in the East of London. The honorary medical staff would be increased by the addition of a specialist in children's diseases.

UNIVERSITY COLLEGE, READING.

It is probable that University College, Reading, will soon become an independent university, the Privy Council having issued a notification that it would be prepared to recommend the grant of a Royal Charter subject to certain financial conditions. The College was founded thirty-three years ago in part of the old Abbey of Reading, from which it was transferred in 1904-5 to its present site. In 1906 the College Hall (seating 1,000 people) was opened, and in 1911 it was decided to apply for the status of a university, an endowment of £200,000 being in hand at this time. This application was delayed by the war, but after the armistice the recovery of the College was rapid, and in June, 1920, it was decided to proceed with the application for a university charter. The reply to the petition, while approving in principle the establishment of a university at Reading, required that there should be an increase in the number of students reading for university degrees, and that the College income should approximate £80,000. The present College income, apart from the halls of residence, has now reached this figure; including that from the halls it is more than £120,000. The first of these six halls was founded in 1905, and in 1908 the late Lady Wantage endowed a residential hall for men; soon afterwards an existing women's hostel was transferred to St. Andrew's Hall. The Faculties of Letters and Science are the foundation of the teaching, and there has been added a Faculty of Agriculture and Horticulture, including the British Dairy Institute and the Research Institute in Dairying. Supplementary faculties include the three schools of fine arts, music, and domestic subjects. The main site of the College building occupies about ten acres, interspaced with lawns and gardens. The residential halls are all within walking distance of the College, which owns about 530 acres of land.

Scotland.

EDINBURGH POST-GRADUATE COURSES.

THE programme of the vacation courses conducted by a Committee of the University and School of Medicine of the Royal Colleges at Edinburgh has been issued. The courses begin on July 13th with one on obstetrics and gynaecology lasting four weeks. It includes daily clinics on midwifery at the Maternity Hospital, followed each day by clinics on gynaecology in the gynaecological wards of the Royal Infirmary. In the afternoon there will be ante-natal clinics, lecture demonstrations on obstetrical and gynaecological pathology and on infant feeding and ophthalmia neonatorum. Concurrently with this course another will be held upon diseases of children in the Royal Hospital for Sick Children. It will include medical clinics, surgical clinics, and clinics on ear and throat diseases, eye diseases, nutrition, child welfare, venereal diseases, and dentistry. From August 10th to September 5th there will be a general medical and a general surgical course. The medical course will include demonstrations on applied anatomy, a series of clinics in which the examination of the different systems will be taken up in rotation—the respiratory system, ductless glands, renal and alimentary systems, nervous system, and circulatory system respectively; a number of clinics upon dermatology, venereal diseases, diseases of children, diseases of the eye, and diseases of the blood. A few meetings are devoted to morbid anatomy, dietetics, genetics, comparative pathology, radiology, hydrology, and tuberculosis. The surgical course will include demonstrations on applied anatomy, general surgery, diagnosis of renal disease, and surgical pathology. Surgical and gynaecological operations in the Royal Infirmary and