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MEDICAL STUDENTS IN CONFERENCE

VIEWS ON MEDICAL EDUCATION BY THOSE WHO ARE UNDERGOING IT

The British Medical Students' Association, which held its inaugural meeting last June, arranged a congress at B.M.A. House in London on Dec. 18 to 20, 1942. Nearly all the medical schools in the country were represented by an assembly of eager students, among whom there were many women, and the concise way in which they put forward their views and conducted their proceedings was a pattern to more senior gatherings.

Medical Students and National Service

At the opening session, which was presided over by Prof. A. V. HILL, F.R.S., an address was given by Mr. ERNEST BROWN, Minister of Health, who reviewed the position of medical students under the National Service (Armed Forces) Act. The reservation of male students, he said, was subject to periodical certification and satisfactory progress in their studies, and also to the performance of part-time service, though it was appreciated by the Ministry of Labour and National Service that students who had reached the clinical stage, and particularly those in their final year, might not be able to participate in such part-time service and could be recommended for exemption. Mr. Brown emphasized two points. If a student went to a university for his pre-medical studies, or was able to take them at a medical school, his acceptance must be completed before an enlistment notice was issued, but the procedure was usually of a routine nature. Secondly, periodical reports were furnished by vice-chancellors and deans on whether or not a student was making satisfactory progress.

The question of the opening of certain hospitals to women was under consideration by the Interdepartmental Committee on Medical Schools. With regard to the proposed increase in the quota of women in those hospitals already admitting them for the academic year 1942-3, the total quota for women was 308, and at present the acceptances had reached 323. The quota of the "mixed" schools was 1,036 (both sexes), and the acceptances for the present academic year numbered 916, so that there were still 120 vacancies for women students. The quota fixed for women might be exceeded to make up for a shortage of applicants within the men's quota. There was little opportunity for any immediate extension of existing facilities in teaching, which were affected by the absence of teachers on service as well as by the number of hospital beds and amount of laboratory accommodation.

At the conclusion of his address the Minister answered about forty questions put to him from the floor of the hall. He was asked his opinion with regard to a State Medical Service, and said in reply that he envisaged a comprehensive medical service such as was outlined in the Beveridge report.

Dr. CHARLES HILL, Deputy Secretary of the B.M.A., expressed a welcome from the Association, saying that it had no idea of interfering in the affairs of the student body, although it was available for help and advice, and the facilities of its house were at their disposal. The B.M.A. was anxious for a vigorous body of medical students because of the call for men and women of statesmanlike outlook in the future medical profession, especially when, as now, medical organization was on the eve of profound changes. He felt also that the stimulus for the recasting of medical education must in no small part come from medical students.

Reform of the Curriculum

Subsequent sessions were devoted to the consideration of a memorandum on medical education which had been prepared by a subcommittee of the association for submission both to the Medical Planning Commission and to the Interdepartmental Committee on Medical Schools set up by the Ministry of Health. All the medical schools in the country had been circularized, and the innumerable suggestions for the reform of the curriculum had been incorporated in so far as this was possible while preserving the coherence of the document. Some idea of the students' proposals may be gained from the summary of the suggested medical course:

School.
- Matriculation examination — including compulsory science.
- First year: General education in science, literature, economics, etc. Period of confirmation of choice of the profession.
- Second year: Travel, non-academic work, or remain at school, in which case take higher school certificate.

University or Medical School.
- First year: Pre-medical sciences and sociology. 1st M.B. examination.
- Second year: Pre-clinical sciences—anatomy and physiology, including histology, neurology, biochemistry, and pathology.
- Third year: As second year. 2nd M.B. examination.
- Next 33 months: Clinical studies; State qualifying examination.

The report was the subject of an animated debate, a long succession of students coming to the rostrum. Among the points made were the need for the wider use of municipal hospitals for teaching; the desirability of staff–student committees to discuss mutual difficulties; the benefits of a system of apprenticeship, if necessary compulsory, to general practitioners; the call for reservation of teachers; and the advantage of abolishing the long vacation and introducing a fourth term. One student thought that histology should be taught under physiology, being more interestingly assimilated under the general head of function than under that of structure. Another complained that the report mentioned sociology as a pre-medical subject, but did not recommend an examination upon it; he argued that if it were not made an examination subject little interest would be taken in it. Another wanted a more prominent place in the curriculum for industrial medicine, especially instruction in the chemicals used in the new industrial processes. Another criticized the shortness of the period—three months—allotted to clerking on a children's ward; in view of the fact that 40% of a general practitioner's patients were children, the period should be six months.

There was much debate on the admission of women. One student from Guy's expressed himself strongly against co-education in the medical schools, but the general feeling was in favour of it, and many men as well as women students urged that women should be admitted on exactly the same basis as men—not on an arbitrary method of selection, such as one woman to twenty men—and that women should have equality in respect of house appointments and postgraduate opportunities.

Away from Individualism

The closing address was given by Prof. J. A. RYLE, honorary president of the association. He declared that in the past the training and practice of members of the medical profession had been too individualistic. It had been directed too much to the intimate as opposed to the ultimate aspect of disease: to the tubercle bacillus rather than to the conditions under which tuberculosis continued to thrive. There had been too much separatism—of general practitioners from one another, of consultants from general practitioners, of hospital service from domiciliary service, of public health service from general practice, of research from all the rest. The student was also taught little about the subject of health though much about the departures from

it. He had heard recently qualified men complain at the prospect of having to go into the R.A.M.C., because they would see no interesting cases. But on the contrary it would be a splendid opportunity to practise social medicine. It was a far greater function to be a battalion medical officer, keeping 800 men healthy, than to be a house-officer in charge of 40 beds, half of them filled with incurables. Prof. Ryle was heckled for over an hour at the close of his address.

Sir CHARLES WILSON addressed a private session of the Congress, and another session was devoted to discussing a programme for the association. A committee was set up to study the Beveridge report and to report to the next congress. Greetings were sent to students of Allied nations. The assembly passed a resolution whole-heartedly approving the acceleration of the medical curriculum in this time of national crisis, but approving also the maintenance of examination standards as recommended by the G.M.C. Other specific recommendations included the planned reservation of teachers in all medical schools, the greater use of women in teaching posts, the fullest possible use of all available hospital material in the vicinity of each medical school, and the setting up of efficiency committees covering lay and medical staffs and students with a view to improving hospital organization. The principle of equal admission of women was approved. A compliment should be paid to Mr. I. R. Clout (Westminster) and Mr. A. D. Bangham (University College), president and secretary respectively, on the way the congress was conducted.

HOSPITAL POLICY OF THE B.M.A.

A meeting of the Hospitals Committee of the B.M.A.—the first for more than a year—was held on December 8 under the chairmanship of Dr. Peter Macdonald. Mr. R. L. Newell of Manchester was elected, in his absence, chairman for the session, Dr. Macdonald not seeking re-election owing to his duties as chairman of the Representative Body. On the motion of Prof. Picken, Acting Chairman of Council, the committee placed on record its great appreciation of Dr. Macdonald's services in the chair for a period of more than 10 years. Dr. Macdonald said that his successor might have a more interesting period of office, for events in the hospital world were moving fast, but he could not have a pleasanter one than he had had himself, thanks to the good will of his colleagues and of "the two best secretaries in the country," Dr. Anderson and Dr. Hill.

The first matter to which the committee devoted attention was a hospital dispute which has arisen at a provincial town, where an endeavour has been made to deprive the visiting medical staff of membership of the committee of management. It was stated that the chairman of the committee and the secretary had arranged to visit the area on the following day to interview the management. The committee, which had before it all the correspondence that had taken place, approved the action of the secretariat and endorsed resolutions which had been passed by the Executive Committee.

A large part of the time of the meeting was occupied with a discussion on cottage hospitals in relation to the proposals of the Nuffield Trust. The matter had been raised by Dr. L. J. Picton of Cheshire, who attended the meeting by invitation. Dr. Picton said that in his opinion the Nuffield proposals for what might be called the de-grading of cottage hospitals threatened to destroy the work which those useful institutions were doing. In so doing they would also destroy the general practitioner who practised, as his plate proclaimed, as "physician and surgeon," and who in many cases carried out some excellent work, both emergency and routine major surgery. He gave an account of the excellent cottage hospitals of Cheshire and of the operations performed in them. A consulting surgeon was generally not available for emergency operations except in large centres. He was anxious that the cottage hospital should not be relegated to the position of a mere convalescent home, and that general practitioners should not become just surgical dressers to, perhaps, young consultants of less practical experience. One member of the committee said that the remark about non-availability of consultant surgeons did not apply in his own scattered rural area, where, although the county hospital was perhaps 25 or 30 miles away, the staff was always available day and night to go out to perform emergency operations.

The feeling of the committee, after hearing Dr. Picton's statement, was that no doubt his arguments applied with a great deal of force to Cheshire and to other parts of the country where cottage hospitals were well staffed by general practitioners of skill and experience, but that there were other districts where perhaps the cottage hospitals revealed a lower standard. The problem of the cottage hospital raised the whole question of rural institutional medicine and required decision, and it was agreed to refer the matter to the Institutional Committee of the Medical Planning Commission, with the suggestion that it might usefully co-opt Dr. Picton and perhaps others specially interested. Dr. Picton pointed out that the problem also concerned the General and Special Practice Committees of the Commission, having wide implications for rural practice in general.

The committee next considered a resolution of the Annual Representative Meeting concerning the principle that a committee of senior medical staff should be set up in all hospitals, with the medical superintendent as its chairman, through whom the resolutions of the committee should be transmitted to the hospital management. The hospitals in view were, of course, particularly council hospitals, where it has been considered that too much responsibility for internal administration is vested in the medical superintendent and too little in other members of the staff. In voluntary hospitals a medical staff committee is usually given full scope for initiative.

After a long discussion the committee, while fully endorsing the need for a committee of senior medical staff, found some difficulty concerning the position of medical superintendent in relation to it. It was felt that he must have the right to attend its meetings, whether he was a member of the committee or not; many matters which might otherwise require formal representation would in that way be resolved over the table. The point whether the medical superintendent should be chairman or not should be left to the discretion of each committee, but it was thought important that the committee should have the right of direct access, which would rarely need to be exercised, to the hospital management committee.

The principal remaining business was to consider a memorandum recently adopted by the Medical Superintendents Society on hospital planning and policy. Suggestions were made for revision or for greater clarity at certain points.

HOSPITAL REGIONALIZATION IN SCOTLAND

A Medical Planning Study Group was recently formed at a general meeting of the medical profession in Edinburgh, and as a result of six months' study it has put forward a memorandum on post-war hospital problems, particularly, of course, as they apply to Scotland. The view of the Study Group is that a co-ordinated hospital service should combine the best characteristics of the voluntary and of the local authority hospital. For example, in local authority hospitals the medical staff are paid, and there exists a regular system of payment by patients according to their means. In voluntary hospitals the medical staff have the inestimable opportunity of influencing directly and even determining the type and character of the work carried out. In the future hospital service these principles should be retained. The terms "voluntary" and "municipal," in the opinion of the Group, should disappear in favour of some such term as "regional."

The first of several recommendations is that the new hospitals built by the Government, and now administered by them as part of the Emergency Hospital Service, should be taken over and administered by regional health authorities established by a central authority. The number of regions in Scotland would be, conveniently, 5, and boards of management for these hospitals would be set up either through the agency of the regional authority or of the local authority within whose area the hospital is situated. On the regional controlling body all the interests concerned in different groups of hospitals—voluntary, local authority, and E.M.S.—should be represented adequately and with equity, with as little disturbance as possible of the immediate management of any hospital.

The Group suggests that the central authority, which would formulate national health policy and establish regional authorities, should be a corporate body, responsible in Scotland to the Secretary of State, and including, in addition to the Government representatives, representatives of hospital staffs, medical officers of health, general practitioners, and allied health services. Each regional health authority should consist of, say, 20 members: 7 from the medical profession, 6 from lay bodies (local authorities and boards of management), 1 from the nursing services, and 2 nominees of the Secretary of State, 2 of the Department of Health, and a chairman and secretary. In association with these authorities there should be a number of

advisory councils, one of them a medical council consisting of all the medical members of the regional authority, and additional medical members from the hospital staffs and schools of the region, to make recommendations concerning appointments, schemes of research, and other matters. There would also be a regional medical bureau to arrange for admission of patients in conjunction with the general practitioners severally concerned, to organize regional transportation service, to review the needs of hospitals for special equipment, and so forth. The financial arrangements between voluntary hospitals and local authorities would be by allocation of moneys by the regional authority to the governing bodies and the local authorities according to the needs of their respective hospitals, as determined on the advice of an assessor. From the funds at its disposal the regional authority would be empowered to allocate sums for remuneration of medical staff, and the following scale is suggested: (1) Whole-time senior appointments, £2,000 to £2,500. (2) Part-time senior appointments pro rata, based on a full-time salary of £1,500 to £2,000. (3) Whole- and part-time appointments other than senior, pro rata, based on a full-time salary as follows: (*a*) assistant surgeons and physicians, etc., £1,000 to £1,500; (*b*) clinical assistants and tutors, £550 to £900. (4) Whole-time house appointments, with board, junior, £150 to £200; senior, £250 to £350. (5) Medical superintendents of key hospitals, £1,500 to £2,000, to be reduced pro rata when there are other emoluments.

It is added that all these figures are based on appointments carrying with them a pension graded according to years of service and to salary at time of retirement.

HEALTH PROPOSALS BY THE COMMUNIST PARTY

The Communist Party of Great Britain has issued a memorandum containing its proposals for health services. The proposals are not, however, of the radical and far-reaching character which is found in some other manifestos; the question of a State Medical Service is not mentioned, and the purpose of the memorandum is to urge an immediate increase of efficiency in health services in order to assist war production and to prepare for and assist the "second front." There must be, say the compilers, a drive to get all workers more "health-conscious," an improvement in wage and salary rates and in living and working conditions for health workers, especially nurses, and a wide extension of trade union organization throughout the health services. Workers are urged to take every opportunity of raising health questions in production committees, trades councils, trade union branches, and all sections of the Labour movement. In particular it is suggested that in all joint production committees and shop stewards and works committees, one or two workers, forming a "workers' health inspectorate," should be made responsible for knowing the Factory Acts and the rights of workers under them, for seeing that their respective committees discuss health matters, and that, when necessary, advice is obtained from the factory doctor, industrial nurse, or the welfare department.

Many suggestions are made for meeting the shortage of nurses, including better use of staff in all departments of hospitals, and an improvement in the living conditions of nurses. A 96-hour fortnight, exclusive of meal-times but inclusive of compulsory lectures, is regarded as the national maximum. While, naturally, the pamphlet has a strong trade-unionist bias, it acknowledges the services of the British Medical Association not only in securing adequate rates of pay and conditions of service for doctors but in shaping national policy on such questions as national health insurance, nutrition, treatment of industrial accidents, and physical education. With regard to general practitioners the memorandum says that in wartime many adjustments might be made between medical men in general practice and those employed in hospitals and in public services so as to fill up the gaps in medical man-power. By means of committees democratically elected from all the doctors within a given radius—if the B.M.A. organization or the Local Medical War Committee is not suitable—medical personnel could be directed to provide domiciliary services, to man the various local clinics, and to supply factory doctors, without overlapping and with the minimum of disturbance and travelling.

Correspondence

Free Choice of Doctor and Certification

SIR,—Insurance practitioners would, I am sure, have been highly amused at Dr. Sharp's description of medical practice if his remarks had been addressed to a purely medical audience. Unfortunately they will have reached a wider public, and some readers may have taken them seriously, though surely no one will accept the idea of the "super-certifiers."

As a member of a multiple partnership I can assure Dr. Sharp that when one member of the partnership is unavoidably absent his patients frequently leave the surgery and come again at the next session.

The professional attributes which Dr. Sharp thinks "most likely to lead to patronage and prosperity" are mostly wide of the mark. "A sympathetic attitude to the patient and his complaints" is, and must be, an essential factor in any sphere of practice. As for "an air of omniscience," that departed years ago; patients to-day want to know why. "An uncritical readiness to issue certificates"—what nonsense; a doctor who wishes to conduct a large practice and to command the respect necessary for the conduct of that practice must be critical in the issue of all certificates and firm in refusal of those for which there is no warrant. Weak knees cannot compete against a stout heart, nor complacency against honesty.—I am, etc.,

Birmingham. J. A. BROWN.

Industrial Medical Attendance

SIR,—The present emergency has called for an increased number of practitioners functioning as full-time or part-time industrial medical officers. Quite a large number of these men apparently have not the time to conform to the ethical rules and duties for industrial medical officers as laid down by the B.M.A., in that they are not giving emergency treatment in cases of industrial accident and subsequently referring the patient to his own doctor, but are providing follow-through treatment from first to last.

There are several factors concerned in this particular form of abrogation of the ethical rules as I see it: (*a*) There is a loss of N.H.I. benefit, as the employer does not stamp the card during a period of incapacity. This loss is provided against when the insured person receives his certificate of incapacity from his insurance practitioner. Incidentally the particulars of the accident are not entered on the medical card. (*b*) The individual is deprived of the opportunity of seeing his own doctor at the time of and after the accident. This could assume importance in a compensation claim. In the ordinary case the reverse procedure holds good: the patient in an industrial accident who is attended by his insurance practitioner is also immediately seen by a representative of the insurance company concerned. (*c*) Follow-through treatment could be construed in the case of part-time workers as utilizing the appointment to secure the individual as the medical officer's own patient.

Some officers are also assuming the onus of providing the necessary certificate of exemption from duty as required by the Ministry of Labour. Cogent reasons can exist why the medical officer finds it necessary to issue such a certificate, whereas the N.H.I. practitioner is free from any such obligation.—I am, etc.,

Tipton, Staffs. L. H. EUNSON.

Reinstatement in N.H.I. of Service Personnel

SIR,—The Minister of Health has again refused to grant a wartime increase in the insurance capitation fee, and it is obvious that this is part of a Government decision affecting salaries in general, and it would appear that it is a waste of time to pursue the matter further.

There is, however, another step which could reasonably be taken which would go a long way towards alleviating some of the financial difficulties of practitioners, and it surprises me that this has not been urged upon the Minister long ago. The step I suggest is the immediate reinstatement in insurance of all insured persons who have been removed through having "joined H.M. Forces." This large group of insured persons comprises almost exclusively the young and healthy section of the population who before the war required the minimum of medical attention, and who helped to pay for the older and more decrepit sections. The latter now constitute the entire panel, and that is why the amount of work required is out of all proportion to the remuneration.

I would further suggest that in return for this concession practitioners should assume responsibility for all Service personnel who happen to be on leave in their areas, thus saving the clerical work involved in claiming fees from the Services, and making it easier for men or women on leave to obtain any necessary treatment. If there are, say, 6,000,000 men and women in the Forces, the cost of this concession would be approximately £3,000,000 per annum, which would fall on the Service estimates, while half of this amount would return to the Exchequer in due course in the form of extra income tax. In this way the Minister could remove a constant feeling of grievance and obtain a more satisfied medical service without infringing the Government's decisions with regard to the stabilization of salaries.—I am, etc.,

Coventry. D. MURRAY BLADON.

NIGHT MEDICAL SERVICE FOR LONDON

There have been reports from other areas of difficulty in obtaining the services of a doctor at night, but so far as London is concerned the Local Medical and Panel Committee has decided to establish a night medical service, which will provide for rosters of doctors who are prepared to answer night calls in their own neighbourhood. Briefly the details of the scheme are as follows: All practitioners in the London area are invited to join the service. They will be grouped, and the area they cover will depend upon the size of the group; but it will, if possible, be limited to 1 mile from the doctor's surgery. One or more members of the group will be on duty at a time during periods of about a week—e.g., in a group of 8 with 2 on duty at one time each member's duty period will be one week each month. Copies of the roster will be sent to members of the group and to organizations in the area likely to be affected, such as hospitals, etc. One member of each group will act as hon. secretary and be a member of the executive committee which will administer the service under the Panel Committee. As regards fees, members of the service will normally attend patients for each other, and it is presumed that the question of a fee will not arise. In other cases the doctor on duty will recover a fee from the patient or other appropriate source. Each doctor joining the service will be asked to pay an annual subscription of 5s. to defray costs.

The scheme has been carefully worked out and the details embodied in a circular letter which, with a copy of the rules of the service and a reply postcard, has been sent to every general practitioner in the Metropolitan area. This is a very real attempt to deal with a problem which has been accentuated by the war, and one which may well become worse as the war continues. It is hoped that London doctors will support this scheme and thus help to distribute fairly what is, perhaps, the most arduous part of a doctor's work. As has happened on many other occasions in this war, necessity has pointed the way to much-needed changes, and we note with interest that the secretary of the London Local Medical and Panel Committee, Dr. C. L. Batteson, hopes that the night medical service will not be a wartime measure only but will stay to be a boon to doctors after the war is over.

The Ministry of Supply, in a statement on the care of rubber, reminds car owners and drivers that excessive speed, overloading, incorrect inflation, misalignment, and braking are among the chief causes of a tyre failing to give maximum results. A private car should not be driven at more than 30 m.p.h., at which speed the rubber lost through wear is considered "normal" and not "wasted"; at 40 m.p.h. about 24% of the rubber lost is "wasted," and at 50 m.p.h. the waste figure is nearly double. Over- and under-inflation are equally bad for tyres, and the former will not compensate for overloading. Tyres should be examined regularly for cuts, embedded stones, etc., and should be submitted for replacement well before the fabric begins to show. Care in braking and attention to the alignment of the wheels are other ways of getting the best out of tyres, and doctors, whose cars are in such frequent use, are asked to give special attention to these points.

H.M. Forces Appointments

ARMY

Col. (Temp. Brig.) R. B. Price, D.S.O., late R.A.M.C., having attained the age limit for retirement, is retained on the Active List, supernumerary to the establishment.

ROYAL ARMY MEDICAL CORPS

Lieut.-Col. (acting Col.) L. A. J. Graham, having attained the age for retirement, is retained on the Active List, supernumerary to the establishment.

Major (Temp. Lieut.-Col.) T. S. Law to be Lieut.-Col.

Capt. (Temp. Major) S. G. M. Lynch to be Major.

TERRITORIAL ARMY

Col. (Temp. Brig.) E. M. Cowell, C.B., C.B.E., D.S.O., T.D., has been appointed Director of Medical Services, and has been granted the paid acting rank of Major-Gen.

LAND FORCES: EMERGENCY COMMISSIONS

ROYAL ARMY MEDICAL CORPS

Majors (Temp. Lieut.-Cols.) J. B. Woodrow and F. T. Boucher from temp. commissions, to be Lieuts., retaining the temp. rank of Lieut.-Col. and War Subs. Major.

Major C. M. Row, from temp. commission, to be Lieut., retaining the temp. rank of Major and War Subs. Capt.

War Subs. Capts. B. J. Wilton, K. W. Powell, and N. M. Segal have relinquished their commissions on account of ill-health and are granted the rank of Capt.

Lieuts. G. B. Stanford and O. L. Lander have relinquished their commissions on acount of ill-health and retain their rank.

To be Lieuts.: G. J. Clarke, H. Richards, W. H. Greany, A. Cruickshank, H. D. Fairman, J. L. D. Roy, J. W. Scharff, J. M. Barnes, J. B. Tucker, J. Beggs, H. Ferguson, W. Gibson, E. D. Allen-Price, R. M. Campbell, A. A. Martin, H. A. Raeburn, W. G. Swann, S. I. Arahams, A. R. Allardice, W. Anderson, J. F. R. Bentley, R. H. Bowie, O. M. Brewster, W. E. Brigg, G. G. Browning, J. K. A. Burn, M. M. Campbell, M. Coburn, B. U. Coffey, W. J. E. Darling, E. B. Dawe, J. De Larcy, N. G. Douglas, G. W. Downes, P. A. Eyre, J. N. M. Fairley, J. D. Fisher, G. A. Fitzpatrick, J. A. S. Forman, M. F. Gallop, C. E. J. Glaisher, R. G. B. Gilbert, E. C. E. Golden, F. M. Gordon, S. W. Grant, D. Gregory, H. J. Hale, C. R. S. Jackson, C. H. Jellard, I. F. B. Johnston, R. Johnston, G. B. Jones, O. V. Jones, L. G. Kiloh, R. King-Brown, H. S. Klein, W. H. Leake, H. G. Letcher, H. McK. McDonald, J. C. McDonald, D. Martin, R. Meek, J. P. Mitchell, R. M. Moore, L. F. Pearson, J. S. S. Pollock, A. Poteliakhoff, T. M. Pollock, C. M. C. Potter, J. B. Raper, D. C. Robb, W. G. Roberts, D. F. Ross, C. A. Simmons, G. Skinner, B. J. Smith, H. J. C. C. Smith, S. L. Smith, R. G. Spicer, M. A. Stanton, J. F. Stokes, M. E. Tapissier, G. E. Thomas, A. B. Tompkins, C. H. Watts, J. H. Wildman, R. B. Wilson, W. D. Wilson, A. C. Woodmansey, J. V. Ryan (*correction*).

WOMEN'S FORCES

EMPLOYED WITH THE R.A.M.C.

The following M.O.s have been granted commissions in the rank of Lieut.: Ethel L. Deas, Jean C. Nelson, Rona Price-Davies, Margaret I. Ross, Mary A. Saunders, Ellen G. O. Walsh, Gertrude A. Willis.

ROYAL AIR FORCE

Wing Cmdr. R. A. G. Elliott has resumed the rank of Group Capt. on reverting to the retired list at his own request.

ROYAL AIR FORCE VOLUNTEER RESERVE

H. C. Beccle to be Squad. Ldr. (Emergency).

Fl. Lieut. B. B. Botha has relinquished his commission on appointment to the S.A.M.C.

Fl. Lieut. F. T. Dodd has relinquished his commission on account of ill-health and retains the rank of Squad. Ldr.

The notification concerning H. Avery in a *Supplement* to the *London Gazette* dated Nov. 24, 1942, p. 5104, col. 2, should have read Fl. Lieut. and not Flying Officer.

C. A. Lewis to be Fl. Lieut. (Emergency).

Flying Officers W. B. S. Crawford, J. W. Fleming, J. P. Kelly, J. S. Lane, W. M. Morgan, A. de W. Ranken, A. L. Alban, W. A. Glen, F. V. A. Bosc, W. Flynn, R. C. Fuller, T. Hardy, J. E. Sharpley, D. O. Wharton, R. E. Dunn, G. H. Boston, G. H. Cooper, A. Craig, A. Davis, J. M. Ferguson, A. H. Hands, C. R Sluming, M. L. Gaudin, T. B. Russell, J. G. Taylor, W. R. Barrington, R. U. Carr, J. F. Cartwright, W. T. S. McKean, P. G. McE. G. Jones, S. Gibson, A. A. Hill, P. H. Bell, E. H. B. Hopkins, D. McCaw, R. W. McDowell, Q. St. L. Myles, D. Cowan, R. C. Fraser, J. R. Slessor, A. Standeven, J. M. Wilkin, J. L. Boyd, W. D. Smith J. E. Gilbert, M. Gold, A. R. Nettleton, A. D. McL. Douglas, and L. Ross to be War Subs. Fl. Lieuts.

Flying Officer G. B. Schofield has relinquished his commission on account of ill-health and retains his rank.

To be Flying Officers (Emergency): E. Barry-Smith, J. B. Pettigrew, R. A. Rutherford, J. S. Boyd, D. W. F. Charlton, W. A. Clarke, J. R. Colville, J. H. Edgar, R. A. Moorehead, J. E. F. Morgan, G. A. Powell-Tuck, G. Snowden, and B. McC. Throne.

R.A.F.V.R.: DENTAL BRANCH

Flying Officer A. G. Beaton, M.R.C.S., L.R.C.P., to be War Subs. Fl. Lieut.

A. T. Wynne, M.B., Ch.B., to be Flying Officer (Emergency).

INDIAN MEDICAL SERVICE

Lieut.-Cols. S. L. Mitra and V. R. Mirajkar, O.B.E., have retired.

Capt. R. R. Prosser to be Major.

EMERGENCY COMMISSIONS

Lieuts. (on probation) T. H. S. Smith, F. Hunter, J. A. W. Bingham, M. J. Barry, C. Conway, J. W. Magner, C. R. K. Carroll, F. A. H. Hall, G. B. R. Walkey, N. N. Iovetz-Tereshchenko, R. C. Hallam, G. Hannigan, H. V. Knight, S. E. Vincent, H. M. T. Davies, B. M. Medley, T. Stephens, A. J. McG. Cathro, W. E. Owens, G. Quayle, D. Currie, J. D. Phibbs, C. G. R. Sell, A. D. A. Maconochie, W. J. Aitken, A. M. Merriweather, A. Graham, I. L. H. Hewlett, I. D. Patterson, M. E. M. Fleming, and M. E. M. Blanden to be Capts. on probation.

POSTGRADUATE NEWS

A series of postgraduate lectures will be given in the West Medical Theatre of Edinburgh Royal Infirmary on Thursdays, Jan. 28, Feb. 4, 18, and 25, and March 4 and 11, at 4.30 p.m.

WEEKLY POSTGRADUATE DIARY

BRITISH POSTGRADUATE MEDICAL SCHOOL, Ducane Road, W.—*Daily*, 10 a.m. to 4 p.m., Medical Clinics, Surgical Clinics and Operations, Obstetrics and Gynaecological Clinics and Operations. *Daily*, 1.30 p.m., Post-mortems. *Mon.*, 2 p.m., Ear, Nose, and Throat Clinic. *Tues.*, 10 a.m., Paediatric Clinic; 11 a.m., Gynaecological Clinic; 2 p.m., Genito-urinary Clinic. *Wed.*, 11.30 a.m., Medical Conference. *Thurs.*, 2 p.m., Dermatological Clinic; 2.15 p.m., *X*-ray Demonstration on the Stomach by Dr. E. J. E. Topham. *Fri.*, 12.15 p.m., Surgical Conference; 2 p.m., Gynaecological Conference; 2 p.m., Sterility Clinic.

FELLOWSHIP OF MEDICINE, 1, Wimpole Street, W.—*London Homoeopathic Hospital*, Queen Square, W.C.: Clinical surgery demonstration. Wed. afternoon (limited to 6). *National Heart Hospital*, Westmoreland Street, W.: Tues. and Wed. 10 a.m. Out-patient clinics.

DIARY OF SOCIETIES & LECTURES

ROYAL SOCIETY OF MEDICINE.—*Tues.*, 2.30 p.m. Section of Pathology, at St. Mary's Hospital. *Wed.*, 2.30 p.m. Section of Physical Medicine. *Fri.*, 3.30 p.m. Section of Obstetrics and Gynaecology; 4.45 p.m. Section of Radiology.

B.M.A.: Branch and Division Meetings to be Held

CITY DIVISION.—At Metropolitan Hospital, Kingsland Road, E., Tues., Jan. 12, 3 p.m., Dr. P. Hamill: The Panel Pharmacopoeia and the Sulphonamides.

GLASGOW AND WEST OF SCOTLAND BRANCH.—At Institution of Engineers and Shipbuilders in Scotland, 39, Elmbank Crescent, Glasgow, Tues., Jan. 12, 3.30 p.m. Prof. J. M. Mackintosh: Nutrition and Medicine.

BIRTHS, MARRIAGES, & DEATHS

The charge for inserting announcements under this head is 10s. 6d. This amount should be forwarded with the notice, authenticated with the name and address of the sender, and should reach the Advertisement Manager not later than first post Monday morning to ensure insertion in the current issue.

MARRIAGE

GILCHRIST—STOCKTON.—On Jan. 2, 1943, at Dulwich, Norman S. Gilchrist, O.B.E., M.D., of 21, Harley Street, W.1, and 3, Alleyn Park, S.E.21, to Elizabeth Stockton, of 6, St. Mary's Mansions, W.2.

DEATHS

ALLEN.—On Dec. 28, 1942, at Letchworth, Frank James Allen, M.A., M.D., formerly Professor of Physiology, Mason University College, Birmingham, late of Cambridge and Shepton Mallet, in his 89th year.

BOYD.—At Craighouse, Beith, Ayrshire, on October 18, 1942, Robert Boyd, M.D., of 322, Great Western Street, Moss Side, Manchester, aged 69 years.

WYLIE.—On Jan. 2, 1943, Dr. James Wardlaw Wylie, sometime of Mayville, Cleland, Lanarkshire, and late of Mora, Larbert Road, Bonnybridge, Stirlingshire.