

papers in this section were on repression, ankylostomiasis, hay fever, and action of extract of solanum pseudo-capsicum; but the outstanding contribution was a lecture on dental sepsis in its relation to general pathology by Sir Frank Colyer of the Royal Dental Hospital, London. His lecture, which was listened to with close attention, was illustrated by admirable lantern slides, the more remarkable in that many of them were from photographs taken years ago when x-ray photography was still in its infancy.

The opening paper in the surgical section was read by Professor Saint of Capetown University, on abdominal emergencies. This paper was of particular interest to the general practitioner in South Africa, on whom it is often incumbent to carry through an emergency abdominal case owing to the impossibility in many areas of obtaining assistance or transport. Fortunately difficult surgery is not usually involved, particularly if limited to life-saving measures. For an opening paper this was considerably shorter than the average, but it raised so many interesting points that a long and valuable discussion was evoked. Conditions in South Africa make it necessary for a large proportion of the profession to be able to do its own surgery. Interest in surgical matters is, therefore, always great, and shows itself in well-attended meetings and large numbers of papers on surgical matters at congresses. This was again the case at the present congress.

The public health section was opened with a paper which dealt with the medical practitioner's place in the local government and health administration of South Africa, read by Dr. Cluver. This continued the theme of Mr. Justice de Villiers. After a description of the organization of local government in South Africa some local problems were discussed, and some of the fields indicated in which the counsels of the profession were necessary for the successful development of the growing nation. There was considerable discussion on the various points raised in this paper. Dr. Brackenbury warned the members of the profession of the necessity for equipping themselves with preventive knowledge so as to be able to supply needed advice. Clinics and similar institutions for combating disease were growing up all round, and unless doctors co-operated with such bodies they were liable to be deprived of legitimate work. Other contributions in this section were a bio-sociological survey of the colour problem in South Africa by Dr. Hay Michel, who speaks with considerable authority on the subject; an instructive account and demonstration of the Schick and Dick tests and prophylactic inoculation against diphtheria and scarlet fever by Dr. Pratt Johnson; a paper on bacterial filtrates in the treatment of bacterial infections by Dr. G. Buchanan; and an address on bacteriophage in the prevention and treatment of experimental plague by Dr. J. H. Harvey Pirie.

Dr. Bruce-Bays opened the section of obstetrics and gynaecology with a paper entitled "The doctor, the midwife, and the patient," and Dr. F. B. Mudd the special subjects section with an account of anaesthesia in general and the general practitioner in particular.

#### *Distinguished Visitors.*

Only four visitors from outside South Africa attended congress. They were Dr. H. B. Brackenbury, Chairman of the Council of the British Medical Association; Sir Frank Colyer of the Royal Dental Hospital, London; Dr. H. B. Densham of Stockton-on-Tees; and Dr. C. D. Hatrick of New Barnet. These distinguished members of the parent Association were officially welcomed by Mr. Justice de Villiers when he opened the congress. At the same time he voiced the extreme regret and disappointment felt by all that the American colleagues who had contemplated attending this congress, under the auspices of the American College of Surgeons, had been unavoidably prevented from doing so. Very valuable services were rendered to the Association by Dr. Brackenbury, who came to attend the first annual general meeting of the Medical Association of South Africa as the official representative of the parent Association in Great Britain. His visit was made at considerable sacrifice to himself, and was very hurried. On the occasions when he addressed congress he spoke with the authority of useful experience, which is invaluable to an infant association such as the South African body. Sir

Frank Colyer's contribution to the medical section, which has already been referred to, was one of the outstanding features in congress, and is likely to influence profoundly the attitude of medical men in South Africa towards the matter of dental sepsis.

#### *Entertainments.*

The joint honorary secretaries of the local committee were three Bloemfontein ladies—Drs. Alice Cox, Marion Thomson, and Louise Tomory. This probably accounted for the undoubted success of the social side of congress. Dancing was provided on three nights. After the presidential address on the first afternoon, Dr. and Mrs. Bidwell were at home in the Raadzaal grounds, and that night the mayoral reception was held in the town hall. On the Wednesday afternoon the Administrator's garden party was held in the Prince's Rose Garden—a garden which was laid down in 1925 to commemorate the visit of the Prince of Wales, and which has become one of the showplaces of Bloemfontein. On the remaining afternoons tennis, bowls, and other forms of amusement were provided at the Ramblers' Club. The entertainment was sufficiently varied to suit all tastes, and on the dance nights the few not so inclined played sedate bridge or attended theatrical performances.

#### *Trades Exhibition.*

The extensive exhibition of drugs and clinical appliances was housed in the Reitz Saal of the Grey University College. It was opened on the first morning by Dr. S. M. de Kock, vice-president of congress. All the well-known firms were represented. There were exhibits by Allen and Hanburys, Hind Brothers, Tæuber and Corssen, Petersen Ltd., H. K. Mulford, the Surgical Manufacturing Company of Johannesburg, Oppenheimer and Son, and Associated Proprietary Agencies.

## Scotland.

#### **Regius Professor of Physiology at Aberdeen.**

THE KING has appointed John James Rickard Macleod, D.Sc., LL.D., M.B., F.R.S., to be regius professor of physiology in the University of Aberdeen in place of Professor J. A. MacWilliam (resigned). Since 1918 Professor Macleod has held the chair of physiology in the Faculty of Medicine of the University of Toronto. After graduating in medicine at Aberdeen in 1898, he became demonstrator of physiology and lecturer in biochemistry at the London Hospital, and was Mackinnon Research Scholar of the Royal Society. From 1903 to 1918 he was professor of physiology in the Western Reserve University, Cleveland, Ohio. He was president of the American Physiological Society in 1922, and in the following year was elected F.R.S. and received jointly with Dr. F. G. Banting the Nobel Prize in medicine. In 1925 he was president of the Royal Canadian Institute, and he is an honorary Fellow or corresponding member of many medical and scientific bodies in Europe and America. He is the author of important works on physiology and biochemistry, more particularly in relation to carbohydrate metabolism and the introduction of insulin into therapeutics. The earliest accounts of the pioneer work on insulin by Macleod, Banting, and Best that appeared in this country were published in the *British Medical Journal* of July 22nd and September 9th, 1922; and on November 4th of the same year Professor Macleod contributed to our columns a general statement of the physiological and therapeutic effects of insulin. He will take up his new duties next autumn.

#### **Edinburgh Corporation and Venereal Disease.**

A public meeting was held in the Usher Hall, Edinburgh, on April 11th, under the auspices of the National Council of Women, in support of the Edinburgh Corporation's bill for compulsory powers in connexion with the treatment of venereal diseases. The Countess of Cassillis presided over a large attendance. Three of the members of Parliament for the city, Sir Patrick Ford, Sir Samuel Chapman, and Dr. Drummond Shiels, were present on the platform and spoke in support of the bill, while apologies for absence were intimated from Mr. William Graham, M.P., and Mr.

Ian MacIntyre, M.P., who expressed themselves as strongly in favour of the measure. Sir Patrick Ford commended the efforts which were being made in Edinburgh for the purpose of trying to stamp out the disastrous evils which might attend the diseases with which the bill proposed to deal. He said that he believed the modern medical view held that with proper repressive steps this disease could be almost stamped out in about ten years. He considered that the opponents of the bill were rash in doing anything to prevent a reasonable experiment being made in the carrying out of proper repressive measures. The matter had nothing whatever to do with party politics, as might be gathered from the fact that all shades of political opinion were represented among the Edinburgh members of Parliament, who were strong in support of the bill. He considered that there had been a great deal of hysterical talk and writing against this bill, but his personal opinion was that it did not go far enough, and that venereal disease should be made notifiable, just like diphtheria and other infectious diseases. The bill had been almost too much whittled down, he considered, on the ground that it was an infringement of the liberty of the subject; there should be no liberty to spread disease and disaster among one's fellow citizens. He said that the intimation of the Secretary of State for Scotland that the Government Whips would not be put on for the division on the bill in the House of Commons was a point gained, because the opinion of the House would now be free and untrammelled. Dr. Robert Forgan, executive medical officer for Lanarkshire, said that no one was going to suffer as the result of this bill if it became law, but everyone would benefit. The Edinburgh Branch of the British Medical Association had passed a resolution supporting the bill, and in the West of Scotland too there was a strong body of opinion in favour of compulsory treatment. He suggested that it would be greatly to the credit of Edinburgh if the city were the first in Scotland to take this important step forward. Dr. Laura Sandeman also spoke in favour of the bill. Dr. Drummond Shiels said that many people had been misled and prejudiced against the bill because the case had not been properly stated to them, but he believed that there had never been any forward step in medicine or public health without similar opposition. He was sure that the action of the Edinburgh Corporation would receive due recognition in future and more enlightened ages. The opponents of the bill talked about the liberty of the subject, but it was already part of the law of the land that there was no liberty of the subject to spread disease. Sir Samuel Chapman said that he wished to see the whole question thrashed out by an impartial committee of the House of Commons, and he would vote for the second reading of the bill because he believed this question should be thoroughly ventilated.

#### New Edinburgh Medical Appointment.

The Lord Provost's Committee of Edinburgh Town Council, at a meeting of the council held on April 5th, recommended that a new appointment of medical adviser to the corporation should be created to include the duties of casualty surgeon, medical referee, and medical officer for all departments of the corporation, with exception of the public health department; that the salary for the appointment be fixed at £500 per annum, and that Dr. Douglas Kerr be appointed to the office. An amendment was proposed to the effect that the recently appointed professor of forensic medicine in the University of Edinburgh should be elected to the office of casualty surgeon, and that Dr. Douglas Kerr should be retained as general medical adviser to the corporation to carry out the other duties. On a vote being taken, Dr. Douglas Kerr was appointed by the council to conduct all the duties of the post.

#### Hospital Co-operation in the West of Scotland.

A committee has been appointed for the western area of the Scottish Regional Committee of the British Hospitals Association to explore the needs of the area and consider the possibilities of co-operation. It is proposed to investigate not only the possibility of co-operation among the voluntary hospitals themselves, but also of co-operation

between the voluntary hospitals and the statutory authorities. In some of the municipal hospitals, it is stated, there are many empty beds, while the voluntary hospitals have long waiting lists. The appointment of the committee arises from a decision to institute an inquiry taken by the Regional Committee last October. At the meeting at which the committee was appointed it was stated that there are in the area 58 hospitals with 4,433 beds; of this total 16 hospitals in Glasgow have 2,547 beds, the remainder being spread over the ten counties which make up the rest of the area.

## Ireland.

#### The Late Dr. H. L. McKisack.

THE obituary notice of Dr. Henry Lawrence McKisack, consulting physician to the Royal Victoria Hospital, Belfast, which appeared in the *British Medical Journal* of April 7th, mentioned that he served as president of the Ulster Branch of the British Medical Association in 1914-15; this, however, was by no means the only office held by him in the Association. Dr. McKisack was a member of the North of Ireland Branch Council in 1896, in 1899, and again in 1902, and was for a year vice-president of the Branch. In 1903 he was elected to the Ulster Branch Council, and was re-elected in 1908, after serving for a year as Chairman of the Belfast Division. When the British Medical Association held its Annual Meeting at Belfast in 1909 he acted as local honorary general secretary, and in the following year he held office as vice-president of the Section of Medicine. He was a member of the Central Council of the Association in 1908-09, and in the latter year was elected to the Irish Committee.

#### Proposed Memorial.

Steps have been taken by an influential group of colleagues in Belfast to establish a permanent memorial to Dr. McKisack, who was not only a wise physician, but was beloved by all who knew him. A circular letter has accordingly been issued in order that his many friends, both lay and medical, may be given an opportunity to associate themselves with the project. It is suggested that subscriptions should be limited to a maximum of two guineas, that the subscribers should at a later date decide what form the memorial should take, and that it should be associated with the Royal Victoria Hospital, Belfast, to which he rendered such long and useful service. Subscriptions may be sent to Mr. Edwin D. Hill (Head Office, Northern Bank, Belfast) or Mr. Stanley Ferguson (Head Office, Ulster Bank, Belfast), who are acting as honorary treasurers, or to any of the signatories to the appeal: Dr. William Calwell, Dr. C. K. Darnell, Professor Andrew Fullerton, Dr. James Graham, Sir Thomas Houston, Professor R. J. Johnstone, Mr. T. S. Kirk, Professor J. A. Lindsay, Professor J. E. MacIlwaine, Dr. Robert Marshall, Dr. J. C. Rankin, Dr. Robert Reid, Professor W. W. D. Thomson, and Mr. Malcolm Brice Smith.

#### Irish Free State Medical Register.

Dr. Denis Coffey, President of the Irish Free State Medical Council, in a published statement mentioned that the Medical Register for the Irish Free State will come into operation on May 26th next. This matter was referred to in the *Journal* of April 7th (p. 605). All medical practitioners at present entered on the *Medical Register* of the General Medical Council and resident in the Free State will automatically be entered on the new Register without fee. Practitioners whose names are entered on the general *Medical Register*, but who are resident outside the Free State, will be eligible for registration without fee in the Free State Register, provided they make application within one month of the date of the establishment of the Register—that is, between April 26th and May 26th. The agreement included in the schedule to the Act provided that every medical practitioner practising in the Free State must be on the Free State Register, and cannot legally practise unless so registered. The agreement also