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THE WORK OF THE NATIONAL OPHTHALMIC TREATMENT BOARD

BY

N. BISHOP HARMAN, F.R.C.S.

Chairman of the Board

It is evident from correspondence which has recently appeared in the *British Medical Journal* and elsewhere that there exists among medical eye specialists who are not familiar with the origin of the National Ophthalmic Treatment Board a misconception regarding its management. It is clearly desirable that any misunderstanding should be removed so that constructive criticism may be based upon full knowledge of the facts, and it is the purpose of this article to give these facts.

Sight-testing Opticians' Attempt to Obtain a Register

The attempt of the sight-testing opticians to secure registration by Act of Parliament led to the appointment of the Departmental Committee of 1927. This committee established that for practical purposes ophthalmic surgeons were dealing mainly with the well-to-do community and with the hospital class, while a large mass of the artisan public remained unprovided for. The reason for this was clear: this artisan public were unwilling or unable to pay the usual specialists' fees; perhaps also they were misled by the offer of the sight-testing optician to test sight "free of charge." To meet the situation a promise was given to the Departmental Committee that the British Medical Association would provide a scheme whereby persons of limited income could obtain proper medical advice and efficient spectacles at a cost within their reach. The solution was found in the creation of the National Ophthalmic Treatment Board.

It is perhaps worth while to recall that this promise to provide a scheme was the principal factor which led the Departmental Committee on the Optical Practitioners (Registration) Bill to report against the statutory recognition of sight-testing opticians. Had there been no such promise there is little doubt but that the Optical Practi-

tioners Bill would have become law, with serious results to the medical profession, not only by its direct effect upon the practices of ophthalmologists, but also by the dangerous precedent which would have been created for the statutory recognition of other classes of laymen claiming to do medical practice.

To quote from the report of the Departmental Committee on the Optical Practitioners Bill:

"While we have been forced to conclude that it is not in the public interest that a State register of opticians should be set up, we desire to emphasize that one of the principal reasons on which we base this opinion is our view that it is possible and probable that the medical profession will be able to provide insured persons entitled to ophthalmic benefit with the services of oculists at an early date, and at fees within the limit of the funds from time to time available to approved societies for this purpose. We hope, also, that such a service will be extended to the non-insured population. If, however, for any reason, these hopes are not fulfilled within a reasonable time we do not wish our report to preclude the possibility of a reconsideration of the question in the light of the circumstances then existing."

Organization of the N.O.T.B.

The National Ophthalmic Treatment Board scheme was drawn up jointly by the British Medical Association and the Association of Dispensing Opticians, and was approved at the time by the majority of ophthalmologists and also by the Representative Body of the B.M.A. in 1929. The constitution of the Board is simple and logical; its work embraces the provision of medical and dispensing service in a combined scheme, and both aspects of the dual service are accordingly represented upon it.

The Board is composed of three medical members appointed by the British Medical Association, three dispensing opticians appointed by the Association of Dispensing Opticians, a medical secretary who is the Secretary of the British Medical Association for the time being, and a general secretary who is the secretary of the Association of Dispensing Opticians for the time being. All medical appointments are made by the Board upon the nomination of the British Medical Association, while all dispensing appointments are made by the Board upon the nomination of the Association of Dispensing

Opticians. Similarly, matters affecting medical personnel and dispensing personnel are referred, where necessary, in the first instance to the respective associations.

The personnel of the Board has worked from the beginning in complete harmony of interest in the prosecution of the work for which the Board was established. Neither the medical nor the dispensing section can be said to control the organization, but the chairman, who is a member of the medical profession, has a casting vote; any suggestion that the National Eye Service, which is under the direct control of the Board, is "run" by a section of the optical dispensing trade is wrong.

While medical appointments to the Board's list are technically under the control of the Board, the nominations for that list are always and only made by the Ophthalmic Committee of the British Medical Association. Similarly, while the appointment of dispensing personnel is technically within the jurisdiction of the Board, the recommendations made by the Association of Dispensing Opticians are invariably accepted.

Dispensing Opticians and their Licences

The system of allocation of dispensing licences has from time to time been the subject of inquiry, and a brief explanation of the principles on which decisions are based would therefore not be out of place. With very few exceptions all purely dispensing opticians are members of the Association of Dispensing Opticians, an organization formed in 1926 to combat the efforts which were being made at that time by the sight-testing opticians' organizations to secure for sight-testing opticians a complete monopoly of ophthalmic benefit work under the National Health Insurance Acts.

At the inception of the National Ophthalmic Treatment Board all the purely dispensing opticians in the country had between them only forty-five establishments. It was evident, therefore, that a vigorous and systematic scheme of expansion was essential if the Board was to become a national organization and secure the support of the approved societies. It was anticipated that sight-testing opticians, particularly those carrying out a substantial volume of medical prescription work, would abandon their sight-testing practices and join the ranks of the dispensing opticians, thus assisting in the process of expansion, but this anticipation was not fulfilled.

It was recognized at the outset that unless the expansion was rigorously controlled dispensing firms would tend to congregate in cities and the larger towns in the provinces where ophthalmic surgeons were most numerous, leaving unprovided for the towns of smaller populations with fewer ophthalmic surgeons. The whole of the employer members of the Association therefore entered into an entirely voluntary agreement whereby one dispensing licence only would normally be granted in respect of each town hitherto unprovided for, subject always to the provision of an efficient service, until such time as a dispensing service had been established in each place in which a medical eye specialist was in practice. Full power was given to a committee outside the jurisdiction of the council of the Association of Dispensing Opticians to adjudicate in all disputed cases, subject to the right of appeal to an arbitrator whose decision is final and binding upon the various parties.

This voluntary agreement has more than justified itself. In a space of less than ten years dispensing establishments have increased tenfold, and the ultimate object of providing a dispensing service in every place in which a medical eye specialist practises is within measurable reach. The unrestricted appointment of dispensing opticians wherever they might choose to establish a business would have produced a very different result. Dispensing opticians would have declined to go to the expense of establishing premises in a new town, of giving publicity to the National Eye Service, and of maintaining a service at a loss for the first few years had there been

a prospect of another firm being appointed within a comparatively short time which would have reaped the benefit of these efforts to start the service without having made any contribution towards it. The result would have been that new areas would have remained undeveloped.

The members of the Association of Dispensing Opticians have always recognized that as the Service expands and the volume of work increases there must be a progressive relaxation of restriction, and this is being put into effect. Additional licences are being recommended with increasing freedom, but this freedom must of necessity be exercised with great care while there are still towns in the country not yet provided with a dispensing service.

Some Misunderstandings

It is sometimes suggested that the leading dispensing firms are given preference when the grant of new or additional licences is under consideration. This suggestion has no foundation in fact; on the contrary, the committee which deals with all such applications has shown a distinct tendency in cases of doubt to give its preference to the smaller firm or the individual beginning business on his own account. It has been said that employees in dispensing firms are given little or no opportunity of starting in business on their own and securing dispensing licences. This allegation is readily disproved by stating that not a single application from an employee member has been refused, and that more than 30 per cent. of the total number of dispensing firms to-day have been established during the past ten years by former managers, assistants, and craftsmen.

While, as has been stated, dispensing opticians, through the medium of their association, have imposed upon themselves voluntarily a measure of restriction, it is probable, were that policy to be revised, that the Board would be compelled in the interests of administrative efficiency to place some restriction upon the issue of dispensing licences. The National Eye Service can be very much more effectively conducted where the detailed administration in a town is in the hands of one selected licensee than where an unlimited number hold appointments. The Board's agents are required to carry out propaganda work and to establish and maintain contact with the local medical profession and various organizations. Work of this nature in a given place is clearly better in the hands of a few than in the hands of many, while control from the centre is correspondingly more direct.

The Finances of the N.O.T.B.

Another matter on which there appears to be some misunderstanding is the financial basis of the National Ophthalmic Treatment Board. It is believed by some that the British Medical Association financed and is deriving a substantial income from it, while others are convinced that its profits are accruing to the individual members of the Board! It was provided in the original scheme agreed by the British Medical Association that the whole cost of the establishment and maintenance of the technical equipment of the Board should be borne by the Association of Dispensing Opticians, and this agreement has been scrupulously adhered to. With the exception of a loan of £1,236 from the British Medical Association, which has been repaid in full, the whole of the expenditure incurred in the establishment, maintenance, and development of the National Ophthalmic Treatment Board has been borne solely and wholly by the Association of Dispensing Opticians. From January, 1929 (the date of its establishment), to December 31, 1938, the Board's revenue from the commission collected from opticians on spectacles provided under the National Eye Service amounted to £47,156; all of which has been spent in organizing the clinics, on the central co-ordinating office (salaries and wages, equipment, furniture, rents, rates, bank charges, printing, stationery, legal costs), and in publicity for the National Eye Service, and especially for

medical eye treatment. This very substantial sum, however, has formed only a small part of the expenditure of dispensing opticians in the development of the National Eye Service. On a conservative basis dispensing opticians have spent during the past nine years not less than £150,000 in the expansion of the service.

By arrangement with the British Medical Association the National Ophthalmic Treatment Board, being an unincorporated body, appointed as its financial agents a private limited company known as the Thayer Trust, the directors of which are the council of the Association of Dispensing Opticians for the time being. The whole of the money collected by the Board from opticians through the National Eye Service is paid over to the Thayer Trust, by which it is applied, under the directions of the Board, in meeting all expenditure arising from the establishment and maintenance of the Board and the development of its work. For several years the income of the Trust, which was derived solely from commission, registration fees, and a few minor receipts, was wholly insufficient to meet the cost of the service, and a bank overdraft was incurred. This was repaid in 1938, and the Board's finances, after ten years' strenuous endeavour, may now be said to be upon a sound basis. It will be seen, therefore, that so far from the Board or the Thayer Trust making large profits, they have, in fact, made none, the surpluses on the last few years' working being devoted entirely to the liquidation of liabilities incurred in the initiation of the National Eye Service. No remuneration of any kind has been or is being paid to any member of the Board (other than the medical and general secretaries), nor has any payment been made to the British Medical Association apart from the refund (without interest) of the loan of £1,236. The whole of the income of the Board after the payment of ordinary expenses has been and in future years will be devoted entirely to the development of its work.

The Board was the first organization to institute a scale of fixed prices for defined qualities of the various types of optical appliances required by insured persons and their dependants, and its example was followed by other organizations.

It is sometimes said that a very substantial profit is made by dispensing opticians out of the sale of glasses under the National Eye Service, but a moment's reflection will show that this is not so. The prices of all scheduled appliances are fixed, not by the Board or by dispensing opticians, but by the Ophthalmic Benefit Joint Committee, the body which later became the Ophthalmic Benefit Approved Committee. The Joint Committee, which was composed of equal numbers of approved society officials and opticians, made a thorough investigation into manufacturing, wholesale, and retail costs, and subsequently evolved a schedule of prices of specified appliances of defined quality which they regarded as fair to consumer and supplier. The mere fact that approved society officials were in part responsible for and agreed to this schedule of prices affords a sufficient guarantee that they do not err on the side of undue generosity to the optician. These prices, although applicable to both the sight-testing and the dispensing optician, were fixed primarily in relation to the work of the former, and it is probable that the Joint Committee in assessing these prices was influenced to some extent by the fact that the sight-testing optician receives in addition a fee of 5s. per case for his work. The dispensing optician does not receive this 5s. Also the dispensing optician is required to pay to the Board a commission on each case, the average amount of which is 1s. 8d., and a very substantial proportion of this is devoted to propaganda work. In point of fact the gross profit on National Eye Service dispensing is insufficient of itself to meet the overhead expenses of the ordinary branch establishment; National Eye Service dispensing alone can be made to pay only in places where the volume of work is substantial.

The dispensing optician has been and is an essential factor in the establishment of the Board and the develop-

ment of its work. He does not compete—as does the sight-testing optician—with the ophthalmic surgeon; his interests are bound up irrevocably with the medical profession, and he is taking his part in the important work of educating the public to the need for medical eye examination. Had it not been for the National Ophthalmic Treatment Board, on the initiation of which the Association of Dispensing Opticians took a generous share; there is little doubt that by this time the sight-testing opticians would have been in an unassailable position, to the detriment of the ophthalmic medical profession.

The Future of the Service

The National Eye Service has made a good start, and it is steadily expanding. Its propaganda is to educate the public in the recognition of the high value of eye examination and treatment being undertaken by competent ophthalmic medical practitioners. The promise made to the Departmental Committee in 1927 that a scheme would be provided for the medical eye treatment of the workers—that is, insured patients and their dependants whose family incomes are not more than £250 per annum—has been redeemed. The results of that redemption are full of high promise for the future, to the benefit of the sight of the workers of the community and, through that good work, to the members of the medical profession who are engaged in the Service.

Lastly, there is evidence that the work of the National Eye Service has a far wider measure than its direct provision for the artisan public. The work of the service is teaching all classes of the community the high importance and value of the medical care of their eyes, and thereby increasing the demand for all forms of medical ophthalmology.

MINISTRY OF HEALTH CIRCULAR 1705

Indemnification of Members of Advisory Committees against Legal Action

In Circular 1705, issued by the Ministry of Health to local supervising authorities in England and Wales in June, 1938, each authority was advised to establish an advisory committee for its area, consisting of the medical officer of health as chairman, two general practitioners, and two obstetric consultants or practitioners with special obstetric experience. These advisory committees were charged with the duty of scrutinizing the lists of practitioners who notify themselves as willing to be called in for midwives' emergencies, and of making such recommendations to the authority as are, in the judgment of the committee, desirable for the purpose of securing and maintaining a high standard of obstetric practice on the part of the practitioners included in the list. In the British Medical Association's discussions with the Ministry before the circular was issued the question was raised as to the position of members of the advisory committee in the event of legal actions on the part of practitioners whose names might be removed from the list as a result of recommendations by the advisory committee. The Ministry's legal advisers expressed the opinion that any recommendations such as were contemplated would almost certainly be regarded by the courts as the subject of "qualified privilege." This view is substantially the same as that expressed by counsel appointed by the Association.

In this connexion a recent decision of the Willesden Borough Council is of particular interest. The council has expressed the view that the members of the local advisory committee should not feel subject to any personal liability which would embarrass them in the proper discharge of their duties. The council has decided to indemnify completely the members of the advisory committee against any legal liability which may arise from, and devolve upon them in, the execution of their duties in accordance with Circular 1705.

INSTRUCTION IN FIRST AID

Practitioners' Fees

A circular dealing with courses of instruction in first aid for casualty workers and other members of A.R.P. services has recently been issued to local authorities by the Home Office.

The following classes of volunteers are to receive instruction in accordance with the standard full courses of the St. John Ambulance Association, the British Red Cross Society, and the St. Andrew's Ambulance Association: (a) All personnel of first-aid posts, including personnel employed in cleansing duties, but excluding storekeepers, telephonists, and domestic staff. (b) All personnel of first-aid parties. (c) Ambulance attendants. Volunteers taking these courses will be required to sit for an examination and obtain a certificate.

For other classes of voluntary personnel such as air raid wardens, ambulance drivers, etc., it is proposed to introduce a modified short course of elementary instruction consisting of four lectures and practical demonstrations. No certificate of proficiency will be given, but a list will be made of those persons who have attended the course. It is contemplated that "the lecturer may be either a registered medical practitioner or a selected layman." Local authorities will be responsible for providing accommodation and equipment, and will pay the fee to the lecturer and practical instructor. It is suggested by the Home Office that a suitable fee would be 12s. 6d. for the lecturer and 7s. 6d. for the practical instructor.

The British Medical Association's policy on this subject is as follows:

"For first-aid lectures in connexion with A.R.P. schemes a fee of not less than £1 1s. should be payable for each lecture of one hour's duration, with suitable provision for mileage." (A.R.M., 1938, Min. 97).

In reply to an inquiry by the Association, the Home Office has now intimated that it is contemplated that the services of medical practitioners will be fully occupied in lecturing to classes for the recognized full course, which are composed of volunteers for the vitally important A.R.P. casualty services. As regards the short course, "the lecturer will normally be a selected layman holding a recognized first-aid certificate." It is the desire of the Department that the valuable services of the medical profession should be utilized to the full instead of being devoted to duties which laymen can perform adequately.

The Department also states that "*in the case of the full course, which can be given only by a registered medical practitioner, the appropriate fee to be paid to the lecturer would be 1 guinea (or more according to the size of the class).*" Members are advised to refer to this statement should they be approached in connexion with instruction in first aid where the fees offered are lower than those approved by the Association.

The Ministry of Labour has published the report for 1938 of the London Regional Advisory Council for Juvenile Employment. The first section reviews briefly the new legislation affecting the employment and welfare of juveniles which came into operation during the year. It also refers to the Education Act, 1936, raising the school-leaving age to 15 from September 1, 1939, with exemption from school attendance under that age for beneficial employment. The second section is devoted to a review with statistics of the juvenile employment position in the regional area during 1938. The report is published by H.M. Stationery Office (price 3d.), and is obtainable from York House, Kingsway, or any bookseller.

Correspondence

Economy "Cuts" and Health Insurance Service

SIR.—It does not appear to be generally known that following the action last July of a clerk to a certain insurance committee who successfully sued his committee for the return of money deducted from his salary during the financial crisis when economy "cuts" were in operation, clerks of other insurance committees are successfully recovering the 10 per cent. that was deducted from their salaries.

At the time of the negotiations between the Insurance Acts Committee and the Ministry assurances were given by the Minister that "comparable contributions to the needs of the Exchequer would, so far as practicable, be secured from other bodies of persons concerned with the administration of the National Health Insurance Acts, and not from insurance practitioners alone." The words quoted are taken from a letter circulated by the then Deputy Medical Secretary to all insurance practitioners.

At a Scottish Panel Conference held in October, 1931, Dr. I. D. Grant (Glasgow) raised the question of the inclusion of clerks to insurance committees and others in the "cuts." In reply Dr. Dain said that they had a statement from the Ministry that everybody connected with insurance administration was sharing in the sacrifice. In other words, it was the assurance that all connected with the Insurance Acts were to be treated alike that led to such a ready response by the doctors to accept the sacrifice asked of them.

It comes as a shock to find that within eight years the clerks to insurance committees are successfully claiming a return of the moneys deducted. I understand the success of these claims is based upon a legal technicality, and I am not suggesting that claims for a refund should be made by the doctors wholesale even if it were possible, and I am assured on excellent authority that it is not. Neither am I suggesting any deliberate bad faith on the part of the Ministry or those who carried out the negotiations on our behalf. But it does seem important to draw attention to what is taking place. In the name of patriotism deductions may again be called for; it has already happened twice since the inception of the Acts. In such an event it will behove the Insurance Acts Committee to demand that any assurances of equality of sacrifice are embodied in a written agreement.—I am, etc.,

Calne, Wilts, Feb. 12.

C. EDE.

Encroachment on Private Practice

SIR.—A lay friend with an income of about £1,000 a year recently became a father, his wife being confined in a private nursing home. When his wife left the nursing home he received a visit from a lady, who first stated she had been sent by the nursing home but later said she was employed by the local medical services. She offered to pay weekly visits to the mother and child, and on being informed this would be done by the private doctor stated that, while she was a midwife and not a doctor, if her future visits were agreed to there would be no charges, and expense in respect of the private doctor's fees would be saved.

I am not engaged in general practice, so I am not directly interested in this particular type of encroachment, but I suggest that it would serve a useful purpose to publish this letter in the *Journal* to see if this method of obtaining patients by public health authorities to the detriment of private practice is general.—I am, etc.,

London, E.7, Feb. 14.

BERNARD LEGGETT.

Insurance Practitioners and a Square Deal

SIR.—The emphasis in the *Supplement* of February 11 (p. 68) on the sympathetic attitude of most medical service subcommittees is without doubt amply justified, but there is another point which, I think, might well have been brought forward. It is not uncommon to receive messages requesting the doctor to "come at once" when there is in

fact no urgency. Beyond a possible feeling of irritation no serious consequence will result if the doctor is not busy, but it is another matter when he is busy. A doctor's practice must be considered as an integral whole, and in this whole is included the efficiency of the doctor himself. This efficiency must depend to a large extent on a feeling of confidence, and this will inevitably be impaired if he feels that his judgment in arranging his work may at any time be called in question, or, even worse, that he may be penalized if he makes an error of judgment.

After a very few years in practice a doctor knows when an "urgent" message is not urgent. He would be hard put to it to explain how he knows this. It is part of his professional equipment, and he will seldom be wrong. The whole question is one of a comparison of values. On the one side is a very rare mistake with serious consequences; on the other is the greater efficiency of the doctor with all that means to patients and the doctor himself. The uninstructed public may perhaps be misled and lay undue emphasis on the rare but more spectacular case. Anyone with inside knowledge can have no doubt which alternative will lead to the greatest good of the greatest number.—I am, etc.,

Binfield, Berks, Feb. 12.

L. G. JACOB.

Evacuation of School Children

SIR,—Plymouth holds roughly a quarter of a million people. It is an obvious and legitimate military target. Despite their protests the contiguous district councils are being forced by the Ministry of Health to take a "voluntary" census for billeting children round the city. To move a mass of frightened children to areas still within a city's defence zone at distances of only three or four miles (roughly forty-five seconds by plane) from that city's centre, where they will be subject to all the noise and debris of anti-aircraft barrage, is crass stupidity. One of the houses being earmarked for children actually had an anti-aircraft gun in the garden last October. Such areas should be reserved as dormitories for the workers of the city.

Unfortunately the Ministry of Health is associated in the lay mind with the medical profession, and we are getting the odium of a policy framed obviously by some lay official who has never heard the term "psychic trauma."

I write of that which I know, and must presume that other centres are being similarly bungled.—I am, etc.,

Newton Ferrers, Feb. 15.

W. F. BENSTED-SMITH.

POSTGRADUATE NEWS

The Fellowship of Medicine announces the following courses: refresher course in medicine, surgery, and gynaecology at Royal Waterloo Hospital until March 11; M.R.C.P. course in chest and heart diseases (open to non-members) at Royal Chest Hospital, on Mondays, Wednesdays, and Fridays at 8 p.m., March 6 to 24; neurology at West End Hospital for Nervous Diseases (suitable for M.R.C.P. candidates), March 20 to 31; special demonstration on pulmonary tuberculosis, suitable for M.R.C.P. candidates, at Preston Hall, near Maidstone, March 18 (provided that sufficient entries are received the demonstration will be repeated on March 25); lecture-demonstrations on thoracic surgery at British Legion Headquarters, Thursdays, at 8 p.m., March 2 to April 27; urology at All Saints Hospital, March 18 and 19; fevers at Park Hospital, March 25 and 26; children's diseases at Princess Elizabeth of York Hospital, April 1 and 2; proctology at St. Mark's Hospital, March 6 to 11; ophthalmology at Royal Eye Hospital, March 20 to 31; gynaecology at Chelsea Hospital, March 20 to April 1. Unless otherwise stated courses are open only to members and associates of the Fellowship of Medicine, 1, Wimpole Street, W.1.

A course of three lectures on "Freud's Conceptions of Psychopathology" will be given by Dr. Otto Isakower of Vienna (late vice-director of the Psycho-analytic Clinic, Vienna) at the Liverpool Psychiatric Clinic, 1, Abercrombie Square, Liverpool, on Wednesdays, March 15, 22, and 29, at 5 p.m. The fee for tickets for the course is 7s. 6d. (single lectures, 3s. 6d.).

The University of Glasgow has arranged a course of seven lectures on some aspects of medical ophthalmology, to be given at the Tennent Memorial Building, Church Street, Glasgow, on Tuesdays, at 4.30 p.m., from March 7 to April 18. Details will be published in the postgraduate diary column week by week.

Part II of the series of lectures and practical courses of instruction for the diploma in psychological medicine at the Maudsley Hospital will be continued during February, March, April, and May. Inquiries as to lectures, fees, etc., should be addressed to the honorary director of the medical school, Maudsley Hospital, Denmark Hill, S.E.5.

Issued with the *Deutsche Medizinische Wochenschrift* for February 10 is a brochure giving information about international postgraduate courses in various German university towns in June and July, 1939. For further information apply to: Aerztliches Fortbildungswesen, Berlin, N.W.7, Robert Koch-Platz 7 (Kaiserin Friedrich-Haus).

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetrical and Gynaecological Clinics and Operations. *Tues.*, 4.30 p.m., Dr. Levy Simpson, Diseases of Endocrine Glands. *Wed.*, 12 noon, Clinical and Pathological Conference (Medical); 2 p.m., Prof. J. H. Dible, The Diagnostic Pathology of Tumours; 3 p.m., Clinical and Pathological Conference (Surgical); 4.30 p.m., Prof. E. C. Dodds, Hormones in Relation to Medicine and Pathology. *Thurs.*, 2.15 p.m., Dr. Duncan White, Radiological Demonstration; 3.30 p.m., Dr. J. M. Robson, The Ovarian Hormones. *Fri.*, 2 p.m., Clinical and Pathological Conference (Obstetrics and Gynaecology); 2.30 p.m., Mr. C. Price Thomas, Empyema and Abscess of the Lung.

FELLOWSHIP OF MEDICINE AND POSTGRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.—*Royal Waterloo Hospital*, Waterloo Road, S.E.: All-day Refresher Course in Medicine, Surgery, and Gynaecology. *St. Mary's Hospital*, Paddington, W.: *Tues.* and *Thurs.*, 8 p.m., Clinical and Pathological Course for M.R.C.P. *Brompton Hospital*, S.W.: Twice weekly, 5.15 p.m., M.R.C.P. Course in Chest Diseases. *Medical Society of London*, 11, Chandos Street, W.: *Mon.*, *Wed.*, and *Fri.*, 5.15 p.m., Primary F.R.C.S. Physiology Course. Courses are open only to members and associates of the Fellowship of Medicine.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—*Fri.*, 4 p.m., Mr. W. G. Scott-Brown, Allergy.

HAMPSTEAD GENERAL AND NORTH-WEST LONDON HOSPITAL, N.W.—*Wed.*, 4 p.m., Mr. Arthur Gray, Difficulties in Gynaecological Diagnosis.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.—*Thurs.*, 2 p.m., Mr. Denis Browne, When and How to Give a Blood Transfusion; 3 p.m., Dr. W. G. Wyllie, Continued Fever of Obscure Origin. Out-patient Clinics, mornings, 10 a.m. to 12 noon; Ward Visits, afternoons, 2 p.m. to 3.30 p.m.

LONDON SCHOOL OF DERMATOLOGY, 5 Lisle Street, W.C.—*Tues.*, 5 p.m., Dr. J. A. Drake, Treatment in Diseases of the Skin.

LONDON UNIVERSITY.—At University College, Gower Street, W.C., *Mon.*, 5 p.m., Dr. L. Young, Animal Detoxication Mechanism. *Tues.*, 5 p.m., Dr. R. J. Ludford, Recent Advances in Normal and Malignant Cellular Growth. At Gresham College, Basinghall Street, E.C., *Wed.*, 7.30 p.m., Prof. V. H. Mottram, Dietetics and Nutrition.

NATIONAL HOSPITAL, Queen Square, W.C.—*Mon.* to *Fri.*, 2 p.m., Out-patient Clinics. *Mon.*, 3.30 p.m., Mr. Elmqvist, Demonstration of Remedial Exercises in Exercise Room. *Tues.*, 3.30 p.m., Dr. J. St. C. Elkington, Forms of Progressive Muscular Atrophy. *Wed.*, 3.30 p.m., Dr. F. M. R. Walshe, Clinical Demonstration. *Thurs.*, 3.30 p.m., Mr. Geoffrey Jefferson, Head Injuries. *Fri.*, 3.30 p.m., Dr. A. E. Carmichael, Deficiency Diseases.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, S.W.—*Thurs.*, 5 p.m., Dr. Critchley, Neurological Demonstration.

ST. JOHN CLINIC AND INSTITUTE OF PHYSICAL MEDICINE, Ranelagh Road, S.W.—*Fri.*, 3.30 p.m., Dr. Philip Ellman, Drug Treatment in the Rheumatic Diseases.

SOUTH-WEST LONDON POSTGRADUATE ASSOCIATION.—At St. James Hospital, Ouseley Road, Balham, S.W., *Wed.*, 4 p.m., Dr. C. E. Lakin, Demonstration of Medical Cases.

TAVISTOCK CLINIC, Malet Place, W.C.—*Mon.*, 4.30 p.m., Dr. H. V. Dicks, Sexual Maladjustments. *Thurs.*, 4.30 p.m., Dr. T. W. Mitchell, The Psychoses.

WESTMINSTER HOSPITAL MEDICAL SCHOOL, Horseferry Road, S.W.—*Tues.*, 5 p.m., Clinico-pathological Demonstration. Dr. Meadows, Intracranial Tumour; Mr. Brockman, Gas Gangrene.

GLASGOW POSTGRADUATE MEDICAL ASSOCIATION.—At Western Infirmary, *Wed.*, 4.15 p.m., Dr. A. D. McLachlan, Skin Diseases.

LEEDS POSTGRADUATE DEMONSTRATIONS.—At Leeds General Infirmary, *Tues.*, 3.30 p.m., Mr. D. Chamberlain, Surgical Conditions of the Spleen.

MANCHESTER ROYAL INFIRMARY.—*Fri.*, 4.15 p.m., Dr. A. Ramsbottom, Medical Cases.

DIARY OF SOCIETIES AND LECTURES

ROYAL COLLEGE OF PHYSICIANS OF LONDON, Pall Mall East, S.W.—
Tues., 5 p.m., Milroy Lecture by Dr. Donald Stewart: Industrial
Incapacity and Modern Medicine.

ROYAL SOCIETY OF MEDICINE

Section of Odontology.—*Mon.*, 8 p.m. Paper by Dr. S. D. Elliott:
Bacteraemia and Oral Sepsis. Short Communication by Mr.
S. Wilson Charles: The Madger Method and the Modern Con-
ception of the Growth of the Jaws.

Sections of Medicine and United Services.—*Tues.*, 8.30 p.m.
Special Discussion: Assessment of Physical Fitness. Openers,
Prof. B. A. McSwiney, Colonel D. T. Richardson, Group Captain
R. W. Ryan, and Surgeon Lieutenant-Commander L. J. Corbett.
History of Medicine and Clinical Sections.—*Wed.*, 5 p.m. Special
Discussion: History of Clinical Teaching in Great Britain.
Openers, Sir Humphry Rolleston and Dr. G. de Bec Turtle.

Section of Surgery.—*Wed.*, 8.30 p.m. Discussion: The Differential
Diagnosis and Treatment of Ureteric Calculi. Openers, Miss
Catherine Lewis, Miss D. C. Staveley, and Miss E. H. Rockstro.

Section of Otolaryngology.—*Fri.*, 10.30 a.m. (Cases at 9.30 a.m.) Dis-
cussion: Malignant Disease of the Ear (excluding Pinna).
Openers, Mr. Philip Scott and Mr. Lionel Colledge. Cases will
be shown.

Sections of Laryngology and Odontology.—*Fri.*, 5 p.m. (Cases at
4 p.m.) Special Discussion: Antral Infection of Dental Origin.
Openers, Mr. A. T. Pitts, Mr. A. J. Wright, and Mr. E. A. Hardy.
Cases will be shown.

Section of Anaesthetics.—*Fri.*, 8.30 p.m. Paper by Dr. Ronald
Jarman: Deaths under Anaesthesia from 1921 to the Present
Date.

CHADWICK TRUST.—At 26, Portland Place, W., *Tues.*, 5.30 p.m.
Prof. Major Greenwood, F.R.S.: Occupational and Economic
Factors of Mortality.

HUNTERIAN SOCIETY.—At Mansion House, E.C., *Mon.*, 9 p.m.,
Hunterian Oration by Mr. Cedric Lane-Roberts: A Plea for the
Woman in Gynaecology and Obstetrics.

LISTERIAN SOCIETY OF KING'S COLLEGE HOSPITAL, Denmark Hill,
S.E.—*Wed.*, 8.30 p.m. Dr. Halliday Sutherland: History of
Tuberculin.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.—*Mon.*,
8.30 p.m., Discussion: Principles of Modern Treatment of Frac-
tures of the Extremities, to be introduced by Mr. W. Rowley
Bristow and Mr. T. P. McMurray. *Wed.*, 9 p.m., Second
Lettsomian Lecture by Prof. G. Grey Turner: Surgery of the
Gall-bladder and Bile Ducts.

ROYAL INSTITUTION, 21, Albemarle Street, W.—*Sat.*, 3 p.m. Sir
William Bragg, F.R.S.: Crystals of Organic Substances.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At De Vere Hotel,
Kensington, W., *Fri.*, 7.45 p.m., Dinner Discussion: Pre- and
Post-operative Treatment, to be opened by Dr. E. H. Hudson,
Mr. Cecil Joll, and Mr. A. Simpson-Smith.

Naval, Military, and Air Force Appointments

ROYAL NAVAL MEDICAL SERVICE

Surgeon Lieutenant-Commanders V. G. Horan and T. L. Cleave to
be Surgeon Commanders.

Surgeon Lieutenants F. H. Lamb to the *Lucia*; L. Merrill to the
President, for course.

ROYAL NAVAL VOLUNTEER RESERVE

Surgeon Lieutenant R. F. B. Bennett to the *Courageous*.

ROYAL ARMY MEDICAL CORPS

Lieutenants A. J. N. Warrack and D. Matheson (seniorities
October 22, 1938), K. P. Brown, T. G. S. James, C. C. Langford
to be Captains.

J. A. Allen, E. J. M. Shearer, J. F. D. Murphy, G. P. Crean,
V. J. Keating, A. T. Rogers, A. B. Fountain, H. L. Wolfe, R. M.
Hector, J. Condon, I. B. Pirie, J. A. Farrell, E. P. Jowett, and
B. Levy to be Lieutenants (on probation).

REGULAR ARMY RESERVE OF OFFICERS

ROYAL ARMY MEDICAL CORPS

Major H. F. Joynt, having attained the age limit of liability to
recall, has ceased to belong to the Reserve of Officers.

TERRITORIAL ARMY

ROYAL ARMY MEDICAL CORPS

Lieutenants C. H. P. Pauli (seniority April 30, 1938), P. C.
Mitchell, from 4th Battalion Gordons (seniority July 16, 1938),
D. L. Little, S. B. Browning to be Captains.

J. A. Richardson, late Officer Cadet, Edinburgh University Con-
tingent, Infantry Unit, Senior Division, O.T.C., to be Captain.

Lieutenant L. F. W. Salmon, from London Corps of Signals,
to be Lieutenant, with seniority May 6, 1938.

H. B. L. Dixon, J. K. Sutherland, late Officer Cadet, Edinburgh
University Contingent, Senior Division, O.T.C., G. W. Thomas,
late Cadet Sergeant, Malvern College Contingent, Junior Division,
O.T.C., A. S. Bookless, late Cadet Sergeant, Lancing College Con-
tingent, Junior Division, O.T.C., F. J. G. Slater, late Officer Cadet,
Cambridge University Contingent, Medical Unit, Senior Division,
O.T.C., to be Lieutenants.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY
MEDICAL CORPS

Lieutenant F. R. Daniel, M.C., has resigned his commission and
retained his rank.

INDIAN MEDICAL SERVICE

Lieutenant-Colonel F. Griffith has retired from the Service.

Lieutenant-Colonel J. B. Hance, C.I.E., O.B.E., has resumed
charge of his appointment of Residency Surgeon, Mysore.

Major P. N. Lahiri to be Lieutenant-Colonel.

Major R. D. Alexander has retired from the Service.

The promotion of Major J. A. W. Edden has been antedated
from January 20, 1933, to July 20, 1932.

The Secretary of State for India has appointed to the Civil
Branch of the Indian Medical Service the following officers of the
Indian Medical Service: Major B. M. Rao, Captain G. F. Harris,
Captain F. R. Cawthorn, Captain G. P. Charlewood (Central
Government); Captain W. P. Lappin, Captain B. A. Porrit,
Captain J. White, Captain G. B. Thomas (Madras); Captain
J. Brebner, Captain W. M. Niblock, Captain P. I. Franks (Bengal);
Captain B. J. Griffiths (United Provinces); Captain C. F. Garfit
(Punjab); Major V. E. M. Lee, Captain G. W. Miller (Central
Provinces); Captain D. Tennant (Assam).

The seniority of Captain B. J. Doran has been antedated to
May 1, 1937.

O. Walker to be Captain (on probation).

C. C. Harvey (seniority July 1, 1937), R. J. McGill (seniority
July 1, 1937), L. F. Elkerton, A. M. Best, J. Lightbody, and
H. F. T. MacFetridge (seniorities January 1, 1938); D. F. Eastcott
(seniority July 1, 1938) to be Lieutenants (on probation).

British Medical Association

OFFICES, BRITISH MEDICAL ASSOCIATION HOUSE,
TAVISTOCK SQUARE, LONDON, W.C.1.

Addresses, etc.

SECRETARY (Telegrams: Medisecra Westcent, London).

EDITOR, BRITISH MEDICAL JOURNAL (Telegrams: Aitology Westcent,
London).

SUBSCRIPTIONS, ADVERTISEMENTS, etc. (Telegrams: Medisecra
Westcent, London).

Telephone number of *British Medical Association and British
Medical Journal*, Euston 2111 (internal exchange, six lines).

SCOTTISH SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Tele-
grams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

Cumann Doctúirí na h-Éireann (I.M.A. and B.M.A.): 18, Kildare
Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 62550
Dublin.)

Diary of Central Meetings

FEBRUARY

- 24 Fri. Library Subcommittee, 2.30 p.m.
- 28 Tues. Mental Health Committee, 2.15 p.m.

MARCH

- 1 Wed. Industrial Medical Officers Subcommittee, 2.15 p.m.
- Maternity and Child Welfare Subcommittee, 2.30 p.m.
- 2 Thurs. Pathologists Group Committee, 3 p.m.
- 3 Fri. Science Committee, 2 p.m.
- Workmen's Compensation Subcommittee, 2.15 p.m.
- 7 Tues. Central Ethical Committee, 2 p.m.
- 8 Wed. General Practice Committee, 2 p.m.
- 9 Thurs. Insurance Acts Committee, 2 p.m.
- 14 Tues. Organization Committee, 2 p.m.
- 17 Fri. Journal Committee, 2 p.m.
- Science Committee, 2 p.m.

Areas of Liverpool, St. Helens and Warrington
Divisions

Notice is hereby given by the Council of the Association
to all concerned that it is proposed to transfer the
municipal borough of Widnes and the civil parish of
Cronton from the area of the Warrington Division to
the areas of the Liverpool and St. Helens Divisions
respectively.

Any member affected by this proposal and objecting
thereto is requested to write to the Secretary of the
Association by March 25, 1939, stating the objection and
the ground therefor.

CHARLES HILL,

February 25, 1939.

Deputy Secretary.

Katherine Bishop Harman Prize

The Council of the British Medical Association is prepared to consider an award of the Katherine Bishop Harman Prize, of the value of £70, in the year 1940. The purpose of the prize, founded in 1926, is the encouragement of study and research directed to the diminution and avoidance of the risks to health and life that are apt to arise in pregnancy and child-bearing. It will be awarded for the best essay submitted in open competition, competitors being left free to select the work they wish to present, provided this falls within the scope of the prize. Any medical practitioner registered in the British Empire is eligible to compete. Should the Council of the Association decide that no essay submitted is of sufficient merit the prize will not be awarded in 1940, but will be offered again in the year next following this decision, and in this event the money value of the prize on the occasion in question shall be such proportion of the accumulated income as the Council shall determine. The decision of the Council will be final.

Each essay must be typewritten or printed in the English language, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto and enclosing the candidate's name and address. Essays must be forwarded so as to reach the Secretary, to whom all inquiries should be addressed, British Medical Association House, Tavistock Square, London, W.C.1, not later than December 31, 1939.

Branch and Division Meetings to be Held

BERKS, BUCKS. AND OXFORD BRANCH: READING DIVISION.—At Royal Berkshire Hospital, Reading, Wednesday, March 1, 8.30 p.m. Dr. J. W. T. Patterson (Droitwich): "Uses and Limitations of Hydrotherapy in the Treatment of Chronic Rheumatism."

DUNDEE BRANCH.—Joint meeting with the Scottish League for Physical Education (Women) at Logie Central School, Blackness Road, Dundee, Friday, March 3, 8.30 p.m. Miss Helen Drummond will speak, and a demonstration for the purpose of showing physical training for girls as taught in schools and keep-fit classes will be given.

EDINBURGH AND SOUTH-EAST OF SCOTLAND BRANCH: SOUTH-EASTERN COUNTIES DIVISION.—At Royal Hotel, Galashiels, Wednesday, March 1, 3.30 p.m. Discuss Maternity Services Scheme for Berwickshire and First Aid for A.R.P. Fees, report of Conference of Representatives of Local Emergency Committees, etc.

FIFE BRANCH.—At Art Gallery Lecture Hall, Kirkcaldy, Thursday, March 2, 3 p.m. B.M.A. Lecture by Dr. J. T. Ingram (Leeds): "The Seborrhoeic Diathesis."

HERTFORDSHIRE BRANCH: EAST HERTS DIVISION.—At Canon's Hotel, Ware, Friday, February 24. B.M.A. Lecture by Dr. A. G. Watkins (Cardiff): "Nutritional Disorders in Infancy." Preceded by dinner at 8 p.m.

KENT BRANCH: EAST KENT DIVISION.—At Norfolk Hotel, Cliftonville, Saturday, March 4, 8.45 p.m. Dr. Donald Paterson: "Some Modern Advances in the Diagnosis and Treatment of Diseases of Children." Preceded by dinner at 7.30 p.m.

LANCASHIRE AND CHESHIRE BRANCH: HYDE DIVISION.—At Hyde Town Hall, Wednesday, March 1, 8.30 p.m. Dr. J. E. Spence: "The Half-timbered Houses of Cheshire."

METROPOLITAN COUNTIES BRANCH: GREENWICH AND DEPTFORD DIVISION.—At Miller General Hospital, Greenwich, S.E., Tuesday, February 28, 9.15 p.m. Dr. H. E. Magee: "Food and Food Habits."

METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.—At Harrow Hospital, Tuesday, February 28, 8.30 p.m. Mr. Douglas MacLeod: "Endocrine Therapy in the Treatment of Certain Gynaecological Disorders."

METROPOLITAN COUNTIES BRANCH: KENSINGTON DIVISION.—At St. Mary Abbots Hospital, Kensington, W., Friday, February 24, 9 p.m. Bishop of Kensington, Dr. H. Crichton-Miller, and Dr. Alan Moncrieff: "Co-operation between Doctors and Clergy in Sex Education, Marriage Difficulties, etc." All members of the medical profession are invited to attend.

METROPOLITAN COUNTIES BRANCH: NORTH MIDDLESEX DIVISION.—Wednesday, March 1. Discussion: "The Desirability of a Public Medical Service in our Area."

NORTH OF ENGLAND BRANCH: GATESHEAD DIVISION.—At Springfield Hotel, Durham Road, Gateshead, Tuesday, February 28, 8.30 p.m. Professor W. E. Hume: "The After-effects of Coronary Thrombosis."

NORTH OF ENGLAND BRANCH: SOUTH SHIELDS DIVISION.—At Ingham Infirmary, Monday, February 27, 8.30 p.m. Annual meeting, election of officers, representatives, etc.

SOUTH WALES AND MONMOUTHSHIRE BRANCH: SWANSEA DIVISION.—At Hotel Metropole, Swansea, Thursday, March 2. B.M.A. Lecture by Dame Louise McIlroy: "Diagnosis and Treatment of Gynaecological Conditions occurring in General Practice."

LIBRARY OF THE B.M.A.

The Library contains files of the most important medical periodicals. The current number of each is kept for reference only in the Library, but previous issues and bound volumes may be borrowed. Full particulars of the lending service may be obtained from the Librarian, B.M.A. House, Tavistock Square, London, W.C.1.

The following books were added to the Library during January:

- Adler, A.: Guiding Human Misfits. 1938.
 Bacon, H. E.: Anus, Rectum, Sigmoid Colon. 1938.
 Berkeley, Sir C.: Handbook of Midwifery. Tenth edition. 1938.
 Bray, W. E.: Synopsis of Clinical Laboratory Methods. Second edition. 1938.
 Breger, J.: Die Geschlechtskrankheiten. 1937.
 Campbell, A., and Poulton, E. P.: Oxygen and Carbon Dioxide Therapy. Second edition. 1938.
 Carrière, G., et al.: La Gliofibromatose de Recklinghausen. 1938.
 Connell, W. K.: Surgical Handbook for Hospital Assistants in the Tropics. 1938.
 Dickinson, K. L.: Control of Conception. Second edition. 1938.
 von Eiselsberg, A.: Lebensweg eines Chirurgen. 1938.
 Emerson, C. P., and Brown, N. G.: Essentials of Medicine. Thirteenth edition. 1938.
 Hardy, J. A.: Synopsis of the Diagnosis of the Acute Surgical Diseases of the Abdomen. 1938.
 Harper-Shove, F.: Prescriber and Clinical Repertory of Medicinal Herbs. 1938.
 Hobday, Sir F.: Fifty Years a Veterinary Surgeon. 1938.
 Kuipers, K. D.: Essentials of Chiropody for Students. 1938.
 Langeron, L.: Leçons Cliniques sur les Affections Hypophysaires. 1937.
 Loeper, M.: Intoxications et Carences Alimentaires. 1938.
 Maberly, J.: Health of the Nation and Deficiency Diseases. 1938.
 Macdonald, G.: Food Facts and Diet Planning. 1938.
 MacMurray, J., et al.: Philosopher Looks at Psychotherapy. 1938.
 Marsh, L. C., Fleming, A. G., and Blackler, C. F.: Health and Unemployment. 1938.
 Mayr, J.: Handbuch der Artefakte. 1937.
 Nissen, R.: Chirurgische Indikationen. 1937.
 Parker, E.: A Doctor Tells. 1938.
 Péristiany, T. J.: Le Cancer Ulcéreux de l'Estomac. 1937.
 Peters, J. F.: Mis-mated. 1938.
 Picado, C.: Vaccination contre la Sénescence Précoce. 1937.
 Pruitt, M. C.: Hemorrhoids. 1938.
 Pye's Surgical Handicraft. Eleventh edition by H. Bailey. 1939.
 Roberts, L.: Aids to Public Health. Fourth edition. 1938.
 Ryan, W. C.: Mental Health through Education. 1938.
 Schliephake, E.: Les Ondes Electriques Courtes en Biologie. 1938.
 Sharp, W. B.: Practical Microbiology and Public Health. 1938.
 Stevens, S. S., and Davis, H.: Hearing, Its Psychology and Physiology. 1938.
 Terry, G. C., and Rennie, G. A. C.: Analysis of Parergasia. 1938.
 Tinker, M. A., and Baker, K. H.: Introduction to Methods in Experimental Psychology. 1938.
 Togna, T. R.: Exercises in the Bath. 1938.
 Van Blarcom, C. C.: Getting Ready to be a Mother. 1938.
 Walker, D. G.: Construction of Vulcanite Applicators for Applying Radium to Lesions of the Buccal Cavity, Lips, Orbit, and Antrum. 1938.
 Walter, H. E.: Genetics. Fourth edition. 1938.
 Widdowson, T. W.: Special or Dental Anatomy and Physiology and Dental Histology. Sixth edition. 1939.
 Wishart, G. M., Cuthbertson, D. P., and Chambers, J. W.: Practical Physiological Chemistry for Medical Students. Second edition. 1938.
 Zieler, K.: Grundriss der Geschlechtskrankheiten. Third edition. 1938.
 Zoethout, W. D.: Textbook of Physiology. Sixth edition. 1938.

VACANCIES

All advertisements should be addressed to the
Advertisement Manager and NOT to the Editor

RESIDENT POSTS

- ALBERT DOCK HOSPITAL, Alnwick Road, E.—Second M.O. (male, unmarried). Salary £110 p.a.
 ALTRINGHAM: ST. ANNE'S HOSPITAL.—Surgical Officer for Ear, Nose, and Throat Hospital. Salary £200 p.a.
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 BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane Road, Shepherd's Bush, W.—Anaesthetist. Salary £150 p.a.
 BURY ST. EDMUNDS: WEST SUFFOLK GENERAL HOSPITAL.—(1) H.S. (2) H.P. Salaries £180 p.a. and £150 p.a. respectively.
 CAMBRIDGE: ADDENBROOKE'S HOSPITAL.—Anaesthetist and Emergency Officer (male, unmarried). Salary £130 p.a.

CANTERBURY: KENT AND CANTERBURY HOSPITAL.—H.S. (male, unmarried). Salary £125 p.a.
CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.—H.S. (male). Salary £75 p.a.
CHESTER ROYAL INFIRMARY.—(1) H.P. (2) H.S. (3) H.S. to Ear, Nose, and Throat and Gynaecological Departments. Males. Salaries £150 p.a. each.
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GLOUCESTERSHIRE JOINT BOARD FOR TUBERCULOSIS.—J.A.M.O. (male) for Standish House Sanatorium, Stonehouse. Salary £250 p.a.
GUILDFORD: ROYAL SURREY COUNTY HOSPITAL.—Two H.S.s (males). Salaries £150 p.a. each.
HERTFORD COUNTY HOSPITAL.—H.P. (male). Salary £150 p.a.
HOSPITAL FOR CONSUMPTION AND DISEASES OF THE CHEST, Brompton, S.W.—H.P. (male) for Frimley Sanatorium. Honorarium £100 p.a.
KETTERING AND DISTRICT GENERAL HOSPITAL.—H.P. (male). Salary £150 p.a.
LONDON HOSPITAL, E.—Anaesthetist. Salary £150 p.a.
LONDON LOCK HOSPITAL, 283, Harrow Road, W.—M.O. (male) to all departments. Salary £175 p.a.
LUTON AND DUNSTABLE HOSPITAL.—(1) Senior H.S. (2) J.H.S. Males. Salaries £170 p.a. and £150 p.a. respectively.
MANCHESTER: ANCOATS HOSPITAL.—C.O. Salary £150 p.a.
MARGATE: ROYAL SEA BATHING HOSPITAL.—H.S. (male, unmarried). Salary £200 p.a.
MIDDLESBROUGH: NORTH ORMESBY HOSPITAL.—Senior H.S. (male, unmarried). Salary £175 p.a.
OXFORD: RADCLIFFE INFIRMARY.—(1) Three H.P.s. (2) Obstetric H.P. (3) H.S. to Ear, Nose, and Throat Department. (4) Three H.S.s. (5) H.P. to Nuffield Professor of Medicine. (6) J.H.S. to Nuffield Professor of Surgery. (7) Gynaecological H.S. to Nuffield Professor of Obstetrics and Gynaecology. Males. Salaries £100 p.a. each. (8) M.O. for Osler Pavilion, Headington, Oxford. Salary £120 p.a.
PLYMOUTH: PRINCE OF WALES'S HOSPITAL.—H.S. Salary £150 p.a.
PRINCESS ELIZABETH OF YORK HOSPITAL FOR CHILDREN, Shadwell, E.—H.P. Salary £125 p.a.
RICHMOND: ROYAL HOSPITAL.—M.O. (male, unmarried). Salary £200 p.a.
ROYAL EYE HOSPITAL, St. George's Circus, S.E.—(1) Senior H.S. (2) Two Assistant H.S.s. Salaries £150 p.a. and £100 p.a. each respectively.
ROYAL FREE HOSPITAL, Gray's Inn Road, W.C.—C.O. (female). Salary £150 p.a.
ROYAL MASONIC HOSPITAL, Ravenscourt Park, W.—Two Surgical Officers (males). Salaries £250 p.a. each.
ROYAL NORTHERN HOSPITAL, Holloway, N.—H.P. Salary £70 p.a.
ST. PETER'S HOSPITAL FOR STONE, ETC., Henrietta Street, Covent Garden, W.C.—H.S. (male). Salary £75 p.a.
SOUTH LONDON HOSPITAL FOR WOMEN, Clapham Common, S.W.—H.P. (female). Salary £100 p.a.
SWANSEA COUNTY BOROUGH.—M.O. (male) for Tawe Lodge Institution. Salary £700-£50-£800 p.a.
TILBURY HOSPITAL.—(1) Medical Superintendent (unmarried). (2) H.S. Males. Salaries £200 p.a. and £140 p.a. respectively.
WAKEFIELD: CLAYTON HOSPITAL AND WAKEFIELD GENERAL DISPENSARY.—Surgical Officer (male, unmarried). Salary £250 p.a.
WEYMOUTH AND DISTRICT HOSPITAL.—H.S. (male). Salary £180 p.a.

NON-RESIDENT POSTS

CONNAUGHT HOSPITAL, E.—Hon. P.
DUBLIN: ST. ANNE'S SKIN AND CANCER HOSPITAL.—Assistant Radiologist. Salary £300-£400 p.a.
DUNDEE ROYAL INFIRMARY.—Hon. Assistant Visiting Obstetrician and Gynaecologist.
MIDDLESEX COUNTY COUNCIL.—Whole-time Casualty M.O. for West Middlesex County Hospital, Twickenham Road, Isleworth. Salary £450 p.a.
NORWICH: NORFOLK AND NORWICH HOSPITAL.—Hon. P.
POPLAR HOSPITAL, East India Dock Road, E.—Hon. Radiologist. Honorarium £100 p.a.
PRINCE OF WALES'S GENERAL HOSPITAL, N.—Hon. Assistant Radiologist.
QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.—Dental S. for L.C.C. School Children's Clinic. Salary £1 7s. 3d. per session.
ROYAL LONDON OPHTHALMIC HOSPITAL, City Road, E.C.—(1) Out-patient Officers. Salaries £150 p.a. each for two attendances, or £300 p.a. each for four attendances each week. (2) First A.M.O.s. Salaries £150 p.a. each for two attendances each week.
ROYAL NORTHERN HOSPITAL, Holloway, N.—Pathological Registrar. Honorarium £200 p.a.

UNCLASSIFIED

ALL SAINTS' HOSPITAL (FOR GENITO-URINARY DISEASES), Austral Street, West Square, S.E.—H.S. (male). Salary £100-£150 p.a.
CHARING CROSS HOSPITAL, W.C.—(1) Second Surgical Registrar. (2) Part-time Registrar to Fracture Clinic and Orthopaedic Department. Males. Honoraria £150 p.a. and £100 p.a. respectively.
CORNWALL COUNTY COUNCIL.—School Medical Inspector. Salary £600-£25-£700 p.a.
DORSET COUNTY.—Whole-time Assistant County M.O. (male). Salary £500-£25-£700 p.a.
EASTBOURNE COUNTY BOROUGH.—Deputy M.O.H. and Deputy School M.O. Salary £600-£25-£700 p.a.
IRAQ GOVERNMENT, Royal Iraq Legation, 22, Queen's Gate, S.W.—Ear, Nose, and Throat Specialist. Salary Iraq dinars 150 per mensem.
LONDON HOSPITAL, E.—Surgical First Assistant and Registrar. Salary £300 p.a.
LONDON UNIVERSITY.—(1) University Chair of Medicine tenable at St. Mary's Hospital Medical School. Salary £2,000 p.a. (2) University Studentship in Physiology at a value of £100.
LUTON BOROUGH.—Assistant M.O.H. and Assistant Schools M.O. (male). Salary £600-£25-£750 p.a.
MELTON MOWBRAY URBAN DISTRICT COUNCIL.—Whole-time M.O.H. for Melton Mowbray Urban District Council, Melton and Belvoir Rural District Council, Billesden Rural District Council, Oakham Urban and Rural District Councils, and Uppingham Rural District Council. Salary £800 p.a.
OLDBURY BOROUGH.—Deputy M.O.H. (male). Salary £600-£25-£700 p.a.
OXFORD UNIVERSITY: LORD NUFFIELD'S BENEFACTION FOR THE ADVANCEMENT OF MEDICINE.—Whole-time First Assistant for Department of Anaesthetics. Salary £600 p.a.
ROYAL CANCER HOSPITAL (FREE), Fulham Road, S.W.—(1) Full-time Assistant Radiologist for Therapeutic Department. Salary £350 p.a. (2) Medical Registrar. (3) Surgical Registrar. Honoraria £150 p.a. each. (4) Assistant P.
ROYAL WATERLOO HOSPITAL FOR CHILDREN AND WOMEN, Waterloo Road, S.E.—Anaesthetist (male). Honorarium £100 p.a.
ST. GEORGE'S HOSPITAL, S.W.—Surgeon to Ear, Nose, and Throat Department.
SHEFFIELD: ROYAL SHEFFIELD INFIRMARY AND HOSPITAL.—Neurological S.
WAKEFIELD: WEST RIDING COUNTY COUNCIL.—Supervisor of Meals (female). Salary £300-£15-£400 p.a.
WALSALL COUNTY BOROUGH.—Assistant M.O.H. Salary £500-£50-£700 p.a.
MEDICAL REFEREE UNDER THE WORKMEN'S COMPENSATION ACT, 1925, for the Evesham (Circuit No. 22), Banbury and Shipston-on-Stour (Circuit No. 36), Alcester, Stratford-on-Avon, and Warwick (Circuit No. 53) County Court Districts. Applications to the Private Secretary, Home Office, Whitehall, S.W., by March 14.

To ensure notice in this column advertisements must be received not later than the first post on Tuesday mornings.

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 50, 51, 52, 53, 54, 55, 56, 57, 61, and 62 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 58 and 59.

APPOINTMENTS

LOVELL, Edward R., M.B., D.P.H., Examining Factory Surgeon for the Knutsford District (Cheshire).
REEVES, R. K., M.B., F.R.C.S., Honorary Assistant Surgeon, Royal Portsmouth Hospital.

BIRTHS, MARRIAGES, AND DEATHS

The charge for inserting announcements of Births, Marriages, and Deaths is 9s., which sum should be forwarded with the notice not later than the first post on Tuesday morning, in order to ensure insertion in the current issue.

BIRTH

WHYTE.—At Rubislaw Nursing Home, Aberdeen, on February 8, 1939, to Eveline (née Mackie), wife of Captain A. G. D. Whyte, M.B.E., R.A.M.C., Cairo, a son.

DEATHS

DODDS.—On February 10, 1939, at Cape Town, Horace Bonar Dodds, Malayan Medical Service (ret.), aged 61.
PETERKIN.—At Skerryvore, Kirkwall, on February 18, Frank G. T. Peterkin, M.B., Ch.B.