

British Medical Journal.

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THE SIMON REPORT AND THE MEDICAL SERVICES OF INDIA.

THE publication of volume ii of the Simon Commission's report, briefly referred to in our last issue, makes it possible to consider the probable effect on the medical services of India in the event of the adoption of the Commissioners' unanimous recommendations on this subject. In doing so, however, we must not be thought to forget that the problem of the Indian Medical Service is part of a far wider whole, and that its satisfactory solution is contingent upon the form and spirit of the settlement towards which the recommendations of the Simon Commission, important as they are, constitute but a preliminary step. If we were in danger of forgetting, perusal of the 700 pages of the two volumes of the report, which devotes a few paragraphs only to medical services, would correct the tendency. Further, we believe that the medical needs of the people of India, as of other countries, can best be met in the long run by the development of a strong independent medical profession, contributing its due quota to every branch of medicine, including the public services. If, therefore, we emphasize the importance of recommendations designed primarily to maintaining or enhancing the attractions of the Indian Medical Service for British recruits, it is because, in common with the Lee Commission and the Simon Commission, we regard the I.M.S. as a key service in more than one sense, and the maintenance of a highly qualified European element in that service, for the present at least, as vital to the end which all parties should have in view. We agree with the statements in the first volume of the report that "failure in recruitment of the Indian Medical Service would be a serious matter for India"; and that "the public health of India would pay a heavy price" for any failure to continue to recruit the best type of research worker "with the exceptional standards and traditions of the Indian Medical Service," who cannot be obtained provincially. And we look to the members of that service, Indian and European, to supply in the not too distant future "the need in all but the best hospitals for raising the standards of medical treatment," with regard to which the Commissioners state that nothing impressed them more in their journeys through India. As the Army in India will be placed directly under the Governor-General and the Commander-in-Chief, independently of the Central Legislature, both the R.A.M.C. officers and the military branch of the I.M.S. should be adequately safeguarded under the new constitution. The civil side of the Indian Medical Service, however, still forms its main attraction to recruits, for in spite of the considerable reduction during the past decade in the number of civil posts reserved for the I.M.S., those remaining afford on the average greater scope than formerly for well-qualified keen officers; and, now that the professional opportunities on the military side have been greatly enhanced through the provision of good equipment of the hospitals and specialist appointments under the station hospital system, it is at least as easy as in former times for suitably qualified I.M.S.

officers to obtain attractive civil appointments. The extracts from the first volume of the report which were published on June 21st in this *Journal* sufficed to show that the Commissioners regard the maintenance of the attractions of the civil side of the medical service as essential to the welfare of India.

The striking tribute paid to the work of the Indian Medical Service in the first volume has naturally led the Simon Commission to the important conclusion that the present position, which resulted from the report of the Lee Commission, should be maintained intact to allow of the supply of an adequate reserve of European officers for military purposes, and to implement the pledge of the Government of India to provide European medical attendance for the officers of other services and their families, without which the Commissioners rightly judge that the recruitment of Europeans in all departments, so essential to the progress of India, would fail. Their main recommendation in paragraph 333 of volume ii under the heading Medical Treatment for European Officers therefore reads: "European officers of the services lay great stress on the continued provision for themselves and their families of medical treatment by European doctors. We regard this as essential; no change should be made in the present Devolution Rule 12, which gives the Secretary of State in Council power to prescribe the number of Indian Medical Service officers to be employed in the provinces, and the appointments and conditions upon which they shall be employed; and no effort should be spared to secure an adequate number of European recruits for the Indian Medical Service to implement this fundamental obligation." Moreover, in the next paragraph, on recruitment for the All-India services (which, of course, include the I.M.S.) they state: "It is certain that the European recruits of the capacity and character required can only be obtained on terms which give them, subject to the exception mentioned below, the same rights, privileges, and safeguards as we have recommended for the present members of the services." The exception is the unlimited right of early retirement on proportionate pension, which is, however, qualified by powers granted to the Secretary of State for India to safeguard all officers in this respect. This exception, moreover, scarcely applies to officers of the I.M.S., who already possess the right to retire on gratuities after six and twelve years' service, and who obtain yearly increments of pension from seventeen years' service onwards.

Speedy adoption of the unanimous recommendations of the Commission should therefore suffice to safeguard the position attained by the Indian Medical Service under the reorganization scheme of 1928, and the further concessions granted in 1929 through the good offices of the British Medical Association, on the strength of which a very fair recruitment has been obtained for the service during the last two years, and to restore confidence in the future of the service. Meanwhile we fear that the inevitable interval of uncertainty must tend to handicap recruitment at a time when there is a good deal of leeway to be made up owing to the practical cessation of recruiting for several years before the reorganization scheme was sanctioned. Such uncertainty is, however, unavoidable in the circumstances, and we may hope that the unanimous recommendations of the Commission in respect to the medical services will be confirmed by the Secretary of State for India with the least possible delay in some such authoritative announcement as the Commissioners themselves seem to contemplate in the statement on page 293 of volume ii: "We presume that as soon as

possible after the new constitution is settled a full explanation of the changes involved, and their implications for the services, will be made public, and that every possible step will be taken to ensure that prospective candidates are fully informed of the conditions under which they will serve."

HEPATITIS IN BILIARY DISEASE.

IN an article recently published in this *Journal* Mr. E. R. Flint¹ discussed the difficult question of the association of inflammatory changes in the liver (hepatitis) with disease of the biliary tract. This is a problem which greatly interests the physician, but it is the surgeon who has the best opportunities of investigating the data. Animal experiments, which must of necessity deal with comparatively acute conditions, are of little assistance, since the associated changes in the liver and biliary tract are of a chronic type requiring much time for their development. Evarts Graham, the discoverer of the well-known method of cholecystography, was one of the first to bring the problem before us, in his paper entitled "Hepatitis, a constant accompaniment of cholecystitis."² His views are further elaborated in his textbook³ published in association with his colleagues Cole, Copher, and Moore. Graham propounded the question of how the hepatitis may arise. Which is the primary lesion—hepatitis due to microbial infection followed by cholangitis and cholecystitis, or primary infection of the biliary tract with subsequent hepatitis resulting from lymphatic absorption? Following Graham's work, the subject has attracted the attention of other surgeons, such as Judd⁴ and Moynihan.⁵ It has also become recognized that the cystic lymphatic gland is infected with micro-organisms very early in gall-bladder disease (Wilkie and others), and this has been taken as evidence in favour of primary biliary infection with secondary lymphatic spread to the liver. In reality the cystic gland involvement only proves lymphatic absorption, but does not disprove in any way the view held by some that the primary lesion is hepatic, the gall-bladder infection secondary, and the cystic gland infection tertiary.

An important contribution to the subject, wider in its scope than most of the papers referred to, is the book of the Beaumont Foundation Lectures, published by Heyd, Killian, and MacNeal in 1924.⁶ Their work takes into consideration the effects of chronic infective abdominal disease in an area outside the biliary tract—namely, the appendix. The inquiry might well be extended in future by the surgeons to the effects of chronic infections of other organs draining blood into the portal system—for example, the pancreas, the spleen, and the large and small intestine. Heyd, Killian, and MacNeal examined in a variety of ways the appendix, gall-bladder, and portions of liver removed at the same operation in a series of patients. Hepatitis they found to be common enough when the appendix alone was diseased, due presumably to organisms or toxins spreading directly into the portal blood. They noted, however, that the hepatitis of chronic appendicitis involved only the superficial layers of the liver, just below Glisson's capsule. Disease of the biliary tract, in their experience, led to a much more generalized hepatitis throughout the

liver tissue, extending far away from the neighbourhood of the gall-bladder, and they were disposed to favour the view of continued lymphatic absorption from the gall-bladder as the cause of the hepatitis. Flint has taken up the subject afresh, and has carefully studied thirty-four cases. His results are particularly interesting in that he has applied, in addition to the usual bacteriological and histological methods of investigation, two tests of hepatic function—the van den Bergh reaction and the laevulose tolerance test—to his cases. It is in a way unfortunate, in view of the observations by Heyd, Killian, and MacNeal on the hepatitis associated with chronic appendicitis, that Flint has used as "controls" patients with appendicitis and gastric, duodenal, and jejunal ulcer, all lesions draining the portal venous bed.

It is much to be desired that Flint and others will continue to investigate this problem, for it concerns what may prove to be one of the most important causes of partial hepatic insufficiency, and of permanent ill health from interference with the function of the principal "laboratory" in the human body.

STERILIZATION OF THE UNFIT.

SOME months ago the Central Association for Mental Welfare asked the Government to appoint a Royal Commission "to make full inquiries into the causation of mental deficiency, into its relationship to other abnormal conditions and social problems, and into any measures, including both segregation and sterilization, by which it might be prevented." The Council of the British Medical Association endorsed this suggestion with the proviso that any suitable body other than a Royal Commission might be accepted for the purpose of the inquiry. The Minister of Health, however, expressed the opinion that the proposal was not yet opportune, but said that the question might well be reopened at some more favourable time. It is probable that this will be done in the not very distant future. Meanwhile, as is proper and desirable, the discussion on these matters continues, and a useful contribution to this discussion is made by Dr. Frank A. Gill, medical superintendent of the Calderstones Institution for Mental Defectives, in his report to the Lancashire Asylums Board, under whose control that institution is conducted. The essential thing in any controversy about the effect of sterilization is to distinguish carefully between the various purposes for which it may be advocated. That it may be an appropriate measure in individual cases for personal or family reasons is scarcely in dispute as regards its medical or scientific aspects. This being admitted, the questions at issue are: (1) whether it is of sufficient value to be adopted as a routine measure in selected cases of mental deficiency and of recurrent insanity so that a larger number of such cases may be properly released from institutional care; and (2) whether it is of any practical value as a eugenic measure for the betterment of the race. It is one of the merits of Dr. Gill's report that he distinguishes between these two questions, though even here there is occasional confusion. He admits, even emphasizes, the futility of sterilization for the latter purpose. "The fallacy of this claim of wholesale sterilization lies in the fact—and it is a fact—that the great majority of certifiable defectives are not the progeny of mentally defective parents, but of apparently normal or subnormal yet more or less self-supporting citizens, whom no sterilization laws could touch or seek to touch. The majority of victims of mental infirmity come of families who are the subject of some mental instability; whose germ cells are in some way faulty, and who may only be carriers of defect without themselves exhibiting any trace. If every certifiable mental defective had been sterilized twenty or thirty

¹ Flint: *British Medical Journal*, 1930, i, 1041.

² Graham, Evarts A.: *Surg., Gynecol. and Obstet.*, 1918, 26, 521.

³ Graham, E. A., and others: *Diseases of the Gall Bladder and Bile Ducts*, 1928, Lea and Febiger, Philadelphia.

⁴ Judd, E. S.: *Journ. Amer. Med. Assoc.*, 1921, 77, 197.

⁵ Moynihan: *British Medical Journal*, 1928, i, 1.

⁶ Heyd, C. G., Killian, J. A., and MacNeal, W. J.: *The Liver and its Relation to Chronic Abdominal Infection*. Beaumont Foundation Lectures, 1924. London, Henry Kimpton.

years ago it would have made little appreciable difference to the number of defectives existing to-day." As we have previously said on more than one occasion, it is clear that in order to produce any practical effect as a eugenic measure sterilization would have to be applied to a proportion of the population which would certainly not be less than one-tenth of the whole. While, however, Dr. Gill concludes that "a policy of wholesale sterilization of the mentally unfit is neither necessary nor desirable," he maintains that it is desirable in the recurrent insane, in certifiable women who become pregnant or are immoral, and in selected cases before release from institutions. There is undoubtedly a strong case for this contention, though the extent to which institutional provision would be relieved by such measures is open to grave doubt. If future discussion could be kept on these lines and directed to this thesis much would be gained. This will be difficult of attainment, for Dr. Gill certainly underrates the extent to which public opinion, even intelligent public opinion, is misdirected in this matter—even by certain persons and societies who might be expected to know better. Dr. Gill mentions the argument brought forward by opponents of sterilization "that public opinion may seize on sterilization as a cheap and economic remedy for dealing with the problem of the unfit, and so cease to make adequate provision in the way of institutions and hospitals," but is satisfied that if the problem is properly understood these arguments may be dismissed as futile. But is it futile to point out the dangerous situation that may arise if the public accepts the view that sterilization can be an effective substitute for segregation, and that it can be adopted as a measure by which mental defect can be racially eradicated cheaply and relatively quickly? It is important to bear in mind that the campaign in favour of sterilization is at present being mainly carried on by these arguments, the fallacies of which have been exposed over and over again.

THE FOOT AND THE SHOE.

In an article with this heading in our issue of October 12th, 1929 (p. 678), we commented not very hopefully on the difficulty of persuading wearers of shoes to abandon harmful fashions in their own interests. In glancing at the history of footgear we dwelt chiefly on the form of the shoe, and on the pointed toes and high heels preferred by most women. We scarcely touched on the materials used by shoemakers. Nevertheless, the substances used in making all parts of the shoe are not without their importance. This aspect of the matter has lately been considered by the Incorporated National Federation of Boot Trades' Associations, Limited, the general secretary of which has sent us some account of an analysis of the answers to a questionnaire which was recently sent to two hundred medical officers of health. Anything which affects the health of the individual must in the long run collectively affect the public health, so that from a general point of view no doubt the federation was well advised to consult medical officers of health. We question, however, whether those officials see as much of the evil effects of improper footgear as do general practitioners and orthopaedic surgeons. We take it that the federation does not aspire to add to the sanitary duties of the Ministry of Health the regulation of the people's boots and shoes. Legislation of that kind has been carried out in other days and in various countries, but such sumptuary laws have generally failed to attain their object. King Charles V of France attempted to regulate the length of the pointed "poulaine" shoe according to the social status of its wearer, but the fashion only ceased when the swing of the pendulum brought in the broad-toed Tudor shoe, which in its turn soon went out of fashion. We do not envy the task of the medical officer of health and his inspectors who might be charged with the duty of dictating

to the women of the present or a future day what kind of shoes they should wear, or what materials those shoes should be made of. The questionnaire of the federation has not brought to light any very startling or new facts. Somewhat sweeping statements are made about the extent to which the general health is affected by footwear. The recommendations that "boot and shoe makers should scrap present-day lasts in order to do away with shoes of unnatural shape and pointed toes," and that "ultra-high heels should go," seem to us counsels of perfection, unless the regulation could be enforced throughout the world. If British boot makers refused to supply "fashionable" shoes, the import from the Continent and America would become enormous. The "perfect" boot or shoe, according to this report, would lessen "the ill effects on national health of rheumatism, chest troubles, heart disease, common colds, foot deformities, fallen arches, and flat feet." As to the three last there can be little doubt, but the influence of shoes on the other disorders is more problematical, although we are told that "55 per cent. of the doctors said that these ailments and many others are due to the wearing of defective and unsuitable footwear." One medical officer of health is credited with the suggestion that "models or casts of feet from Greek statues, such as the Venus de Milo, giving size and shape would encourage less foolish women to buy shoes of correct shape and size." This officer is evidently an optimist. As to materials, the federation and the doctors are agreed that "there's nothing like leather." Such statements as the above, in the nature of things, are only the outcome of general impressions, lacking any precise statistical foundation. The medical officers of health were on firmer ground in denouncing high heels and pointed toes, but neither the questioned nor their questioners make any practical suggestion as to how the female public is to be persuaded to reform its ways in the choice of its footgear. Appeals to reason and common sense have hitherto fallen, and are likely to continue to fall, on deaf ears. Nothing less than a change of heart could effect the necessary reform, and to bring that about a sutorial Wesley is urgently needed who should be the apostle of broad toes and should finally extirpate the digitigrade heresy.

THE ROYAL SOCIETY CONVERSAZIONE.

THOSE who attend the conversazioni of the Royal Society have learned not to be surprised at finding side by side in the same room—as they did last week—corals from the sea bottom, photographs of a new planet, relics of prehistoric man, and a new device in gramophone recording equipment whereby at intervals the scientific atmosphere vibrated to the latest music-hall tunes; or, again, such exhibits, shown in contiguity, as specimens of ancient art excavated at Ur of the Chaldees, a new x-ray tube by Mr. Cuthbert Andrews, said to be the only tube of British manufacture which incorporates its own protection (a protection equivalent to about $3\frac{1}{2}$ mm. of lead), and a display from the Natural History Museum illustrating parasitization in the case of certain Nigerian frogs whose eyes and lacrymal glands harbour clusters of oligochaete worms. Among the many things that caught the eye was an electrical model for showing normal and abnormal heart rhythm with the aid of relaxation oscillations produced by neon tubes. This model, the work of Dr. van der Pol, and shown by Philips Lamps Ltd., consisted of three neon relaxation oscillators, representing sinus, auricles, and ventricles, and by variations of coupling (representing the bundle of His) normal rhythm or partial or complete heart-block could be obtained, with electro-cardiograms of the various movements. The National Institute of Medical Research had an exhibit illustrating a hitherto undescribed virus disease of mice. The disease is recognized by the occurrence of swelling, usually of one hind foot, followed by gangrene and

separation of the affected portion of the limb. This has been found to be due to a virus which, under certain conditions, constantly passes through filters which hold back bacteria. Dr. R. Robison of the Lister Institute, with Dr. H. B. Fell, showed specimens indicating the development *in vitro* of the mandibular skeletal tissue and limb periosteum of the embryonic fowl; and Mr. C. H. Waddington experiments (also shown by Dr. Canti on his film) on the living embryo which had been removed from the chicken's egg soon after it was laid, and allowed to continue its differentiation *in vitro*. From the Strangeways Research Laboratory, Cambridge, again came an exhibit of the effects of α rays on tissues growing *in vitro* and *in vivo*. The cast of the Peking skull (*Sinanthropus pekinensis*), shown by Professor G. Elliot Smith, claimed the largest share of attention. This brain case was found in December last by the Geological Survey of China, at a spot some forty miles from the Chinese capital. It was described by Professor Elliot Smith as probably the most significant cranium of early man ever discovered. It comes from a geographical area which hitherto has revealed no trace of ancient man. The skull shows features some of which were unknown hitherto except in *Pithecanthropus*, and others only in the Piltdown skull. The *Sinanthropus* is a link between these two types, and brings into correlation what hitherto have been the irreconcilable contrasts which separate them one from the other. The value of the skull, according to Professor Elliot Smith, is that it gives cohesion to the knowledge of the earliest human remains, and makes it possible to conceive the qualities of the common ancestor of all three types—in other words, the nature of the, as yet, undiscovered Pliocene man. The Peking skull was found, not in gravels, but in the floor of a cave where the primitive man actually lived, and was in an uncrushed state and in more complete form than previous discoveries, thus giving a more convincing idea of the shape of the primitive brain case and more confidence in the essential accuracy of the reconstruction of the Piltdown skull by Dr. Smith Woodward in 1912. The temporal bone of the Peking skull presents features of quite exceptional interest and importance. It is very much more primitive than that of the Piltdown skull, and its general morphology presents a striking resemblance to the condition of the adult anthropoid apes. Professor Elliot Smith also showed a cast of the first lower molar tooth found in October, 1927, at the same place, the Lower Pleistocene cave-deposit, as that in which the skull was subsequently discovered. On the evidence of this tooth Professor Davidson Black postulated a new genus and species, *Sinanthropus pekinensis*, the justification for the new genus being based partly upon the unique morphological characters of the tooth, the fact that its proportions differed from all known human and simian teeth and occupied a position intermediate between them, and also the remote antiquity of the tooth, indicated by the geological evidence, which assigned it to the Lower Pleistocene. The discovery of the tooth was followed a year later by the discovery of fragments of two jaws, and later still, six months ago, of the brain case.

THE ORGANIZATION OF RHEUMATISM CLINICS.

Now that several new clinics for the prevention and treatment of rheumatic diseases are beginning their attack on these crippling disorders, it is well to consider the best way in which the work can be done. Dr. R. Fortescue Fox, in a recent number of the *Acta Rheumatologica*,¹ points out that the great enterprise now being undertaken is largely experimental. The difficulty is, he says, that the workers are using unfamiliar tools for a job that they do not understand, and out of his forty years' experience in this subject he suggests certain lines of investigation for the rheumatic cases. The important subject of causation

can be studied particularly well at the new clinics, where early and chronic cases will be under continuous observation. In Dr. Fox's opinion there are four factors which should especially be investigated: external conditions, constitutional anomaly, infection, and the skin. Under the first heading come geographical and climatic incidence, housing, and occupation. In addition to records collected by medical officers of the rheumatism clinics, it is suggested that some of the national societies for the study of rheumatism should organize inquiries on a wide scale and furnish returns. The question of the constitutional anomaly is especially one for the medical officer at a clinic who is in a good position to investigate the difficult subjects of "hereditary predisposition" or "familial tendency." As Dr. Fox remarks, such observations are difficult to record in a precise and statistical form, yet the longer the experience of the physician the more familiar he becomes with the importance of constitutional factors. With regard to infection, the problem which calls for elucidation is whether organisms found in the search for possible foci are really operative or inoperative as infective agents, and, further, how to deal with organisms within the body. The fourth factor, the skin, in Dr. Fox's opinion, stands more in need of study in its relation to organs and its functional condition in chronic disease than any other medical topic. Some suggested lines of inquiry for the student of rheumatism include systematic mapping out of skin temperatures, both of exposed and of covered parts. Cold areas of skin are very common in chronic diseases, and what is needed is accurate observation by rapidly acting surface thermometers. The degree to which perspiration is in abeyance, temporarily or permanently, also requires investigation in rheumatic disorders, and further details are needed about the peripheral circulation. Dr. Fox finally urges that all statistical records by national societies should be expressed in the terms proposed for provisional use by the British Ministry of Health. He deplores the current tendency to premature definition which may easily confuse the issue. As a temporary expedient he believes that classification on a basis of age-groups is the best to be followed. Alternatively a therapeutic classification offers interesting possibilities, for if one hundred cases of arthritis were submitted to the same treatment they could be usefully classified according to the reactions manifested. "Only the physician at the bath side can properly recognize and interpret the complex physiological reactions to treatment." Dr. Fox's forty years' experience at the bath side warrant a close study of all his suggestions.

THE PRICE OF RADIUM.

In his recent presidential address to the Institution of Mining and Metallurgy, Professor J. G. Lawn referred to radium as affording the most striking example of high price in the whole history of metals. It is now worth approximately £14,500 a gram. There are 31.1 grams in the ounce troy, so that the value of radium is more than a hundred thousand times its weight in gold, and a ton at this price represents nearly twice the national debt. Professor Lawn added that radium had such valuable properties that in spite of its price there was a trade in it on a very small scale, the sales in 1928 amounting to some forty grams. The only consolation to be derived from Professor Lawn's figures is that the price, high as it is, is little more than half what it was during the war. In pre-war times the price of radium, obtained from Austria, was anything from £16,000 to £32,000 a gram. Then, for several years, it was produced on a fairly large scale in the United States from carnotite. During the war the price reached £25,000, and occasionally £27,000, afterwards becoming stabilized at £24,000, except for occasional sales of large quantities at a lower figure. Later, with the discovery of new sources of high-grade radium ore in the

¹ *Acta Rheumatologica*. No. 5.

Belgian Congo, the cost of production was lowered to a price with which American carnotite could hardly compete, and the price was reduced from £24,000 to about its present level. Professor Lawn stated that radium is fairly widely distributed, and most countries possess ores which carry it, but it occurs in such minute quantities that there seems little hope that it may be produced on a larger scale or at a cheaper rate than at present.

THE BRETTAUER COLLECTION OF MEDALS.

THE University of Vienna is in possession of a large and important collection of medical medals—"Medicina in Nummis"—presented by the well-known research scholar Dr. Josef Brettauer of Trieste, who died in 1905. The collection comprises some 7,000 medals, among which there are many artistic and historical works of value, representing Renaissance, Baroque, and modern art. It covers a wide field, and offers material of great interest to the student of medical history. There are three main groups. The first concerns physicians of all times and nations, the second epidemics (especially plague, small-pox, cholera) and famines. The third group comprises, in many subdivisions, medals referring to healing gods and patrons of medicine, hospitals and welfare institutions, medical corporations and congresses, nursing and ambulance, nearly all special branches of medicine and the medical auxiliary sciences, pharmacy and veterinary science, etc., besides amulets, tokens, and satirical medals. The control of this precious collection was recently transferred to the Medal Cabinet of the Vienna Art-History Museum. In accordance with the regulations of the foundation deed a small selection is exhibited to public view, while the remainder, housed in the exhibition room of the federal collection of medals, coins, and money-tokens, is open to all interested in this branch of science. The publication of a scientific catalogue of the Brettauer Collection, with photographs and drawings of medals of special historical importance, is most desirable, but the cost of this cannot be covered altogether by a donation from the Austrian Government. An appeal is therefore made on behalf of the committee by Professor Max Neuburger, president of the Institute of Medical History, and others, to all friends of science and art, and especially to medical historians and numismatists, and to medical faculties, associations, and societies, to send contributions to the office of the Rector of Vienna University. A list of donors will be published in an appendix to the catalogue.

MR. J. C. GARNER.

OLD contributors to these columns, who have good reason to appreciate his worth, will regret to learn of the retirement of Mr. J. C. Garner after more than twenty-six years as head reader on the staff of the *British Medical Journal*. When he entered our printing office in 1904 Mr. Garner had already had long experience in the preparation of medical papers for the press, and Sir Dawson Williams laid upon him the duty, under Mr. Louis Taylor's immediate supervision, of bringing the typographical practice of the *Journal* up to the highest standard. To them and to their successors he has given loyal and unstinted service, counting no effort too great in the maintenance of accuracy and good form in printing, and the right use of scientific terms. His work was not confined to proof correcting, but included the revision of copy. Few medical writers and very few readers recognize their debt to such men, under whose expert hands a slovenly MS. takes presentable shape, and a rough and undigested mass of figures and obscure symbols emerges as a clear and well-balanced table. "It looks better in print than I expected," says the author, dimly aware that something has been done for him; and with this faint approval the skilled and conscientious worker in the background is usually content, his true

reward being the knowledge that one more piece of work that matters has been done as it should be done. In taking leave of Mr. Garner we offer him the gratitude due to a good and faithful servant of the British Medical Association and its *Journal*.

THE Lister Memorial Lecture before the Royal College of Surgeons of England will be delivered at the College, Lincoln's Inn Fields, W.C., by Dr. Harvey Cushing, professor of surgery, Harvard Medical School, on Wednesday, July 9th, at 5 p.m. The subject of the oration will be "Neuro-hypophysial mechanisms from a clinical standpoint."

ROYAL SOCIETY OF MEDICINE.

ANNUAL GENERAL MEETING.

THE annual general meeting of the Royal Society of Medicine took place on July 1st, with LORD DAWSON OF PENN in the chair.

The first business was to elect officers and council for the session 1930-31. A motion by Dr. PEACHEY to adjourn the meeting for fourteen days on the ground that, as he alleged, there had been some irregularity in regard to the suspension of the nominations in the library as required by the by-laws, was negatived, but the president promised that the procedure of nomination of officers and council should be reviewed by a committee when the new session started in October. No counter nominations had been received to those set out in the notice, and accordingly the following were declared elected:

President: Dr. T. Watts Eden.
Treasurers: Dr. A. M. H. Gray and Mr. W. Girling Ball.
Hon. Secretaries: Mr. E. K. Martin and Dr. George Riddoch.
Hon. Librarians: Dr. William Bulloch and Mr. H. W. Carson.
Hon. Editors: Dr. Hugh Thursfield, and Mr. J. Swift Joly.
Council: Sir John Bland-Sutton, Mr. Zachary Cope, Dr. F. R. Fraser, Mr. Sampson Handley, Dr. Dorothy C. Hare, Sir Stanley Hewett, Mr. Hugh Lett, Mr. Warren Low, Lord Moynihan of Leeds, Dr. Bernard Myers, Dr. A. E. Russell, Sir StClair Thomson, Sir John Thomson-Walker, Dr. H. Letheby Tidy, and Dr. G. de Bec Turtle.

The report of the council for the last session was submitted. It stated that the roll of the Society included 39 Honorary Fellows, 4,047 Fellows, 198 corresponding members, 378 members of Sections, and 64 associates; the use of the Society's house by the Fellows was now greater than ever, and the time was approaching when an additional meeting room would be needed, which it was hoped to secure by building a top story. The accounts revealed a total income of £21,125 and a total expenditure of £20,025. Through the kind offices of the president, the Society received during the year a sum of £2,800 from Mr. Stanley Baldwin, allocated at the time he was Prime Minister, from a fund placed at his disposal by Lord Beaverbrook. This gift is the subject of a special trust, which will be administered by a specially appointed committee. The income is to be used for purposes for which the general funds of the Society would not ordinarily be available. The Society has also received from Lady Singer £500 in memory of the late Sir David Ferrier.

SIR JOHN THOMSON-WALKER, in moving a vote of thanks to Lord Dawson of Penn, said that it had been a wonder to him how, with so many calls on his time, he had found energy to take the interest which he had done in the Society. Lord Dawson had shown endless tact, great firmness, and an anxiety to see the Society make progress.

LORD DAWSON, in response, said that to have been president was a great privilege, and the privilege had been rendered a delight by the consistent support and encouragement he had received from his colleagues on the council and the executive officers. No man could aspire to a higher honour than to be president of the Society, which gathered together a greater number of co-ordinated activities than any other institution in the country. He handed on his office to a colleague (Dr. Watts Eden) distinguished in the world over in the specialty to which he belonged and known for his progressive mind and wise counsel.