

# SUPPLEMENT

TO THE

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## British Medical Association.

### PROCEEDINGS OF COUNCIL.

Wednesday, November 12th, 1930.

A MEETING of the Council was held at the British Medical Association House, Tavistock Square, W.C., on Wednesday, November 12th, at 10 a.m. Dr. H. B. BRACKENBURY occupied the chair, and there were also present:

Dr. C. O. Hawthorne (Chairman of Representative Body), Mr. N. Bishop Harman (Treasurer), Professor A. H. Burgess (Past-President), Dr. W. G. Willoughby (President-Elect), Dr. E. K. Le Fleming (Deputy Chairman of Representative Body), Dr. G. A. Allan, Dr. J. Armstrong, Dr. F. J. Baildon, Dr. H. S. Beadles, Professor R. J. A. Berry, Sir Robert Bolam, Dr. J. W. Bone, Dr. H. C. Bristowe, Dr. J. D. Comrie, Dr. H. G. Dain, Dr. C. E. Douglas, Mr. T. P. Dunhill, Mr. W. McCam Eccles, Dr. C. E. S. Flemming, Dr. E. R. Fothergill, Dr. T. Fraser, Dr. F. W. Goodbody, Dr. R. G. Gordon, Surgeon Rear-Admiral J. Falconer Hall, Colonel A. E. Hamerton, Dr. R. Wallace Henry, Dr. J. Hudson, Major-General F. H. G. Hutchinson, Dr. R. Langdon-Down, Dr. J. Livingstone Loudon, Sir Richard Luce, Dr. A. Lyndon, Dr. P. Macdonald, Dr. S. Morton Mackenzie, Sir Ewen Maclean, Dr. O. Marriott, Dr. J. C. Matthews, Dr. G. W. Miller, Dr. Christine Murrell, Mr. A. W. Nuthall, Dr. L. A. Parry, Dr. W. Paterson, Dr. R. C. Peacocke, Dr. R. F. M. Picken, Dr. H. W. Pooler, Dr. J. R. Prytherch, Dr. F. Radcliffe, Dr. E. H. Snell, Mr. H. S. Souttar, Dr. W. E. Thomas, Dr. G. Clark Trotter, Mr. E. B. Turner, Dr. W. Watkins-Pitchford, Dr. W. N. West-Watson, and Sir William I. de Courey Wheeler.

Apologies for absence were received from Dr. D. E. Finlay, Dr. R. W. Leslie, Dr. E. Lewys-Lloyd, Dr. J. B. Miller, Lieut. Colonel F. O'Kinealy, and Dr. W. J. Phelan.

#### *Preliminary Business.*

The Chairman reported the deaths of former members of Council—namely, Dr. Charles Buttar (London), Dr. John Stevens (Edinburgh), and Dr. Michael Beverley (Cromer). He said that the Council recognized the value of the services which all these members had rendered over a long period of years. By a standing vote of the Council, the Chairman was authorized to forward letters of condolence to the families.

On the motion of the Chairman, it was agreed, unanimously and with applause, to recommend to the Representative Body that Professor A. H. Burgess be elected a Vice-President of the Association as a recognition of his services as President for the year 1929-30.

The Chairman was authorized to prepare and transmit to all those who contributed to the success of the Winnipeg Meeting the cordial thanks of the Association.

It was reported that a communication had been received from Dr. R. Bernard, secretary of the "Bruxelles-Médical," offering the deep sympathy of his Belgian colleagues in the misfortune which the British nation had suffered in the catastrophe to the R 101. Dr. Bernard was asked to convey the thanks of the Association to the Belgian doctors.

#### *Future Annual Meetings.*

The Arrangements Committee submitted to the Council certain recommendations with regard to the Annual Meeting to be held in Eastbourne in July, 1931. The recommendations, which were approved, concerned the allocation of sections—seven three-day sections, five two-day sections, and two single-day sections—and also the appointment of officers of sections.

At a later stage of the Council Meeting Lord Dawson of Penn and Dr. Worley attended to consider with the Council the arrangements for the Centenary Meeting of the Association in London in 1932. The question of dates and of accommodation was discussed. The difficulty of securing certain buildings for the usual date in July was considered, but the Council, while strongly against delaying the meeting until the early part of August, gave permission for some variation of dates.

#### *Practitioners and the Mental Treatment Act.*

Dr. Gordon reported to the Council on the work of the committee appointed by the Board of Control to consider the conditions under which medical practitioners might be approved for the purpose of making recommendations under Sections 1 (3) and 5 (3) of the Mental Treatment Act. He said that the Board of Control was very anxious to get as many practitioners as possible enlisted throughout the country by January 1st so that the Act could be brought fully into operation. The Board had also made it quite clear that the people they wanted were not people of special knowledge, but persons of repute in the profession, so that the public would have confidence that the type of practitioner giving these certificates could do

so with proper judgement. The first suggestion was that all those holding any sort of official appointments should be approved for this purpose. He, as a member of the committee representing the British Medical Association, had urged the right of the whole profession to be considered. Various special categories were mentioned, such as members of staffs of hospitals, practitioners with certain qualifications in the treatment of mental illness, and others concerned in medical education, but he thought that it would meet the wishes of those he represented if he suggested that there were many other practitioners who could not be brought within any of these categories but who yet were obviously suitable for the purpose. It was also laid down by the committee that nobody should be approved who had not been for at least five years on the *Medical Register*; he thereupon suggested that some similar status should be required among the official people who were approved, and the committee agreed that the official people should only be put on the list if they had held their offices for at least two years, as well as, of course, having been registered for at least five years.

Dr. Langdon-Down pointed out that the B.B.C. on the previous evening had broadcast an appeal that any doctor who had been five years or more on the *Register* should put in an application for this purpose. [A letter from the chairman of the Board of Control appears in this week's *Journal*, at page 885.]

The Chairman thanked Dr. Gordon for the action he had taken in this matter, and said that the Council would agree with the point of view for which he had contended. A further matter arose in this connexion—namely, the education of the profession in general as to the effect of the Mental Treatment Act. Advantage might be taken of the Divisional meetings which were to be called for the purpose of getting together lists of practitioners to be recommended for approval under the Act to familiarize the rank and file of the profession with the Act before it came into operation in January next.

Dr. Gordon said that the Board of Control was rather keen on some procedure for explaining to medical practitioners what the new Mental Treatment Act meant. It would be found to be really not at all a complicated matter, and possibly if the central office could send down to Divisions a sort of draft of the changes and the opportunities afforded, it would not be at all difficult for anybody in the Division to get a copy of the Mental Treatment Act, and read a summary of the points in the Act applicable to the medical profession. It would be a really useful thing for the profession at large to know what could be done under the Act; otherwise the definite advance obtained by this Act might become at first rather sterile simply through lack of information.

Dr. Fothergill pointed out that the Board of Control desired to have the names at the end of the present month, and he asked whether it would not be possible to allow the councils and executive committees of the Branches and Divisions to select the names at once, and to have meetings later on for the purpose of explaining the Act to practitioners. Dr. Gordon replied that the Board of Control was anxious that there should be no suggestion that the nominations made were those of members of the British Medical Association only; the meetings held should be for the whole of the practitioners in the area. Therefore he did not think the proposal that the Branch councils or executive committees should nominate these persons would meet the case.

The Chairman suggested that a memorandum setting out the effects of the Act, and also the exact nature of the nominations which were desired, might be circulated to chairmen and secretaries of Divisions and Branches. This memorandum would point out the necessity for the appointment of these persons, and would suggest that local nominations might be made by the executive of the Branch or Division if there was not time to call a meeting of the profession, it being understood, of course, that the nominations should not be confined to members of the Association.

Dr. Gordon agreed with this course, and asked that it might be added that the practitioners to be approved should not be confined to those specified in the categories he had enumerated. The Board was afraid that in some rural areas it might not be easy to get people to serve. In reply to a question by Dr. Fothergill, he said that there was no automatic putting on of certain people; some categories of people who might be suitable were suggested, and the Board of Control

would be glad of guidance in respect to others, because it had no means itself of assessing the reputation of those who applied.

It was agreed to send out the memorandum as suggested by the chairman.

#### *Mental Defectives and the Question of Sterilization.*

The Council had on its agenda the consideration of a communication from the National Council of Women in Great Britain forwarding a resolution passed at its recent annual meeting, that definite practical means should be taken to prevent the propagation of the mentally defective, and urging the Government to appoint a Royal Commission to inquire into the causation of mental deficiency, and into all means of prevention, including sterilization and the prevention of marriage.

Dr. Gordon had also given notice of a motion to appoint a committee of the Association on the subject of mental deficiency, having a wide reference, but with particular regard to the proposal to institute legislation for sterilization of defectives, and also the necessity for increasing the facilities for instruction in this branch of mental medicine.

The Chairman of Council said that the Council at its February meeting had expressed approval of and sympathy with a resolution passed by the Central Association for Mental Welfare—namely, that a Royal Commission should be appointed to make full inquiry into the causation of mental deficiency in its relationship to other abnormal conditions, and any measures, including both segregation and sterilization, by which it might be prevented. This resolution was presented to the Minister of Health, who expressed the opinion that he was already so full up with commitments that it was impossible to appoint such a Royal Commission or committee immediately. The Minister expressed a sort of general sympathy with the proposal, but asked that the matter might be postponed, and accordingly the Central Association undertook to leave the matter in suspense for twelve months. That period would be up next January, and he had no doubt that the demand for a proper inquiry would be revived. The Council of the British Medical Association might be said to have implicitly endorsed the suspension for a year of the demand for the inquiry, and for that reason he thought that the proposal now before the Council might appropriately be held over until the February meeting.

Dr. Langdon-Down said that at first sight the resolution transmitted by the National Council of Women had much in it to appeal to the profession. The object in view was one which seemed reasonable and worthy of support. But questions of this kind were apt to go through without adequate scrutiny. Whatever they might have felt at the time the last resolution was passed, he did not think that, after all, a Royal Commission was the right method of dealing with this matter. The proposal from the National Council of Women contained two propositions—one that further definite means should be taken to prevent propagation of the mentally defective, and the other that the method of inquiry should be by means of a Royal Commission. The Government would be dilatory, and would refuse, if possible, to appoint such a Royal Commission. But was a Royal Commission the best method of conducting a scientific inquiry of this kind, or if it was, could it be expected that it would be reasonably rapid? It was very important that any such committee should have some practical knowledge about the working of sterilization as now recommended by recent research. There was no chance at present of experimenting on this subject in this country, because, on the best information obtainable, it would not be lawful for a medical man to practise sterilization methods—surgical or other—in the present state of the law. At all events, it seemed quite clear that no public bodies spending money, nor even the Board of Control, could properly and safely give countenance to such a procedure until it had been definitely laid down that it was lawful. A mere expression of opinion as to what might be the effect upon the individual or upon society would not be sufficient; some practical experience was wanted, and, it seemed to him, this might be postponed for many years. Whatever opinion might be held as to the causation and origin of mental deficiency, there was practical unanimity of opinion, at all events in the medical profession, that mental defectives should not have families. Even if it was a question only of environmental

condition, then surely the children of mental defectives were placed in just the environment which, on that hypothesis, would be most prejudicial. Figures had been produced showing an alarming increase in the incidence of mental deficiency; with the fullest possible discount for those figures, it must be admitted that a very serious problem was presented. They showed something like a doubling of the incidence of mental deficiency in one generation. Moreover, such an increase had been foretold for the last fifteen or twenty years by people who noticed what was happening in the way of selective breeding owing to the practice of birth control by the more intelligent classes of the community. The result of this would be a relative increase in the numbers of the members of the population of low mentality. Sterilization afforded the only really practical and effective measure, birth control being not applicable to people of low mental intelligence. There were in the community some 200,000 mental defectives outside the range of institutional care. He considered that the appointment of a Royal Commission at the present moment would tend, unfortunately, to postpone other methods of dealing with the subject.

Dr. Gordon, in moving the resolution set out above, said that everybody agreed that mental deficiency was a very important matter, but he maintained that it was a medical matter. There was a tendency in this country for these questions to get into the hands of lay bodies, educational, social, and the like, and the medical profession seemed to be largely left out. He admitted at once that all these social and educational bodies sought advice from medical experts, but mental deficiency was such a wide problem that it became the responsibility of the whole of the medical profession. Therefore he thought it desirable that the British Medical Association, which represented the majority of the profession, should be in a position to give a considered opinion on this matter if and when it was asked to do so. Once the thing was brought up in Parliament, the whole subject might come to the surface, public opinion would make a demand for immediate measures, and therefore it was necessary that the medical profession as a body should be in a position to say something about it. He submitted that to set up such a committee as he proposed, with a wide reference, would not be going against the spirit of anything which the Council had said in the past. In going up and down the country he found an extraordinary amount of confused thought on the subject of mental deficiency. When one turned to the opportunities of education on this subject afforded by the medical schools one found them very scattered and incomplete. They consisted of short post-graduate courses, which in the nature of things could not be attended by a very large number of people. He therefore urged the desirability of appointing such a committee to consider the question in full. The appointment of a committee would not suggest any immediate action, and it would take them until the New Year to get fully started.

Dr. Eristowe seconded Dr. Gordon's proposition. He thought the Association should be prepared to consider the whole matter, and have its own ideas set out in time for the appointment of any Royal Commission or other committee of inquiry.

Professor Berry desired to move an amendment, namely, "That this Council is of opinion that further definite practical means should be taken to prevent the propagation of the mentally defective," and to follow on with the words of Dr. Gordon's motion. Like Dr. Langdon-Down, he deplored the waste of time involved in the appointment and procedure of a Royal Commission. Dr. Gordon had taken a very wide range in his proposition, and had included the question of the education of the profession, a view with which the speaker was cordially in sympathy. This subject was being taken up, not only in this country, but abroad by lay bodies, and the profession was not taking the place it ought to take; it was being rather dragged at the tail. It was quite wrong to suppose that knowledge on the subject of mental deficiency was not available, but he admitted that the work was specialized, and that the rank and file of the profession, not specially engaged in this subject, did not know very much about it. Any knowledge which he had himself acquired, he wanted to pass on to his medical brethren, not to the lay public.

On the suggestion of the Chairman, Professor Berry agreed to withdraw his amendment and to support the motion which was before the meeting.

Dr. Parry also supported the proposal to set up a committee of the Association. The question of mental deficiency was one of the most important social problems of the day, and it was very necessary that the Association should make its voice heard on the matter.

Dr. Macdonald said that whilst he took no very serious exception to the motion, he was rather afraid of panic legislation. Some people seemed to have got into a state of panic about the propagation of the mentally deficient. He agreed that it was a serious problem, but there was one thing about which he was more frightened—namely, that there should be interference with the liberty of the subject. He was not certain that he did not favour a Royal Commission, on the very ground that it would delay matters. This was a thing which ought not to be rushed.

Dr. Christine Murrell supported the proposal to appoint the committee. Many of those present would agree with the last speaker as to the importance of maintaining the liberty of the subject, but one of the prices of living in a community was that liberty had to be restricted if it worked to the damage of other members of society. This had been before the public for so long that the profession would lose its right to deal with it as a medical subject if it did not take a move forward.

Dr. Langdon-Down said that he was as much concerned as Dr. Macdonald with the liberty of the subject, and the only proposal he had so far endorsed was a purely voluntary one, that the person concerned should give his consent to sterilization, or that some responsible person should give consent for him. He did not think that sterilization would do all that was claimed for it, but he wanted liberty for the profession to sterilize on eugenic grounds where they were satisfied that this would be advantageous in suitable cases. Most of those who dealt with mental defectives knew of a few cases where it would be of the greatest benefit to sterilize.

Dr. Hawthorne thought the Council was anticipating the decision of the committee. All the Council was asked to do at the moment was to say that this was a subject on which the British Medical Association ought to be competent and equipped to pronounce an opinion.

The Chairman, speaking as one who had been much interested in this subject for very many years, declared himself not in entire agreement with any of the speakers who had taken part in the debate. In the first place, he was very anxious that the British Medical Association, having implicitly or explicitly entered into some arrangement with some other body as to a certain course of action, should not even seem to go back upon the agreement so arranged. It was for the Council to judge whether the passing of this motion might be interpreted as meaning that it would be in conflict with that understanding. He thought it might be wiser and better for the Council to hold its hand until its meeting in February. On the other hand, he believed that a request to the Minister made in January in the same terms as a year ago would probably meet with the same answer, and it would then be appropriate to appoint their own committee of inquiry, in view of the fact that the Government had procrastinated. In the next place he was not in agreement with those who said that this was entirely a medical matter. The diagnosis of mental deficiency might be held to be such, though it was possible even there that certain psychologists might be able to enter the field; but that was not the point with which they were specifically concerned in the resolution before them. The chief concern was with regard to the origin and propagation of mental deficiency, and there he was by no means inclined to believe that it was entirely a medical matter. He agreed with Professor Berry when he said that in so far as it was a medical matter, it was a very specialized one. But the people who were in a position to throw light on the origin and on the ways of dealing with mental deficiency were those concerned with the relatively new science of genetics, especially its developments during the past three or four years, since T. H. Morgan, in America, conducted certain experiments with regard to inheritance, which had a good deal of bearing on this subject, and were indeed the foundation of the whole scientific inquiry into heredity to-day. There were very few people in the medical profession who were expert in this new science. Then the treatment of mental deficiency was not wholly a medical question—it was a social question; and what the profession was concerned with was the methods of

preventing propagation, not the social treatment of the mentally deficient. That again was not wholly a question for the medical profession to decide.

Dr. Lyndon supported the appointment of the committee, and Dr. Gordon, in reply on the discussion, submitted that his proposal was not in contravention of what the Council had said earlier. He agreed that the terms of reference of the committee should be made more explicit.

Dr. Gordon's proposal was agreed to without dissent, and at a later stage of the Council's proceedings the following reference for the committee was agreed to: "To report on the various medical problems presented by mental deficiency, more especially with regard to methods which have been suggested to reduce its incidence and to the facilities for medical education in this subject."

It was also agreed that the following should be invited to constitute the committee:

The Officers of the Association (*ex officio*), Professor R. J. A. Berry, Dr. R. Langdon-Down, Sir Ewen Maclean, Dr. R. G. Gordon, Dr. A. F. Tredgold, Dr. W. Langdon Brown, Dr. R. M. Stewart, Dr. E. O. Lewis (Board of Control), Dr. Letitia Fairfield, Dr. H. P. T. Young (H.M. Prison, Wormwood Scrubbs), Dr. J. S. Manson, Professor Eley Crew, Dr. H. C. Bristowe, Dr. L. A. Parry, together with one representative appointed by each of the following: The Society of Medical Officers of Health, and the Royal Medico-Psychological Association.

#### *The Association in Australia.*

Dr. Morton Mackenzie, chairman of the Organization Committee, reported that an intimation had been received from the Federal Committee of the British Medical Association in Australia that the six Branches in Australia proposed to substitute for that committee a Federal Council constituted under Article 16 of the Association. It was stated that this step would involve considerable additional expense, and Dr. R. H. Todd, the honorary secretary of the Federal Committee, had written suggesting that the subscription payable on behalf of members in Australia, which stood at £1 5s. 6d., after deducting the capitation allowance, should be reduced to one guinea. The Organization Committee recommended that no objection be raised to the formation of a Federal Council, but that a proposal for reduction of the annual subscription could not be entertained, though the Association Council was willing to make a grant towards the expenses of the reconstruction. In the absence of definite information as to why the expenses of the Federal Council should be greater than those of the existing Federal Committee, the Council could not express any opinion as to the necessity of further financial assistance.

Sir Ewen Maclean asked the Council to err, if it erred at all, on the side of being generous to the Oversea Branches. Their loyalty to the home Association was outstanding, and he considered that if the reduction were only a minor one on the lines suggested by Dr. Todd it would be well worth while. He gathered from what the Chairman had said that the matter had not yet been finally settled.

The Chairman said that if the recommendations of the Organization Committee were adopted, the proposal that there should be any reduction in the Australian subscription would be turned down, but the question of grants would be left open.

The recommendations were agreed to.

Dr. Morton Mackenzie brought forward a matter relating to the Victorian Branch, a committee of which had suggested the organization of a representative meeting of delegates from "Subdivisions" of the Branch—bodies whereby, under the present organization, the Branch Council was in part elected territorially. It was considered in the Branch that a meeting of representatives duly appointed at Subdivisional meetings would give distant members a better opportunity of expressing their opinions; and as to the question of forming Divisions, it was decided that it would be unwise to do so, that there were no questions of local policy which did not affect all members of the Branch, and that isolated medical political action by a Division (if formed) would cause chaos. On the ground that these "Subdivisions" had no constitutional status in the Association, that difficult questions of co-ordination might arise if the Branch set up a representative body in addition to the Branch Council, and that the right of the ordinary member to attend meetings convened for the consideration of Association business might be seriously affected, the Organization Committee proposed to go into the matter

further with the Branch on behalf of the Council. Dr. Mackenzie added that no argument had been brought forward to show how the chaotic position spoken of would be avoided by the organization proposed.

Sir Ewen Maclean said that the point that emerged when he was in Australia was the question of setting up a representative body analogous to the one at home, and the view he had gathered at one or two centres, notably Brisbane, was that this larger proposal was approved. But to some extent in Sydney, and certainly in Melbourne, opinion favoured the setting up of a Representative Body for each State. He wondered whether that had been appreciated by the Organization Committee? Dr. Mackenzie said that he had not understood this. The Organization Committee had regarded it up to now as an internal matter concerned with the Victorian Branch, but would make further inquiries.

The discussion on the subject then dropped.

#### *Organization Business.*

Dr. Morton Mackenzie, for the Organization Committee, submitted certain recommendations with regard to the representation of Divisions in the Representative Body and the grouping of Branches and constituencies for election of Council, which were approved. On his motion the Council also agreed that the Isle of Man Division should be made a separate Isle of Man Branch, with the title "The Isle of Man Medical Society; Isle of Man Branch of the B.M.A." that the Branch should be made an independent constituency in the Representative Body, and that, as regards representation in the Council, it should continue to be grouped with the Lancashire and Cheshire Branch. It was stated that there was an active and efficient Isle of Man Medical Society whose title, as it was mentioned in the local National Health Insurance Act, could not be altered; that it would not be possible to run successfully separate organizations, and that it was feared that the Association might swamp the Society. It was therefore proposed that the Society and the Branch should be run together.

It was agreed that the Chairman of Council should be authorized to forward a suitable letter to the following honorary secretaries who had relinquished office and whose names were considered by the Council to be deserving of special recognition.

Dr. W. Arnott Dickson, Gloucestershire Branch.  
Dr. R. Forbes, Gateshead Division.  
Dr. W. J. Garbutt, Birmingham Central Division.  
Dr. Helen Jardine, South-West Essex Division.  
Dr. A. H. D. Smith, South-West Wales Division.  
Dr. W. E. A. Worley, City Division.

Dr. Mackenzie reported that on October 10th last the membership of the Association was 35,633, as against 35,113 on the corresponding date of the previous year.

#### *The Oversea Branches.*

Dr. Paterson, chairman of the Dominions Committee, brought forward a report that suggestions had been made that the Medical Secretary, after his retirement in 1930, might visit the Oversea Branches, and asked for the instruction of the Council on the matter; also on a proposal that, on the occasion of the Centenary Meeting of the Association in 1932, and perhaps thereafter from time to time, there should be a conference of representatives of Federal Councils and Oversea Branches at the Representative Meeting in conjunction with representatives of the Home Association. The Dominions Committee was instructed to prepare a report upon these two questions.

#### *Association Charities.*

The Council received with great satisfaction the announcement by the Chairman that under the will of the late Dr. John Stevens the sum of £1,000 had been left to the Sir Charles Hastings Fund, which meant that, less legacy duty, the Fund would benefit to the extent of about £900.

Dr. Douglas, chairman of the Charities Committee, said that it was proposed to have a conference of Honorary Charities Secretaries of Divisions in connexion with the Annual Meeting at Eastbourne in July. This arose out of a suggestion at the Annual Representative Meeting, and showed that representatives and others were taking up the matter very seriously.

Various suggestions had been made for increasing the funds of medical charities. On the resolution of the Representative

Meeting, the Council was instructed to investigate the method whereby income tax could be recovered on the annual subscription to the Charities Fund. A somewhat complicated procedure would be involved in such a proposal, and it appeared to the committee desirable that before its general adoption was urged upon Divisions a trial should be made in a single area in order to test its practicability. A member of the committee (Dr. Dearden) accordingly undertook to submit the scheme to his Division with a view to putting it into operation for trial purposes, and the committee hoped to report further.

#### *Tests for Motor Drivers.*

Dr. Gordon, reporting for the Committee on Tests for Motor Drivers (the chairman of which was Professor Barcroft, not a member of Council), said that the Road Traffic Act provided that an applicant for the grant of a motor driving licence must make a declaration as to whether or not he was suffering from any disease or physical disability which would be likely to cause the driving by him of a motor vehicle to be a source of danger to the public. The Association's proposals were that the only conditions which should constitute an absolute bar to the issue of a driving licence were total blindness and epilepsy, but that certain other diseases or disabilities should be specified, and an applicant for a driving licence declaring himself to be suffering from any of them should be referred to a medical examiner, on whose recommendation the licence might be granted or refused, or the applicant be subjected to a road test. It appeared that the Ministry of Transport would in no circumstances adopt the proposals for compulsory medical tests, and that the only test to be applied was a road test. If the applicant for a licence had any doubt as to his physical or mental capacity the onus would be upon him to consult his own medical adviser. Despite this difference between the suggestions of the Association and the Ministry's intention, the committee had advised the Ministry as to the best form in which to give effect to the Ministry's policy. The Ministry had forwarded for the observations of the Association the Draft Regulations for 1930. These included a declaration by the applicant as to physical fitness. The questions set out were: "(1) Do you suffer from epilepsy, or are you liable to sudden attacks of disabling giddiness or fainting? (2) Is your power of distant vision in one eye at least (with glasses, if worn) not less than 50 per cent. of normal? (3) Have you lost either hand or foot, or are you suffering from any defect in movement, control, or muscular power of either arm or leg? If so, give particulars." The committee suggested that the first two of these questions should be revised as follows: "(1) Do you suffer from epilepsy, or from repeated attacks of disabling giddiness or fainting? (2) Are you able to read, in good daylight, with one eye at least (with glasses, if worn), the registration number of a motor car at 25 yards?" The committee felt that it would be much more specific, and possibly freer from legal objection, if reference were made to repeated attacks of disabling giddiness or fainting, rather than to liability to sudden attacks. Further, the phrase in the Ministry's regulation as regards vision, "less than 50 per cent. of normal," was not a technical term; it was used frequently in workmen's compensation cases, and its use in this instance might well prove to be confusing. On the question of colour signals the committee had suggested to the Ministry a system of signals which, in its opinion, would be a safeguard against the danger from colour-blindness. Dr. Gordon added that since the meeting of the committee he had learned that the Ministry had accepted the Association's suggestions in substance, with slight verbal alterations.

The report was approved.

#### *Post-graduate Courses for Ship Surgeons.*

Dr. Matthews, chairman of the Ship Surgeons Post-Graduate Training Committee, submitted a report. He said that the subject-matter referred to his committee seemed at first likely to give rise to considerable difference of opinion. The committee was aware, after a preliminary consideration of the subject, that any scheme could only be successful if it carried with it the approval of the shipping companies. The attitude of the shipping companies was fully appreciated; they were in sympathy with a scheme of post-graduate instruction, and were prepared to lend their support to it, but they desired

to remain unfettered in their liberty to regard the possession of a registered medical qualification as the only essential requirement when appointing surgeons for their ships. The committee therefore was unanimous, having regard to this attitude, that such a course of instruction should not be made compulsory on ship surgeons or on candidates for the service, and that the shipping companies should not be restricted in their choice to surgeons who had taken the course. In this country there were no special qualifications required for ship surgeons, although there were many subjects, such as ships' hygiene, Board of Trade requirements, and clinical subjects in their special application to conditions on board ship, on which it was desirable that a ship surgeon should have some special instruction. The committee was of opinion that courses of post-graduate instruction should be provided for the benefit of those who desired to take up service as ship surgeons and those already in the service. It suggested that the courses should be divided into three parts: (1) ships' hygiene, the Shipping Acts, and quarantine procedure; (2) tropical medicine and hygiene; (3) a "refresher" course in clinical subjects; also that the respective parts of the course should be quite separate, and that each part should extend over a period not exceeding four weeks.

Recommendations to this effect were agreed to by the Council, together with a list of subjects to be taken in each of the three parts. It was also agreed that, at a suitable stage, when the replies from the Board of Trade and Ministry of Health had been received, the Council should consider the advisability of calling a conference of representatives of the teaching bodies concerned and of the shipping companies.

#### *National Health Insurance.*

Dr. Dain, chairman of the Insurance Acts Committee, brought forward the recommendation that Professor Burgess, in his capacity as Acting-President, should be a member of Insurance Acts Committee for the session, and it was agreed that he should be invited to all its meetings.

The Chairman of Council explained that, in his view, an Acting-President was not *ex officio* a member of all committees. His position as Acting-President simply meant that he would act as President of the Association on outside bodies, or represent the Association on ceremonial and social occasions to which the President might be invited. It was, of course, open to any committee to invite Professor Burgess to attend any of its meetings, and, in the case of the Insurance Acts Committee, it had been such a gratification to find Professor Burgess interesting himself so wholeheartedly in the subject of insurance practice that the Insurance Acts Committee felt that it would like to make this a special recommendation.

In bringing forward other matters in the report, Dr. Dain said that members of Council must have noticed the extraordinary amount of abuse which the insurance practitioner had received at the autumn sessions of conferences of various approved societies and organizations interested in national health insurance. So much was this the case that the Insurance Acts Committee had considered it desirable to set out again those paragraphs in its report to the Panel Conference of 1928, showing that on the data available, laxity in medical certification was not responsible for the increase in sickness benefit claims in 1926 and 1927.

He also reported that by the passing of the National Health Insurance Act for Northern Ireland medical benefit came into operation in that country on October 1st last. It was therefore essential that insurance practitioners in Northern Ireland should have two representatives on the committee, one elected by the six medical committees to be created in Northern Ireland, and one by the representatives of Northern Ireland at the Annual Representative Meeting.

The Council agreed to certain alterations whereby this might be effected.

Dr. Douglas stated that in the North of Ireland it was desired to have prescriptions dealt with by the same machinery as in Scotland.

Dr. Dain also described the position with regard to the arrangements for change of doctor by insured persons. The Ministry's proposals, that change of doctor should be allowed only once a quarter on giving one month's notice, were a great limitation on the freedom of choice of the insured person. The Insurance Acts Committee was opposed to this arrangement, and its view was supported by the Panel Conference.

*Hospital Policy.*

Sir Richard Luce, chairman of the Hospitals Committee, moved, with a view to giving practical effect to the principles enunciated in the Revised Hospital Policy, that the officers, the chairman of the committee, and Sir Robert Bolam be authorized to organize by means of meetings and conferences throughout the country a campaign among the visiting staffs of hospitals to forward the policy. Dr. Matthews considered that a more satisfactory method would be to leave the Divisions to take local action, while letting it be known that the officers were prepared to assist them. Sir Richard Luce explained that it was not proposed to push uninvited into any territory; the views of the localities would first be sounded. The proposal was agreed to.

The next recommendation dealt with the treatment of State- and rate-maintained patients at voluntary hospitals, and Sir Richard Luce moved that where a voluntary hospital gave in-patient treatment to patients for whom the local authority accepted financial responsibility, the local authority should pay to the hospital the maintenance cost, plus an addition of 25 per cent. in respect of treatment, and out of the total sum so received 20 per cent. should be allocated by the voluntary hospital to the medical staff. It was the long-standing policy of the Association, he said, that the services of the profession should not be given gratuitously to patients who were maintained by public funds. Dr. Fothergill hoped the Council would look upon this as a purely transitional proposal, and other members of Council referred to exceptional cases in which this arrangement would not apply. Sir Robert Bolam said that it was not intended to cover arrangements already scheduled with regard to tuberculosis cases and the like; it simply referred to the position which was likely to arise with regard to 80 per cent. of in-patients. Some staffs, in their eagerness to get a foothold, had taken small amounts like 5 or 10 per cent., and it was very desirable that opinion throughout the country should not harden into an idea that 10 per cent. of the maintenance cost was the kind of arrangement with which the medical staff ought to agree. Dr. Dain thought the proposal embodied a rather dangerous generalization, and mentioned orthopaedic cases continuing in hospital perhaps for three or four years. In the result Sir Richard Luce agreed to take back the proposal for more explicit drafting.

Discussion arose on the extension of income limit as regards certain members of the Hospital Saving Association. The proposal of that body was that certain workpeople, such as employees in the postal service, works foremen, etc., whose income was above the £250 limit, but did not exceed £400, should be included on a special voucher. The committee had informed the Hospital Saving Association that no exception would be taken to the proposal provided that the medical staffs of the co-operating hospitals were consulted by the boards of management prior to any arrangement being concluded. The proposals were not regarded as contrary to the policy of the British Medical Association. The committee had urged the medical staffs of the hospitals concerned to take appropriate action with a view to protecting their own interests. Dr. Matthews regretted that the Hospitals Committee had weakened on the income limit. Dr. Fothergill pointed out that the policy must be dependent on social and economic conditions in the locality, and Sir Robert Bolam also pointed out how varying were local circumstances in the hospital world; he further stated that those people concerned were not excluded from hospitals as it was, and efforts were made which might not be altogether successful, to get from them what they might give voluntarily. An amendment by Dr. Matthews, seconded by Mr. Bishop Harman, to withhold approval of this part of the report was negatived.

The Hospitals Committee's report included a communication which had been made to the Ministry of Health by a joint subcommittee of the Public Health and Hospitals Committees on certain amendments suggested in the Public Assistance Order, 1930. In reply to Dr. Radcliffe, Dr. Picken, who was a member of the subcommittee, said that the suggestion had been made and forwarded to the Ministry that where an institution was predominantly one for the care of the sick and infirm, it should be possible for a medical practitioner to be appointed to the joint post of medical officer and master, and for a trained nurse to be appointed to the joint post of matron and

superintendent nurse. This was intended to cover the sort of institution which was partly a hospital, but not entirely, and had a number of chronic mental cases.

Dr. Fothergill moved a resolution instructing the Medical Secretary to send to Branches and Divisions a circular giving assistance as to how they could best formulate their point of view with regard to voluntary and council accommodation and equipment when placing this subject before the local authorities and voluntary hospital consultative councils. After some discussion it was agreed that the matter should be first referred to the Hospitals Committee for consideration from a larger point of view than the terms of the questionnaire set out in para. 187 of the last Supplementary Report of Council, which had been quoted by Dr. Fothergill.

*Other Committee Business.*

Mr. Bishop Harman and Dr. Macdonald reported progress on behalf of the Ophthalmic Committee. Mr. Bishop Harman stated that in the month of September of this year the number of cases brought to account under the scheme was 1,882, and in October 2,016. The number of places in the country in which there was a full service—that is, ophthalmic and dispensing—was 166; the number in which there was ophthalmic service but no dispensing service or only a partial one, was 280. The Council agreed to the appointment of Mr. Bishop Harman, Dr. Macdonald, and Mr. Mayou as the Association's representatives upon the National Ophthalmic Treatment Board.

Dr. Bone presented the report of the Medico-Political Committee, which contained no recommendations, but referred to various work in progress.

On the report of the Science Committee, Mr. Souttar stated that the inquiry into the incidence of cancer and its history after treatment had resulted in an unexpectedly large volume of work. Approximately 3,500 practitioners had joined in this research, and it was estimated that something like 20,000 cases would be considered. Dr. A. P. Luff, the Honorary Director of Researches, had found the work too considerable, and had suggested that, as he was concerned with the replies received relating to cancer of the breast, another practitioner should be appointed to deal with the replies relating to cancer of the cervix, rectum, and tongue.

The Council agreed to appoint as assistant to the Honorary Director, Mr. Charles Donald, who had for three years been Mr. Souttar's chief assistant at the London Hospital. Mr. Souttar also referred to the success of the *Register of Biophysical Assistants*, and mentioned that the names on the topographical part of the roll would be published in the *Supplement* of November 15th.

On reporting for the Ethical Committee, Dr. Lyndon was warmly welcomed back after his long absence through serious illness. The only recommendation which his committee brought forward was that the Divisions and Branches should be urged to adopt a binding resolution under their ethical rules concerning the memorandum of recommendations regarding salaries for whole-time public health medical officers; also that those bodies which had adopted a resolution under their ethical rules relative to the 1925 scale of salaries should be advised to rescind any such resolution. The 1925 scale, he reminded the Council, had now been superseded by the memorandum, but a binding resolution still remained on the books of various Branches and Divisions, and involved contradiction in some cases to the new scale.

The recommendation was approved.

Dr. Snell reported for the Public Health Committee, the only recommendation of which was with regard to the Sir Charles Hastings Lecture, 1931. Dr. Snell said that three Hastings Lectures had now been given, but the attendance of the public was not, at least on the last occasion, as large as might be desired. The Public Health Committee was empowered to make arrangements for the delivery and advertising of the lecture.

Mr. Bishop Harman suggested that even if the attendance of the public was not large, the lecture was worth while on account of the press publicity afterwards.

Dr. Allan reported for the Scottish Committee, and expressed appreciation of the services which Dr. C. E. Douglas had rendered to the committee during the illness of the Scottish Medical Secretary, and on the recommendation of the Office Committee the Council placed on record its high appreciation of Dr. Douglas's services.

On the report of the Journal Committee, presented by Sir Robert Bolam, new sizes and styles of type for the *Journal* were again discussed, and the members of the Council indicated their preferences.

The Treasurer presented the report of the Finance Committee, which, with certain routine recommendations, was approved.

Certain members were appointed to represent the Association at conferences of other bodies. Mr. Turner reported on the National Safety First Association Conference.

The Medical Secretary reported that an invitation had been received from the Royal Institute of British Architects to a conference on December 4th dealing with certain aspects of building construction and control, including particularly sanitary and heating arrangements. It was agreed to ask Sir Eustace Hill to represent the Association.

A resolution passed by the Medical Sociology Section at the Winnipeg Meeting was transmitted, recommending that a commission be appointed in the Dominion of Canada to consider the whole question of migration within the Empire in co-operation with similar bodies in Great Britain and other overseas Dominions, with a view to the possibility of forming an imperial clearing board of immigration; also that the medical certificate necessary for the admission of an immigrant to any Dominion should be required to state only that the immigrant was not suffering from any disease or disability which would make him or her a charge on the State. Dr. Comrie explained that the Canadians were very keen on the first of these proposals. He thought the matter came before the Council merely for information. The Chairman of Council said that inquiry would be made as to what the Canadian Medical Association itself had done in this direction, and afterwards it might be desirable to approach the Secretary for Dominions and Colonies and see what could be done here.

The Council concluded its business at 6.30 p.m.

## Association Notices.

### BATH, BOURNEMOUTH, AND WEST DORSET DIVISIONS; AND BATH AND BRISTOL, DORSET AND WEST HANTS, AND WEST SOMERSET BRANCHES.

PURSUANT to Articles 13 and 14, notice is hereby given by the Council of the Association to all concerned of the following proposed changes of areas:

- (i) That the parts of the Poole and Wimborne and Cranborne rural districts, at present in the area of the West Dorset Division of the Dorset and West Hants Branch, be transferred to the area of the Bournemouth Division of that Branch;
- (ii) That Yeovil municipal borough and the part of Yeovil rural district, at present in the area of the West Dorset Division, be transferred to the area of the West Somerset Branch;
- (iii) That the part of Wincanton rural district, at present in the area of the West Dorset Division, be transferred to the area of the Bath Division of the Branch and Bristol Branch.

Written notice of the above proposal has been given to the Bath, Bournemouth, and West Dorset Divisions, and the Bath and Bristol, Dorset and West Hants, and West Somerset Branches, and the matter will be determined in due course by the Council of the Association. Any member affected by the proposal and objecting thereto is requested to write, stating the reason, to the Medical Secretary, B.M.A. House, 19, Tavistock Square, London, W.C.1, not later than December 22nd, 1930.

ALFRED COX,

November 17th, 1930.

Medical Secretary.

### BRANCH AND DIVISION MEETINGS TO BE HELD.

**BATH AND BRISTOL BRANCH.**—A meeting of the Bath and Bristol Branch will be held at the Royal United Hospital, Bath, on Wednesday, November 26th, at 8.15 p.m. Papers: (a) Miss Forrester Brown, The diagnosis of deformity in infancy; (b) Dr. W. R. Dawson, The immediate disposal of cases of mental defect or disorder in ordinary practice.

**CAMBRIDGE AND HUNTINGDON BRANCH: ISLE OF ELY DIVISION.**—A British Medical Association Lecture will be given at the Griffin Hotel, March, on Tuesday, November 25th, at 3 p.m., by Mr. A. W. Bourne, obstetric surgeon to Queen Charlotte's Hospital, on difficult labour. The lecture will be preceded by a lunch at the hotel at 1.45 p.m. (charge 3s. 6d. per head).

**DORSET AND WEST HANTS BRANCH: BOURNEMOUTH DIVISION.**—The annual dinner of the Bournemouth Division will be held on Tuesday, November 25th, at the Royal Bath Hotel, at 7.15 for

7.30 p.m. After the dinner there will be dancing in the King's Hall until midnight. It is hoped that as many members as possible will come, and bring guests, including ladies, with them. Tickets 8s. 6d. each (exclusive of wines). Application for tickets, together with remittance, must reach Dr. O. C. Carter, honorary secretary (Hursley, Poole Road, Bournemouth), by Saturday, November 22nd.

**EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.**—The annual dinner of the South-Eastern Counties Division will be held in the Buccleuch Arms Hotel, St. Boswell's Green, on Wednesday, November 26th, at 7.15 p.m. (tickets 9s.). Captain A. R. McDougal (Blythe), Convener of the Public Health Committee of the County of Berwick, will be the guest of the evening.

**HERTFORDSHIRE BRANCH: BARNET DIVISION.**—A meeting of the Barnet Division will be held at the Cottage Hospital, Barnet, on Thursday, December 4th, at 8.30 p.m. Dr. C. E. Lakin will give an address on angina pectoris and coronary thrombosis.

**LANCASHIRE AND CHESHIRE BRANCH: BURY, OLDHAM, AND ROCHDALE DIVISIONS.**—A joint meeting of the Bury, Oldham, and Rochdale Divisions will be held in the Gentlemen's Cloak Room, Town Hall, Rochdale, on Wednesday, December 10th, at 8.30 p.m. Dr. E. P. Poulton, physician to Guy's Hospital, will give a British Medical Association Lecture on asthma.

**METROPOLITAN COUNTIES BRANCH: CITY DIVISION.**—A meeting of the City Division will be held at the Metropolitan Hospital, Kingsland Road, E., on Tuesday, December 2nd, at 9.30 p.m. Dr. Matthew Ray will read a paper on rheumatism, with special reference to its treatment at the British Red Cross Clinic, Peto Place. The annual dinner-dance of the Division will take place at the Trocadero Restaurant on Thursday, December 4th, at 7.30 p.m.

**METROPOLITAN COUNTIES BRANCH: HARROW AND HENDON DIVISIONS.**—A combined clinical meeting will be held by the Harrow and Hendon Divisions at the Redhill Hospital, Burnt Oak, to-day (Friday, November 21st), at 8.30 p.m. Cases, etc., for demonstration and discussion will be shown by the medical staff.

**METROPOLITAN COUNTIES BRANCH: LAMBETH AND SOUTHWARK DIVISION.**—A clinical meeting of the Lambeth and Southwark Division will be held at the Belgrave Hospital, Clapham Road, to-day (Friday, November 21st), at 4.15 p.m. Mr. S. I. Levy will lecture on the early diagnosis of the acute abdomen.

**METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.**—A meeting of the Lewisham Division will be held at St. John's Hospital, Lewisham, on Tuesday, November 25th, at 8.45 p.m. Dr. John Gibbens will give a clinical demonstration of heart cases in children.

**METROPOLITAN COUNTIES BRANCH: WILLESDEN DIVISION.**—The annual dinner of the Willesden Division will be held at the Criterion Restaurant on Sunday, November 23rd, at 7 for 7.30 p.m.

**NORFOLK BRANCH: WEST NORFOLK DIVISION.**—A meeting of the West Norfolk Division will be held at the West Norfolk and King's Lynn Hospital on Thursday, December 4th, at 3 p.m. Dr. Alfred Cox, Medical Secretary, will give an address on the trend of events in the medical world.

**NORTH OF ENGLAND BRANCH: GATESHEAD DIVISION.**—A meeting of the Gateshead Division will be held at the Liberal Club, 108, High West Street, Gateshead, on Friday, November 28th, at 8.15 p.m. prompt. Agenda: Election of golf secretary in connexion with golf competition; lecture by Dr. G. A. Allan (Glasgow) on diseases of the coronary arteries.

**NORTHERN COUNTIES OF SCOTLAND BRANCH: BANFF, MORAY, AND NAIRN DIVISION.**—The annual lecture to the Banff, Moray, and Nairn Division will be given by Dr. A. G. Anderson (Aberdeen) in Gray's Hospital, Elgin, on Friday, November 28th, at 6 p.m. The subject will be "The anaemias." The annual dinner will be held the same evening at 8 p.m. in Austin's Tea Rooms, South Street, Elgin (cost 7s. 6d., excluding wines). Evening dress optional.

**SHROPSHIRE AND MID-WALES BRANCH.**—A clinical meeting of the Shropshire and Mid-Wales Branch will be held at the Royal Salop Infirmary on Friday, November 28th, at 3.45 p.m., when Professor J. G. Emanuel (Birmingham) will read a paper entitled "A talk on heart disease."

**SOUTH-WESTERN BRANCH: PLYMOUTH DIVISION.**—In connexion with the post-graduate course arranged at the South Devon and East Cornwall Hospital, Dr. L. S. T. Burrell will give a lecture on home treatment of tuberculosis, on Friday, November 28th, at 8.15 p.m.

**SUSSEX BRANCH: BRIGHTON DIVISION.**—A meeting specially arranged for the visiting medical staffs of council and voluntary hospitals situated in Sussex will be held at the Royal Pavilion, Brighton, on Monday, November 24th, at 8.30 p.m. Sir Robert Bolam, a member of the Hospitals Committee, will explain the Hospital Policy of the British Medical Association. An informal dinner will be held at the Savoy Cinema Restaurant, East Street, Brighton, on the same day, at 7 p.m., to meet Sir Robert Bolam (tickets 4s. 6d., exclusive of wines).

**SURREY BRANCH: CROYDON DIVISION.**—A meeting of the Croydon Division will be held at the Croydon General Hospital on Tuesday, November 25th, at 8.30 p.m. Dr. H. Thompson Barron will read a paper on some common skin diseases, with lantern illustrations.

**SURREY BRANCH: RICHMOND DIVISION.**—A meeting of the Richmond Division will be held at the Royal Hospital on Friday, December 5th, at 9 p.m. Mr. H. S. Clogg will read a paper on rectal diseases. Clinical cases will be shown and discussed.

**YORKSHIRE BRANCH: SHEFFIELD DIVISION.**—The next meeting of the Sheffield Division will be held in the Medical Library, The University, Sheffield, on Friday, November 28th, at 8.45 p.m., when a British Medical Association Lecture will be given by Mr. A. Tudor Edwards, surgeon to Westminster Hospital, on recent developments in thoracic surgery.

## Meetings of Branches and Divisions.

### BORDER COUNTIES BRANCH.

A GENERAL meeting of the Border Counties Branch was held at the Crown and Mitre Hotel, Carlisle, on October 24th. The president, Dr. MURRAY B. STEUART of Kirkcudbright, was in the chair, and thirty-one members were present, including some from the remoter districts of the Dumfries and Galloway Division.

Dr. HENRY MACCORMAC, physician to the skin department of the Middlesex Hospital, gave a British Medical Association Lecture entitled "Common skin diseases and their treatment." At the conclusion a large number of questions were asked and answered. On the proposal of Dr. HUSKIE (Moffat), seconded by Dr. J. W. CRERAR (Maryport), a very hearty vote of thanks was accorded to Dr. MacCormac for his most useful, interesting, and lucid lecture.

### GIBRALTAR BRANCH.

THE annual report of the Gibraltar Branch Council for the year 1929-30 records that since its reorganization in July, 1929, the Branch has been very active. The membership has increased to twenty-one, including two honorary members; nearly all the British qualified medical practitioners resident in the colony are members. During the year five very successful meetings were held; at four of these clinical papers were read, and cases were shown and discussed. On two occasions the Branch entertained the medical officers of the Atlantic and Mediterranean Fleets. There is now a meeting-room for the use of members; it has been comfortably furnished, and it is hoped in time to form a library in connexion therewith. The financial position is sound. All the expenses incurred in furnishing the Branch room and in printing rules and stationery in connexion with the reorganization of the Branch have been paid.

### GLASGOW AND WEST OF SCOTLAND BRANCH: AYRSHIRE DIVISION.

THE annual dinner of the Ayrshire Division was held in Lauder's Restaurant, Kilmarnock, on October 31st, when there was an attendance of forty-five. Afterwards Sir NORMAN WALKER delivered a most interesting address on the future development of medical practice, while during the rest of the evening a varied musical programme was enjoyed.

### GLASGOW AND WEST OF SCOTLAND BRANCH: GLASGOW DIVISION.

A MEETING of the Glasgow Division was held in the Faculty Hall, Glasgow, on September 24th, when Professor STOCKMAN occupied the chair and twenty-two members were present.

Dr. HENDERSON, who reported on the proceedings of the Annual Representative Meeting in July, said that the medical services scheme took up most of the time; in his opinion it had been accepted by many as making the best out of a bad job, though there was a good deal of unanimity on broad lines. Dr. MURRAY thought the scheme could not be properly visualized unless the cost and remuneration of practitioners were considered. He feared that the scheme would bring the profession into more disrepute than the national health insurance scheme had done in 1911. In view of the advantages afforded by the British Medical Association House to London members, he felt that members living elsewhere should pay a smaller subscription. Dr. RICHARDS said he understood that the national medical service scheme was to act as a basis of negotiation if the Government insisted on a State Medical Service.

Professor STOCKMAN thanked the representatives for their attendance at the meeting and for their reports. He said that it seemed to him that the Association was run, like other large bodies, such as Parliament, by a small cabinet.

It was agreed to have a British Medical Association Lecture in Glasgow during the winter, and the names of suitable speakers were suggested. It was left to the Executive Committee to decide on the winter programme.

### HERTFORDSHIRE BRANCH: BARNET DIVISION.

A MEETING of the Barnet Division, preceded by a dinner, was held at the Hadley Woods Golf Club on October 27th, when thirty-nine members and guests attended. After dinner Dr. FREMANTLE delivered a very interesting address on the subject of "A medical man in Parliament." He outlined the daily routine of a member while the House was sitting, and attributed his sound health to his practice of taking an early morning run in the park every day dressed in flannels, which garments he also wore in the morning on the first day of each session, when he engaged in a struggle with Lady Astor for the best seat. He gave particulars of several medical men who, while still in practice, successfully

carried on their duties in the House; but in particular he recommended a parliamentary career to those medical men who were in a position to retire early. He also considered a medical training an excellent preliminary to a political career, and expressed the hope that members would advise their more affluent patients to put their boys through a medical curriculum, with the idea of taking up politics later.

A hearty vote of thanks to Dr. Fremantle was proposed by Dr. HARDIE, and carried with acclamation.

### KENT BRANCH: DARTFORD DIVISION.

THE annual dinner of the Dartford Division was held on October 29th, when sixty-four members and guests were present. Dr. ROBINSON, in an eloquent speech, urged members to help the activities of the Dartford Division in making all the meetings, both social and scientific, a great success.

### METROPOLITAN COUNTIES BRANCH: HARROW DIVISION.

THE first meeting of the session of the Harrow Division was held on October 28th, when twenty-one members were present. The chairman, Dr. VICKERS (Uxbridge), gave an address entitled "What the B.M.A. stands for and how it affects us all." He said that it promoted good will among the doctors of a locality; the local Division should be able to achieve good scientific results and render its members more efficient. Each Division and member was an integral part of the organized medical profession, and the British Medical Association was fighting their battles. Dr. HATCH gave his report of the Annual Representative Meeting, and many members discussed various points.

### METROPOLITAN COUNTIES BRANCH: CITY DIVISION.

A GENERAL meeting of the City Division was held at the Metropolitan Hospital, Kingsland Road, on November 4th, when there was an attendance numbering forty-eight, of whom thirty-eight were members of the Division. A very interesting lecture, illustrated by a cinematograph film and lantern slides, was given by Sir CHARLES GORDON-WATSON, on the treatment of cancer of the rectum by radium. The film demonstrated very clearly the operation employed by the lecturer to expose the growth, and the method for inserting radium needles to the best advantage. The lecturer then described other methods of approach in different types of growth. In advanced cases radiation was useful to relieve symptoms, and radium needles could be inserted through the skin by means of a trocar and cannula, the growth being attacked at the same time from the lumen of the rectum by radon seeds. In females the growth could sometimes be reached through the posterior vaginal wall. In the case of growths occurring above the peritoneal reflexion the retro-peritoneal space could be opened by a transperitoneal method through an abdominal incision, and radium needles left in. The danger of perforating the rectal wall, with subsequent peritonitis, was pointed out. Radon seeds were also sometimes used, and were useful inasmuch as they did not require removal; but they rapidly lost their potency. The manner of spread of the growth was discussed, and the lecturer stated that no invasion of the lymphatics occurred until the muscular coat of the bowel had been penetrated, and then only in 50 per cent. of cases. Spread by the blood stream might, however, have already taken place. In undertaking local removal the danger of an implantation growth occurring later in the scar was emphasized. The lecturer was guarded in his view as to the outcome of radium treatment; it should only be employed by skilled men, and many disasters had occurred in the past. Radium certainly could achieve wonderful results, but it was capricious, and further investigations were necessary. At the conclusion of the lecture a number of questions were answered by Sir Charles Gordon-Watson, and a hearty vote of thanks was accorded to him for his address.

### METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.

A MEETING of the Lewisham Division was held on October 21st at Catford Town Hall, with Dr. F. HUDSON EVANS in the chair. Dr. H. V. MORLOCK delivered an address entitled "The treatment of pneumonia and its complications."

Dr. Morlock first described the incidence of this disease and its natural modes of transmission. He then outlined the treatment employed to enable the body to overcome the pathogenic organisms and to alleviate the symptoms. In view of the necessary elimination of toxins good ventilation of the patient's room was necessary, and the bowels must be kept well open; tepid sponging every four hours was useful. Owing to the dehydration in this infection, three or four quarts of fluid should be administered daily, including water, tea, lemonade, and lactose solution. Digitalis should be given from the beginning of the illness, but alcohol was unnecessary, except in the case of those patients who had previously been accustomed to it. Venesection should be performed when the right side of the heart was distended, and in cyanosis oxygen should be given continuously by an intranasal catheter. After discussing the value of various medicinal remedies, Dr. Morlock commented on the employment of serum in the first forty-eight hours; in America it had reduced the mortality from 20 per cent. to 7 per cent. Empyema occurring during or after an attack of pneumonia should be treated by aspiration; it was not to be considered as an emergency, and adhesions should be allowed to form. A good discussion followed, and a hearty vote of thanks was accorded to the lecturer.

**METROPOLITAN COUNTIES BRANCH: SOUTH MIDDLESEX DIVISION.**

A MEETING of the South Middlesex Division was held at the Cole Court Hotel, Twickenham, on November 4th. After dinner Mr. C. JENNINGS MARSHALL, surgeon to Charing Cross and Victoria Hospitals, gave an excellent address on the diagnosis of obscure pain in the loins.

**METROPOLITAN COUNTIES BRANCH: SOUTH-WEST ESSEX DIVISION.**

A MEETING of the South-West Essex Division was held for the first time in the newly enlarged East Ham Memorial Hospital on October 28th.

A welcome was extended to the Division on behalf of the president of the hospital, and Dr. PHILIP replied. Cases were shown in the wards by Drs. SHAW and COPMAN and Mr. LEVI, including artificial pneumothorax, intermittent claudication affecting one foot, Stokes-Adams disease, two cases of fractured skull, which had been treated by decompression operations, a possible carotid body tumour in a man, a cancerous ulceration of the heel, and a woman with a large sarcomatous mass in the thigh secondary to a small growth in the leg. After tea, which was provided, there was a short business meeting, closing with a vote of thanks to the staff of the hospital.

**MIDLAND BRANCH: CHESTERFIELD DIVISION.**

THE chairman, Dr. A. NIVEN ROBERTSON, medical superintendent of the Derbyshire County Sanatorium, opened the new session of the Chesterfield Division on October 10th, with a lecture entitled "X-ray appearances of certain chest conditions." It was illustrated by lantern slides prepared from x-ray films, and included a very comprehensive survey of many chest conditions, ranging from bronchiectasis and early tuberculosis to hydatid disease and actinomycosis of the lungs.

Commencing with an x-ray view of the normal chest, the shadows from the contents of the thorax were clearly defined, and such situations as the shadow of the hila, the costo-phrenic sinus, and the cardio-phrenic sinus were pointed out. There followed views of spontaneous pneumothorax and bronchiectasis, including the technique of injecting the lungs with lipiodol, and the typical "glove-finger shadow." An interesting demonstration was given of a complete left atelectasis causing extreme scoliois, and then illustrations of advanced tuberculosis, with cavity formation, showing a fluid level, and slides of chronic tuberculosis with fibrotic changes in the lungs. Dr. Robertson said that annular shadows had been attributed to spontaneous occurrences of pneumothorax, to small pleurisies, and to perforations into the interstitial tissue of the lung from a small bronchus. The speaker gave reasons in favour of the third view. He next dealt with the rarer varieties of hydatid and malignant disease of the lungs, of polyserositis, of gumma, of actinomycosis, and of the different pneumoconioses. The rest of the lecture was chiefly devoted to the illustration of cases where artificial pneumothorax had been performed, a form of treatment for which a most successful future was prophesied.

A discussion followed, which gave evidence of the lively interest taken by the hearers. On the motion of Dr. O'SHEA, seconded by Dr. SMARTT, a hearty vote of thanks was accorded to Dr. Robertson for his address.

**NORTH OF ENGLAND BRANCH: BLYTH DIVISION.**

A MEETING of the Blyth Division was held on October 17th, when five members were present, with Dr. Bruce of Ashington, the representative in the Representative Body, and Dr. Steedman, M.O.H., Blyth, as guests. Dr. BRUCE reported his visit to the Annual Representative Meeting in London in July. There was a prolonged discussion about an ante-natal clinic for Blyth; it was decided to try to set up a roster of doctors who would undertake ante-natal work.

**NORTH OF ENGLAND BRANCH: GATESHEAD DIVISION.**

A MEETING of the Gateshead Division was held at Hawks Assemblage, Gateshead-on-Tyne, on October 31st. Owing to the unfortunate illness of Dr. Withew, the chair was taken by Dr. STICH; there were about thirty members and their friends present.

The meeting was of a social character, and after a light supper some excellent musical items were contributed by the St. Nicholas Cathedral quartette.

During the course of the evening a toast to the late secretary of the Division, Dr. Robert Forbes, was proposed by the CHAIRMAN, and a presentation of a silver tea and coffee service and salver, suitably inscribed, was made. During the course of his reply Dr. FORBES referred to the help he had received from members of the Division during his tenure of office, and to the many happy associations that he had made. He hoped that Gateshead would still call upon him for help, which he would gladly give whenever it was possible to do so.

Dr. TAYLOR proposed the toast of "The British Medical Association," complimenting the new secretary of the Division, and Dr. ANGUS briefly replied.

**NORTHERN COUNTIES OF SCOTLAND BRANCH.**

THE winter meeting and annual dinner of the Northern Counties of Scotland Branch were held in the Palace Hotel, Inverness, on October 31st, when forty-two members were present.

Dr. L. STANLEY DAVIDSON, professor of medicine, Aberdeen University, gave a most interesting and instructive lecture on modern haematological methods, which was illustrated by lantern

slides. Dr. Davidson dealt particularly with the diagnosis and prognosis of the various anaemias, and laid particular stress on the important knowledge gained by the study of blood films treated by *intra vitam* staining. At the conclusion of the lecture a vote of thanks was accorded to Dr. Davidson, on the motion of Dr. A. C. BALFOUR, president of the Branch, seconded by Dr. R. G. BANNERMAN.

After the lecture thirty-five members and guests sat down to dinner in the hotel. It was unanimously agreed that the whole meeting had been a great success.

**NORTHERN COUNTIES OF SCOTLAND BRANCH: BANFF, MORAY, AND NAIRN DIVISION.**

THE autumn meeting of the Banff, Moray, and Nairn Division was held in Cluny Hill Hydropathic Establishment, Forres, on September 17th, when Dr. BEATON (Forres) was in the chair, and twenty-one members attended.

Dr. MURRAY (Banff) gave a report on the Annual Representative Meeting, which he had attended on behalf of the Division. He specially dealt with those matters on which he had received definite instructions, and in conclusion he gave bright character sketches of some of the leading men in the Association. The report was thoroughly enjoyed, and on the motion of the CHAIRMAN Dr. Murray was accorded a very hearty vote of thanks.

The question of having a special lecture, to be followed by a dinner, was considered. The CHAIRMAN announced that Dr. A. G. Anderson of Aberdeen had agreed to deliver the lecture. The date fixed was Wednesday, November 26th, the lecture to be at 6 p.m., the dinner at 7.30 p.m., and the necessary arrangements to be made by the chairman and secretary.

At 1.15 p.m. members and their guests, to the total number of forty-nine, sat down to lunch together in the hydropathic. In the afternoon two golf competitions were held under handicap rules. The gentlemen's prize, presented by the vice-chairman, was won by Dr. J. C. Adam (Forres), and the ladies' prize, presented by the chairman, was shared by Mrs. Macdonald (Elgin) and Mrs. Sutherland (Burghead).

**SHROPSHIRE AND MID-WALES BRANCH.**

THE fifty-fifth annual general meeting of the Shropshire and Mid-Wales Branch was held at the Royal Salop Infirmary on October 28th, when Dr. Woodhouse was in the chair and twenty members were present.

The president-elect, Dr. I. B. RICHARDSON, was inducted and invested with the presidential collar and jewel. A very hearty vote of thanks was accorded to Dr. Woodhouse for his services during his year of office, and he was presented with a past-president's miniature jewel. The following office-bearers were unanimously re-elected:

*Chairman of Clinical and Pathological Section, Dr. R. H. Urwick. Representative in Representative Body, Dr. George Mackie. Honorary Secretary and Treasurer, Dr. R. L. E. Downer.*

After the general business had been transacted, Dr. RICHARDSON delivered his presidential address, entitled "Some observations on chronic rheumatic affections." He dealt chiefly with the pathology and treatment of chronic arthritis, and the address clearly reflected much careful thought and observation. The president reported the results of treating a number of patients with autogenous vaccines, and also with Dr. Warren Crowe's "blunderbuss" vaccine, and compared the results. In his opinion an autogenous vaccine either brought about a very successful issue or else failed badly. He added that it was advisable to start injecting the vaccine before the removal of a septic focus. Several members took part in the subsequent discussion. A very hearty vote of thanks was accorded to the president for his address.

Members then repaired to the Music Hall, where several others and their guests were already assembled, and seventy-five in all sat down to the annual dinner. This proved to be as enjoyable and as high-spirited an affair as ever. There were many good speeches, and some very good amateur musical items.

**SURREY BRANCH: RICHMOND DIVISION.**

A MEETING of the Richmond Division was held on October 10th. Mr. DICKSON WRIGHT read a paper on the treatment of varicose ulcer and varicose veins, as practised by him at St. Mary's Hospital. The paper was illustrated by cinematograph films. Questions and a discussion followed, and Mr. Dickson Wright was cordially thanked.

**SUSSEX BRANCH: CHICHESTER AND WORTHING DIVISION.**

A MEETING of the Chichester and Worthing Division was held in the Dolphin Hotel, Chichester, on October 22nd, when Dr. BOSTOCK was in the chair and twenty-five members were present.

Dr. DONALD HALL (Brighton) gave a practical demonstration of the portable electrocardiograph, taking cardiograms from two patients who were present. The records were developed during the evening and explained to the meeting. He also delivered a lecture on irregularities of the cardiac rhythm, which he illustrated by a large number of lantern slides. The lecture was received with very great interest, and at the close Dr. Hall answered a number of questions. Thereafter twenty-six members sat down to an excellent dinner at the hotel, under the chairmanship of Dr. BOSTOCK, who, in the course of the evening, thanked Dr. Hall for giving such an interesting and instructive lecture.

## NATIONAL HEALTH INSURANCE IN NORTHERN IRELAND.

### MEDICAL BENEFIT COUNCIL.

THE Minister of Labour for Northern Ireland has completed his appointments to the Medical Benefit Council which is to be set up under the National Health Insurance Act. The chairman is Professor R. J. Johnstone, and it is hoped to hold the inaugural meeting before the end of this month.

The powers and duties of the council include the giving of general advice to the Ministry with respect to the administration of the medical benefits, consideration of reports of the local committees appointed to investigate complaints, preparation of rules of procedure for the local committees, questions arising as to the scope of medical benefit, and questions as to whether particular substances may be supplied as medicine under the medical benefits scheme.

The membership of the council is as follows :

Professor R. J. Johnstone, M.B., F.R.C.S., M.P.  
 Professor T. Sinclair, C.B., F.R.C.S., M.P.  
 Mrs. N. Blakiston-Houston, Comber.  
 Mrs. A. L. Semple, J.P., Londonderry.  
 Mr. J. M'Gonigal, K.C.  
 Mr. W. J. M'Guffin, Cookstown.  
 Mr. H. L. Glasgow, Cookstown.  
 Miss M. M. M'Crea, Council of Social Welfare.  
 Mr. Malcolm Gordon, Hilden, Lisburn.  
 Mr. M. R. Whitham, Belfast Chamber of Commerce.  
 Mr. W. M. Kelly, Ballymena.  
 Mr. David Ferris, J.P., Newry.  
 Mr. David Wright, J.P., Dundonald.  
 Mr. J. Corkey, C.C., Glenanne, County Armagh.  
 Mr. S. Brown, Belfast Chamber of Trade.  
 Mr. S. Kyle, Amalgamated Transport and General Workers' Union.  
 Mr. P. J. Grant, Down and Connor Catholic Benefit Society.  
 Mr. K. M. Alexander, Presbyterian Health Insurance Society.  
 Mr. J. D. Nugent, Ancient Order of Hibernians Approved Society.  
 Mr. R. J. Meller, M.P., Prudential Approved Society.  
 Mr. C. Neill, National Amalgamated Approved Society.  
 Miss H. Johnstone, Enniskillen.  
 Dr. D. Gray, Newtownstewart.  
 Dr. W. Lyle, Newtownstewart.  
 Dr. J. N. M'Laughlin, Londonderry.  
 Dr. S. E. A. Acheson.  
 Dr. J. C. Loughridge.  
 Mr. J. C. Culbert, Ph.C.  
 Mr. W. J. Hardy, Ph.C.  
 Mr. W. J. Maxwell, Ph.C.

### CENTRAL MEDICAL PRACTITIONERS COMMITTEE.

The following is a list of the members appointed to the Central Medical Practitioners Committee for Northern Ireland :

*County Antrim.*  
 Dr. Baird, Ballynure.  
 Dr. T. A. Kean, Lisburn.  
*County Armagh.*  
 Dr. Geo. Dougan, Portladow.  
 Dr. T. B. Pedlow, Lurgan.  
*County and County Borough of Londonderry.*  
 Dr. J. Maitson, Limavady.  
 Dr. J. N. McLaughlin, Derry.  
*County Down.*  
 Dr. W. S. Boyd, Hillsborough.  
 Dr. R. Henry, Comber.  
*Tyone and Fermanagh.*  
 Dr. D. F. Murnaghan, Omagh.  
 Dr. E. Satchwell, Enniskillen.  
*County Borough of Belfast.*  
 Dr. S. E. A. Acheson.  
 Dr. M. F. Cahill.  
 Dr. D. Gray.  
 Dr. S. McComb.

### BOMBAY MEDICAL COUNCIL.

AT its meeting on September 15th the Bombay Medical Council considered correspondence between the Government of Bombay and the Government of Portuguese India, showing that the latter was not prepared to accept for registration in Portuguese India all the qualifications mentioned in the schedule of the Bombay Medical Act, and resolved to address the Government of Bombay with a view to the Government of

Portuguese India being moved to accept for registration the qualifications granted by the medical institutions in the Bombay Presidency only, as described below :

1. Doctor, Bachelor, and Licentiate of Medicine, and Master, Bachelor, and Licentiate of Surgery of the University of Bombay;
2. Fellow, Member, and Licentiate of the College of Physicians and Surgeons of Bombay;
3. Any person trained in a Government medical college or school in the Bombay Presidency who holds a diploma or certificate granted by Government declaring him to be qualified to practise medicine, surgery, and midwifery, or to be qualified for the duties of a military assistant surgeon, hospital assistant, or subassistant surgeon;

clause 3 being subject to the provisions of the Indian Medical Degrees Act, 1916—that is, that none of these qualifications shall be registrable if obtained after 1916.

## Correspondence.

### INSURANCE PRACTITIONERS AND REGIONAL MEDICAL OFFICERS.

SIR,—I was interested in Dr. Dickinson's letter in the *Supplement* of November 15th (p. 222), as his experiences are different from mine. So far from finding the Ministry of Health prone to give uninvited and unwanted therapeutic advice, I have found that, even when repeatedly requested to assist me, it has maintained an obstinate silence suggestive of lockjaw.

Arising out of a prosecution for alleged excessive prescribing, I requested the Minister of Health to advise me as to the use in insurance work of that debatable article, cod-liver oil, this with a view to doing justice to my panel patients and of avoiding further penalties. I received no reply. I am a man of exemplary patience, and I therefore waited twelve months before taking further measures, other than gentle reminders. I then wrote to the *British Medical Journal*, and my letter was purposely less courteously framed than those which had preceded it to the Ministry's headquarters. This letter had the desired effect of reopening communications with the Ministry.

I will not tell the whole story now of our renewed intercourse, as I am reserving this for some future occasion. Enough now to say that I did not receive the desired therapeutic advice; but, relevant to the question raised by Dr. Dickinson, the pronouncement of the Ministry was as follows: "Teaching a practitioner therapeutics is the business not of the Minister of Health, but of a medical school; such teaching is supplemented later by the practitioner's reading and personal experience." It is to be noticed that D.M.O.'s and R.M.O.'s are not even mentioned as an educational influence. If Dr. Dickinson is troubled further by the intrusion of the R.M.O. into his therapeutic affairs, may I advise him to bring the above-quoted official pronouncement to his notice?—I am, etc.,

Quarry Bank, South Staffs, Nov. 16th.

F. M. SMITH.

### DR. GRAHAM LITTLE AT GUILDFORD.

SIR,—If Dr. Waterfield had asked the chairman of the meeting at Guildford on October 9th he would have received the explanation of my speech having been reported, which I now gladly give, though I cannot admit that he has any right to demand it.

I had no indication, prior to the discussion regarding reporters, that it was proposed to hold the meeting *in camera*. Had I received this intimation at the time of the invitation to address the Division I should have declined it. Some five years ago the manager of one of the great London news agencies wrote to me asking me to furnish him in future with an advance résumé of any public speech which I proposed to make. This was a flattering and an advantageous invitation to one who was preparing to take some part in public life, and I accepted it. When the resolution excluding reporters, to which Dr. Waterfield refers, was proposed, the chairman asked me whether I objected to reporters being present. I said that I had no such objection, and that I had, in point of fact, submitted a résumé of my address to a London news agency that morning, in accordance with the arrangement to which I have just referred, and I received the chairman's assurance that my action was perfectly in order.

In his view, as I understood it, the exclusion of reporters was not aimed at restraining my freedom to deal as I saw fit with my own speech, and could not so restrain it. In any event, it was then too late to recall the communications to the press which the news agency would have already circulated, but I was absolved by the chairman's assurance from making any effort to do so. I note that, notwithstanding the absence of reporters, a narrative purporting to describe what passed at the meeting appears in the *Supplement* to the *British Medical Journal* of November 8th. That narrative, perhaps in the interests of the speakers, suppresses some expressions of opinion which were hostile to the proposals of the Council for a national medical service, and the selection published may perhaps give a rather one-sided view of the proceedings; but that is not my business, and I do not propose to concern myself with it.

May I take this opportunity of again inviting Dr. Dain either to substantiate or to withdraw his statements affecting myself?—I am, etc.,

House of Commons, Nov. 17th.

E. GRAHAM LITTLE.

### Naval and Military Appointments.

#### ROYAL NAVAL MEDICAL SERVICE.

Surgeon Commanders M. S. Moore to the *Egmont*; A. W. Cocking to the *Lucia*; J. F. M. Campbell to the *Vivid*, for R.N. Hospital, Plymouth; A. G. Taylor to the *Pembroke*, for Chatham Dockyard; H. Hurst to the *Cleopatra*; J. C. Sinclair to the *Shropshire*; J. R. A. Clark-Hall is placed on the retired list.

Surgeon Lieutenant E. C. Johnson to the *Revenge*.  
W. J. M. Sadler to be Surgeon Lieutenant.  
Mr. A. Long has entered as Surgeon Lieutenant for short service, and appointed to the *Victory*, for R.N. Hospital, Haslar.  
Mr. C. N. H. Joynt has entered as Surgeon Lieutenant for short service, and appointed to Haslar Hospital for course of instruction.

#### ROYAL NAVAL VOLUNTEER RESERVE.

Surgeon Lieutenant W. P. Elford to be Surgeon Lieutenant Commander. Surgeon Lieutenant H. A. M. Whitty to the *Ramillies*.  
Probationary Surgeon Lieutenants A. S. Pearson, E. R. G. Passe, T. J. Lloyd, and R. D. Bradshaw to be Surgeon Lieutenants.  
Surgeon Sublieutenant C. Seeley to be Surgeon Lieutenant.  
Probationary Surgeon Sublieutenant P. B. Moroney to be Surgeon Sublieutenant.

M. G. Stratford and A. C. Howard have entered as probationary Surgeon Sublieutenants, and attached to List 2, London Division.

#### ROYAL ARMY MEDICAL CORPS.

Lieut.-Colonel H. St. M. Carter, D.S.O., half-pay list, late R.A.M.C., retires on retired pay on account of ill-health.

Majors J. W. Hyatt and T. H. Twigg are restored to the establishment. The following Captains to be Majors: D. J. MacDougall, M.C., October 28th, 1927 (substituted for notification in the *London Gazette*, October 28th, 1927); C. A. Slaughter, February 10th, 1928 (substituted for notification in the *London Gazette*, February 24th, 1928); A. J. Bado, August 25th, 1928 (substituted for notification in the *London Gazette*, August 28th, 1928); R. R. Evans, August 30th, 1929 (substituted for notification in the *London Gazette*, October 11th, 1929); D. C. Bowie, August 28th, 1930 (substituted for notification in the *London Gazette*, August 29th, 1930); G. W. Rose, April 10th, 1927 (substituted for notification in the *London Gazette*, April 22nd, 1927); G. D. Gripper, December 1st, 1927 (substituted for notification in the *London Gazette*, December 6th, 1927); L. Handy, M. J. Whelton.  
Lieutenant W. F. Cooper to be Captain.

#### ROYAL AIR FORCE MEDICAL SERVICE.

Wing Commander B. A. Playne, D.S.O., to Central Medical Establishment for duty as President of the Medical Board.  
Squadron Leader T. J. Thomas to Station Headquarters, Heliopolis.  
Flight Lieutenants R. F. MacLatchy to Station Headquarters, Boscombe Down; E. C. K. H. Foreman to Headquarters, R.A.F., Mediterranean; J. J. Quinlan to Station Headquarters, Upavon.  
Flying Officer N. M. Jerram is promoted to the rank of Flight Lieutenant, April 2nd, 1930 (substituted for notification in the *London Gazette*, October 24th, 1930).  
M. J. Cahalane is granted a temporary commission as a Flight Lieutenant.

### VACANCIES.

ABERDEEN ROYAL INFIRMARY.—Junior Assistant Surgeon for Ear, Nose, and Throat Department.

ABERDEEN: ROYAL MENTAL HOSPITAL.—Junior House-Physician (male). Salary £300 per annum.

BIRMINGHAM: MIDLAND HOSPITAL.—Honorary Physician.

BOLTON INFIRMARY AND DISPENSARY.—(1) Two House-Surgeons. (2) Casualty Officer. Salary £150 per annum each.

BOURNEMOUTH: ROYAL VICTORIA AND WEST HANTS HOSPITAL.—Honorary Anaesthetist.

BRIGHTON, HOVE, AND PRESTON DISPENSARY.—General Secretary.

CANCER HOSPITAL, Fulham Road, S.W.3.—House-Surgeon. Salary £100 per annum.

CHESHIRE JOINT SANATORIUM, Market Drayton.—House-Physician (male). Salary £250 per annum.

CITY OF LONDON HOSPITAL FOR DISEASES OF THE HEART AND LUNGS, Victoria Park, E.2.—(1) Resident Medical Officer. (2) House-Physician. Males. Salary £250 and £100 per annum respectively.

CONNAUGHT HOSPITAL, Orford Road, E.17.—Resident House-Surgeon (male). Salary £100 per annum.

CROYDON GENERAL HOSPITAL.—(1) Honorary Medical Officer to Department for Diseases of Children (Medical). (2) Resident Medical Officer; salary £200 per annum.

DARLINGTON GENERAL HOSPITAL.—House-Surgeon. Salary £150 per annum.  
DURHAM COUNTY AND SUNDERLAND EYE INFIRMARY.—House-Surgeon. Salary £350 per annum, rising to £500.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—(1) House-Surgeon. (2) House-Physician. (3) Part-time Junior Casualty Officer. Salary for (1) and (2) £100, and for (3) £150 per annum.

HULL ROYAL INFIRMARY.—Assistant House-Physician (male). Salary £130 per annum.

IPSWICH: EAST SUFFOLK AND IPSWICH HOSPITAL.—House-Surgeon (male). Salary £120 per annum.

KENT AND CANTERBURY HOSPITAL, Canterbury.—House-Surgeon (male). Salary £125 per annum.

KENT COUNTY OPHTHALMIC AND AURAL HOSPITAL, Maidstone.—Ophthalmic House-Surgeon (male, unmarried). Salary £200 per annum.

LINCOLNSHIRE (KESTEVEN) COUNTY COUNCIL.—Assistant County Medical Officer of Health (lady). Salary £500 per annum, rising to £700.

LONDON TEMPERANCE HOSPITAL, Hampstead Road, N.W.1.—(1) Casualty Officer. (2) House-Physician. Males. Salary £120 and £100 per annum respectively.

MANCHESTER: ANCOATS HOSPITAL.—(1) Medical and Surgical Registrars (part-time). (2) Orthopaedic House-Surgeon. Salary £100 per annum each.

MANCHESTER CITY.—Medical Superintendent at the Abergele Sanatorium. Salary £900 per annum.

MERTHYR TYDFIL: MERTHYR GENERAL HOSPITAL.—Resident House-Surgeon. Salary £150 per annum.

MERTON: NELSON HOSPITAL.—Resident Medical Officer (male). Salary £100 per annum.

METROPOLITAN HOSPITAL, Kingsland Road, E.8.—Assistant Medical Officer to the X-ray and Electrical Department.

NATIONAL HOSPITAL, Queen Square, W.C.1.—House-Physician. Salary £150 per annum.

NEWCASTLE-ON-TYNE: ROYAL VICTORIA INFIRMARY.—House-Surgeon (male) to the Skin and Venereal Department. Remuneration £50 per annum.

NORWICH: JENNY LIND HOSPITAL FOR CHILDREN.—Resident Medical Officer. Salary £120 per annum.

NOTTINGHAM CITY.—Two Medical Officers at the City Infirmary. Salary £350 per annum, rising to £450.

PLYMOUTH: SOUTH DEVON AND EAST CORNWALL HOSPITAL.—(1) House-Physician. (2) House-Surgeon to Casualty and Special Departments. Females. Salary £120 and £100 per annum respectively.

PRINCE OF WALES'S GENERAL HOSPITAL, Tottenham, N.15.—Honorary Clinical Assistants in the various departments.

PRINCESS LOUISE KENSINGTON HOSPITAL FOR CHILDREN, W.10.—House-Surgeon. Salary £100 per annum, rising to £125 on appointment as Senior.

QUEEN MARY'S HOSPITAL FOR THE EAST END, Stratford, E.15.—(1) Resident Medical Officer. (2) Two House-Surgeons. (3) House-Physician. (4) Obstetric House-Surgeon. (5) House-Physician and Resident Anaesthetist. (6) Casualty Officer. Salary for (1) £200, for (2) to (5) £120, and for (6) £150 per annum.

QUEEN'S HOSPITAL FOR CHILDREN, Hackney Road, E.2.—House-Physician. Salary £100 per annum.

RICHMOND BOROUGH AND THE HESTON AND ISLEWORTH URBAN DISTRICT JOINT ISOLATION HOSPITAL.—Resident Medical Officer. Salary £400 per annum, rising to £500.

ROYAL NATIONAL ORTHOPAEDIC HOSPITAL, Great Portland Street, W.1.—Honorary Assistant Surgeon.

SALVATION ARMY.—Junior Resident Medical Officer (woman) at Mothers' Hospital, Lower Clapton Road, E.5. Salary £60 per annum.

SHEFFIELD: CHILDREN'S HOSPITAL.—Third Resident Medical Officer (female, unmarried). Salary £100 per annum.

SHEFFIELD ROYAL HOSPITAL.—(1) Ophthalmic House-Surgeon. (2) Resident Anaesthetist. Salary £80 and £100 per annum respectively.

SOUTHPORT GENERAL INFIRMARY.—Junior House-Surgeon (unmarried). Salary £100 per annum, with additional £50 for services rendered in V.D. Department.

TAUNTON AND SOMERSET HOSPITAL.—Junior House-Surgeon (male). Salary £100 per annum.

TODMORDEN BOROUGH.—Medical Officer of Health and School Medical Officer. Salary £800 per annum.

WEST BROMWICH COUNTY BOROUGH.—Resident House-Physician (male, unmarried) at Hallam Hospital. Salary £250 per annum.

WEST RIDING MENTAL HOSPITAL.—Assistant Medical Officer. Salary £400 per annum, rising to £500, with additional £50 for D.P.M.

WILLESDEN GENERAL HOSPITAL, N.W.10.—Clinical Assistant to the Surgical Out-patient Department.

WOOLWICH AND DISTRICT WAR MEMORIAL HOSPITAL.—(1) House-Physician. (2) Part-time Pathologist. Salary £100 and £300 per annum respectively.

WREXHAM AND EAST DENBIGHSHIRE WAR MEMORIAL HOSPITAL.—Honorary Surgeon to the Ear, Nose, and Throat Department.

*This list of vacancies is compiled from our advertisement columns, where full particulars will be found. To ensure notice in this column advertisements must be received not later than the first post on Tuesday morning.*

### APPOINTMENTS.

HEATH, W. E., M.B., B.S.Lond., D.O.Oxon., Honorary Ophthalmic Surgeon to the Kent County Ophthalmic and Aural Hospital, Maidstone.

RAPER, John, M.D.Manitoba, Anaesthetist, Warrington Infirmary and Dispensary.

YOW, Charles W., M.B., Ch.B.Ed., Assistant Ophthalmic Surgeon to the Royal Hospital, Richmond, Surrey.

MANCHESTER: BOOTH HALL HOSPITAL FOR CHILDREN, Blackley.—Resident Assistant Medical Officers: George Stephen, M.B., Ch.B., James Tidd, M.B., Ch.B.

CERTIFYING FACTORY SURGEONS.—A. D. Forgie, M.B., Ch.B.Aberd., for the Stonehaven District, Kincardine; E. Evans, M.R.C.S.Eng., L.R.C.P. Lond., for the Lanbyther District, Carmarthen.

## DIARY OF SOCIETIES AND LECTURES.

## ROYAL SOCIETY OF MEDICINE.

*Section of Odontology.*—Mon., 8 p.m. Mr. J. Lewin Payne: A Case of Re-plantation and the Result after Nine Years. Dr. A. F. Hurst: The Teeth and the Stomach.

*Section of Medicine.*—Tues., 5 p.m., Clinical Meeting at Guy's Hospital, S.E.1. Cases.

*Section of Comparative Medicine.*—Wed., 5 p.m. Dr. G. H. Edington and Dr. D. E. Cappell: Columnar-celled Adenocarcinoma arising in Undescended Testicle of Horse, with Secondary Deposits in Thorax. Dr. Nathan Raw: Transmission of Tuberculosis from Animals to Man.

*Section of Urology.*—Thurs., 8.30 p.m., Clinico-pathological evening.

*Section of Disease in Children.*—Fri., 5 p.m., Cases at 4.30 p.m.

*Section of Epidemiology.*—Fri., 8 p.m.—Dr. J. M. Hamill: Food as a Preventive of Disease.

MEDICO-LEGAL SOCIETY, 11, Chandos Street, W.1.—Thurs., 8.30 p.m. Dr. E. C. Martley: The Importance of Blood-grouping Tests in Paternity Cases. Discussion to follow.

MEDICAL SOCIETY OF LONDON, 11, Chandos Street, W.1.—Mon., 8 p.m., Clinical Evening.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY, 49, Leicester Square, W.C.2.—Wed., 4.15 p.m., Clinical Cases. 5 p.m., Discussion on Thallium, to be opened by Dr. Roche Lynch, followed by Drs. Graham Little, Dowling, Wigley, etc.

YORKSHIRE COUNCIL CANCER CAMPAIGN.—At Halifax Infirmary, Wed., 3.30 p.m. Mr. W. Beckwith Whitehouse: Uterine Haemorrhage, with Special Reference to Malignant Disease.

## POST-GRADUATE COURSES AND LECTURES.

FELLOWSHIP OF MEDICINE AND POST-GRADUATE MEDICAL ASSOCIATION, 1, Wimpole Street, W.1.—At *Medical Society of London*, 11, Chandos Street, W.1: Mon., 4 p.m., Mr. E. G. Slesinger, Recent Advances in the Treatment of Toxic Goitre (free lecture); Special M.R.C.P. Lectures, Tues. and Thurs., 8.30 p.m., Dr. W. J. Adie, Diseases of the Nervous System; tickets may be taken at the lecture room. *Hampstead General Hospital*, Haverstock Hill, N.W.3: Mon., 3 p.m., Demonstration on Selected Medical Cases by Dr. Adolphe Abraham; E.1: Wed., 2 p.m., Demonstration of Orthopaedic Cases by Mr. Acton Davis; no fee for attendance. *City of London Hospital for Diseases of the Heart and Lungs*, Victoria Park, E.2: Special Post-Graduate Course, all day. *Royal Waterloo Hospital*, Waterloo Road, S.E.1: Special Course in Medicine, Surgery, and Gynaecology. *West End Hospital for Nervous Diseases*, 73, Welbeck Street, W.1: Special Course, late evening; 5 p.m., Demonstrations on Selected Cases. *St. Mark's Hospital*, City Road, E.C.1: Special All-day Course in Proctology; fee £3 3s. Tickets for the last four items can be obtained from the Fellowship of Medicine.

CENTRAL LONDON THROAT, NOSE AND EAR HOSPITAL, Gray's Inn Road, W.C.1.—Wed. and Thurs., Course of Methods of Examination and Diagnosis. Fri., 4 p.m., Mr. Harold Kisch, Frontal Sinusitis.

CITY OF LONDON MATERNITY HOSPITAL, City Road, E.C.—Thurs., 5 p.m., Mr. R. Christie Brown, The Treatment of Disproportion.

KING'S COLLEGE HOSPITAL MEDICAL SCHOOL, Denmark Hill, S.E.5.—Thurs., 9 p.m., Mr. C. P. G. Wakeley, Thyroid Enlargement and its Treatment.

LONDON SCHOOL OF DERMATOLOGY, St. John's Hospital, 49, Leicester Square, W.C.2.—Tues., 5 p.m., Dr. H. W. Barber, Immunity and Anaphylaxis. Thurs., 5 p.m., Dr. G. B. Dowling, Staphylococcal Infections.

NATIONAL HOSPITAL, Queen Square, W.C.1.—Mon. to Fri., 2 p.m., Out-patient Clinics. Mon., 12 noon, Dr. Greenfield, Pathology of Cerebral Tumours; 3.30 p.m., Dr. Kinnier Wilson, Drug Addiction. Tues., 3.30 p.m., Mr. Armour, Head Injuries. Thurs., 3.30 p.m., Dr. Gordon Holmes, Diseases of the Pituitary Body. Fri., 3.30 p.m., Dr. James Collier, Acute Diseases of the Spinal Cord and Brain Stem.

NORTH-EAST LONDON POST-GRADUATE COLLEGE, Prince of Wales's General Hospital, Tottenham, N.—Mon., 2.30 to 5 p.m., Medical, Surgical, and Gynaecological Clinics, Operations. Tues., 2.30 to 5 p.m., Medical, Surgical, Ear, Nose, and Throat Clinics, Operations. Wed., 2.30 to 5 p.m., Medical, Skin, and Eye Clinics, Operations. Thurs., 11.30 a.m., Dental Clinic; 2.30 to 5 p.m., Medical, Surgical, Nose, Throat, and Ear Clinics; Operations. Fri., 10.30 a.m., Ear, Nose, and Throat Clinics; 2.30 to 5 p.m., Medical, Surgical, and Children's Diseases Clinics, Operations.

ROYAL INSTITUTE OF PUBLIC HEALTH, 37, Russell Square, W.C.1.—Wed., 4 p.m., Mr. Leonard Ward, The Prevention of Accidents in Factories and Workshops.

ROYAL NORTHERN HOSPITAL, Holloway, N.—Tues., 3.15 p.m., Mr. Kenneth M. Walker, Haematuria.

ST. PAUL'S HOSPITAL FOR GENITO-URINARY DISEASES, Endell Street, W.C.2.—Wed., 4.30 p.m., Dr. David Thomson, Common Infections of the Genito-Urinary Tract. Tea at 4 p.m.

SOUTH-WEST LONDON POST-GRADUATE ASSOCIATION, St. James's Hospital, Ouseley Road, Balham, S.W.—Wed., 4 p.m., Mr. T. P. Kilner, Modern Reconstructive Surgery.

TAVISTOCK SQUARE CLINIC FOR FUNCTIONAL NERVOUS DISORDERS, 51, Tavistock Square, W.C.1.—Wed., 3 to 5.30 p.m., Psychological Types and Mechanisms.

WEST LONDON HOSPITAL POST-GRADUATE COLLEGE, Hammersmith, W.6.—Mon., 10 a.m. to 1 p.m., Surgical Wards, Genito-Urinary Operations, Skin Department; 2 p.m., Operations, Surgical Wards, Medical, Surgical, Eye, and Gynaecological Out-patient Departments. Tues., Dental Department; 2 p.m., Operations, Medical, Surgical, and Throat; 10 a.m. to 1 p.m., Medical Wards, Clinical Demonstration (Surgical), Out-patient Departments. Wed., 10 a.m. to 1 p.m., Medical and Surgical Wards, Children's Medical Out-patient Department; 2 p.m., Gynaecological and General Operations, Medical, Surgical, and Eye Out-patient Departments. Thurs., 10 a.m. to 1 p.m., Neurological Out-patient Department, Demonstration of Fractures; 2 p.m., Operations, Medical, Surgical, and Genito-Urinary Out-patient Departments. Fri., 10 a.m. to 1 p.m., Medical Wards, Skin and Dental Departments, Clinical Demonstration (Medical); 2 p.m., Operations, Medical, Surgical, and Throat Out-patient Departments. Sat., 10 a.m. to 1 p.m., Throat Operations, Bacterial Therapy Department, Medical Wards, Children's Medical and Surgical Out-patient Departments.

GLASGOW POST-GRADUATE MEDICAL ASSOCIATION.—At Royal Maternity and Women's Hospital: Wed., 4.15 p.m., Professor J. M. Munro Kerr, Obstetrical Cases.

LIVERPOOL UNIVERSITY CLINICAL SCHOOL ANTE-NATAL CLINICS.—Royal Infirmary: Mon. and Thurs., 10.30 a.m. Maternity Hospital: Mon., Tues. Wed., Thurs., and Fri., 11.30 a.m.

MANCHESTER ANCOATS HOSPITAL.—Thurs., 11 a.m., Dr. E. W. Twining, Clinical Demonstration; 4.15 p.m., Dr. Arnold Renshaw, Systematic Pathological Investigation of a Case of Rheumatoid Arthritis.

MANCHESTER ROYAL INFIRMARY.—Tues., 4.15 p.m., Dr. F. E. Tylicote, Low Blood Pressure. Fri., 4.15 p.m., Dr. D. Blair, Mental Defect.

SHEFFIELD UNIVERSITY POST-GRADUATE CLINICS.—At Royal Infirmary: Fri., 3.30 p.m., Mr. Brockman, Syphilis of the Alimentary Tract.

## British Medical Association.

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## Diary of the Association.

## NOVEMBER.

- 21 Fri. London: Spa Practitioners Group Committee, 11.30 a.m. London: Annual Conference of the Spa Practitioners Group, 2 p.m. Harrow Division: Redhill Hospital, Burnt Oak, 8.30 p.m. Combined Clinical Meeting with the Hendon Division. Lambeth and Southwark Division: Belgrave Hospital, Clapham Road, 4.15 p.m. Lecture by Mr. S. I. Levy.
- 23 Sun. Willesden Division: Annual Dinner at the Criterion Restaurant, 7 for 7.30 p.m.
- 24 Mon. Brighton Division: Royal Pavilion, Brighton, 8.30 p.m. Sir Robert Bolam on Hospital Policy. Informal Dinner at Savoy Cinema Restaurant, 7 p.m.
- 25 Tues. Bournemouth Division: Royal Bath Hotel, 7.15 for 7.30 p.m. Annual Dinner. Croydon Division: Croydon General Hospital, 8.30 p.m. Paper by Dr. H. Thompson Barron. Isle of Ely Division: Griffin Hotel, March, 3 p.m. B.M.A. Lecture by Mr. A. W. Bourne. Lunch 1.45 p.m. Lewisham Division: St. John's Hospital, Lewisham, S.E.13, 8.45 p.m., Demonstration by Dr. John Gibbins.
- 26 Wed. Bath and Bristol Branch: Royal United Hospital, Bath, 8.15 p.m. Papers by Miss Forrester Brown and Dr. W. R. Dawson. South-Eastern Counties Division: Buccleuch Arms Hotel, St. Boswell's Green, 7.15 p.m.
- 27 Thurs. Sunderland Division: Royal Infirmary, Sunderland, 5 p.m. Paper by Sir Harold Gillies. Dinner at Palatine Hotel.
- 28 Fri. Banff, Moray, and Nairn Division: Gray's Hospital, Elgin, 6 p.m. Lecture by Dr. A. G. Anderson. Annual Dinner in Austin's Tea Rooms, 8 p.m. Gateshead Division: Liberal Club, 108, High West Street, Gateshead, 8.15 p.m. Lecture by Dr. G. A. Allan. Plymouth Division: South Devon and East Cornwall Hospital, 8.15 p.m. Lecture by Dr. L. S. T. Burrell. Sheffield Division: Medical Library, The University, Sheffield, 8.45 p.m. B.M.A. Lecture by Mr. A. Tudor Edwards. Shropshire and Mid-Wales Branch: Royal Salop Infirmary, 3.45 p.m. Paper by Prof. J. G. Emanuel.

## DECEMBER.

- 2 Tues. London: Hospitals Out-patients Subcommittee, 2.30 p.m. City Division: Metropolitan Hospital, Kingsland Road, E., 9.30 p.m. Paper by Dr. M. B. Ray. Dewsbury Division: Coffee Pot, Longcouseway, Dewsbury. Paper by Dr. A. Fulton.
- 3 Wed. London: Medical Students and Newly Qualified Practitioners Subcommittee, 2.30 p.m.
- 4 Thurs. Barnet Division: Cottage Hospital, Barnet, 8.30 p.m. Paper by Dr. C. E. Lakin. City Division: Trocadero Restaurant, 7.30 p.m. Annual Dinner and Dance. Guildford Division: Royal Surrey County Hospital, Guildford, 4 p.m. Paper by Dr. L. S. T. Burrell. West Norfolk Division: King's Lynn Hospital, 3 p.m. Address by Dr. Alfred Cox.
- 5 Fri. London: Research and Inventions Subcommittee, 2.30 p.m.
- 16 Tues. London, Grants Subcommittee, 2.30 p.m.

## BIRTHS, MARRIAGES, AND DEATHS.

The charge for inserting announcement 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.

## BIRTHS.

JOY-SMITH.—On November 12th, at 42, Elgin Avenue, W.9, to Helen (née Clapham), wife of Dr. C. Joy-Smith, a daughter.

LAVERY.—On November 12th, 1930, to Dr. and Mrs. Lavery, 15, Queen's Road, Coventry, a daughter.

TERRY.—At Nyaungtha, Upper Burma, on October 7th, 1930, to Helen Margaret, wife of Dr. Gordon Stuart Terry, a son.

## MARRIAGES.

CRABTREE-BAMFORD.—Jabez Crabtree, of West Riddlesden Hall, Keighley, to Jane Bamford, M.B., Ch.B., of Farcliffe Place, Bradford, at St. Paul's Church, Manningham, Thursday, October 16th.

LE COUILLIARD-VIGAR.—On November 15th, at St. James's Church, Muswell Hill, London, Cyril Gordon Le Couilliard, M.B., B.S.Lond., younger son of Mr. and Mrs. F. C. Le Couilliard of St. Heliers, Jersey, to Lillian Elfreda, eldest daughter of Mr. and Mrs. A. P. Vigar of Preston Park, Brighton.

## DEATHS.

DOWN.—On August 26th, at Coulsdon, Whitechurch, Devon, Elgar Down, M.D., F.R.C.S.Ed., late of The Crescent, Plymouth.

LOCKET.—On November 18th, 1930, at his residence, New Holme, Bratton, Wilts, Thomas Wood Locket, M.D., M.R.C.S., third son of the late George Locket of Highwood House, Mill Hill. No flowers or mourning, by request.