

that consideration should be given to the training of laboratory workers in yellow fever research and routine investigation, and that provision should be made for laboratory facilities in centres accessible to endemic areas; that further investigations should be made regarding the distribution and measures to be taken for control of *Aedes aegypti* in endemic and other African territories; that quarterly reports should be furnished and every first case of yellow fever and its locality should be notified to the Office International d'Hygiène Publique by African Colonial administrations; that the decisions to suspend or reopen traffic in aerodromes in yellow fever regions should be notified to the Office International, and the personnel of aircraft operating in endemic areas should be protected by vaccination against yellow fever; that the practicability of mosquito-proofing for aircraft should be investigated; and that the principle of residential areas reserved for European accommodation in yellow fever endemic areas should be strictly adhered to.

### Plague

The conference considered that the best practical policy in towns was to concentrate upon systematic building out of rats, supplementing this by effective rodent destruction and the creation of deep rodent-free belts round boundaries, rather than to rely on measures such as mass prophylactic inoculation. In countries where spread was mainly by wild rodents the setting up and maintenance of barriers by gassing, poisoning, and trapping together with an attack on domestic rodents was recommended; where the domestic rodent problem was an important factor and defied control prophylactic vaccination might have to be undertaken in addition to such anti-rodent measures. It was also recommended that an organization independent of territorial limitations should be established to conduct investigations into all matters relating to plague, to co-ordinate observations, and to disseminate information to neighbouring States.

### Malaria: Typhus

It was proposed that more extensive research should be carried out on the following problems: (a) child mortality from malaria in indigenous communities; (b) the extent to which working capacity was interfered with by malaria; (c) the influence of malaria on racial increase; (d) the influence of drug treatment on immunity, and whether there was danger in a primitive community in such treatment; (e) the influence of malaria infection on mental development of African children; and (f) the strains of malaria parasite and the action of various therapeutic substances.

In the opinion of the conference the raising of the economic status of the native population was the only practical way of eradicating endemic typhus. In regard to the typhoid carrier problem further research into vaccines for sterilization of carriers was recommended; also that improvements in all conditions of milk production and distribution, combined with efficient pasteurization, should be insisted upon in Africa.

### Locust Campaign

Further research was recommended with a view to finding a method of destruction of locusts less dangerous to human and animal life than the use of sodium arsenite.

With regard to animal diseases communicable to man, the conference recommended further research into the transmission and eradication of rabies, and the investigation of bovine tuberculosis as a menace to human population in African territories. On hygiene and medical services in rural areas the conference was satisfied that medical and sanitary services would have to be largely provided by African personnel, and noted with gratification the advance made in the training of Africans for subordinate medical, nursing, and sanitary services. It was urged that the health committee of the League of Nations should set up a committee to deal with African health problems, and that the personnel should include medical officers with African medical administrative experience.

## VOLUNTARY HOSPITALS COMMISSION

In accordance with a resolution adopted at the annual conference held at Leamington in June, 1935, the council of the British Hospitals Association has appointed a Commission, with the following terms of reference:

To take into consideration the present position of the voluntary hospitals of the country; to inquire whether, in view of recent legislative and social developments, it is desirable that any steps should be taken to promote their interests, develop their policy, and safeguard their future; and to frame such recommendations as may be thought expedient and acceptable.

The Commission is constituted as follows:

Viscount SANKEY, P.C., G.B.E. (*chairman*).

Lord COZENS-HARDY, D.L., chairman, Merseyside Hospitals Council. Was chairman of the Liverpool Hospitals Commission, which reported early in 1935.

Miss H. BARTLEET, O.B.E., J.P., an Alderman of the City of Birmingham and chairman of the House Committee of the Birmingham General Hospital.

Sir HENRY BRACKENBURY, M.D., LL.D., late Chairman of Council of the British Medical Association.

Alderman ALAN DAVIES, J.P., former Mayor of Wolverhampton. Chairman, Wolverhampton Corporation Transport Department, and Wolverhampton Hospital Contributory Scheme.

Professor L. S. DUDGEON, C.M.G., C.B.E., M.D., F.R.C.P., dean of the Medical School, St. Thomas's Hospital. Hon. secretary of the Voluntary Hospitals Committee, County of London.

Mr. H. L. H. HILL, past-president of the Council of the Institute of Chartered Accountants of England and Wales.

Colonel D. J. MACKINTOSH, C.B., M.V.O., M.B., LL.D., medical superintendent, Western Infirmary, Glasgow. Vice-president, British Hospitals Association and past-chairman of council.

Miss E. M. MUSSON, C.B.E., R.R.C., chairman of the General Nursing Council for England and Wales. Former matron of the Birmingham General Hospital.

Sir REGINALD POOLE, K.C.V.O., past-president of the Law Society.

Professor A. W. SHEEN, C.B.E., D.L., M.D., F.R.C.S., director of the Surgical Unit of the Welsh National School of Medicine.

*Secretary*.—Mr. R. H. P. Orde, honorary secretary of the British Hospitals Association and director of the Central Bureau of Hospital Information.

The Commission held its first meeting at Joint Council House, 12, Grosvenor Crescent, London, S.W., the headquarters of the British Hospitals Association, on January 15th, 1936. It is particularly requested that any person or body desiring to make representations or give evidence should, in the first instance, communicate with the Secretary, Voluntary Hospitals Commission, 12, Grosvenor Crescent, S.W.1.

The twenty-sixth annual report of the Cicely Northcote Trust, which covers the twelve months ended October, 1935, reveals the extent of the medico-social service which has now evolved at St. Thomas's Hospital in close co-operation with medical and nursing staffs. During the period under review an effort has been made to enable patients who are less financially embarrassed to help the poorer ones, and some very good results have been obtained. This is due in great measure to the individual interest which has been stimulated in difficult cases, and numerous examples are cited of the way in which this assistance has been wisely and effectively directed. Training for work, sanatorium and convalescent home treatment, vocational guidance, and the securing of suitable employment are some of the ways in which help has been given. The temporary but very real home provided in the Northcote Trust House for young women and girls in difficulties has been much appreciated. Donations, subscriptions, and grants totalled £1,881 in the year. The expanding nature of this work and its humanitarian character merit an even greater support in the future.