

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE Army Estimates were discussed by the House of Commons in Committee on March 24th, and on the following day the Estimates for the three Defence Services passed through report. (A report of the debate on the Army Estimates will be published in our next issue.) Debates were arranged for subsequent days on wireless telephony, relations with Russia, and the cotton industry.

The Parliamentary Medical Committee met on March 25th. All the medical members present decided to back a one-clause bill safeguarding the superannuation payments of medical and other Poor Law officers transferred to local authorities of which these officers are members. Dr. Vernon Davies was expected to introduce the bill. At the same sitting the Parliamentary Medical Committee was addressed by Dr. Crowden on medical science and industry, with particular reference to industrial medicine in Germany and America.

In the House of Lords, on March 25th, Earl Russell, for the Government, introduced the Workmen's Compensation (Silicosis) Bill. The bill was read a first time.

Mental Treatment Bill.

COMMITTEE STAGE CONTINUED.

Consideration of the Mental Treatment Bill was resumed in a Standing Committee of the House of Commons on March 20th, when Clause 7 was discussed. This clause enjoins every local authority to appoint a visiting committee of not less than seven members of which at least two shall be women. Mr. GREENWOOD moved that the appointments should be annually. He said this would make statutory what was now the practice under Section 170 of the Lunacy Act. The committee agreed to the amendment. Further amendments, moved by the Minister and accepted by the committee, made the committee set up by the clause into a visiting committee for every institution maintained under the bill by a local authority, and provided that every subcommittee appointed by the visiting committee should include at least one woman.

Clause 7 was then added to the bill.

The committee agreed to Clause 8, which gives power to appoint one medical officer to supervise two or more mental hospitals. Miss LAWRENCE explained that Birmingham had used this power, and desired to have one supervising authority over all its asylums. The clause would allow other authorities to follow Birmingham's example. The bill did not contemplate a combination of local authorities for lunacy purposes or mental deficiency purposes. If the committee desired to modify the provisions for the uniting of local authorities under the Lunacy Act that must be done later in the bill. The present powers of the authorities to combine were untouched by the bill.

Clause 9, dealing with expenses of local authorities, was postponed, and Clause 10, "application to London," was added to the bill, with slight amendments, suggested by Dr. Fremantle.

Clause 11 provides for the reorganization of the Board of Control. Miss LAWRENCE moved to precede it with the words:

"The Board of Control shall consist of the chairman (who shall be a paid commissioner) and not more than four other commissioners, all of whom shall be paid commissioners."

Miss LAWRENCE said the Royal Commission had a Board of four members—a lay chairman, a legal commissioner, a medical commissioner, and a woman commissioner. The Royal Commission thought the present Board, whose duties carried them over the country so frequently, was not a proper body for dealing with administration. It recommended a very small Board, which would sit continuously in London, with visiting commissioners, called assistant commissioners. They considered the possibility of appointing two additional medical commissioners, but on further consideration rejected that from their recommendations. On these technical matters of organization the opinion of the Royal Commission, given after hearing many witnesses, should not be overruled unless very important considerations could be urged against it.

Dr. FREMANTLE moved that there should be six commissioners besides the chairman, instead of four, as proposed by the Government. He said that, along with Dr. Vernon Davies, he thought that it might be desirable to appoint two medical commissioners, one having experience of institutional administration and the other special scientific qualifications. His present amendment, however, suggested that the two additional commissioners should be a layman and a laywoman. That was not a professional recommendation, but made from the experience of the present Board of Control. The advice of the laymen and laywomen who had served the Board of Control had often been invaluable. A lay commissioner took the same view as the House of Commons, or as

the public who wrote to newspapers. These two commissioners should be unpaid. Of the other four commissioners, at least two should be medical, and one should be a medical woman. A woman doctor was required to find out things concerning women patients. He did not believe that the chairman and four commissioners proposed by the Government could do any but exceptional formal and superficial visiting.

Mr. RHYS DAVIES asked for an assurance that the work of the Board of Control could be brought under review by the House of Commons.

Miss LAWRENCE said that as a machine the present Board of Control was bad. There were eleven commissioners. The chairman sat in Whitehall. With him sat one member regularly on a rota, week by week. The other ten were visiting in the provinces. That machine could not function as the guiding body of a great service should function. She did not blame the commissioners, but the machine. The Government desired a machine comparable to the existing machinery of the Ministry of Health—the chief officials engaged mainly in Whitehall, but visiting wherever the case seemed to them to require them, and, assisting them, expert visiting commissioners. Then this department of public health would be on lines resembling the other main departments of public health. To run about the country all day long was not the business of chief officers. There were not to be any amateurs. The commissioners were to be paid, full-time men and women—a chairman and four commissioners. Two were to have legal or medical experience. The woman might be either lay, legal, or medical; so might the fourth commissioner be. The Minister would be a layman, the secretary would be a layman, and the chairman would be a layman.

Captain GUNSTON asked why the Minister should not use the services of those who had given voluntary service on the present Board of Control. Were they not to use the services of Sir Leolin Forestier-Walker and of Miss Pimsent? Additional people of that sort would give the country confidence in the Board.

Mr. GREENWOOD said the Government proposal was a deliberate attempt to get away from the existing Board of Control. That was not a board of company directors, but an administrative machine carrying executive powers. The bill proposed to give an administrative machine, but Dr. Fremantle's amendments would extend amateur bureaucracy with no contractual obligations. It was the Minister's business, in the last resort, to represent the lay mind, and the addition of other commissioners would not get rid of his responsibility as the spokesman of public opinion. He did not see that the liberty of the subject was safeguarded by adding persons who happened to be unpaid. On that the Minister was responsible to Parliament.

Dr. FREMANTLE said local government was all the more efficient because it was unpaid. Unpaid commissioners would give the Board of Control prestige in the public mind, and would help in the work of administration. If Mr. Greenwood would not reconsider the proposal it would be raised in and out of Parliament during the report stage and in the House of Lords.

Mr. GREENWOOD retorted that in the past the existence of unpaid commissioners had not stopped public scandals.

By 19 to 8 the committee decided to retain four as the number of commissioners, in addition to the chairman. On the motion of Miss LAWRENCE the committee inserted words providing that the members of the Board of Control should be called "senior commissioners."

The next subsection of Clause 11 ran:

"Of the members of the Board of Control other than the chairman one at least shall be a legal commissioner, one at least shall be a medical commissioner, and one at least shall be a woman."

Dr. FREMANTLE moved as an amendment that "two at least shall be medical commissioners and one shall be a woman registered medical practitioner." He said this amendment carried out the Royal Commission's report. Very few men could really combine scientific work and administration. The proposal that one of the commissioners should be a woman practitioner was strongly put forward by the Medical Women's Federation and bodies speaking for women doctors, and by some mental welfare societies as well. He did not think it was put forward by the medical superintendents.

Miss LAWRENCE said the Royal Commission had not recommended the appointment of two doctors. It had said that was an alternative course which might be considered. The Government proposed one more commissioner than the Royal Commission recommended, and thought that enough. It left the fourth commissioner un earmarked.

Dr. Fremantle's amendment was negatived, and the committee adjourned.

On March 25th discussion of Clause 11 was continued.

Dr. FREMANTLE moved that all commissioners, and not merely the senior commissioners, on the Board of Control should hold their commissions direct from the King.

Miss LAWRENCE said the amendment struck at the whole plan for reorganization of the Board of Control. The commissioners

in a junior position were to be administrative officers under the Board and servants of the Board.

Dr. VERNON DAVIES said Dr. Freeman and he were concerned solely from the point of view of heads of mental hospitals, some of them alienists whose names were known throughout the world. Visiting commissioners should be able to meet them on an equal status.

Miss LAWRENCE said it was illogical to say that visiting commissioners of the Board of Control should be of higher status than other inspectors of the Ministry of Health.

Dr. MORRIS-JONES supported the amendment, but Mr. Greenwood repeated the objections urged by Miss Lawrence, and the amendment was rejected by 17 votes to 7.

Miss LAWRENCE moved to omit the provision that a person may be appointed a legal junior commissioner or a medical senior commissioner if he either is qualified to be, or is already, a legal or medical commissioner, as the case may be, and to substitute the words: "No person shall be appointed a legal senior commissioner unless either (1) he is a practising barrister or solicitor of at least five years' standing; or (2) he is a commissioner, other than a senior commissioner, and was, at the date when he was appointed such a commissioner, a practising barrister or solicitor of at least five years' standing; and no person shall be appointed a medical senior commissioner unless he is a registered medical practitioner of at least five years' standing."

Mr. HOPKIN moved, as a further amendment, to substitute "seven" for five years as the qualification for the legal commissioner. He said this was the qualifying term for a borough stipendiary.

Miss LAWRENCE cited statutory precedents for the period of five years, which, she said, had the full approval of the legal profession for the old Lunacy Commissioners and commissioners under the Mental Deficiency Act.

Mr. Hopkin's amendment was defeated by 15 to 9.

Dr. MORRIS-JONES, in moving a similar amendment, said a young man of 26 in medicine was regarded as quite inexperienced, particularly in this branch. It was quite wrong that under the bill he could be appointed a member of the Board of Control.

Miss LAWRENCE said the amendment was frivolous and unreasonable. Five years was the old-established practice. The amendment was rejected.

Dr. VERNON DAVIES moved that the medical qualification should be five years' experience in the practice of psychological medicine. He said that at present, unfortunately, the medical curriculum had very little mental work in it.

Miss LAWRENCE feared the amendment would narrow the field. Some superintendents of hospitals with vast experience would be ruled out by this amendment. No one would dream of appointing a surgeon as a commissioner under the bill.

Dr. VERNON DAVIES offered to alter the wording of his amendment, and pointed out that special qualifications were required under the venereal diseases scheme and other Acts.

Dr. FREMANTLE remarked that there were instances where lunacy commissioners had been appointed who had not the desirable special experience.

Miss LAWRENCE promised that the point would be further considered. Dr. VERNON DAVIES then withdrew his amendment, and the principal amendment concerning qualifications which Miss Lawrence had moved was inserted in the bill.

Miss LAWRENCE then moved to insert: "After the commencement of this Act (1) no further unpaid commissioners shall be appointed; (2) the paid commissioners, other than senior commissioners, shall be appointed, subject to the approval of the Minister, by the Board of Control, and any commissioners so appointed shall be officers of the Board."

Dr. FREMANTLE challenged the proposal to forbid the appointment of unpaid commissioners. Why, he asked, forfeit the services of such persons? The decision which the committee had taken at the previous sitting against unpaid aid only applied to the senior commissioners on the Board of Control.

Miss LAWRENCE said it was a new idea that in any civil service department there should be gifted amateurs not subject to control. She would consult Mr. Greenwood before the report stage to see whether the services of present unpaid commissioners could be continued. She was not now speaking of the "Big Five," but of the officers of the Board.

Dr. FREMANTLE demanded the deletion of the embargo on the further appointment of unpaid commissioners. He said that Miss Lawrence was diminishing the status of the visiting commissioners by calling them officials. Not so could they keep the confidence of the public.

Dr. Fremantle's amendment was negated. In response to Miss Picton-Turberville, Miss Lawrence promised that the bill would be amended on report to ensure that the visiting commissioners should include women.

Discussion followed on the salaries of the commissioners, which the bill enjoins the Minister of Health to fix, with the consent of the Treasury.

Dr. FREMANTLE remarked that judges and members of the Board of Control were the only persons whose salaries were fixed by

statute. Miss LAWRENCE said the Minister was fully aware of the necessity of giving adequate and attractive salaries for this important work. The words of the clause were as wide as possible. They were a blank cheque to the Ministry of Health and the Treasury.

Clauses 11, 12, and 13 were then added to the bill.

On Clause 14 ("Transfer of certain powers from the Minister of Health to the Board of Control") Mr. WOMERSLEY moved that any dissatisfied local authority should have power to appeal to the Minister against any action of the Board of Control affecting it. Mr. Womersley said legal authorities doubted whether the Board was in fact responsible to the Minister.

Miss LAWRENCE suggested that the ordinary parliamentary responsibility of the Minister would suffice as a safeguard. The Minister appointed the chairman of the Board, and had power to investigate the files. Local authorities could bring difficulties to his notice. Difficulties could be raised on the Estimates for the Ministry of Health.

Dr. VERNON DAVIES pointed out that one of the transferred powers was to register or refuse to register hospitals which local authorities desired to set up.

Mr. GREENWOOD said the bill was endeavouring to short-circuit procedure and get rid of reduplicated effort. The amendment would complicate it again.

Mr. RHYS DAVIES said that the schedule of the bill increased the powers of the Board of Control, and he feared that the Board would not come under greater public review than in the past.

Mr. GREENWOOD denied that the bill conferred new powers on the Board. The powers which the clause proposed to transfer were minor matters, and the object was to ensure that two sets of people had not to handle the same plans, specifications, and contracts. The committee had sought to bring the Board of Control into closer relations with the Minister, but the amendment would set one against the other.

Mr. Womersley's amendment was rejected by 15 to 9. Clause 14 was added to the bill, and the committee adjourned till March 27th.

The General Medical Council and Indian Medical Degrees.

Mr. BENN, in reply to Mr. Freeman on March 20th, said he was aware that the General Medical Council had withheld recognition of Indian medical degrees. He was in communication with the Government of India on the subject, and could not at the moment make a statement, though he was anxious that a settlement should be reached. On March 24th Mr. BENN, in reply to Dr. Freeman and Major Pole, said that he was aware that the decision of the General Medical Council would prevent holders of Indian medical degrees gained during the period of non-recognition from practising in this country. The Government of India informed him, on January 6th, that it did not expect to be able to introduce legislation for the establishment of a general medical council in India during the present session of the Indian Legislative Assembly. He had not heard from them since on that point.

Dr. FREMANTLE asked if Mr. Benn was taking steps to ask the Government of India if they would agree provisionally to make arrangements so that Indians who were qualifying for practice during the next six or twelve months might not be finally, and for the rest of their lives, debarred from practice. Mr. BENN replied that those were naturally matters on which he was consulting the Government of India.

Dr. VERNON DAVIES asked if Mr. Benn was aware that the cause of the dispute was the alleged statement that the training of Indian medical men was not considered sufficient. Mr. BENN said that it would not be suitable, in reply to a supplementary question, to deal with the whole question of medical training.

Medical Services in the Colonies.

The House of Commons, in committee, on February 24th, discussed a supplementary vote of £4,250 for salaries and expenses of the Colonial Office. Dr. DRUMMOND SHIELS made a statement on the work of the Development Fund Committee. The fund was set up to provide grants or advances to the Governments of the colonies, protectorates, and mandated territories to aid agriculture and industry. Dr. Shiels said that it would be agreed that the first essential to any development and substantial improvement in a colony, and to its capacity to afford employment to its own people as well as to people in this country was that the people in the colonies should be in a proper physical condition. The Colonial Development Advisory Committee had given considerable attention to proposals which had been put before it for improving the health and conditions of the people in the colonies, and had already reported favourably on more than twenty schemes for that purpose from many parts of the Empire. In Tanganyika Territory money was being provided in connexion with tuberculosis, which was fairly prevalent there. It was hoped that, as a result of that work, increased knowledge would be gained

as to how to tackle this serious scourge in Africa, and especially in East Africa. Three venereal disease clinics were being established in Swaziland. In Somaliland steps were being taken, with assistance from the fund, to establish a supply of pure water. There were other water and drainage schemes in connexion with Freetown, Sierra Leone, which had been a very malarious port, and drainage works had been put in hand in St. Lucia and Dominica. A medical training school was being established in Tanganyika for a wide development of native medical assistance, which was a very much needed development in that country. The total cost of the various projects was in the neighbourhood of £170,000, of which £112,000 was being met either by direct grants or loans from the Development Fund. The House would feel that money spent in improving the public health of the colonies was money well spent.

Mr. AMERY said he was glad that those responsible for the conduct of the Colonial Development Fund had regarded the question of health as being within its scope. Nothing in the long run could lead to greater development of trade with the various colonies than anything which strengthened the health and efficiency of the population. Therefore he welcomed the expenditure on medical research and sanitary work, and hoped that it would continue. He wished to draw the attention of Dr. Shiels, who had referred to the sanitary conditions in the West Indies, to the defective state of many of the hospitals there. His attention was repeatedly drawn to them when he was in office, but so long as they were necessarily dependent on the revenue of small, impoverished colonies it was a difficult matter to remedy. The Development Fund could step in in a case of that sort and give assistance in a way in which it was very difficult to get from the Treasury, and when they would not be justified in getting it from local resources in view of the existing depression in the West Indies. If Nyasaland were to be opened up by the new connexion with the sea, it would be well worth while at the same time to relax a little the extreme rigour which limited its medical and sanitary services. Again, anything that could be done to conserve the health of the very fine race of natives in Swaziland merited attention.

Sir E. HILTON YOUNG congratulated the Advisory Committee on taking so wide a view of their functions, particularly as regarded the assistance they were giving to improve health conditions in the tropical colonies, and the far-sighted and enlightened manner in which they were prepared to give the assistance of the best expert advice. That was a clear example of what one might call the unearned increment to be gained from a very small investment of public money. There were some regions on the East Coast of Africa where whole populations were depressed well below the level of vigorous production by an endemic disease called ankylostomiasis. A small investment of money would result in raising the population to a higher level. One could not have a more conspicuous instance of how State expenditure could occasionally do good.

Mr. ORMSBY-GORE asked why the authorities did not employ on the Advisory Committee representatives of modern science. Dr. Shiels had told them that grants were being made for medical research and tuberculosis work in East Africa. Those were very admirable proposals, but he (Mr. Ormsby-Gore) questioned how far the committee, in its personnel as they had heard it, was fully qualified to decide between projects which were of major and of minor importance. He would have felt happier if it were clearly understood that when any project dealing, say, with medical development, was under consideration, either the medical adviser to the Colonial Office, the Secretary of the Medical Research Council, or the head of the London School of Tropical Medicine would be asked to join the Advisory Committee to give the other members full advice as to what was being done elsewhere and the best line to take. Had the committee established any principle or rule for the distribution of money? Did it, when it came to giving money to establish a particular institution, such as the new medical school at Dar-es-Salaam—if it were at Dar-es-Salaam—give, as a principle, what was called "fifty-fifty"? Did it give half the money to establish the new institution on condition that the territory locally found the other half; or was it clear to Colonial Governments that, if they put forward schemes for the consideration of the committee, the committee was prepared to give more than half the money required? He particularly rejoiced that the committee was going into the question of health services, and he hoped that the twenty schemes before it in that connexion would only be the forerunners of many more, because he knew of hundreds of cases in which some of the major requirements before economical development leading to employment here, and ultimate trade and expansion, were being held up by the scourge of tropical diseases, which was being fought gallantly by a small band of men and women. It needed the efforts of research workers in this country and out there, and further support, financial and otherwise, to help people who knew nothing of modern science out of the terrible death rate and sickness which obtained in those countries into a knowledge of how to protect themselves against infection, and how to deal with infection when they had got it.

Dr. SHIELS, replying to the debate, said that in regard to the building of the Zambesi bridge, which was one of the biggest schemes which had been signed, the wording of the contract to ensure the proper housing, medical and sanitary services, and the feeding and proper accommodation of all the workers engaged was at present the subject of negotiation and consideration. He assured Mr. Ormsby-Gore that the Advisory Committee had had the feeling that it was not expert in all services, especially in the health services. On the committee's initiative, a medical advisory committee was now being formed, apart altogether from the Research Committee, and he thought that probably in time it would become one with the Research Committee. That medical committee was being formed in response to the wish of the Advisory Committee to have a broad set of principles on which they could base their medical recommendations. The preparations had gone forward, and the medical committee was on the eve of being set up. With regard to other expert advice also, the Advisory Committee fully realized the importance of the matter. The vote was agreed to.

Cancer as a Notifiable Disease.

A scheme for the nominal remuneration of medical practitioners for each case of cancer they reported to the local authority was explained to a Local Legislation Committee of the House of Commons, on March 25th, by Dr. R. F. M. PICKEN, medical officer of health for Cardiff. The scheme was included in a bill promoted by the Cardiff Corporation. The corporation asked that it should be lawful "to pay to any medical practitioner for each notification of a case of cancer within the city made, signed, and transmitted by him to the medical officer, a fee of two shillings and sixpence if the case occurs in the private practice of such medical practitioner; and of one shilling if the case occurs in his practice of medical officer of any public body or institution."

Dr. Picken said the corporation had taken a great interest in the incidence of cancer, and had for some time a voluntary system so that some idea might be obtained as to the housing conditions and the mode of life of the different cases. They had done this assuming they had the power under the Act of 1925. This clause was desired to remove any doubts on their rights in this matter.

Captain R. R. HENDERSON, a member of the committee: I suppose this is done mainly for the purpose of collecting statistics?

Dr. PICKEN: It is done mainly by the object of getting into touch with the patients and ascertaining the circumstances of their lives. I am a member of a Departmental Committee of the Ministry of Health, which feels this is one of the ways to discover something about cancer. Dr. Picken explained that no visits would be paid to a patient without the invitation of the practitioner in charge.

Captain HENDERSON: What about the breach of faith between the patient and the medical adviser? Suppose I had the misfortune to develop cancer, it would be most repugnant to myself and my family if, without my permission, I found my medical adviser had given information to the local authority. This is a fee or bribe to a medical practitioner to divulge illnesses from which his patients are suffering.

Dr. PICKEN said this power, if granted, laid no duty on the patient or practitioner. The practitioner was able to look after his own professional position. He did not think the large majority of patients would object to this intimation. Cardiff had been carrying on propaganda regarding the necessity of early treatment for cancer, and that would tend to make the scheme more popular. The clause was the product of a committee appointed by the corporation, consisting of experts and practitioners, entirely medical men. While some diseases had to be notified by law cancer had not. It was not proposed to make cancer compulsorily notifiable, but to give some encouragement to a voluntary system.

After a long consultation the committee decided not to pass the clause.

The Shops (Hours of Employment) Bill.

This bill, which proposes a maximum working week of forty-eight hours, exclusive of meal-times, for shop assistants, was read a second time in the House of Commons, on March 21st, without a division.

Dr. ETHEL BENTHAM said she had been for many years a panel practitioner, and could say the health of shop assistants compared badly with that of people in almost any other trade. They aged early and broke down early compared even with painters and bus conductors. There was a widespread idea in the trade that no woman who married after a long period as a shop assistant could have children, and there was some truth in the statement. Shop seats were a fraud and a delusion. There was bad ventilation in shops, and extremely bad lighting in many, particularly in the packing departments.

Mr. WOMERSELEY remarked that boys who were weaklings were put into shops.

Mr. SHORT, Under Secretary for Home Affairs, said the bill affected almost 2,000,000 workers. The Government proposed to set up a representative committee to inquire into the question.

Medical Officers in the Navy and Air Force.

In reply to questions by Dr. Vernon Davies, on March 20th, the following figures regarding medical officers in the Navy and Air Force were given by Mr. AMMON and Mr. MONTAGUE respectively.

Year	Medical Officers in the Royal Navy.			Medical Officers in the Royal Air Force.			
	Total number of medical officers.	Number entered.	Number retired, etc.	Year beginning April 1st	Strength at beginning of year.	Number who joined during the year.	Number who left during the year.
1920	454	24	29	1921	119	32	18
1921	429	12	37	1922	133	45	13
1922	415	34	38	1923	165	29	15
19 3	392	14	37	1924	179	27	19
1924	393	33	32	1925	187	22	21
1925	390	29	32	1926	188	21	25
1926	390	30	30	1927	184	29	20
1927	381	37	46	1928	193	17	20
1928	390	45	36	1929	190	17 (a)	20 (a)
1929	372	19	37				

(a) Figures to date (March 19th, 1930).

The total numbers of medical officers in the Navy were those arrived at by the end of each year. Temporary surgeons entered during the war had not been included, and none were now serving.

Small-pox and Vaccination Commission.—Replying to Mr. Freeman, on March 19th, Mr. GREENWOOD said two of the British members of the Small-pox and Vaccination Commission of the League of Nations were officers of the Ministry of Health, and one was an official of the Medical Research Council. He was advised that this Commission, which was appointed in 1925, had had only a nominal existence since August, 1928. The Epidemiological Reports for October and November, 1929, had not been issued under its authority, but under that of the Health Section of the Secretariat of the League of Nations. Consideration of the subject-matter of these reports would seem to fall to the Health Committee of the League.

Medical Members of County and County Borough Councils.—Mr. GREENWOOD said, in reply to Dr. Fremantle on March 20th, that he could not introduce a short indemnifying bill to exempt present sitting medical members of county and county borough councils from their disabilities as from April 1st next. Dr. FREMANTLE pointed out that in rural parts of the country, particularly in Huntingdon, all practising medical practitioners were rendered ineligible for service as members of county councils by the provisions of the Local Government Act, 1929, and that such councils as desired to have medical members were unable to obtain them. Mr. GREENWOOD said only eleven days remained before the new Act came into operation, and local authorities had already made their arrangements. Dr. FREMANTLE replied that a good deal could be done in that time.

The Tuberculosis Service and Mental Hospitals.—Mr. GREENWOOD said, on March 20th, in reply to Dr. Vernon Davies, that any proposals by local authorities for an active liaison between the tuberculosis service and the mental hospitals would receive sympathetic attention.

Disease Attributed to Milk.—Replying to Mr. Wilfrid Whiteley, on March 20th, Mr. GREENWOOD said complete particulars of the number of epidemics of infectious disease attributed to milk were not available. Such information as was available was in the reports of the chief medical officer. In the returns of the Registrar-General no separate figures were given for disease attributed to milk. Replying to Dr. Vernon Davies, Mr. Greenwood stated that imported milk was subject to examination for tubercle under the Imported Milk Regulations, but it was not the practice to examine imported milk products for this purpose. He could not affirm that all these imports were from tuberculin-tested animals.

Inoculation against Diphtheria.—Mr. GREENWOOD told Mr. Freeman, on March 20th, that he was aware that Cardiff City Council proposed to perform the so-called Schick test and inoculate 10,000 healthy children under 10 years of age against diphtheria. Council proposed to perform the so-called Schick test and inoculate period to decide whether they will accept the offer of possible immunization from the disease. One month's notice was not practicable. Permission in writing was obtained before each child was treated.

Silicosis.—Mr. TURNER assured Mr. Hopkin, on March 20th, that he had no reason to think that silicosis was increasing in the anthracite district of South Wales. He hoped preventive measures, such as the compulsory use of water or of a mechanical dust trap while using percussive drills in sandstone or other highly siliceous rock, would check it.

Notes in Brief.

Sir C. Trevelyan told Sir John Ganzoni, on March 20th, that it had been a practice of many years' standing for the chief medical officer of the Board of Education to communicate directly with his colleagues in the school medical service in regard to questions which required their professional opinion.

A petition, signed by 102,816 persons, was presented in the House of Commons, on March 20th, which prayed that experiments upon living animals might be prevented by law.

Universities and Colleges.**ROYAL COLLEGE OF SURGEONS OF ENGLAND.
COUNCIL ELECTION.**

MONDAY, March 17th, was the last day on which the names of candidates were to be received for the election of Members of the Council, which will take place on July 3rd. Three Members of Council retire in rotation, and the same three, applying for re-election, are the only candidates. They are Mr. Robert Pugh Rowlands, O.B.E. (Guy's), Member 1896, Fellow 1901; Sir Percy Sargent, C.M.G., D.S.O. (St. Thomas's), Member 1898, Fellow 1900; and Mr. Victor Bonney (Middlesex), Member 1896, Fellow 1893.

The constitution of the Council since July, 1929, has been as follows:

President.—Lord Moynihan, K.C.M.G., C.B., Council (1) 1912 (substitute) (2) 1919, President 1926.

Vice-Presidents.—Mr. C. H. Fagge, C. (1) 1921, (2) 1929; and Mr. V. Warren Low, C.B., C. (1) 1915 (substitute), (2) 1917, (3) 1926 (substitute).

Other Members of the Council.—Sir H. J. Waring, C. (1) 1913, (2) 1921, (3) 1929; Sir John Lynn-Thomas, C. (1) 1918 (substitute), (2) 1925; Mr. Ernest W. Hey Groves, C. (1) 1911, (2) 1926; Sir Cuthbert Wallace, C. (1) 1919, (2) 1927; Mr. F. J. Steward, C. (1) 1920, (2) 1928; Mr. R. P. Rowlands, C. 1922; Mr. J. Herbert Fisher, C. 1923; Mr. W. Sampson Handley, C. (1) 1923 (substitute), (2) 1929; Sir Percy Sargent, C. 1923 (substitute); Mr. G. E. Gask, C. 1923; Mr. W. McAdam Eccles, C. (1) 1914, (2) 1924; Mr. Wilfred Trotter, C. 1924; Sir Charles Gordon-Watson, C. 1924; Mr. A. H. Burgess, C. 1925; Mr. Victor Bonney, C. 1926 (substitute); Mr. G. Grey Turner, C. 1926; Mr. Hugh Lett, C. 1927 (substitute); Mr. Leonard Gamgee, C. 1928 (substitute); Mr. R. G. Hogarth, C. 1928; Mr. R. E. Kelly, C. 1928; Mr. Graham Simpson, C. 1929 (substitute).

The medical schools are represented as follows:

London:	
St. Bartholomew's ...	4
Guy's ...	3
London ...	1
St. Mary's ...	1
Middlesex ...	2
St. Thomas's ...	3
University College ...	1
Total London ...	15
Provinces:	
Birmingham ...	1
Bristol ...	1
Cardiff ...	1
Leeds ...	1
Liverpool ...	1
Manchester ...	1
Newcastle ...	1
Nottingham ...	1
Sheffield ...	1
Total Provinces ...	9
Total Council ...	24

UNIVERSITY OF OXFORD.

J. W. PUGH, B.M., University College, has been elected to a Fellowship on the Foundation of Dr. John Radcliffe.

UNIVERSITY OF LEEDS.

DR. F. S. FOWWEATHER has been appointed to the readership in clinical chemical pathology which the council has decided to institute.

Mr. B. Keaffreson has been appointed tutor in obstetrics and gynaecology, and Mr. J. J. Thomson as demonstrator in pathology and bacteriology.

UNIVERSITY OF LIVERPOOL.

The following candidates have been approved at the examinations indicated:

M.Ch.Orth.—M. G. Kinf, D. W. L. Parker.
FINAL M.B., Ch.B. (1929 Regulations).—*Part I:* A. M. Russell.
DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part A:* A. J. Galustian, J. M. Grieve, G. W. Phillips, R. Y. Stones, T. M. Tso.
Part B: A. J. Galustian, J. M. Grieve, M. J. McHugh, G. W. Phillips, R. Y. Stones, T. M. Tso.
D.P.H.—Part I: J. H. St. B. Crosby, H. R. Dugdale, H. P. Fowler, J. D. A. Gray, E. Hughes, H. S. Lawrence, J. S. Mather, F. S. R. Menon, J. W. Pickup, W. J. Hiscoe, J. H. Pottinger, Nora M. Wilson.
DIPLOMA IN TROPICAL MEDICINE.—G. R. Baxter, C. J. Boyd, J. A. K. Brown, A. Cathcart, T. T. M. Chen, Ariel E. S. Deacon, J. H. Dobbin, F. D. Gillespie, S. C. Grant, R. Green, M. L. Gulatee, R. A. Heatley, B. N. Khanna, D. K. L. Lindsay, J. E. D. Mendis, M. B. Mody, G. B. Mohile, S. Narain, C. J. Poh, L. Sumitra, T. Wilson.
DIPLOMA IN TROPICAL HYGIENE.—R. A. Anderson, C. G. Booker, W. A. Bullen, R. Krishna, C. N. Latham, J. E. McMahon, A. Reid.

UNIVERSITY OF MANCHESTER.

A CONSULTATIVE committee on cancer research, consisting of representatives of the University and of the Manchester Committee on Cancer, including the Christie Hospital and the Radium Institute, has been established. The research work will be conducted in the University laboratories, and will be directed and controlled by the consultative committee. Dr. C. C. Twort, who has been working under the direction of the Manchester Committee on Cancer, has been appointed as director of the department of cancer research.