

been filled in by the lady almoner—upon whom the bulk of the work falls—will give an idea of the orderly arrangement that prevails. (The handwritten details, which are the bureau numbers of the patients, are printed in italics.) A few words of explanation are, however, necessary.

St. Thomas's Hospital					
Ear, Nose, and Throat Department					
<i>Surgeon's Name: MR. HOWARTH. Date</i>					
VISITING SURGEON	CH. ASSIST.	H.S.	C.A.1.	C.A.2	
1.30		Examine New Cases	Examine New Cases	Examine New Cases	1.30
2.0	Sorting new Cases with H.S. and C.A.s	Old Cases 1. 16,321 2. 27,832 3. 22,560 4.	New Cases with Visiting Surgeon	New Cases with Visiting Surgeon	2.0
2.15		5. 15,519 6. 45,395 7. 4,943 8. 41,284			2.15
2.30	Teaching	Referred Cases 1. 38,844 2. 47,560 3. 4.	Old Cases 5,988 19,608	Old Cases 1. 35,222 2. 17,345 3. 28,814 4. 21,806	Old Cases 1. 47,493 2. 1,037 3. 39,828 4.
2.45		5. M. Box 6. R. Day 7. 8. 4,640	47,335 24,473	5. 3,828 6. 49,037 7. 8. 48,695	5. 34,454 6. 45,176 7. 8. D. Jones
3.0		9. 51,805 10. 11. 12.	40,326 45,188	9. 17,881 10. 48,051 11. 18,387 12.	9. 11,600 10. 37,824 11. 22,164 12.
3.15		Old Cases 9. 46,605 10. 38,983 11. 14,676 12.	42,073 3,618	13. 37,343 14. 48,613 15. 45,125 16.	13. 48,257 14. 247 15. 4,445 16. 47,252
3.30	No Booking Discussion	13. 38,993 14. 47,809 15. 16.	46,549	17. 49,807 18. 31,576 19. 43,223 20.	17. 44,877 18. 49,037 19. 33,488 20.
3.45	Ward Cases and Nurses and Students, &c.	17. 7,181 18. 46,549 19. 48,964 20.	48,160	21. 24,938 22. 52,204 23. 24.	21. 51,438 22. 42,795 23. 24.
4.0	Special Cases 2,053 29,647 35,164 1,268			25. 46,145 26. 49,467 27. 28.	25. 24,584 26. 51,578 27. 28.
4.15	47,017 51,973		52,240	43,242 11,680	43,184

The staff of the department on an out-patient day consists of the visiting surgeon, the chief assistant, the house-surgeon, and two (or more) clinical assistants. The session begins at 1.30 p.m., and by that time the new patients sent up by doctors have been to the central bureau and received their bureau number (for follow-up and filing purposes) and their "letters," on which details of their case will be written. These cases are examined by the house-surgeon and the clinical assistants in the first place. When the visiting surgeon arrives he goes through these cases with the house-surgeon and the clinical assistants for the next half-hour, checking their observations and selecting cases that he thinks may be useful for teaching. Cases that are not required for teaching are referred to the chief assistant. The visiting surgeon then teaches the students on the selected cases for the next hour, and after that there may be a short discussion on some unusual problem that has arisen. Cases referred from the wards are then seen, as well as any nurses or students who may require examination and treatment. Lastly, special cases that the surgeon particularly wishes to keep in touch with are seen. These cases will have

been given a card by the lady almoner with the time, say 4.15 p.m. or later, written on it. The ward cases, nurses, and students would not come during the teaching hour, but would arrive at a definite time after this.

While the visiting surgeon is engaged in the way that has just been outlined, the chief assistant would be dealing with the remainder of the new cases and then, later in the afternoon, with old cases which were in the habit of coming up to receive his personal treatment. These would arrive in batches of four at times corresponding to the times written on their cards. The chief assistant decides whom the patient should see at his next attendance and fills in the name (surgeon, house-surgeon, etc.) on the last line of the card, the appropriate time being added later by the lady almoner, who arranges the rota of attendances for subsequent out-patient days. Meanwhile the house-surgeon and the clinical assistants are busy seeing other old cases, who also arrive in batches of four at times stated on their cards, so that their period of waiting is reduced to a minimum. The lady almoner will have arranged an early or a late appointment to suit the convenience of the patient.

The time of the house-surgeon is not fully booked up each quarter of an hour with old patients, as in this particular department his activities (myringotomies, puncture of antra, cauterization of noses) cannot be definitely circumscribed. The clinical assistants are fully occupied with the treatment of the old cases as they arrive at their stated times.

When the patients leave the department they go to the lady almoner's room and she arranges the times of their subsequent visit, noting from their card which officer they are to see. It will thus be observed that practically all the organization of attendances falls upon the lady almoner, while the successful working of the scheme depends on the punctuality and regularity of attendance of the visiting surgeon and other officers concerned.

THE NEXT STAGE IN EVACUATION

The Minister of Health has sent to all local authorities concerned in the Government's Evacuation Scheme in England and Wales a communication (Ministry of Health Circular 1800, H.M. Stationery Office, 1d.) asking them to work out in detail their plans for the evacuation and reception of school children and others who are to receive priority under the scheme. Enclosed with this communication is a memorandum (Memo. Evacuation No. 4, 3d.) indicating the general lines of the action which would be necessary in an emergency, the problems likely to arise, and the manner in which they can best be dealt with.

Practically all the returns showing the results of the evacuation survey have been received and examined. The receiving and evacuating authorities can now, in contact with one another and with the evacuation authorities, work out their plans in greater detail in the light of information on the numbers in the priority classes and the accommodation available.

Course of Action in an Emergency

The scheme is to provide for the transference from the crowded areas of the great cities of some three million persons, including school children, young children with their mothers, expectant mothers, blind persons, and cripples. Having decided which portion of their area and which schools in the area are to be included in the evacuation plans, and having obtained the approval of the Minister to their proposals, evacuating authorities must ascertain the numbers of persons in the priority classes who would desire to be evacuated in the event of an emergency.

The success of plans for the evacuation of school children will depend largely on the co-operation of teachers, and autho-

rities are advised to take them into consultation and to suggest and arrange meetings of head teachers at which doubtful points can be explained and discussed. A proportion of one teacher or helper to every ten children is aimed at. Parents of school children and all those in the priority groups should understand that evacuation is voluntary, but it is equally important that they should understand fully the advantages of the facilities offered. Luggage which may be taken should include the child's gas mask, a change of underclothing, night clothes, comb, towel, and handkerchiefs, a warm coat or mackintosh, and a packet of food for the day. The children should be sent away wearing their thickest and warmest footwear.

Transport Arrangements

Responsibility for transport does not rest with the local authorities but with the Ministry of Transport, which will work through the railway companies for rail transport and through the Traffic Commissioners in the receiving areas for road transport. It is contemplated that the school children, organized in school units with their teachers, will be the first to be evacuated. Subsequent trainloads will consist of the members of the other priority classes. Special arrangements must be made to ensure that persons arriving at the detraining stations shall be conveyed by road to the neighbourhood of their billets as quickly as possible. It will also be necessary to provide adequate sanitary and first-aid provision, emergency accommodation for the night, and for a meal at the detraining stations.

Details of Reception

The receiving local authority will take charge of the evacuated parties either at the point at which they assemble to walk to their billets from the station, or at the point at which they are put down from buses conveying them from the station. The Food (Defence Plans) Department is responsible for supplying emergency rations on evacuation. This will be sufficient to provide for each person evacuated for a period of forty-eight hours.

Householders who provide accommodation for school children will be paid at the rate of 10s. 6d. a week where one child is taken and 8s. 6d. for each child where more than one is taken. Children will go to school so far as possible in the ordinary way in the reception areas, and it will be clearly an advantage to householders if arrangements can be made for the provision of a communal meal for the children at midday.

Medical Care

It is not contemplated that householders will be put to any expenditure as the result of any illness which may befall the children under their care. Existing hospital facilities must be used to the fullest possible extent for dealing with outbreaks of infectious disease, and authorities must also consider the extent to which existing nursing services must be augmented by volunteer nursing auxiliaries. Arrangements for reinforcing the medical profession in the reception areas, where necessary, will be made by the Local Emergency Committees of the British Medical Association.

The Government is taking steps to supplement the supply of additional bedding and blankets for distribution to householders in the reception areas whose private resources are not sufficient to meet the demand of the evacuated population; but, in view of the heavy calls which would in an emergency be made upon these supplies by other services, authorities are recommended to organize such arrangements as they can for the use in an emergency of any such provision belonging to householders who are not themselves receiving children.

While it is not anticipated that householders will, in general, experience difficulty in controlling and preserving reasonable discipline among the children, cases may arise in which difficult characters, both among children and mothers or other adults accompanying them, may have to be dealt with. It may be necessary for local authorities to consider accommodating such people in separate buildings of an institutional

character where the occupiers will be under some definite supervision. It is contemplated that in the event of an emergency local authorities in the reception areas would set up tribunals with power to deal with complaints from householders.

The memorandum contains a series of appendices giving practical guidance to householders, billeting officers, those responsible for the evacuation of handicapped children, children under school age, and expectant mothers.

THE LEPROSY RELIEF ASSOCIATION

The annual general meeting of the British Empire Leprosy Relief Association was held at the India Office on May 4 under the chairmanship of Lord WILLINGDON, when the annual report was presented and special addresses were delivered.

General Review of Progress

SIR WILLIAM PEEL commented on the great recent expansion of the work of the association. Thanks in great measure to a broadcast appeal last year nearly £9,000 had been received, rendering it possible to send out six more trained helpers for terms of five years. Exhibitions had been held at various centres in the country, and the number of subscriptions was increasing. While it was still impossible to record a definite decrease in the number of leprosy cases in the British Empire, there being as yet an inadequate number of surveys, it was probable that sound standards of comparison on statistical lines would soon be determined and be capable of general application. Meanwhile it could safely be asserted that there were no fewer than two million lepers in the Empire. Sir William Peel pointed out that the tendency in some quarters to regard our colonies solely as "assets" was hardly justifiable in view of the continuing heavy charges necessitated by their general medical and health services, which were still rightly extending each year. The Empire Leprosy Association was closely associated with the health work in these colonies, and was also assisting with money, advice based on medical research, and its great experience the various missions and societies working in this field. The association gave special grants from time to time to these missions and sent out workers to supplement their staffs, but help of this kind must be conditioned by the association's financial resources, and more contributions were urgently needed. The work of Dr. E. Muir, who was now limiting himself to the duties of medical secretary, was particularly valuable, and Sir William referred to Dr. Muir's visit to East Africa last year, where a leprosy expert was now to be appointed, part of the cost being met by the association. With two exceptions the Indian Council of the British Empire Leprosy Relief Association had in the past found the money expended on the cause, but the main body had recently undertaken to provide the salary for a term of years of Mrs. Todd, who was continuing her excellent work for leper children in Southern India; it had also promised to contribute towards the cost of quarters. A finance committee had been appointed by the Empire Leprosy Relief Association to deal with questions of finance, and also to consider schemes and policy before the proposals came before the full executive committee. Sir William regretted the committee's loss of the services of Dr. J. Howard Cook, who for many years had rendered great service as honorary medical examiner of candidates for foreign service.

Special Medical Aspects

SIR JOHN MEGAW emphasized the great value of Dr. Muir's tours as a means of raising the standards of treatment and administration, his journeys being not merely tours of inspection but rather of instruction, help, and encouragement. Through the quarterly publication of the *Leprosy Review* workers all over the world were being kept in touch with recent advances in treatment and control, and many hundreds of medical practitioners as well as laymen were being enabled to work more effectively. The association counted itself very