

the diplomas of M.R.C.S.Eng. and L.R.C.P.Ed. in 1881. He then spent two years as a ship surgeon with the White Star Steamship Company in the China, Japan, and San Francisco Division, and afterwards returned to Bermuda, where he went into private practice. In 1891 he was appointed medical superintendent of the lunatic asylum, and was medical officer of health from 1894 to 1920; afterwards he continued as a quarantine and health officer. He was surgeon to the Bermuda Volunteer Rifle Corps from 1895 to 1919, when he retired with the rank of surgeon major, having received the Volunteer Decoration some years previously. He was secretary to the local Branch of the British Medical Association for many years, and was a delegate to the Annual Meetings of the British Medical Association at Bristol in 1894 and at Oxford in 1904, and to the British Congress on Tuberculosis in London in 1891. He had much to do with the founding and administration of the cottage hospital, of which he was surgeon in charge in 1895, and later used all his influence to get a general hospital built, with the result that the King Edward VII Memorial Hospital was opened in 1920; this institution will shortly have seventy beds, and has a training school for nurses which is of great value to Bermuda. In addition to his professional work, he found time to be a common councillor of the city of Hamilton for twelve years, and was a representative in the local House of Assembly from 1904 onwards, with one short break of a few months. He will be remembered with affectionate esteem, especially by many of his colleagues all over the world, as he had much to do with the Royal Navy and mercantile marine as quarantine officer, in which capacity he held the record of having kept only one ship waiting in over thirty years, and then only because no boat could attempt to put him on board.

Dr. HENRY DUTCH, who died on April 30th, aged 64, at his residence in London, was born in Dublin, and received his medical education at St. Mary's and the Middlesex Hospitals and Trinity College, Dublin. He obtained the diploma of L.R.C.P.Lond. in 1886, the M.D.Brux. degree in 1896, and the M.R.C.S.Eng. in 1897. He was clinical assistant to the Westminster Ophthalmic Hospital, examiner to the St. John Ambulance Association and the London County Council, resident midwifery assistant to the Coombe Hospital, Dublin, and house-surgeon to Guinness's Dispensary, Dublin. He was surgeon major to the 4th City of London Regiment, Territorial Force, and physician to Bancroft Military Hospital in 1918; he served also on the medical board of the Duke of York's School. Dr. Dutch was a member of the Westminster City Council, and represented the Grosvenor Ward for twenty-five years. He was the inventor of a diagnostic appliance to which he gave the name of "aurorascope." He leaves a widow, and one daughter who is also a councillor of Westminster.

## Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

### Registration of Nursing Homes.

THE Select Committee of the House of Commons on the registration of nursing homes resumed the taking of evidence on May 19th, Sir Cyril Cobb presiding. The witness was Dr. F. N. K. Menzies, medical officer of the London County Council, who gave evidence on the working of the system of compulsory registration and inspection of lying-in homes for which the L.C.C. had obtained parliamentary powers in 1916. He referred to cases of homes with no proper equipment and with unsatisfactory sanitary accommodation. In this class of place the nurses were untrained. There was some overcrowding. Sir Cyril Cobb asked why in the L.C.C. scheme of 1916 nursing homes under medical control were exempted from inspection. The witness said strong pressure was brought to bear on the Council and on Parliament by the medical profession. At present there were only nine such exempted lying-in or mixed homes in London out of 277, and their character was such that exemption was eminently reasonable. Each was vouched for by two independent medical men. His opinion was that if the present Committee recommended the inspection of nursing homes the same exemptions should apply. In 1920 the Council had obtained further powers in regard to the refusal of certificates and the issue of by-laws. It had found the latter power very useful. Since 1915 312 licences had been cancelled voluntarily. There was no general complaint that registration and the by-laws had increased costs. Ninety-nine homes were "mixed," for lying-in and general cases; he saw no objection to this. The inspection of maternity homes was done by four women inspectors who were responsible in London for the administration

of the Midwives Act. A sanitary inspector visited the homes to examine on lighting, space, sanitation, and proximity of nuisances. For mother and child they expected a cubic space of 960 feet; for the mother herself 800 feet after confinement and for women before confinement 600 cubic feet. The L.C.C. worked in complete co-operation with the borough councils, but up to the present had not delegated powers to the boroughs. In London the borough councils were the maternity and child welfare authorities, but the L.C.C. was the authority for the Midwives Act and for the Children's Act, 1918 (Part I). It had tried in Greenwich the experiment of consolidating all these powers into the hands of the borough councils, but had discovered that till Parliament authorized the delegation of powers under the Children's Act and under the Midwives Act the experiment was impracticable. Witness explained that there was at least an annual inspection of lying-in homes and that medical officers undertaking duties under the Midwives Act were instructed to inspect whenever their duties took them into the neighbourhood of a lying-in home. Answering the chairman, witness said he was in favour of the registration of nursing homes as apart from lying-in homes. He was not entitled officially to give evidence proving the need for this. He did not know whether the Council had received any representations in favour of the registration of nursing homes. Generally speaking, people who had lying-in homes were in favour of registration. Those persons conducting homes which they knew could not be approved had moved out of London into other areas.

Dr. Shiels asked whether, if doctors' nursing homes were, as witness said, all satisfactory, witness would explain why they should be exempted. Would the witness be surprised to learn that the Committee had evidence of doctors' homes which were not so satisfactory? Witness could not give an opinion. They had not made an absolute rule that there must be a certified midwife or a trained nurse in charge of all cases. He was satisfied with the competence of their women medical inspectors to judge the quality of nursing. He would have the strongest objection if the proposed bill for registration of nursing homes interfered with the powers which the L.C.C. had now got, which were working very well. Parliament would be well advised to trust more to the local authorities instead of always looking to the Minister of Health for action. The provision for lying-in at suitable institutions or registered homes in London was equal to 60 per cent. of the confinements—a very high figure.

Sir Richard Luce asked why, when there was a greatly increased tendency for women to be confined away from their own homes, there was little increase in the number of homes registered in London for lying-in. The witness replied that at least nine local authorities in London had established municipal maternity hospitals. Witness also remarked that nearly all local authorities throughout the country were appointing as assistant medical officers women who were thoroughly qualified to inspect maternity or surgical homes. The inspector should always be medically qualified, though a nursing inspector might supplement the work. Answering Dr. Davies, witness said he thought there were fewer inefficient authorities among county councils than among other public bodies. He thought that there should be registration even when a medical practitioner took in one elderly patient, if that was for reward. A visit once a year would probably suffice for such a case. Inspectors must be trusted to use their powers with discretion. The L.C.C. inspectors had not found a lower standard in homes run by non-certified midwives than in homes run by certified midwives. He was certain that if the L.C.C. had carried out their inspection by trained nurses they would have had great friction. There had been only nine cancellations of licences since registration of lying-in homes came into force in London. Trafficking in infants was the reason in several cases. Others were for structural defect, serious neglect of infants, and bad character of the keeper of the home. Two were purely formal cancellations.

Dr. Menzies said that nursing homes which were attached to hospitals or had been specially designed, built, and equipped as private hospitals, and those which had been adapted from ordinary dwelling-houses, were used almost entirely for the care of acute cases or patients only requiring short periods of residence. They were generally expensive and only resorted to by persons of the middle and upper classes. They were patronized by leading members of the medical profession. Those adapted from ordinary dwelling-houses were owned and maintained very commonly by hospital sisters who had been encouraged to venture into the private nursing home business by the promise of professional support from the physicians and surgeons of the hospital to which they were attached. These homes often had many deficiencies, especially having regard to the high weekly fees demanded. They usually lacked an operating theatre, even of the most modest kind, operations being carried on in the patient's bedroom, which might not be suitable. Staircases might be narrow, crooked, and awkward, but the structure of the house made the provision of a lift impossible. The provision of a laboratory, x-ray room, and equipment for special purposes, such as electrotherapy, was almost unknown. Although the nursing staff was usually good, the domestic staff was often a greater difficulty than in private houses. Despite all these defects, such homes could not be said to be insanitary, nor were the patients inefficiently cared for medically or surgically. The patient simply paid a very big price for a comparatively poor service, which contrasted unfavourably either with the advantages offered the poorest class by voluntary hospitals and Poor Law infirmaries, or to the richest class by the highly expensive clinics such as those at Ruthin and Windsor. The patients who normally went into the nursing homes which he had described in London had at present no choice in the matter and were sent by eminent members of the medical profession. He doubted whether any by-laws which could reasonably be enforced by a local health authority would materially reduce the cost or improve the conditions of the ordinary private nursing home, but he did not think

that there would be any opposition to registration if the Select Committee decided to recommend it. The most difficult group from the medical point of view were the homes which catered for persons suffering from chronic diseases such as paralysis, nervous disorders not certifiable, chronic heart disease, chronic bronchitis, when these patients were regarded as above the Poor Law standard. The great bulk of such patients could only pay from 25s. to 50s. a week for their care, board, and lodging. They were not looked after by a trained nursing staff, and were not regularly visited by doctors. The accommodation was that of a poor-class dwelling-house with the ordinary appointments. Such homes compared unfavourably with the well known voluntary institutions providing accommodation for this type of patient, or indeed with well managed Poor Law infirmaries. It did not appear possible to Dr. Menzies to do much to improve the conditions in this type of home without increasing the cost to the patient, but registration would in the course of time tend to raise the standard of these homes, especially as in many instances there was only one patient, or possibly two patients, cared for by the "keeper" of the home.

Dr. Menzies said he had seen something of the problem of nursing homes all over England and Wales, as well as London. He believed that the most hopeful solution of it was by a considerable extension of the system of providing pay wards and pay beds in voluntary hospitals and Poor Law infirmaries, by provision of hospital annexes for private paying patients to voluntary hospitals, and by the provision of specially built and designed private hospitals or nursing homes. He knew examples of these last, some provided by business men on commercial principles and some by philanthropists. The management committees of voluntary hospitals were waking up to the need of making provision for paying patients, and in a few years there would be a considerable increase in the number of beds available in voluntary hospitals for this purpose. The patients made their own arrangement with the physician or surgeon in attendance with regard to his fee, these arrangements being in some cases subject to the approval of the hospital board of management. The only solution Dr. Menzies could see of the financial difficulties in dealing with the class of chronic patients to whom he had referred was the provision of suitable accommodation in institutions owned and maintained by public authorities. The patient might contribute so much of the cost of maintenance as his or her financial condition permitted. The problem would assume a different aspect from the point of view of the patient and friends when Poor Law infirmaries became municipal hospitals. In the meantime, registration should be proceeded with on the lines found satisfactory for nursing homes, and in the administrative County of London it should be carried out by the London County Council. He was surprised that business men had not seen that there was a great field for the provision of good nursing homes, especially if they "roped" the medical profession into it. The kind of thing which was going to help the public was for the voluntary hospitals to extend, as they were doing all over the country, paid hospitals and paid beds. Every London general hospital was realizing that it had to provide these beds, which paid for themselves. Anyone who had the chance would rather pay three or five guineas for such accommodation than fifteen guineas for a nursing home. He did not think that registration would shut up any existing nursing homes. When an alternative was available they would not need to worry about registration.

The Committee adjourned till June 8th.

*Sanitation of Offices.*—Answering Lord Henry Cavendish Bentinck, on May 20th, Mr. Chamberlain said the attention of local authorities was drawn in a Home Office memorandum of 1912 to the judgement in the case of Bennett v. Harding (1900) as to their power to inspect workplaces and to insist on their sanitary condition. This judgement did not specifically refer to offices, and it might be well to have a test case to make the position clear. At a meeting of the Unionist Health and Housing Committee earlier in the week, Dr. Fremantle presiding, a discussion arose on the inspection of offices, concerning which the Labour party had presented a bill. It was pointed out to the Committee that the death rate for clerks was not much over the average for the population, but an indication was given that in the opinion of the Ministry of Health local authorities could inspect offices as "workplaces" and lay down conditions concerning them. The Committee learned that if this interpretation of the law were not upheld by the courts the Ministry of Health would be prepared to propose further powers for inspection of offices.

## The Services.

THE KING has approved of the appointment of Lieut.-Colonel E. Ryan, C.M.G., D.S.O., R.A.M.C., to be Honorary Physician to His Majesty, and to be promoted to the brevet rank of colonel, with effect from February 18th, 1926, in succession to Lieut.-Colonel and Brevet Colonel Sir Edward S. Worthington, Kt., K.C.V.O., C.B., C.M.G., C.I.E., R.A.M.C., who has retired.

### DEATHS IN THE SERVICES.

Brigade Surgeon Thomas Bennett, one of the oldest officers on the retired list of the R.A.M.C., died at Seatown, New Zealand, on March 28th, aged 90. He was born at Templemore, Tipperary, on November 10th, 1835, and educated in Dublin, where he took the L.R.C.S.I. in 1857. Entering the army as assistant surgeon on January 22nd, 1858, sixty-eight years ago, he became surgeon-major on April 1st, 1873, and retired, with an honorary step as brigade surgeon, on April 17th, 1883. A few months later he

commuted his retired pay. As a regimental medical officer he served in the 14th Foot, now the Prince of Wales Own West Yorkshire Regiment.

Lieut.-Colonel Edward Hearne Joynt, R.A.M.C. (ret.), died at Blackheath on April 27th, aged 79. He was born on January 19th, 1847, graduated as M.D. and M.Ch. in the Queen's University, Ireland, in 1870, and entered the army as assistant surgeon on April 1st, 1871, attaining the grade of brigade surgeon lieutenant-colonel on December 7th, 1895, and retiring on January 19th, 1902. During the old regimental days he served in the 51st Foot, now the King's Own Yorkshire Light Infantry. He took part in the Sudan campaigns of 1885-86, in the Egyptian Frontier Field Force, receiving the medal and the Khedive's bronze star.

## Universities and Colleges.

### UNIVERSITY OF OXFORD.

At a congregation held on May 22nd the degree of B.M. was conferred upon A. C. Gairdner.

### UNIVERSITY OF CAMBRIDGE.

At a congregation held on May 21st the degrees of M.B., B.Chir. were conferred upon P. O. Davies.

### UNIVERSITY OF LONDON.

A MEETING of the Senate was held on May 19th, when the Vice-Chancellor (Professor E. A. Gardner, Litt.D.) was in the chair.

The University Chair of Physiology, tenable at the London School of Medicine for Women, now held by Dr. Winifred C. Cullis, D.Sc., will henceforth be known as the "Sophia Jex-Blake Chair of Physiology in the University of London."

Dr. Francis J. Browne was appointed as from July 1st to the University Chair of Obstetric Medicine, tenable at University College Hospital Medical School. From 1906-19, while in general practice in a Welsh mining district, he attended post-graduate courses in London and Edinburgh, and in 1914 obtained the F.R.C.S. Ed. In 1919 he graduated M.D. Aberdeen, with highest honours and was appointed senior resident medical officer and research pathologist at the Royal Maternity and Simpson Memorial Hospital, Edinburgh; he was also assistant in and later in charge of the ante-natal department created by the late Dr. J. W. Ballantyne. He was subsequently appointed assistant physician in the Maternity Hospital, lecturer in clinical obstetrics in the University of Edinburgh, and clinical tutor in gynaecology in the Royal Infirmary, Edinburgh. In 1925 he received the degree of D.Sc. Ed.

Sir Holburt J. Waring, M.S., was appointed to represent the University at the bicentenary of the foundation of the Faculty of Medicine in the University of Edinburgh in June next, and Dr. R. A. Young, C.B.E., was elected the representative at the twelfth annual conference of the International Association for the Prevention of Tuberculosis to be held in Glasgow in July.

The Dunn Exhibitions in Anatomy and Physiology were awarded to A. M. Easton, an internal student of St. Thomas's Hospital Medical School, and D. F. Ogborn, an internal student of University College, respectively.

On the recommendation of the School Committee of University College Hospital Medical School, G. Payling Wright has been appointed to the Graham Scholarship in Pathology for two years from October 1st.

### Dates of Examinations.

In view of the termination of the strike the decision (JOURNAL, May 8th-15th, p. 851) as to postponing the examinations normally held in June and July has been reviewed. The following examinations are postponed for *one week* from the dates mentioned in the regulations: The first examination for medical degrees, and the second examination for medical degrees, Parts I and II, examinations in dentistry, and examinations in veterinary science. *No change* will be made in the dates of the examinations for scholarships, the matriculation, and the examinations for M.D. and M.S.

### Principal Officership.

The Senate has appointed Dr. Thomas Franklin Sibly, at present vice-chancellor of the University of Wales, to be principal officer of the University of London, in succession to Sir Cooper Perry, who retires from the office on August 31st next. Dr. Sibly is a geologist. He graduated B.Sc. Lond. in 1903 and D.Sc. in 1908; he is also D.Sc. of the University of Bristol. He was appointed lecturer in geology in King's College, London, in 1908, and professor of geology, University College, Cardiff, in 1913. In 1918 he went to Newcastle-upon-Tyne to occupy the corresponding chair. He became the first principal of University College, Swansea, in 1920, and still holds that appointment.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH.

THE following 20 successful candidates, out of 58 entered, having passed the requisite examinations, have been admitted Fellows:

John Creighton Ainsworth-Davis, Solomon Bloom, Harold Douglas Cameron, John Winiferton Costello, John Lloyd Davies, Appu Hanneidge Theodore de Silva, Ernest Reginald Friswell, Dewell Gann, Edwin Stowell Gawne, Wilfrid Lamont Graham, Miles Cobb Harvey, Ranfurly Percival Stanley Kelman, Hugh David Logan, Malcolm Robertson, Norman Charles Speight, Brian Herbert Swift, M.C., Donald Tregonning, Stanley Vincent Unsworth, Victor George Walker, James Mathewson Webster.