called a "toxic encephalitis." Chronic toxic absorption produced a very definite effect on the mentality, often perhaps mild, but not seldom profound, and sometimes going beyond the borders of what a fairly tolerant public considered sanity. In the watch for focal infection it was not enough to pay regard only to the obvious sources, the teeth and tonsils; the ear should not be ignored, and a complete investigation should be made of the nasal accessory sinuses.

Mr. J. C. H. Hocq said that it must not be supposed that the rhinologist was often confronted with an obviously psychotic patient, but one could not help wondering how much incipient mild mental disorder was overlooked in a busy clinic. It was easy to take the view that sinusitis was due to pus, and that if there was no obvious pus there could not be sinusitis; but rhinology did not lend itself readily to over-simplification. Very slight changes in the membranes lining the nasal sinuses would often give rise to severe and crippling headache; on the other hand, there might be widespread disorganization of the nasal sinuses without any pain whatsoever. Mr. R. S. Strange said that he was quite convinced from the results he had seen that considerable amelioration or even cure of mental states could be obtained by the removal of chronic infective conditions of the nose, and nasal sinuses would often prove remedial when the conditions were not obvious. He regarded a complete investigation of this region in mental patients as offering some hope of improvement. Mr. S. E. Birdsall said that the rhinologist saw a large number of cases of sinusitis, but in only a few of them could mental disorder be said to exist. Out of 80 such cases at St. Elizabeth's Hospital, only 5 had referred or appeared on what could be described as mental symptoms, such as listlessness, inattention, and excessive fatigue. School medical officers in their reference of cases evidently had in mind a connexion between being a dunce and having large tonsils, but in very many cases he thought it could be shown that the sinuses and not the tonsils were at fault. With regard to the ear, he believed that amongst cases of dementia mental depression was uncommon; the deaf-mutes whom he happened to know were exceptionally happy and lively people. But it was very different with the person with acquired deafness of high degree (leaving on one side senile deafness), who was usually introspective, morose, depressed, and ill adjusted.

Dr. F. A. Pickworth, who gave a lantern-slide demonstration of pathologica conditions, said that infection of the sphenoidal sinuses was not per se a cause of mental disorder, but was a source of vascular changes in the brain. He believed that such vascular changes inhibited neuron integration by obstruction at various synapses, so that the pattern of motor behaviour was rendered abnormal, and that clinical mental disorder became evident when such vascular changes were extensive or had a certain degree of duration. Dr. F. Fenton said that as the superintendent of a mental hospital he had formed the firm opinion that cases of toxic infection did occur among mental patients, and that chronic as well as acute cases could be successfully treated. When focal sepsis was found and eradicated mental and physical improvement ensued in the majority of cases; in many the response was remarkable, and in those in which recovery did not occur there was generally a reduction in psychomotor activity, better behaviour, and improved health. Dr. Arthur Pool asked why, although practically the whole population suffered from colds, only a small percentage developed sinusitis. He suggested that a good many patients got and maintained their infection because they had not the right diet which enabled them to withstand the infective process. Before any patient was subjected to the severe operations which had been outlined he should be given the benefit of medical treatment, with the administration of adequate quantities of vitamin C, together with a regulation of the salt content of the diet. Dr. W. J. T. Kimber wondered whether the change in the atmosphere and spirit of a mental hospital in which these medical and other treatment and treatment were introduced might not have a psychological effect which in part explained the results. The more hopeful treatment of patients was in itself a valuable factor.

Dr. Astley Cooper referred to some statistics circulated by the president, from which it appeared that out of a total of 3,050 patients, nasopharyngeal sepsis had been found in 2,754 (over 90%). This meant either that it was a universal cause of mental disease and that its eradication ought to produce recovery or that the very universality of the condition made it negligible as a cause. "Improvement" appeared to be as inevitable as in all the recently introduced "successful" treatments of schizophrenia.

Dr. A. A. W. Petrie (president-elect of the Association) said that he was not entirely convinced that ear, nose, and throat trouble was the most important cause of mental disorder, but he shared with other medical superintendents the view that a complete investigation of patients for signs of focal sepsis was entirely to the good.

Local News

ENGLAND AND WALES

Mental Welfare

In the early part of 1939 the Mental Health Emergency Committee was constituted to function, in the event of war, in order to prevent the overlapping of mental health services. It included representatives of the Central Association for Mental Welfare, the Children's Guidance Council, and the National Council for Mental Hygiene; later on representatives of other bodies were added. In its first report, covering a period of two and a quarter years, it describes the assistance its mental health workers have been able to render in reception areas among children who have been evacuated. The value of such work in its experimental stage was brought home to the Ministry of Health, which agreed to recognize the payment of these workers as an evacuation expense. A survey was made of the hostels for difficult children, and, with the beginning of intensive raids, help was given in the shelters and rest centres, as well as in the receiving areas in which the homeless people, especially those suffering mentally or nervously from the results of raids, were subsequently billeted. The report for two years, has to confess to some enforced suspension of activity, but it has been in a position to institute lectures on psychology to teachers, to arrange a course for medical practitioners, to help in arranging special billets for mentally unstable, subnormal, or senile individuals whose condition has been rendered more acute through shock, fear, or the destruction of their homes, to continue the visitation of epileptics in London and the Home Counties, and to carry out much other useful work. It is regretted that the report of the Feversham Committee on voluntary mental health services should have had to be shelved, but it is felt that the co-operation which has come about between mental health bodies as a result of the war has vindicated the recommendations of the report to a degree which would have been impossible to attain by ordinary propaganda alone. When the pages of the Feversham report are reopened and their contents publicly discussed "the discussion will be carried on in the light of incontrovertible practical experience, and the battle—if battle there be—will have been half won at the outset."

Appeal for London Hospitals

An appeal for £125,000 a year for hospitals during present circumstances was made at the annual meeting at the House of Lords of the King Edward's Hospital Fund for London, at which the President, H.R.H. the Duke of Kent, took the chair. The Duke of Kent said that uppermost in everyone's minds to-day, when they thought of hospitals, was the large number which had been bombed, and the endurance and bravery shown by the staffs as well as by the patients. The number of hospitals in the Metropolitan area, in which the Fund made its distribution of donations, which had been severely damaged now totalled 43, while a further 30 had been less seriously damaged in air raids. The Duke continued: "From what I have seen myself of hospitals in London and elsewhere, I can endorse all that has been said about what they have suffered and the way they have stood up to it. We are all specially grateful for the practical expression of sympathy which has come from our friends in the United States. . . . Our annual report refers to the schemes of some of the hospitals for moving part of their civil work to the country.
The King's Fund is watching this experiment with sympathy and interest, particularly because of the financial liabilities implicit therein. The King's Fund has already given additional loans to voluntary hospitals in the difficulties caused by the war and the conditions preceding the war. The annual distributions, both for 1939 and for 1940, were maintained at £300,000. Emergency grants totalling £80,500 were also made to a few hospitals during these two years. The combined result was that the total of grants and special additional loans was £307,000 for 1939 and no less than £384,000 in 1940." Reference was made to the work of the Voluntary Hospitals Parliamentary Committee, which included members of the King's Fund, the Nuffield Trust, and the British Hospitals Association, in presenting the case of the voluntary hospitals in connexion with Workmen's Compensation, the Purchase Tax, and the War Damage Act.

Hospital Contributory Schemes
Steps to increase and co-ordinate hospital contributory schemes are to be taken by a new representative committee set up by the King Edward's Hospital Fund for London. Contributory schemes have grown rapidly during recent years until they now provide an important part of the income of voluntary hospitals. Sir Kenneth Wigram, who is also connected with the Nuffield Trust, is the chairman of the contributory Schemes Committee, which includes representatives from the Voluntary Hospitals Committee, the Hospitals Savings Association, and the Hospital Saturday Fund. The Committee will examine the different schemes in the metropolitan area, making recommendations, and will also deal with the relation of London hospitals to schemes in the Provinces. The secretary is Mr. T. W. Place, for some years secretary of the British Hospitals Contributory Schemes Association.

Birmingham Accident Hospital
Since April last the Queen's Hospital, Birmingham, has become the Birmingham Accident Hospital and Rehabilitation Centre. Certain of the medical, nursing, and administrative staff have been taken over, as well as the buildings and equipment, and thus the hospital has been established as being entirely to the treatment and rehabilitation of men and women injured as a result of accident. The Board of Management has appointed Mr. William Gissane, F.R.C.S., of St. James Hospital, Balham, to be clinical director, and he is expected to take up his duties early in September. He will be assisted by a full-time staff with specialized knowledge, and a number of consultants will be associated with the work. The operating theatres, plaster rooms, and x-ray services will be available at all hours. There are 280 beds, certain of which will be set aside for observation cases in order that patients suffering from wounds may have a short period of in-patient treatment to ensure that complications will not develop. Rehabilitation by remedial exercises and occupational therapy will be carried out in a department to be set up for the purpose. Schemes have been prepared by the Board for the establishment at this hospital of schools for the training of nurses in industrial nursing and of selected personnel for industry and industrial first aid. The provision of a mobile surgical unit is also part of the Board's policy.

Merseyside Hospitals Council
The report of the Merseyside Hospitals Council for 1940 states that the income last year soared to a new high record of £280,284. The employers subscribed £46,220. In the three years immediately before the war the amount which it was possible to pay to the voluntary hospitals had each year fallen short by an average of £47,500 of the actual cost of the hospitals' services to members and their dependants—a sum very like that by which the hospitals collectively failed to balance their budget each year. This amount was made up during 1940 partly as a result of a plan known as the extra penny—whereby members subscribe not only a penny a week for every £ but for every part of a £—and partly because of the sharp upward curve in employment. Last year the associated voluntary hospitals received £113,246, which was £2,138 more than was distributed to them in 1939, leaving a balance of £4 from the previous year, which was held back for very good reasons. Some of the hospitals have moved to new quarters, others have suffered in air raids, and in the closing months of the year their many and varied needs were not clearly known. Therefore the Distribution Committee, after discussing the financial position in all its aspects, decided to distribute the additional reserve held until the hospitals' financial position was known as at the end of the year 1940. Other items in the distribution were £33,104 for treatment in municipal hospitals, £14,667 to voluntary medical institutions other than the associated hospitals, £10,604 to civic war charities, and £9,400 to the medical staffs' fund. The offices of the Council have been moved to 40, Upper Parliament Street, Liverpool, their former headquarters having suffered air-raid damage.

SCOTLAND
Orthopaedic Progress in Scotland
At the annual meeting of the Princess Margaret Rose Hospital for Crippled Children, held recently in Edinburgh, Mr. W. A. Cochrane, the surgeon in charge, speaking of the success of treatment, said that many instances of notable achievements could be supplied. Sufferers from infantile paralysis had been cured, and in a number of very severe cases had been enabled to walk and lead an independent life. Deformed feet had been reconstructed and shortened legs restored to normal length. Upwards of 75% of the crippling conditions of childhood could be cured sufficiently for the child to grow up in a position which enabled him to earn his living on more or less equal terms with normal people. Besides carrying out its main purposes, the Princess Margaret Rose Hospital had been extended to provide for orthopaedic war casualties in the civilian population and in the Forces. Dr. Andrew L. Davidson, Chief Medical Officer of the Department of Health for Scotland, paid tribute to the hospital for its pioneer work in orthopaedics and its efficient organization. The care of the cripple, he said, was not only a medical but a social problem. The ideal to be aimed at was the prevention of crippling. Hitherto welfare work for cripples in Scotland had been backward and limited in scope, but even in these difficult times steps were being taken to establish regional orthopaedic schemes to cover the whole country.

An Edinburgh Nutrition Inquiry
The Edinburgh branch of the Children's Nutrition Council recently sponsored an inquiry into the adequacy of incomes and expenditures of 103 families with younger means, and has now issued a report entitled "Food and the War." The B.M.A. minimum diet, as laid down in the 1933 report of the Committee on Nutrition, was used as a basis for the inquiry, the items of food being repriced at their cost in Edinburgh in November, 1940. The income level of the families is at least that of the unskilled labourer. The report states that the cost for an adult man had risen since 1933 from 5s. 11d. to 12s. 6d., the rise for children was rather less, but on the whole food prices for a family were about doubled. Out of 76 families whose food bills were examined, only eight are regarded as spending enough to buy a diet adequate in every respect. The main cause of the inadequacy was lack of means; other factors were imperfect catering or inability to obtain a sufficient variety of foodstuffs. In achieving even the low nutritional standards brought to light, half of the families were over-spending their income and running bills from week to week with shopkeepers. The children, according to this report, suffer from an insufficiency of essential nutritious foodstuffs, the stigma of stunted growth, deficiency diseases, and an inability to withstand the ravages of infections. While much could be done by furthering the knowledge of correct eating and the best possible use of available food in the homes, the main task is to ensure that enough food of the right kind is obtainable by all. Four measures are advocated: a wide development of community feeding, extending the services relating to food, extension of the National Milk Scheme to include children up to the age of 16 at least, and distribution of certain vitamins as a social service. Greater use should be made of Scotland's agricultural potentialities. A more equitable distribution of available foods is called for, and steps should be taken to ensure that wages, allowances, and old age pensions keep pace with rising costs of living. Copies of the report may be had from the Secretary, Children's Nutritional Council, 37, Esslemont Road, Edinburgh, 9 (price 3d., by post 4d.).
OBITUARY

SIR WILLIAM WILLCOX

Dr. J. D. Rolleston writes:

Beyond the statement that he served on a special committee at headquarters on tests for drunkenness the otherwise excellent obituary of Sir William Willcox in the Journal of July 19 (p. 103) contains nothing to indicate the interest which, without being an abstainer, he always took in the alcohol problem. In particular no mention is made of his connexion with the Society for the Study of Inebriety, of which he was president from 1924 to 1927. In 1923 he delivered the Norman Kerr lecture before this society, his subject being drug addiction, and in 1924 his presidential address was devoted to the aims and work of the society. He also always took an active part in the discussions held at the society's meetings. Furthermore he contributed an article on the medical aspects of temperance to a book entitled *Confirming the Facts*, recently published by the Temperance Collegiate Association, and containing articles by Sir Frederick Gowland Hopkins, Prof. Amy M. Fleming, Mr. W. McAdam Eccles, Lord Stamp, Sir Leonard Rogers, and others.

Early this year the liner on which Dr. Hilda Crichton Bowser was returning to India was shelled in mid-ocean by a German submarine. Most of the lifeboats were thus damaged and fellow passengers have reported that Dr. Bowser was in one which had been seen to sink. The more seaworthy boats were too full to rescue survivors, who had to be left in the water in the hope that they would be picked up by a boat which had been launched from the raider. This hope has proved vain, and the Baptist Missionary Society and a wide circle of friends now mourn the loss of the Society's senior medical missionary in India. Dr. Bowser was the daughter of the late Principal of the Midland Baptist College. She took her B.Sc. degree from Nottingham University College before entering the London School of Medicine for Women, where she qualified M.R.C.S., L.R.C.P. in 1919 and later took the M.B., B.S. of London University. Reinquishing her studies for the degree of M.D. in obstetrics she sailed in 1923 to India, and for eighteen years built up a unique hospital and nurses' training work at the Rahmatpur Women's Hospital at Palwal in the South Punjab. Her reputation and influence were felt in a wider circle in India. She represented the Association of Medical Women on the governing board of the Lady Hardinge Medical College in Delhi, and acted as chairman of the North-Western Examinations. She maintained the highest standards of professional work, and the reports of Government inspectors invariably praised the efficiency of what was considered as a model rural hospital. Physically robust—a college and county hockey captain—and possessing great mental vigour, Dr. Bowser was the embodiment of the ideal of "mens sana in corpore sano." Her gifts and graces were wholly dedicated to a life of service. It is men and women like Hilda Bowser who are responsible for the fact that the phrase "missionary spirit" has found a place in the vernacular of a country which needs and greatly admires the spirit of the Good Physician.

We regret to announce the death after a long illness, on June 13 at the age of 74, of Hofrat Professor Julius Zapfert of Vienna at Slough, where he had been living in exile for the last two years. His chief work was concerned with the neurology of children, his principal work being devoted to the treatment of Medin's disease (1911), diseases of the nervous system in childhood (1922), convulsions in childhood (1928), and post-vaccinal encephalitis in conjunction with Dr. Marius Kaiser which received notice in this Journal (1939, 1, 59).

The following practitioners have died abroad: Dr. Lars Wilhelm Fagerlund, a Finnish anatomist and epidemiologist, author of numerous works on medical mycology, leprosy, and tuberculosis, aged 87; Dr. Johannes Willem Heilmann, a Helsingfors dermatologist and sphythologist, aged 79; and Dr. Lloyd Vernon Briggs, past president of the New England Society of Psychiatry and former director of the Massachusetts Society of Mental Hygiene, aged 77.

Obligatory

Universities and Colleges

UNIVERSITY OF OXFORD

The Principal's Report

The report of the Principal, Mr. H. L. Eason, on the work of the University during the year 1940-1 has now been printed, and much of it is naturally concerned with the war and its effects upon academic life in general. But it is also true that the war has had a profound effect on the buildings of the university and its constituent schools. In his introduction Mr. Eason notes that the results of intensive air raids on London have fully justified the policy of dispersal generally adopted in 1940. The damage to university buildings has been so severe and so widespread that if the schools had still been in London the work of the internal side of the university would have practically come to an end. It was the judgment of the College that the damage has not been so great as to prevent the existing buildings being maintained at a high level. The greatest sufferers among the medical schools have been St. Bartholomew's and the London School of Medicine for Women. Notwithstanding all the handicaps under which it has laboured, by reason of war damage, decentralization, and delays and difficulties due to disturbance of communications, the work of the university has been well maintained, and normal examinations have been held, though in some cases in provincial centres. The Principal conveys the grateful thanks of the University of London to all those provincial universities and university colleges which have hospitably entertained staff and students and enabled the examinations to be carried on without material loss of efficiency. Among many miscellaneous items mentioned in this report are the foundation by Dr. T. H. Sanderson-Wells of prizes in the pathology and physiology of food, and funds for an occasional lecture on medicine with a special reference to soil fertility; the appointment of Dr. J. H. Gray to the chair of anatomy at St. Mary's; on the retirement of Prof. J. E. S. Fraser; and special work of therapeutic value developed in connexion with the Central Health Laboratories and E.M.S. The following individuals have now been granted senior medical degrees:


The following awards have been made for 1941: Entrance Scholarship in Arts (value £100); E. L. W. Leiser. Entrance Scholarship in Science (value £100); Divided between J. C. Crook and D. D. Hilton.

UNIVERSITY OF LONDON

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UNIVERSITY OF EDINBURGH

A graduation ceremony was held on July 16, when the following degrees and diplomas were conferred:


The Services

DIRECTOR-GENERAL, ARMY MEDICAL SERVICES

Colonel (Temporary Brigadier) Alexander Hood, C.B.E., has been appointed Director-General, Army Medical Services, in succession to Lieutenant-General Sir William P. Macarthur, K.C.B., D.S.O., who retired on August 1.

The new Director-General graduated in medicine at Edinburgh University in 1910 and took the M.D. degree in 1931. He entered the R.A.M.C. in 1912 after serving as house-surgeon at the Edinburgh Royal Infirmary. He has been D.D.M.S. in France and D.D.G. at the War Office.

HONORARY SURGEONS TO THE KING

Surgeon Rear-Admiral G. F. Symes, R.N., has been appointed an Honorary Surgeon to the King.

Colonels T. C. Boyd, V.H.S., and H. J. M. Cursetjee, D.S.O., V.H.S., I.M.S., have been appointed Honorary Surgeons to the King, vice Colonel J. Taylor, C.I.E., D.S.O., I.M.S. (ret.), and Major-General N. M. Wilson, C.I.E., O.B.E., I.M.S. (ret.), respectively.

ARMY AWARDS

Major F. Mel. Richardson, R.A.M.C., has been awarded the D.S.O. and has been mentioned in dispatches, and Captains H. S. A. Hulwalia and M. C. L. Smith, I.M.S., have been awarded the M.C. in recognition of gallant and distinguished services in the Middle East.

MENTIONS IN DISPATCHES

Surgeon LIEUT. John Frofangeo Roberts, R.N.V.R. (H.M.S. Resolute) has been mentioned in dispatches for gallantry in saving a wounded shipmate.

COMMENDATION

Lieut. Frederick Graham Millar, R.A.M.C., has been commended for brave conduct.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

LIEUT. ANTHONY JAMES MOON, who was reported missing in s.s. Lancastria in June, 1940, is now presumed killed. He qualified M.R.C.S., L.R.C.P. in 1936, and took the degrees of M.B., B.Chir. of the University of Cambridge in the following year. Before the war he was in practice at Wallington, Surrey.

War Substantive Captain ROBERT MONTGOMERY MAXWELL, who has died of wounds, received his professional education at Edinburgh University, where he graduated M.B., Ch.B. in 1936. His home was in Glasgow.

Prisoners of War

Captain Alfred Ruff Darlow
War Substantive Captain Harry Acroyd Barker.

DEATHS IN THE SERVICES

Major-General Sir Owen Edward Pennefather Lloyd, V.C., K.C.B., late R.A.M.C., died at St. Leonards-on-Sea on July 5, aged 87. He was born on January 1, 1854, the son of Major M. P. Lloyd of the 58th Foot and of Co. Roscommon, who was educated at Fernow College, at the Queen’s University, Cork, and in the school of the Edinburgh College of Surgeons, taking the L.R.C.P.&S.Ed. in 1877. He entered the Army as surgeon in 1878, became full colonel in 1905, and retired in January, 1914, but rejoined as soon as war broke out in August, 1914, and served as D.M.S. of the Southern Command. He won the V.C. in the Kachin, Burmah, expedition of 1892-3, received the C.B. in 1910, and promoted to K.C.B. in 1919. From 1924 to 1929 he was a colonel commandant of the R.A.M.C. During his first year of service he took part in the Zulu War of 1879-81, and was present at the storm and capture of Sekukuni’s stronghold, receiving the medal and clasp. In the first Boer War of 1880-1 he formed one of the staff of the Surgeon of Mortons, which held out against a superior force of Boers till the end of the war. During the Burmese War in 1892-3 he won the V.C. for his share in the defence of the Siva post in the Kachin Hills. The announcement in the London Gazette read as follows: “During the attack on the Siva post by Kachins on January 6, 1893, Surgeon-Major Lloyd, on hearing that the C.O., Captain Morton (who-
Colonel entered the Army Orange Pretoria; and back in three-quarter had return home King's of the part in Bareilly suddenly medical Viceroy. He had been awarded and address, He returned to the Military the Subadar Morton's death for back the the Subadar returned with five men of the Magwe Battalion of Military Police, when he assisted in carrying Captain Morton back to the fort, where that officer died a few minutes afterwards. The enemy were within 10 or 15 paces, keeping up a heavy fire, which killed three men of the picture and also Bugler Purna Singh. This man accompanied Captain Morton from the fort, showed great gallantry in supporting him in his arms when wounded, and carried him back to the fort. The native officer and five sepoys above alluded to have been awarded the [Indian] Order of Merit." After Captain Morton's death Surgeon-Major Lloyd took command of the fort. The enemy got to within of the fort, and carried him back to the fort. The native officer and five sepoys above alluded to have been awarded the [Indian] Order of Merit."

Medical Notes in Parliament

In the House of Lords on July 22 the Royal Assent was given to the Finance Act. In the House of Commons on the same day the National Health Insurance, Contributory Pensions, and Workmen's Compensation Bill passed its remaining stages.

Pharmacy and Medicines Bill

The House of Commons in Committee amended the Pharmacy and Medicines Bill on July 15 and 16.

On Clause 3 (Prohibition of advertisements relating to certain diseases) Mr. Peters moved to add to the list of those to whom prohibited advertisements might be sent persons who, although not registered practitioners, were engaged in medical research. Mr. Ernest Brown said the clause was a fundamental one to prevent sufferers and their relatives being imposed on by advertisements of useless remedies. The amendment was too vague. He would be glad to discuss with Mr. Peters any proposal affecting a definable group. The amendment was withdrawn.

Dr. Russell Thomas criticized the list of diseases cures of which were not to be advertised. He said the number of people suffering from locomotor ataxy was so small that it would not pay to advertise cures for it. There was nothing to prevent the patient taking advertised cures for neuritis and dizziness for years till this disease was diagnosed. Similarly persons suffering from diabetes used all sorts of patent remedies for their weakness until their disease was diagnosed. The clause would have no effect on the advertising campaign for debility and weakness. The inclusion of glaucoma was futile. No vendor of patent medicines would say he had a cure for cataract or glaucoma, but there would be ample scope for the patent medicine vendor to advertise remedies for the symptoms. In the case of Bright's disease there was every field before the disease was diagnosed for the vendors of patent medicines to sell wares for the treatment of slowly developing symptoms. The inclusion of Bright's disease would have no effect on the patent medicine trade. The same thing applied to epilepsy and paralysis.

Miss Horsbrugh said the clause would make illegal the advertising of specific articles as cures for particular diseases, not the treatment of those diseases. Proceedings would not be taken except with the consent of the Attorney-General or Solicitor-General.

Disclosure of Ingredients

Mr. James Griffiths moved to provide that the disclosure must be in English. Dr. Russell Thomas said a famous pill whose composition in Latin would read something like: "Sap. moll., ext. aloin, zingiberis" would probably not flourish so much if on the wrapper in plain English were written: "Soap, aloes, and ginger." Mr. Brown said disclosure should be made in terms clearest to those who had scientific knowledge and to those who bought. He had an amendment to leave out "composition" and to insert "accepted scientific name or other name descriptive of the true nature." He would go into the matter again before the Report stage. Mr. James Griffiths then withdrew the proposal that disclosure must be in English, and the House accepted Mr. Brown's amendment.

The House negatived an amendment, proposed by Sir Thomas Moore on behalf of the Society of Herbalists, which would ensure from detailed disclosure a remedy composed of a non-poisonous plant or plants.

On the motion of Captain Elliston the coming into force of the Act was delayed from January, 1942, to July, 1942, to give a sufficient period for disposal of stocks.

On Clause 9 (Repeal of medicine duties) Sir Francis Fremantle said his friends agreed to this clause only if other conditions were laid down for complete and effective control of advertisements and the disclosure of ingredients. When the Purchase Tax was removed there would be a case for resuming the taxation of medicines.

ENFORCEMENT OF THE BILL

Mr. Brown proposed a new clause authorizing food and drug authorities to enforce the provisions of the Bill relating