

Health Standards of Home Guard

On February 10 Mr. RHYS DAVIES asked the Secretary of State for War whether any steps were taken to prevent mental deficients and other categories exempt from the armed Forces from joining and retaining their connexion with the Home Guard. Sir EDWARD GRIGG replied that volunteers for the Home Guard were registered at the local police station in the first instance, and if considered suitable for enrolment were interviewed by the unit commander. Home Guards could, of course, be of a lower medical standard than regular soldiers, and commanding officers could be relied on to accept only such men as were fit to perform Home Guard duties.

Mr. DAVIES asked if the Minister was aware that no method existed up to the present for finding out whether certain persons were mentally deficient or not; that practically all the mental deficients were properly registered; and that a scheme should be evolved whereby officers of the Home Guard could be put in touch with those registers.

Sir EDWARD GRIGG: All available information is obtained.

Increase in Industrial Dermatitis

On February 10 Mr. D. GRENFELL informed Mr. Griffiths that the workmen's compensation statistics showed for the coal-mining industry a decrease in cases of nystagmus, beat-hand, and affections of the wrist and tendon sheath, and an increase in cases of silicosis, beat-knee, beat-elbow, and dermatitis. Special inquiries were being made to find out why the certificates of disablement in respect of dermatitis, which ten years previously were very few, reached a figure of 400 in 1940.

Medical Staffs at Ordnance Factories

Sir ANDREW DUNCAN stated on February 11 that responsibility for the appointment of medical staffs employed at Royal Ordnance factories rested with the Ministry of Supply. Vacancies were advertised, and candidates were also nominated by the Local Medical War Committee. In making selections the Ministry of Supply was advised where necessary by Ministry of Labour inspectors of factories and by independent medical practitioners.

Town and Country Planning

Mr. ARTHUR GREENWOOD announced on February 11 that existing statutory duties in regard to town and country planning in England and Wales would be transferred to the Ministry of Works and Buildings, whose title would be changed to Ministry of Works and Planning. The Ministry would lay down the general principles with which town and country planning must conform. The Secretary for Scotland would exercise similar functions in Scotland. A committee representing other Departments concerned would ensure that the national policy of urban and rural planning was carried out as a single and consistent whole. The Government believed that by this procedure the speedy provision of houses, redevelopment of devastated areas, clearance of slums, relief of overcrowding, and promotion of rural development could be welded into a single and consistent policy.

A similar statement was made in the House of Lords by Lord REITH.

E.M.S. Hospitals

On February 12 Mr. JAMES HOLLINS alleged that there were long waiting lists at voluntary hospitals and an unwillingness to transfer patients to emergency hospitals. He asked the Minister of Health to recommend that the latter be made available for people desiring treatment.

Mr. ERNEST BROWN replied that where hospitals were found to have unduly large waiting lists their attention was drawn to the facilities which existed for transferring patients to other hospitals under the Emergency Hospital Scheme. The object in view was similar to that under the plan of the Department of Health for Scotland, but the financial arrangements were not quite the same owing to the difference between the hospital systems of the two countries.

In a reply on the same day to Mr. James Griffiths, Mr. BROWN said patients included in the Emergency Hospital Scheme comprised members of the Forces, air-raid casualties, civil defence workers injured on duty, and other classes. The arrangements were designed to avoid interference with the admission to hospital of other persons in need of in-patient treatment. There should be no priority for admission to

hospital other than that indicated by the medical needs of the patient. As regards workers engaged on war production, those who had been transferred from their home areas were already included in the scheme, as also were those sustaining fractures, whether in their home areas or not. Other war workers remaining at home should have access to their normal hospital facilities. If these were subjected to undue pressure owing to war conditions arrangements were made under the Emergency Scheme to transfer patients to other suitable hospitals.

Tuberculosis

Asked on February 12 what steps he was taking to combat the increased incidence of tuberculosis, Mr. BROWN answered that the most important factors in preventive action were the maintenance of as high a level of hygiene and nutrition as possible. The public health authorities and the Ministries concerned were taking all possible steps. The investigation which the Medical Research Council was making as to the possible causes of increase in tuberculosis was a necessary preliminary to the adoption of any special measures for dealing with the problem. In the meantime facilities for early diagnosis and treatment were being maintained at as high a level of efficiency as wartime conditions permitted.

Medical News

The Ex-Services Welfare Society will hold an interim conference at the Royal College of Physicians, Edinburgh, on Friday, March 6, at 10 a.m. The subject for discussion is the after-care of neurotic war casualties: (1) the discharge from hospital, (2) the pension problem, (3) rehabilitation.

The next quarterly meeting of the Royal Medico-Psychological Association will be held at 11, Chandos Street, W., on Thursday, February 26, at 2.30 p.m., when a paper on "Electrical Convulsant Thresholds" will be read by Dr. J. H. Gould.

A meeting of the Medico-Legal Society will be held at 26, Portland Place, W., on Thursday, February 26, at 5 p.m., when a paper will be read by Dr. Eric Gardner on "Sudden Death in Water and from Choking and Suicidal Hanging."

Colonel D. B. McGrigor will deliver a lecture on "Radiology in Wartime" at the Weston Hotel, Bath, on Thursday, February 26, at 5.30 p.m. All Service medical officers and civilian practitioners will be welcome.

Dr. W. Haward has been appointed Director-General of Medical Services to the Ministry of Pensions in place of the late Dr. H. Lightstone.

Two London hospitals for children—the Princess Elizabeth of York Hospital, Shadwell, and the Queen's Hospital, Bethnal Green—have agreed to amalgamate under the name of the Queen Elizabeth Hospital for Children. This amalgamation will also include the new country hospital at Banstead, Surrey, the Bailey Convalescent Home at Bognor Regis, the Little Folks' Home, Bexhill, and an annexe at Woking. The Queen's Hospital was founded in 1867 as the North-Eastern Hospital for Children. The Princess Elizabeth of York Hospital was founded in 1868 as the East London Hospital for Children. To give effect to the decision to amalgamate an Act of Parliament is necessary.

The Medical Research Council announce that their radio-therapeutic Research Unit (formerly Radium Beam Therapy Research) has now resumed clinical work in new quarters which have been provided by the London County Council at Hammersmith Hospital. For the present this work will be confined to the treatment, by radium beam therapy or x rays, of cases of carcinoma affecting the buccal cavity, tongue, pharynx, and larynx. The director, Dr. Constance A. P. Wood, would be glad to have suitable cases referred to her: these should be patients who have had no previous treatment, either surgical or radiological, and preferably not in a very advanced stage of the disease. The physical work under the charge of Mr. L. G. Grimmett, which has meanwhile been continued in temporary quarters at the Imperial College of Science and Technology, has also been transferred to Hammersmith Hospital.