

# SUPPLEMENT TO THE BRITISH MEDICAL JOURNAL.

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### British Medical Association.

#### THE EXPENDITURE OF PUBLIC MONEY ON EXPERIMENTS ON ANIMALS.

THE following letter, signed by the Medical Secretary, has been sent to members of the House of Commons.

On December 16th Commander Kenworthy is introducing a bill into the House of Commons to prohibit the expenditure of public money on vivisection experiments. The British Medical Association trusts that before making up your mind whether to support or to oppose this measure you will read the following remarks.

The Act, 39 and 40 Vict., cap. 77, of 1876, lays down that no one but the holder of a licence from the Secretary of State is permitted to use animals for experiments; that such work shall only be carried out at registered places; and that the experiments must be performed with a view to the advancement of physiological knowledge or of knowledge which will be useful for saving or prolonging life or alleviating suffering. This work is loosely termed vivisection, but no severe cutting operation is permitted under the Act without the use of an anaesthetic of sufficient power to prevent the animal feeling pain. Very many of the so-called experiments permitted under the Act are done for the routine purposes of public health or of medical treatment for the immediate benefit of the community or individual patients. The potency of many remedies in use to-day, notably glandular extracts, vaccines, serums, and some drugs such as arsenicals—for example, salvarsan—cannot be determined except by animal experiments. Without being so tested they may be uselessly weak or dangerously strong. Lives depend on these powerful medicaments being of standard strength.

Should the expenditure of public money on such work as this be prohibited? Pituitary extract is a good example. It is a valuable drug in childbirth, often diminishing pain and danger and obviating the use of instruments, but an overdose might easily kill the patient. Before proper control was introduced, different preparations on the market varied in strength up to as high a ratio as 80 to 1, with results that can be imagined. By means of animal experiments a standard of potency, expressed in definite units, has been secured, and is, in fact, now enforced by law. This is one of the national biological standards for which the Medical Research Council is responsible. Some infectious diseases—for example, some cases of tuberculosis—cannot be diagnosed with certainty except by animal

tests, and animals must of necessity be used in the preparation of certain vaccines and serums. It is a public duty that such work as this should be carried out, and in some cases the law requires it to be done. The effective control of therapeutic substances can only be ensured by the State, and therefore by the expenditure of public funds.

It is not always realized that the term *vivisection* covers such work as this, and the British Medical Association is of opinion it is in the interests of the community that Commander Kenworthy's bill should be opposed.

#### CURRENT NOTES.

##### Annual Meeting, Eastbourne, 1931.

THE ninety-ninth Annual Meeting of the British Medical Association will be held in the latter part of July, 1931, at Eastbourne, under the Presidency of Dr. W. G. Willoughby, medical officer of health for Eastbourne. The clinical and scientific work of the Meeting will be divided among fourteen Sections, meeting on Wednesday, Thursday, and Friday, July 22nd, July 23rd, and July 24th, and we publish below the names of the Sections and their Presidents. The first seven Sections will meet each on three days, the next five on two days, and the last two on one day. The full list of officers of Sections and further information about the Meeting generally will appear in later issues.

##### Presidents of Sections.

- Medicine.* R. A. YOUNG, C.B.E., M.D., F.R.C.P., London.
- Surgery.*—CECIL A. JOLL, M.S., F.R.C.S., London.
- Obstetrics and Gynaecology.*—EARDLEY L. HOLLAND, M.D., F.R.C.P., F.R.C.S., London.
- Diseases of Children.*—H. CHARLES CAMERON, M.D., F.R.C.P., London.
- Pathology and Biochemistry.*—PROFESSOR E. P. CATHCART, C.B.E., LL.D., M.D., Glasgow.
- Public Health (including Tuberculosis and Occupational Diseases).*—SIR GEORGE S. BUCHANAN, C.B., M.D., F.R.C.P., London.
- Neurology and Psychological Medicine.*—SIR JAMES PURVES-STEWART, K.C.M.G., C.B., M.D., F.R.C.P., London.
- Oto-Rhino-Laryngology.*—W. M. MOLLISON, C.B.E., M.Ch., F.R.C.S., London.
- Ophthalmology.*—E. E. MADDOX, M.D., F.R.C.S.Ed., Bourne-mouth.
- Anaesthetics.*—H. P. FAIRLIE, M.D., Glasgow.
- Dermatology.*—H. MACCORMAC, C.B.E., M.D., F.R.C.P., London.
- Orthopaedics.*—A. S. BLUNDELL BANKART, F.R.C.S., London.
- Medical Sociology.*—L. A. PARRY, M.D., F.R.C.S., Hove.
- Hydrology and Climatology.*—R. FORTESCUE FOX, M.D., F.R.C.P., London.

**Sir Charles Hastings Clinical Prize.**

The Sir Charles Hastings Clinical Prize, which consists of an illuminated certificate and a money award of fifty guineas, is open for competition in respect of 1931. The following are the regulations governing the award:

1. The prize is established by the Council of the British Medical Association for the promotion of systematic observation, research and record in general practice; it includes a money award of the value of fifty guineas.
2. Any member of the Association who is engaged in general practice is eligible to compete for the prize.
3. The work submitted must include personal observations and experiences collected by the candidate in general practice, and a high order of excellence will be required. If no essay entered is of sufficient merit, no award will be made.
4. Essays, or whatever form the candidate desires his work to take, must be sent to the British Medical Association House, London, W.C.1, not later than December 31st, 1930, and the Prize will be awarded at the Annual General Meeting of the Association to be held at Eastbourne in July, 1931.
5. No study or essay that has been published in the medical press or elsewhere will be considered eligible for the prize, and a contribution offered in one year cannot be accepted in any subsequent year unless it includes evidence of further work.
6. If any question arises in reference to the eligibility of the candidate or the admissibility of his or her essay, the decision of the Council shall be final.
7. Each essay must be typewritten or printed, must be distinguished by a motto, and must be accompanied by a sealed envelope marked with the same motto, and enclosing the candidate's name and address.
8. The writer of the essay to whom the prize is awarded may, on the initiative of the Science Committee, be requested to prepare a paper on the subject for publication in the *British Medical Journal* or for presentation to the appropriate Section of the Annual Meeting of the Association.
9. Inquiries relative to the prize should be addressed to the Medical Secretary.

**The Association's Annual Handbook.**

The Annual Handbook of the Association, 1930-31, is now available. Copies can be had by members, gratis and post-free, on application to the Medical Secretary, B.M.A. House, Tavistock Square, London, W.C.1. Primarily intended as a work of reference for honorary secretaries of Divisions and Branches and other workers of the Association, this Handbook should prove of interest and assistance to all members. The new edition is revised throughout. It contains the decisions of the Representative Body of the Association on matters of policy (except the "Hospital Policy," published as a separate pamphlet); a sketch of the constitution and working of the Association, local and central; lists of the members of Council and central committees, and of officers and officials, local and central; a brief record of some of the work of the Association in the past year; and other information about the doings of the Association.

**Handbook for the Newly Qualified.**

The Association's *Handbook for Recently Qualified Medical Practitioners*, first published in 1923, has been in such demand that a second edition became necessary. This current (1926) edition, considerably enlarged and revised throughout, contains authoritative information, such as is not available in any other single publication, about a large number of matters affecting medical practitioners. The volume should be found of assistance by all members of the profession, although it is issued by the Association primarily to meet the needs of newly qualified members of the profession and give useful information and advice on matters known to be often the subject of doubt or difficulty to those who are planning their careers. It gives, *inter alia*, information as to the main careers open to members of the profession; some practical aspects of medical work (including especially some legal and ethical aspects); registration and privileges of practitioners; national health insurance; post-graduation study and special diplomas; specialization; dangerous drugs regulations; fellowships, scholarships, studentships, prizes, and research grants; individual medical defence; the work of the Association; and the work of the Medical Insurance Agency. The price

of the *Handbook* is 3s. 6d. (post free 3s. 9d.). Copies can be had on application to the Financial Secretary and Business Manager, British Medical Association House, 19, Tavistock Square, W.C.1. In view of the demand for this book, a third edition is in preparation.

**Guide to Courses and Examinations for Qualification in Public Health and Tropical Medicine.**

The attention of those of our readers who propose taking a special qualification in public health or tropical medicine is drawn to the *Guide to Regulations, Courses and Examinations for Qualifications in Public Health and Tropical Medicine and Hygiene in Great Britain and Ireland*, by Sir Andrew Balfour, director of the London School of Hygiene and Tropical Medicine, published by the Association. It is a valuable compendium of information on the regulations, courses, and examinations for degrees and diplomas in public health and tropical medicine and hygiene, and includes also information as to the times of the courses and the fees payable. Copies of the *Guide* can be had (price 3s., post-free) on application to the Financial Secretary and Business Manager, British Medical Association House, 19, Tavistock Square, W.C.1.

**Prizes for Essays by Final-Year Medical Students and Recently Qualified Practitioners.**

The Council of the British Medical Association proposes to award, in March, 1931, prizes of £25 each for the best essays—"Describe and discuss cases illustrating the modern methods of the diagnosis of early pulmonary tuberculosis"—by final-year medical students, or by registered medical practitioners of not more than one year's standing (that is, one year from date of passing of qualifying examination), studying, or who have studied, at one of the medical schools in the undermentioned groups. One prize of £25 will be open for award in each of the following groups of schools:

GROUP 1.—Guy's Hospital; London Hospital; St. Bartholomew's Hospital; St. Thomas's Hospital.

GROUP 2.—Charing Cross Hospital; King's College Hospital; Middlesex Hospital; Royal Free Hospital (London School of Medicine for Women); St. George's Hospital; St. Mary's Hospital; University College Hospital; Westminster Hospital.

GROUP 3.—University of Birmingham; University of Bristol; University of Durham; University of Leeds; University of Liverpool; Victoria University of Manchester; University of Sheffield; Welsh National School of Medicine.

GROUP 4.—University of Aberdeen; School of Medicine of the Royal Colleges, Edinburgh; University of Edinburgh; Anderson College of Medicine, Glasgow; Queen Margaret College (School of Medicine for Women), Glasgow; St. Mungo's College, Glasgow; University of Glasgow; University of St. Andrews.

GROUP 5.—Queen's University, Belfast; University of Dublin (Trinity College); National University of Ireland (University College, Cork; University College, Dublin; University College, Galway); Royal College of Surgeons in Ireland (Schools of Surgery).

GROUP 6.—The medical schools in the British Empire outside the British Isles.

The prizes will be awarded to the authors of the essays deemed by the examiners to be the best sent in, but if no essay received from a group is considered by the examiners to be deserving of a prize, no prize will be awarded in that group. The essay must not exceed 5,000 words, should be clinical in nature, and must include concise notes of three cases personally observed. Essays should be plainly written or typed on foolscap paper (one side only), and must reach the Medical Secretary, British Medical Association House, Tavistock Square, London, W.C.1, not later than January 12th, 1931. Each essay must be signed by a pseudonym only, and be accompanied by a signed and dated statement that the essay has been the bona-fide work of the competitor, and that he or she comes within the definition of those eligible to enter for the competition, together with particulars of his or her full name, pseudonym, address, medical school, and (if on *Medical Register*) month and year in which the final examination qualifying for registration was passed. The essays received will be adjudicated on by examiners appointed by the Council from among members of the Association. The decision of the Council will be final.

## Association Notices.

### BRANCH AND DIVISION MEETINGS TO BE HELD.

**KENT BRANCH: ASHFORD DIVISION.**—A meeting of the Ashford Division will be held at the Ashford Hospital on Friday, January 9th, at 4.30 p.m. Mr. A. Dickson Wright of St. Mary's Hospital will deliver an address on the treatment of varicose veins, phlebitis, and ulcer (with cinematograph film). Tea will be served at the hospital at 4 p.m. Members of neighbouring Divisions will be very welcome.

**SOUTH-WESTERN BRANCH: TORQUAY DIVISION.**—The annual dinner and dance given by the Torquay Division in aid of medical charities will be held at the Palace Hotel, Torquay, on Friday, December 19th, at 7.45 for 8 p.m. Dancing and bridge, 9.30 p.m. to 2 a.m. Tickets for dinner and dance (excluding wines) are 15s. each, and for dance only (including light refreshments) 10s. each; they may be obtained from the honorary secretary, Dr. Cameron Davidson (Avonleigh, Acadia Road, Torquay). Members, and their friends on holiday in the district, will be made specially welcome.

**SUSSEX BRANCH: BRIGHTON DIVISION.**—A ball arranged by the Brighton Division in aid of medical charities will be held at the Grand Hotel, Brighton, on Friday, December 19th, from 9 p.m. until 2 a.m. Tickets 10s. 6d., including supper and refreshments.

## Meetings of Branches and Divisions.

### ABERDEEN BRANCH: CITY OF ABERDEEN AND ABERDEEN AND KINCARDINE COUNTIES DIVISIONS.

The inaugural meeting of the City of Aberdeen Division and of the Aberdeen and Kincardine Counties Division was held at 29, King Street, Aberdeen, on November 7th. Dr. J. R. LEVACK, president of the Branch, presided during the preliminary proceedings.

The rules of Divisional organization, together with the revised rules governing procedure in ethical matters and standing orders, were adopted.

The following office-bearers were elected:

City of Aberdeen Division: *Chairman*, Mr. F. K. Smith; *Vice-Chairman*, Dr. R. Richards; *Honorary Secretary and Treasurer*, Dr. Middleton Cannon.

Aberdeen and Kincardine Counties Division: *Chairman*, Dr. R. Bruce, D.S.O.; *Vice-Chairman*, Dr. L. B. Beddie; *Honorary Secretary and Treasurer*, Dr. D. G. J. Gordon.

### BIRMINGHAM BRANCH.

A BRITISH Medical Association Lecture was given by Dr. R. G. CANTI on November 21st, at the Lyric Picture House, Birmingham, and illustrated by a microcinema film of tissue cultures. Dr. O. B. TRUMPER was in the chair, and introduced the lecturer to the meeting.

The films showed the growth of normal fibroblasts and wandering cells, cell division, and nuclear division. One of the most interesting parts of the film demonstrated the intracellular movements during growth, and a further film showed the arrest of growth brought about by radium emanation.

A vote of thanks to the lecturer was proposed by Professor HASWELL WILSON, and seconded by Dr. G. A. WILKES. Some 300 members of the Association were present, and 200 undergraduates of the Faculties of Medicine and Zoology of the University of Birmingham also attended as guests of the Association. The lecture was greatly appreciated by the audience.

### CAMBRIDGE AND HUNTINGDON BRANCH: ISLE OF ELY DIVISION.

A MOST successful meeting of the Isle of Ely Division was held on November 25th, when Mr. A. W. BOURNE, obstetric surgeon to Queen Charlotte's Hospital, gave a British Medical Association Lecture on difficult labour.

Mr. Bourne paid special attention to the commoner forms of delayed labour, and discussed the difficulties encountered by those in general practice who undertook midwifery. Delayed labour generally indicated the existence of some abnormality of the uterine functions, or the presence of some mechanical obstruction. The chief cause of delayed labour was the occipito-posterior position, and Mr. Bourne gave details of its diagnosis and treatment. He added that the condition was very much more common than was generally supposed, and that a more general recognition of this fact would explain many cases of delay in labour.

At the conclusion of the address a hearty vote of thanks was accorded to Mr. Bourne, on the motion of Dr. C. H. GUNSON, seconded by Dr. G. H. LUCAS. Before the lecture Mr. Bourne was entertained at luncheon, when Dr. W. A. MURPHY, chairman of the Division, presided, and twenty-five practitioners, some from neighbouring Divisions, were present.

### DORSET AND WEST HANTS BRANCH: WEST DORSET DIVISION.

A MEETING of the West Dorset Division was held on November 18th at the County Hospital, Dorchester. A record attendance assembled to hear Dr. Cox, the Medical Secretary, discourse on the subject of "The recent trend of events in the medical world." Dr. Cox, who was received with enthusiasm, held his audience from start to finish with a most interesting and intriguing talk. A hearty vote of thanks was accorded to him at the close.

### EDINBURGH BRANCH: SOUTH-EASTERN COUNTIES DIVISION.

An ordinary meeting of the South-Eastern Counties Division was held on November 5th at the Railway Hotel, Newtown St. Boswells, when Dr. TAYLOR was in the chair and nineteen members were present.

The SECRETARY reported that the motion regarding pensions for doctors sent up by the Division to the Annual Representative Meeting had been lost by a small majority. Further consideration of the matter was postponed until the next business meeting.

It was agreed that the annual dinner should be held in the Buccleuch Arms Hotel, with the same arrangements as last year.

With reference to the retirement of Dr. Oliver from the office of honorary secretary of the Division, opportunity was taken by Drs. FAIRFAX and MUIR to recapitulate briefly the services he had rendered to the Division and his connexion with the Borders. Dr. OLIVER thanked the Division, and stated his belief that the British Medical Association was an absolutely democratic body, in which the latest joined member had equal rights with the most senior.

Dr. JAMES YOUNG (Edinburgh), in an address on maternal mortality and morbidity, referred to the greatly differing regional mortalities found in Scotland and England, and discussed the prevention of the toxæmias and puerperal sepsis, which together explained about 60 per cent. of all the deaths. He argued that with ante-natal care deaths from eclampsia could virtually be eliminated, and that to this end it was important to remember that in every severe pre-eclamptic toxæmia the pregnancy should be terminated at once, no matter at what stage. He also pointed out that ante-natal care prevented the serious damage to health which often followed toxæmia. At the Edinburgh Royal Maternity and Simpson Memorial Hospital Dr. Elsie V. Crowe and he had shown that the health was severely damaged in 60 per cent., and might be described as shattered in 30 per cent. of these. Dr. Young discussed also the question of puerperal sepsis, and referred especially to the frequency with which sepsis followed normal labour. In the report of the Departmental Committee on Maternal Mortality and Morbidity this was responsible for nearly one death in five of the total deaths analysed. The speaker gave reasons for his belief that the majority of such cases must be due to contagion.

At the close of his paper a general discussion took place on questions raised by the lecturer, and much appreciation was expressed regarding the address.

### KENT BRANCH: ASHFORD DIVISION.

A MEETING of the Ashford Division was held at Ashford Hospital on November 14th, when Dr. LITTLEDALE was in the chair. Dr. J. A. GIBB (Maidstone) delivered an address on the acute ear, with particular reference to its surgical complications. The lecture was illustrated by a series of very excellent lantern slides. Tea was provided by the matron and staff of the hospital.

### KENT BRANCH: DOVER DIVISION.

A CLINICAL meeting of the Dover Division, arranged by Surgeon Commander H. E. R. STEPHENS, R.N., was held at the Royal Marine Infirmary, Deal, on November 21st, when some thirty members and friends were present. The following clinical cases were shown: separation of internal condyle of elbow; hypopituitarism; appendicectomy scars of Rockey's transverse incision; results of partial colectomy for carcinoma of ascending colon; mitral stenosis following rheumatic fever; adolescent mastitis; burn of heel leaving a painful scar; Kohler's disease; perforation of palm of hand; and epithelioma of dorsum of hand. The pathological specimens were exhibited and microscopical slides and dental x-ray films were shown.

A general tour of inspection was made of the laundry, recruits' receiving station, incinerator, zymotic blocks, kitchens, administrative block, and dispensary. The members expressed great pleasure at the most efficient way in which modern treatment in the Royal Naval Medical Service was carried out. During tea a trio from the Royal Naval School of Music, Deal, played selections.

### METROPOLITAN COUNTIES BRANCH: LEWISHAM DIVISION.

A CLINICAL meeting of the Lewisham Division was held at Lewisham Hospital, S.E.13, on November 11th, arranged by the medical superintendent, Dr. H. Nockolds. Cases shown by the hospital staff included gangrene of the leg in a patient with anterior poliomyelitis, treated by diathermy; amyotrophic lateral sclerosis, which commenced in the legs at the age of 3, the muscles having been spastic from the outset; fracture of the neck of the femur, put up in plaster-of-Paris in complete abduction; tuberculous excavation and whispering pectoriloquy; a cavity which developed after a nasal operation; a large submaxillary gland tumour; an imbecile boy, aged 10, with pseudo-hypertrophic muscular dystrophy and incontinence; pernicious anaemia; lymphatic leukaemia; and a long-standing ulcer of the leg treated by 2½ per cent. tannic acid. Dr. J. P. BRACKEN showed x-ray films of myelomatosis, double congenital dislocation of the hip, fracture of the clavicle secondary to carcinoma of the breast, gastric ulcer, carcinoma of the oesophagus, and military tuberculosis. Dr. TAYLOR showed a boy, aged 7, who had been just admitted, having been run over. He had sustained a compound fracture of the left femur, with a wound six inches long. He was being treated in a hot room with fluids, and the blood pressure was being taken every twenty minutes; when it reached the normal an anaesthetic would be given.

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

A MEETING of the South-West Essex Division was held at the Connaught Hospital, Walthamstow, on November 18th, when twelve members were present. After tea several members of the staff showed interesting x-ray photographs, and many cases of both surgical and medical interest in the wards and out-patient department. At the close of the meeting a vote of thanks was accorded to the staff of the hospital for their kindness in arranging such a good clinical demonstration.

## SOUTHERN BRANCH: PORTSMOUTH DIVISION.

THE second scientific meeting of the session of the Portsmouth Division was held at the Queen's Hotel, Southsea, on November 13th, when the chairman, Dr. JEANS, presided, and 102 members and guests were present, of whom 82 sat down to the preceding supper.

Dr. PARRY gave an address on criminal abortion, mentioning the three varieties—natural, therapeutic, and criminal. After a brief reference to the two former, he dealt with the various methods of inducing criminal abortion—namely, general violence to the body, drugs, and local injury to the contents of the uterus. No known drug could be relied on to set up abortion unless it had such a violent action that it injured the health, or even caused the death, of the patient. The danger of instrumental abortion, especially in the hands of the unskilled, was very great. The chief of these dangers were sepsis, haemorrhage, shock, and air embolism; the first of these had caused an enormous number of deaths. There was no doubt that the practice was largely on the increase. Dr. Parry spoke of the trade in abortifacients, and expressed pleasure at learning that the Advertising Association, of which Lord Riddell was president, had set its face very strongly against any paper inserting such notices. Unfortunately, even at the present time, there were only too commonly seen, especially in the religious journals and the less reputable papers. They were thinly disguised under the name of remedies for "female irregularities" and "obstructions," but everyone knew what was meant. The law needed strengthening; some countries had set a good example by prohibiting the publication of advertisements of this nature. With regard to the legal aspect of abortion, Dr. Parry mentioned that while the common law had recognized this as a crime for many centuries, it was in the reign of George III, in 1803, that it was first made a statutory offence. Since then three further Acts of Parliament had been passed on the subject, the last the Act of 1861, which stated the law as it was at present.

The following took part in the subsequent discussion: Dr. FISK (police surgeon), Mr. G. HALL KING (solicitor), Mr. F. G. ALLEN (Clerk of the Peace), Mr. B. J. TAY (magistrate's clerk), Mr. PAGE (borough analyst). On the motion of Dr. M. WAY, seconded by Mr. L. F. GLANVILLE (solicitor), a hearty vote of thanks was accorded to Dr. Parry for his address.

## SOUTHERN BRANCH: SOUTHAMPTON DIVISION.

THE opening meeting of the session of the Southampton Division was held at the Royal South Hants and Southampton Hospital on November 19th. The representative gave an account of the Representative Meeting, and members showed keen interest in the resolutions passed there. In particular, need was felt for a local medical advisory committee, as suggested in the general medical service proposals, and it was decided to inquire as to the formation and working of the Newcastle committee, and to report to a later meeting.

The chairman, Dr. DORA E. L. BUNTING, gave a most interesting and vivid account of her visit to Canada. She said that throughout the tour the arrangements were perfect, and the hospitality lavish. Everywhere in Canada there seemed to be no lack of money for building large up-to-date hospitals. In one place where great sums had been spent on institutional treatment of maternity cases there had been no corresponding fall in the maternal mortality rate.

## National Insurance.

THE Minister of Health, on December 9th, received a deputation from the National Conference of Friendly Societies. Its object was to lay before the Minister a number of resolutions passed at the last annual conference at Blackpool. The resolutions asked that there should be no departure from the fundamental principles of insurance upon which the National Health Insurance Act was founded, and that in the event of any attempt to link health insurance with any other social service not based on insurance principles strenuous opposition should be offered. The Minister said, in reply, that he could assure the deputation that, in the consideration now being given to the national insurance schemes, the Government had in mind only a desire to improve them, and that no question arose of any general departure from insurance principles. Other questions discussed included that of the restoration to health insurance funds of the Exchequer grants reduced under the Economy Act, the abolition of the means limit applying to non-contributory old age pensions, the possibility of extending the system of health and pensions insurance to all persons on equal terms, and the provision of specialist and consultant services. The position of persons who, in the law stands, pass out of insurance at the end of this year was also considered.

## CONFERENCE OF SPA PRACTITIONERS.

THE annual conference of the Spa Practitioners Group was held at the British Medical Association House on November 21st, when twelve members of the Group were present, Dr. C. W. BUCKLEY of Buxton being voted to be the chair.

*Provision of Spa Treatment for Members of Friendly Societies.*

Dr. G. L. KERR PRINGLE, chairman of the Group Committee, presented a report on the work of that committee since the previous conference. He said that at the 1929 Group conference it was suggested that the British Red Cross Society be approached with a view to combined action being taken in order to put into operation the scheme, which originated from the British Spas Federation, and had been approved by the Group and by the Representative Body of the Association, for the provision of spa treatment for insured persons. In view, however, of the fact that the approved societies appeared to be concentrating, for the time being, on the British Red Cross Society's London Rheumatic Clinic, together with the possible establishment of a similar clinic in the Midlands, the Group Committee considered it advisable to defer the question of approach to the British Red Cross on the lines suggested at the last conference. Subsequently, in October, 1930, it appeared from the lay press that steps were being taken with the object of providing certain insured persons with treatment for rheumatism at the various spas. Inquiries made on behalf of the Group Committee elicited the fact that, as there appeared to be little immediate prospect of spa treatment becoming one of the additional benefits under the National Health Insurance Acts, it was felt both by the spas and by the representatives of friendly societies that it would be advisable to endeavour to put the scheme, referred to above, into operation, by arrangement with any friendly society which was in a position to adopt it. The committee of the National Conference of Friendly Societies had discussed the scheme with the British Spas Federation, and had eventually agreed to the details as approved by the Association. It was therefore necessary to provide satisfactory machinery for dealing with matters affecting the spa practitioners who would be working under the scheme, including the eligibility of those to whom cases would be referred. The Group Committee had met that morning, and had made certain recommendations to the conference, which were then discussed. These recommendations, as amended by the conference, are briefly described below, and will, of course, be subject to the approval of the Council of the Association, in accordance with the procedure laid down in the regulations governing the Group.

It was decided by the conference:

1. That in each area in which there was a spa the Division should be asked to appoint a Local Spa Medical Committee, consisting of not more than seven members, the majority of whom would be spa practitioners nominated by members of the Group in the area, and that where there were not sufficient spa practitioners to allow of this, the composition of the committee should be settled by the Spa Practitioners Group Committee of the Association.

2. That a local administrative committee should be appointed in each area concerned, the composition of such committee consisting of equal representation (not exceeding three by each body) of the local Spa Management, Friendly Societies, and the Local Spa Medical Committee.

3. That the decision as to the eligibility of practitioners for work under the scheme should rest with the Spa Practitioners Group Committee of the Association, the criteria of eligibility being: (a) that he has held hospital or other appointments affording special opportunities for acquiring special skill and experience of the kind required for the performance of the service rendered, and has had actual recent practice in performing the service rendered or services of a similar character; or (b) that he has had special academic or post-graduate study of a subject which comprises the service rendered, and has had actual recent practice as aforesaid; or (c) that he is generally recognized by other practitioners in the area as having special proficiency and experience in a subject which comprises the service rendered.

4. That all cases for treatment should be taken in groups, in strict rotation, by the local spa practitioners on the approved

list, particulars of any cases of doubt as to suitability for treatment being referred to the Local Spa Medical Committee.

5. That satisfactory arrangements would have to be made beforehand for the payment of fees in respect of attendance on uninsured persons in connexion with illness other than that for which the patient had been sent to the spa, and that the responsibility for such arrangements would rest with the friendly societies concerned.

#### Group Committee for 1930-31.

The following were re-elected members of the Spa Practitioners Group Committee for the session 1930-31:

Dr. R. Ackerley (Llandrindod Wells).  
Dr. J. B. Burt (Buxton).  
Dr. F. Clayton (Leamington Spa).  
Dr. Geoffrey Holmes (Harrogate).  
Dr. G. L. Kerr Pringle (Harrogate).  
Dr. F. G. Thomson (Bath).

#### British Red Cross Society's Rheumatic Clinic.

Dr. ACKERLEY raised the question of the average duration of attendance of patients at the British Red Cross Society's Rheumatic Clinic in London. He stated that it was at first believed that a three weeks' course of treatment was necessary, but that it now appeared that the average period of attendance was about ten weeks. He thought it should be pointed out that a period of three weeks was probably too short. It was agreed that this was more a matter for the British Spas Federation than for the Group.

#### Spa Treatment and Medical Benefit under the Insurance Acts.

Dr. G. E. SAWDON drew attention to his experience as an insurance practitioner in claiming that the giving of advice in connexion with spa treatment was a specialist service, and not part of his duty as an insurance practitioner. The Ministry of Health agreed that the service he had rendered as a spa practitioner was not within his terms of service under the National Health Insurance Acts, and he thought the Ministry's decision went a long way towards establishing the principle that an insurance practitioner who was admitted to be competent to advise on spa treatment was entitled to be remunerated by his insured patients for this service.

## RECENT SICKNESS EXPERIENCE AMONG INSURED PERSONS.

### AN ACTUARIAL DISCUSSION.

THE recent investigation by the Government Actuary (Sir Alfred Watson) into the sickness experience of insured persons, which was summarized in the *Supplement* of May 10th (p. 213), was the subject of a paper read by Sir Alfred Watson to the Institute of Actuaries on November 24th.

Speaking of the sharp rise in claims for sickness benefit by women, especially married women, Sir Alfred Watson said that the finance of national health insurance originally was much criticized on the ground that no distinction was made between the sexes. But in fact no evidence was available at that time on which such distinction could be based. It appeared on closer examination that the proportion of cases of incapacity was not much more numerous among unmarried women than among men, but the excess on the women's side was attributable to the difference in the duration of claims. The reason for this, in Sir Alfred Watson's opinion, was not so much physical as economic. The majority of insured men had wives and dependent families, whereas the unmarried insured women had no corresponding responsibilities. Probably also the average man in industrial employment ran more risk than the insured woman of losing his job if he was long absent from work.

Another point stressed by Sir Alfred Watson in addressing his fellow actuaries was the large proportion of "recoveries" immediately on entry on the period of diminished benefit (disablement rate). Of all those who passed from sickness benefit to disablement benefit in 1927 (the year in relation to

which the investigation took place), and ceased to draw benefit before the end of the year, more than one in six "declared off" almost immediately the benefit was reduced. Sir Alfred Watson added that friendly societies a few years ago would not have thought of getting a second opinion in a case where there was some doubt as to the genuineness of the certified incapacity, but in view of the establishment by the Ministry of Health of a corps of regional medical officers, it must be expected that the check of a second opinion would be resorted to more frequently.

In the course of an animated discussion, one of the actuaries present suggested that the explanation of the heavier claims of women was that their experience of insurance had not given them sufficient time to develop group loyalties. Another said that he accepted the fact that there was an acceleration in the recovery rate on passing from full sickness to reduced sickness benefit. The effect of economic factors could not be disregarded. It was apparent at the time of the general strike and the coal dispute in 1926, when sickness claims went up markedly, though it must be remembered that a certain proportion of the claims were genuine ones, by people who had "hung on" to their job for longer than they ought to have done in view of their health, and only came on to sickness benefit at last in the economic calamity. This same speaker expressed the hope that the Minister of Health would help the societies by defining to some extent those forms of incapacity which should be more particularly watched, and the stages in the illness which should be noted, especially the stages at which reference to the regional medical officer, if necessary, might take place.

Another actuary, who described the doctor's certificate as a blank cheque on the approved society, asked whether there was any form of control over the nature of the examination which a doctor was supposed to make. Were there any rules issued to doctors as to the procedure they should follow? The doctor, he said, was the first line of defence in the protection of the funds of approved or friendly societies, but there were many weak places in the line. In the life offices, if a medical examiner did not give satisfaction, he could be treated like any other paid servant of the company, and the speaker appeared to bemoan the fact that the approved societies had no similar control. He pointed out, however, certain qualifications which should be made in assessing recent sickness experience. One of these was the fact that a larger proportion of people than formerly were kept alive by medical skill, though in a partially invalid condition, and were in insurance. The figures were also swollen by the tendency to make complete weeks of incapacity. One society had discovered that 45 per cent. of the "declarations on" among its members occurred on a Saturday. The regional medical officers, said this same actuary, were a great advantage, but it was unfortunate that a case could not be got before them within a shorter period than eight days. With regard to married women, his view was that they were an uninsurable proposition; at least, if they were insured, the rate of benefit should be equal only to the rate provided by the contribution, which would mean a great reduction in benefit, and itself would cause a fall in the rate of "sickness."

Sir Alfred Watson, in his reply, remarked that a period of industrial distress need not alarm friendly societies, as it used to do. The decline in sickness claims for 1930, of which he was glad to learn, was not unconnected with the very great increase in the claims on the unemployment fund. If a man was eligible for one of two benefits, human nature being what it was, he would enter for the larger.

## THE DENTAL BOARD.

### Announcements by Dentists.

At the November session of the Dental Board of the United Kingdom, the chairman, the Right Hon. Sir Francis Dyke Acland, Bt., devoted the greater part of his address from the chair to a question which has arisen, particularly in Glasgow, regarding announcements of dental practice. It is stated that in Glasgow such announcements are in excess of what is usual elsewhere. Sir Francis Acland said that while the Board had not taken legal advice as to whether it had any power with regard to dentists' announcements, he would not advise any dentist, in reliance on that fact, to make too practical a test of the question. The whole of the Board's action as

regards announcements depended upon the power given to it under the Dentists Act to report to the General Medical Council cases in which it had been found that dentists had been guilty of infamous or disgraceful conduct in a professional respect. If appeal were made to the High Court, he believed that the Council would only have to show that the practitioner had "in the pursuit of his profession done something in regard to it which will be reasonably regarded as disgraceful or dishonourable by his professional brethren of good repute and competency" (the definition by the High Court of "infamous conduct") for its decision to be upheld.

#### Grants to Dental Schools.

The chairman stated that the Board would be asked to replenish the fund from which grants were given towards the building and equipment of dental schools. There were only a few of these which had not as yet been helped in what had been in many cases a complete rebuilding and re-equipment. The Board later in the session agreed to offer the University of Birmingham a grant of £400 per annum, for a period of five years, towards the salary of a whole-time teacher in dental clinical subjects, and to the University of Manchester a grant of £500 per annum towards the salary of a whole-time professor in dentistry, and director of the dental department of the university, subject in both cases to certain conditions as to total salary and other matters. Votes were also approved of £2,500 to the College of Medicine of the University of Durham towards the cost of erecting a proposed new dental school on the site offered by the Royal Victoria Infirmary, Newcastle, and £1,000 towards the cost of its equipment; also of £4,000 to the University of Manchester towards the cost of alterations of, and additions to, the existing buildings of the dental school.

#### Post-Graduate Dental Instruction.

On the suggestion of the British Dental Association, the chairman of the Board lately summoned a conference to consider means whereby the facilities for post-graduate instruction might be encouraged and developed. The views of those present were ascertained, and the conference expressed the view that a small *ad hoc* committee should be appointed to consider the question further, with a view to ascertaining whether it would be possible to provide instruction of this kind.

## Correspondence.

### FUTURE OF MEDICAL PRACTICE.

SIR,—At a recent meeting of a Branch of the Association I heard much that made me marvel. The speaker of the evening, after mention of various schemes put forward for reforming the profession, went on to say that what we wanted, and should see that we got, was private practice; and that, since the working of any scheme depended upon the medical profession, doctors ought to find no difficulty in getting what they wanted. Of a full-time State medical service, such as (he assured the meeting) the present Government had in view, he would have us beware. Of an extension of the present panel system to the dependants of the insured population he was equally afraid. Of the scheme put forward (on paper) by the Association he appeared to be scornful. So, indeed, did most of the members present at the meeting. And after the meeting I heard more than one expression of opinion that the Association, after all, did not represent the profession by any means!

I learnt that, whilst the bad old days of the old club system were happily no more, the good old days of our lost glorious liberties were also no more. I learnt that, whilst the public in the aggregate and as individuals were not satisfied with the doctors working on the panel, they and the press in general would be solidly in favour of the doctors in any resistance they might offer to the attempts of the Ministry of Health and the approved societies to curtail still further the liberty of the doctor! Another thing I learnt was that any scheme for a State medical service that might be introduced by the present Government would fail, as there are not enough medical men to do the work. And yet we were assured that the Government were going to allocate as many as 5,000 persons to each doctor. This reminded me of the rubbish I once heard talked at a meeting of the London Panel Committee—rubbish which led to the conclusion that the population of Shoreditch was 1,500,000. For, if only 10,000 doctors can be found to staff a State service they would serve a population of

10,000 × 5,000 = 50,000,000. But, Sir, I think I have read in your own columns that, whilst the proportion of doctors to the population in general, anterior to the war, was about 1 to 1,700, since the war the ratio was more like 1 to 1,000. From all of which it appears to follow that everybody, without exception, would be placed on the list of a State service doctor, and the majority of doctors now in practice would be unemployed—on the dole!

The subject of the address was, "Shall the medical profession be independent or controlled?" But the whole meeting appeared to have forgotten this, and it was assumed that "freedom" or "independence" exists. When I pointed out that the fact of control was not to be questioned, as witness the doings of the Ministry and the approved societies, and that what we needed was an alteration in the *form* of it, the lecturer could not follow my meaning. And yet, as I pointed out, whilst we all pay for the Army and the Navy and various other Services, the control or ordering of their activities is vested in their own body, the specialists, who are entrusted with the task of providing the nation with efficient Army and Navy and Colonial Services, being themselves members of those Services respectively. But, no! The lecturer could not understand my attitude, and urged the view that what we should strive for was private practice and independence. He thought it was too late to try to deprive the approved societies of the powers they had acquired. Why, then, put up any resistance, is what I want to know? The vote-controlling power of the societies was urged against me; but the speaker had already, and at length, exhorted us to go for our independence in the assurance that we had the public, and most of the press, on our side. Of what value, then, is the awesome vote-controlling power of the societies? Whose votes are going to be so powerfully exercised against the whole nation? And does one need to be outside Parliament to learn that there does not exist, nor ever did exist in any organized society or community, such a fanciful thing as independence?

If, Sir, an attempt is to be made to reorganize the medical service of the State, and if the attempt is capable of realization, all we need to worry about is to secure the control of our own activities, as is the case in the Services I have already named. The name given to the resulting service is of no consequence so long as it gives good service to the public. I feel the time is here when the profession should discuss this subject, make up its mind, and stand united to secure conditions under which it can provide the very highest quality of service for the community—conditions which preclude the ignorant interference of outsiders.—I am, etc.,

Acton, Dec. 3rd.

A. R. EATES.

### THE TRIAL OF THE GENERAL PRACTITIONER.

SIR,—I started to read Dr. Booth's letter in the *Supplement* of November 29th (p. 242) with heightened interest, as at first I understood his title to be, "The trials of the general practitioner," and not "The trial." But, having started to read, I read on; and I found food for comment.

Dr. Booth's contention that opinions expressed by those in "high places" point to "a degree of estrangement between the public health service and the profession outside" is corroborated by certain manifestations in lower places, witness, for one, my letter to the *Supplement* of November 22nd (p. 234).

It is not for me to answer the interesting questions raised by Dr. Booth as to the cause of this general estrangement. I work in an isolated practice, of a type which the Ministry of Health probably regards as obsolete, and I can judge of general medical conditions only by what happens in my own corner. From what I see there, I think the answer to all Dr. Booth's questions is mainly in the negative. Particularly is this the case with regard to his last question as to whether complete bureaucratic control is not needed to bring the two sides into amity? On this point, judging from my own limited experience, I am prepared to be more emphatic. My answer is an unequivocal No.

It is another matter when I come to the rift which has occurred between the public health service and myself. Here I feel myself an authority. I could give the reasons for our estrangement with clarity and force; and the blame would not be laid entirely on the shoulders of my humble self.—I am, etc.,

Quarry Bank, South Staffs, Nov. 30th.

F. M. SMITH.

SIR,—I thoroughly endorse Dr. Booth's letter, but consider he puts it too mildly. In the medical press the general practitioner is frequently quoted as the foundation stone on which all the new plans of treating the sick are dependent, but I have long since put this utterance down as ironical. Every phase of the schemes put forward by the Ministry of Health and the British Medical Association point to the utter extermination of the general practitioner, as such. His standing will at best be that of a clinical clerk. The school clinics and the welfare clinics are daily robbing him of his legitimate employment, although he was at first assured that there was to be no treatment at either establishment. We are now often called in to clear up the fag ends of their treatment. I consider we are drifting to mass production—all treatment to one pattern devised from headquarters at a starvation wage—all individual initiative will be crushed. In every case at all serious the consultant will have perforce to be called in and the case carried on according to his instructions, and the general practitioner will dwindle down to a mere satellite instead of being the mainstay of the profession.

I am surprised that the Colleges of Physicians and Surgeons do not do something to protect those on whom they have conferred their diplomas. Surely their Charters stand for something. I strongly urge that the general practitioner is in sore need of protection, and from whom should he expect it more than from our B.M.A.?—I am, etc.,

Wallington, Surrey, Dec. 2nd.

A. Z. C. CRESSY.

#### GENERAL PRACTITIONERS AND CANCER INQUIRIES.

SIR,—I am instructed to forward to you a copy of a letter addressed to the Minister of Health on December 3rd, and to request you to be good enough to publish it.

##### *Copy of Letter.*

I am instructed by the council of the Sussex Branch of the British Medical Association to draw your attention to the following criticisms of the Circular No. 1136, dated July 31st, 1930, addressed to local health authorities on the subject of cancer.

The circular "suggests the desirability of local authorities acquiring more complete knowledge of the reactions between cancer and the local community, thereby providing a basis on which to found, after consultation with the hospital and other appropriate authorities in the area, such ameliorative measures as may be necessary and practicable." The general practitioner is completely ignored until nearly the end of the circular; he is then mentioned casually, as possibly concurring in the advice to be given by the Health Department to the patient or the relatives. If the procedure outlined in the circular is to have any success it must be based on the general practitioner as the link between the health authority and the patient.

The circular proposes that domiciliary visits are to be made by lay persons previously unknown to the patient. It is difficult to see on what grounds this can be defended. The intrusion of a stranger into the house of a person suffering from a serious and painful disease can only be productive of harm.

The circular assumes that hospital records will be freely open to inspection by the inquirers of the Health Department. It is a sound principle that all hospital records are confidential, and that access to them should only be allowed to the medical practitioner or practitioners responsible for the care of the patient. All inquiries with regard to patients, many of whom never go to hospital, should be made of the general practitioners responsible for the patients.

The Branch Council trusts that these representations will receive your careful consideration, and that the circular will be withdrawn in favour of an amended one which would be based on these principles.

L. A. PARRY,

Hove, Dec. 4th.

Honorary Secretary, Sussex Branch,  
British Medical Association.

#### UNINFORMED CRITICISM OF INSURANCE PRACTICE.

SIR,—As one of the earliest supporters of the National Insurance Act, may I suggest that Dr. Graham Little does not know much of the subject about which he is writing? There is no unreasonable restriction as regards prescribing.

Naturally Insurance Committees are cautious about the innumerable remedies which are suggested in the advertisements which reach us by every post. No experienced doctor would use these without the most careful investigation. Instead of limiting the insurance scheme it needs extension at the earliest possible moment. Dr. Graham Little may or may not know that in the present time of financial stress an insurance scheme for the so-called middle class would be beneficial to all concerned. But the most urgent reform from every point of view is the establishment of clinical centres where doctors can work in co-operation. This system is already established in many places in the provinces. The difficulties in London are great, but not insuperable.—I am, etc.,

London, W.14, Dec. 14th.

H. H. MILLS.

#### BOOKS ADDED TO THE LIBRARY.

THE following books were received by the Library of the British Medical Association during August and September, 1930.

- Anspach, B. M.: Gynecology. Fourth edition. 1929.  
Association for Research in Nervous and Mental Diseases. Vol. vi, The Cerebellum. 1929.  
Beeston, G. N.: The Conjoint Finals. 1930.  
Bianchi, L.: Foundations of Mental Health. 1930.  
Bland-Sutton, Sir J.: On Faith and Science in Surgery. 1930.  
Brockman, E. P.: Congenital Club-Foot. 1930.  
Brown, W. L., and Hilton, R.: Physiological Principles in Treatment. Sixth edition. 1920.  
Chalmers, A. K.: The Health of Glasgow, 1818-1925. 1930.  
Clough, P. W.: Diseases of the Blood. 1930.  
Vième Conférence l'Union Internationale Contre la Tuberculose, Rome, 1928.  
Craig, C. F. (Editor): Laboratory Methods of the U.S. Army. Third edition. 1929.  
Currie, J. R.: Textbook of Hygiene. 1930.  
De Abreu, M.: Radiographie Néphro-Cholécystique. 1930.  
Dibbce, G. B.: Instinct and Intuition. 1929.  
Douthwaite, A. H.: Treatment of Chronic Arthritis. 1930.  
Dubois de Sanjon, R.: L'Hydrothérapie Médicale. 1930.  
Dumarest, F., Guilleminet, M., and Rougy, P.: Pleurésies Purulentes Tuberculeuses. 1930.  
Dyke, S. C.: Liver in the Treatment of Pernicious and other Anæmias. 1930.  
Evans, H. M., and Swezy, O.: Chromosomes in Man: Sex and Somatic. 1929.  
Faegre, M. L., and Anderson, J. E.: Child Care and Training. 1929.  
Ferguson, J.: History of the Ontario Medical Association, 1880-1930.  
Fishbein, M.: An Hour on Health. 1929.  
Frantz, R.: L'Ostéo-Synthèse Métallique dans les Fractures Diaphysaires. 1929.  
Gibson, A. G.: Mycoses of the Spleen. 1930.  
Gullan, M. A.: Theory and Practice of Nursing. Third edition. 1930.  
Healy, W., Bronner, A. F., and Bowers, A. M.: Structure and Meaning of Psychoanalysis. 1930.  
Jones, F. Wood: Man's Place among the Mammals. 1929.  
Jones, Sir R.: Injuries to Joints. Third edition. 1930.  
Keeler, J. C.: Modern Otology. 1930.  
Kerrison, P. D.: Diseases of the Ear. Fourth edition. 1930.  
Kopeloff, N.: Man vs. Microbes. 1930.  
Kopetzky, S. J.: Otolologic Surgery. Second edition. 1929.  
Krehl, L.: Entstehung, Erkennung und Behandlung Innerer Krankheiten. Bd. I. Thirteenth edition. 1930.  
Kromayer, E.: Cosmetic Treatment of Skin Complaints. 1930.  
Kuntz, A.: Autonomic Nervous System. 1929.  
Landry, A.: L'Hygiène Publique en France. 1930.  
Lesné, E., and Coffin, M.: Les Vomissements chez le Nourrisson. 1930.  
Levine, S. A.: Coronary Thrombosis. 1929.  
Light, A. B., et al.: Opium Addiction from the Narcotic Wards of Philadelphia General Hospital. 1930.  
Lister, H.: Aids to Zoology. 1929.  
McCollum, E. V., and Simmonds, N.: Newer Knowledge of Nutrition. Fourth edition. 1929.  
McConnell, J. K.: Shorter Convalescence. 1930.  
Mackenzie, Sir C.: Action of Muscles. Second edition. 1920.  
McKenzie, D.: Diathermy, Medical and Surgical, in Oto-Laryngology. 1930.  
Macleod, J. J. R.: Physiology and Biochemistry in Modern Medicine. Sixth edition. 1930.  
Maguire, F. A.: Anatomy of the Female Pelvis. Second edition. 1929.  
Marriott, W. McK.: Infant Nutrition. 1920.  
Martin, J. L., and De Gruchy, C.: Salvaging Old Age. 1930.  
Martinelli, C. (Editor): Lezioni di Medicina Biologica. 1930.  
Michelet, L.: La Vie d'Ambroise Paré. 1930.  
Morrey, C. B.: Fundamentals of Bacteriology. Fourth edition. 1930.  
Myers, B.: Modern Infant Feeding. 1930.  
Nicolle, C.: Naissance, Vie et Mort des Maladies Infectieuses. 1930.  
Paterson, D.: Sick Children, Diagnosis and Treatment. 1930.  
Pearl, R.: To Begin With. 1930.  
Plarr's Lives of the Fellows of the Royal College of Surgeons of England. Two volumes. 1930.  
Redgrove, H. S., and Fean, G. A.: Paint, Powder, and Patches. 1930.  
Rhinehart, D. A.: Roentgenographic Technique. 1930.  
Roberts, M.: Serpent's Fang. 1930.

Rogers, Sir L., and Megaw, J. W. D.: Tropical Medicine. 1930.  
 Ross, Sir R.: Memories of Sir Patrick Manson. 1930.  
 Scammon, R. E., and Calkins, L. A.: Growth in the Fetal Period. 1929.  
 Schilder, P., and Kauders, O.: Hypnosis. 1927.  
 Seiffert, O., and Mueller, F.: Manual of Physical and Clinical Diagnosis.  
 Translated by E. C. Andrus. 1930.  
 Selwey, G.: Ward Administration. 1930.  
 Shore, W. T.: Trial of Browne and Kennedy. 1930.  
 Sparr, E. C.: Care of Children in the Tropics. 1930.  
 Stander, H. J.: Toxaemias of Pregnancy. 1929.  
 Stone, E. L.: The New-Born Infant. 1929.  
 Stopford, J. S. B.: Sensation and the Sensory Pathway. 1930.  
 Ward, H.: Charles Darwin. The Man and his Warfare. 1927.  
 Warren, S.: Synopsis of the Practice of Preventive Medicine. 1929.  
 Watson, F.: Civilization and the Cripple. 1930.  
 Williams, F. E.: Some Social Aspects of Mental Hygiene. 1930.  
 Woodworth, R. S.: Psychology. Eighth edition. 1920.

## Naval and Military Appointments.

### ROYAL NAVAL MEDICAL SERVICE.

Surgeon Commanders F. E. Fitzmaurice to the *Pembroke*, for H.M. Dockyard, Chatham; C. G. Sprague to the *Vivid*, for R.N. Barracks, Devonport; G. B. Cockcroft to the *Hawkins*; H. B. Parker to the *President*, for three months' post-graduate course; L. A. Moncrieff to the *Tiger*.

### ROYAL NAVAL VOLUNTEER RESERVE.

Probationary Surgeon Sublieutenants T. Colver and J. C. Livingstone to be Surgeon Sublieutenants.

### ROYAL ARMY MEDICAL CORPS.

Lieutenant (on probation) J. Beggs resigns his commission.  
 Lieutenant E. S. O'Sullivan relinquishes his temporary commission.

### ROYAL AIR FORCE MEDICAL SERVICE.

Probationary Surgeon Lieutenant H. T. Ryland (R.N.V.R.) is granted a temporary commission as a Flying Officer, with seniority of November 19th, 1930.

### TERRITORIAL ARMY.

#### ROYAL ARMY MEDICAL CORPS.

Lieutenant L. F. Richmond (late R.F.A., T.F.) to be Lieutenant.

TERRITORIAL ARMY RESERVE OF OFFICERS: ROYAL ARMY MEDICAL CORPS.  
 Captain F. W. Bury, from active list, to be Captain.

### COLONIAL MEDICAL SERVICES.

The following new appointments are announced: Dr. W. C. E. Diamond, Medical Officer, Malay States; Dr. D. P. Turner, Medical Officer, Somaliland; Dr. J. A. Loewenthal, Medical Officer, Uganda; Dr. W. H. Peacock, Deputy Director of Health Services, Nigeria (transferred from Sierra Leone); Dr. H. N. Turner, Medical Officer of Health, Baringo District and Townships, Kenya; Dr. P. P. D. Connolly, Medical Officer of Health, Uasin Gishu and Trans Nzoia Districts and Townships, Kenya.

## VACANCIES.

ABERDEEN ROYAL INFIRMARY.—Assistant Surgeon to Dental Department.  
 ACRINGTON: VICTORIA HOSPITAL.—H.S.  
 BIRMINGHAM: GENERAL HOSPITAL.—(1) Resident Anaesthetist. (2) H.P. (3) Two H.S.  
 BLACKPOOL: VICTORIA HOSPITAL.—Junior H.S.  
 BRADFORD CHILDREN'S HOSPITAL.—Hon. Surgeon.  
 BRADFORD: ROYAL INFIRMARY.—Hon. Assistant Surgeon.  
 BRIGHTON: ROYAL SUSSEX COUNTY HOSPITAL.—Casualty H.S. (male).  
 BRISTOL CORPORATION.—Medical Superintendent, Hortham Colony for Mental Defectives.  
 BRISTOL GENERAL HOSPITAL.—(1) Two H.P. (2) Two H.S. (3) Resident Obstetric O. (4) H.S. to Special Departments. (5) Casualty H.S.  
 BURNLEY: VICTORIA HOSPITAL.—Two H.S. (male).  
 CARDIFF ROYAL INFIRMARY.—Two Hon. Assistant Surgeons.  
 DARLINGTON GENERAL HOSPITAL.—H.S.  
 DERBY COUNTY MENTAL HOSPITAL.—Junior A.M.O.  
 DURHAM COUNTY HOSPITAL.—Two Male H.S.  
 HOSPITAL OF ST. JOHN AND ST. ELIZABETH, 60, Grove End Road, N.W.8.—Gynaecological Surgeon.  
 HOSPITAL FOR SICK CHILDREN, Great Ormond Street, W.C.1.—Part-time Junior C.O. (non-resident).  
 HULL ROYAL INFIRMARY.—(1) Second H.S. (2) H.S. to Ophthalmic and Throat Departments. (3) Casualty H.S. (4) Third H.S. (5) H.P. at Sutton Branch.  
 INSTITUTE OF RAY THERAPY, Camden Road, N.W.—R.M.O.  
 INVERNESS-SHIRE COUNTY COUNCIL.—Assistant M.O.H. for Outer Islands District.  
 LAMINGTON SPA: WARNEFORD GENERAL HOSPITAL.—(1) Resident H.P. (2) Resident H.S.  
 LEEDS CITY.—Medical Superintendent of the City of Leeds Sanatorium.  
 LEICESTER ROYAL INFIRMARY.—(1) Hon. Physician. (2) Hon. Assistant Physician. (3) H.P.  
 LIVERPOOL ROYAL INFIRMARY.—Hon. Surgeon to Lock Department.  
 LIVERPOOL SANATORIUM, Delamere Forest.—Assistant to the Medical Superintendent.  
 MANCHESTER ROYAL INFIRMARY.—Junior H.S. and C.O. (lady) at Central Branch.  
 MARGARET STREET HOSPITAL FOR CONSUMPTION, W.1.—Hon. Assistant Physician.  
 NATIONAL HOSPITAL, Queen Square, W.C.1.—(1) Hon. Assistant Surgeon. (2) Hon. Surgical Assistant.

NOTTINGHAM: GENERAL HOSPITAL.—H.S.  
 PRESTON COUNTY BOROUGH.—Junior R.M.O. at Sharoe Green Hospital.  
 POPLAR HOSPITAL FOR ACCIDENTS, E.—Senior Resident Officer.  
 ROCHESTER: ST. BARTHOLOMEW'S HOSPITAL.—H.P.  
 ST. MURK'S HOSPITAL FOR CANCER, FISTULA, ETC., City Road, E.C.1.—H.S. (male).  
 Salford ROYAL HOSPITAL.—Casualty H.S.  
 SHEFFIELD CITY.—Assistant Tuberculous Officer.  
 SHEFFIELD: JESSOP HOSPITAL FOR WOMEN.—Three Assistant H.S. (male).  
 SHEFFIELD ROYAL HOSPITAL.—(1) Ophthalmic H.S. (2) Resident Anaesthetist.  
 SHEFFIELD ROYAL INFIRMARY.—Ophthalmic H.S.  
 SOUTHAMPTON: ROYAL SOUTH HANTS AND SOUTHAMPTON HOSPITAL.—(1) Senior H.S. (2) H.P. (3) Two Assistant H.S.  
 SOUTH SHIELDS: HARTON HOSPITAL.—X-ray and Ultra-violet Ray Operator (non-resident).  
 SUNDERLAND: CHILDREN'S HOSPITAL.—(1) H.S. (2) H.P. Females.  
 SOUTHGATE URBAN DISTRICT COUNCIL.—M.O.H.  
 SWANSEA COUNTY BOROUGH.—Lady A.M.O.  
 SWANSEA GENERAL AND EYE HOSPITAL.—H.P. (male, unmarried).  
 SWANSEA HOSPITAL.—Senior Resident Officer (male).  
 WALSHALL GENERAL HOSPITAL.—H.S.  
 WARWICKSHIRE AND COVENTRY JOINT COMMITTEE FOR TUBERCULOSIS.—Senior A.M.O. at King Edward VII Memorial Sanatorium, Hertford Hill.  
 WESTON-SUPER-MARE GENERAL HOSPITAL.—R.H.S.

*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.*

## British Medical Association.

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

### Departments.

SUBSCRIPTIONS AND ADVERTISEMENTS (Financial Secretary and Business Manager. Telegrams: Articulate Westcent, London).

MEDICAL SECRETARY (Telegrams: Medisecra Westcent, London).

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

Telephone numbers of British Medical Association and British Medical Journal, Museum 9861, 9862, 9863, and 9864 (internal exchange, four lines).

SCOTTISH MEDICAL SECRETARY: 7, Drumsheugh Gardens, Edinburgh. (Telegrams: Associate, Edinburgh. Tel.: 24361 Edinburgh.)

IRISH MEDICAL SECRETARY: 16, South Frederick Street, Dublin. (Telegrams: Bacillus, Dublin. Tel.: 4737 Dublin.)

### Diary of the Association.

- DECEMBER.
- 19 Fri. Brighton Division: Grand Hotel, Brighton, 9 p.m. to 2 a.m. Ball.  
 Torquay Division: Palace Hotel, Torquay, 7.45 for 8 p.m. Annual Dinner and Dance. Dancing and Bridge, 9.30 p.m. to 2 a.m.
- 30 Tues. London: Central Ethical Committee.  
 31 Wed. London: Hospitals Committee.
- JANUARY.
- 2 Fri. London: Public Health Committee.  
 6 Tues. London: Organization Committee.  
 7 Wed. London: Medico-Political Committee.  
 8 Thurs. London: Insurance Acts Committee, 11.30 a.m.  
 9 Fri. London: Dominions Committee.  
 Ashford Division: Ashford Hospital, 4.30 p.m. Address by Mr. A. Dickson Wright.
- 13 Tues. London: Mental Deficiency Committee, 2.30 p.m.  
 28 Wed. London: Council.

## APPOINTMENTS.

BAILEY, Hamilton, F.R.C.S.Eng., Surgeon, Royal Northern Hospital, London.  
 GRAY, St. George B. Delisle, F.R.C.S.Ed., Assistant Surgeon, Royal Alexandra Hospital for Sick Children, Brighton.

## POST-GRADUATE COURSES AND LECTURES.

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.

## 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.*

### BIRTH.

SALISBURY.—On December 7th, at Woodlands, Billing Road, Northampton, to Constance, wife of Walter Salisbury, M.D., M.S.Lond., F.R.C.S.Eng., a daughter.

### DEATHS.

FOSTER.—On December 13th, at Grasmere, 85, Ombersley Road, Worcester, Arthur Foster, M.D., Barrister-at-Law.  
 NIALl.—On December 12th, at Kinkora, New Road, Chatham, William George Niall, M.D., M.Ch., R.U.I., aged 68 years.  
 STIDSTON.—On 15th inst., Charles Algernon Stidston, D.S.O., M.D., beloved husband of Olive Stidston of 14, Waterloo Road, Wolverhampton, aged 49.