

awarding scholarships were an ancient and vexed problem. The scholarships at St. Mary's were awarded by a committee almost entirely on the reports of those responsible for the education of the candidate. If the system was abused that co-operation would be lost and it would soon become unworkable. He regretted that criticism had not been fortified by any attempt to investigate the facts. The initiation of a post-graduate course at St. Mary's ten years ago had been very successful. The average attendance this year had been over two hundred. Eight of the other London schools were holding such courses this year. The school was very prosperous; the entry was sixty, and the outlook, with the new buildings almost ready for occupation, was most encouraging.

A real or imaginary ordinance of the school council forbade further speeches at the annual dinner, but Dr. WILFRED HARRIS, without elaboration, proposed the health of the chairman, and Sir JOSEPH SKEVINGTON responded.

WESTMINSTER HOSPITAL

ANNUAL DINNER

The annual dinner of past and present students of Westminster Hospital was held at Grosvenor House on October 1st, under the chairmanship of Dr. NIMMO WATSON of Harrogate. The principal toast, that of the hospital and school, was in the hands of Mr. ARTHUR EVANS, who referred with pride to the successes of Westminster men, especially in the field of pathology. Other matters for congratulation were the appointment of an old Westminster man, Colonel Clifford Allchin Gill, I.M.S., as surgeon to His Majesty, and the appearance of the names of two old students, Sir Henry Brackenbury and Sir Stanley Woodwark, in the recent Honours List. Mr. Evans, in an amusing speech, delved into some ancient records, and produced for the edification of the company a number of curious sixteenth century prescriptions. In replying to the toast, Dr. BENNETT COLES, a former student and house-surgeon, gave some brief sketches of his former teachers, their virtues and foibles, and Mr. R. A. H. TURNER, for the present students, spoke of activities on the playing field, and also mentioned that there had been seventy-five students at Westminster last year, and in the coming year there would be eighty-eight. Dr. ARNOLD STOTT had a complimentary word to say about each of the principal guests. In referring to representatives of the medical press, he read some extracts from periodicals of a hundred years ago, and suggested that medical editors might enliven their columns by a return to such manners, and that an occasional libel action, owing to its publicity value, might be welcomed! Sir HOLBURT WARING, P.R.C.S., in his reply, mentioned that changes were under consideration which it was hoped would have the result of improving medical education. He was one of those who held that great improvements could be effected in curriculums and methods of examination. Before long the school would be receiving communications from a representative body which had been formed with the object of consolidating and improving medical education in London. The London schools were faced with an exceptionally difficult task in preparing students for a number of different examining bodies, all of which had different regulations as to what a student was required to do, and the need for co-ordination was apparent. Remarking that that was the day of publication of the new *British Pharmacopoeia*, Sir Holburt Waring suggested that the licensing bodies and the schools should issue a pharmacopoeia containing that which was really necessary for the medical student, whereby both teachers and students would be saved an enormous amount of work. The DEAN OF WESTMINSTER, who also responded as a friend and neighbour of the hospital, mentioned that he was at home in any medical gathering, for in the Royal College of Physicians there hung side by side portraits of members of four successive generations of his family on his mother's side, all of whom had been officers of the College. Dr. FOXLEY NORRIS also spoke of his happy association, extending over twenty years, with Dr. Nimmo Watson, the chairman of the evening.

Dr. THOMPSON BARRON, in proposing the chairman's health, produced a fund of pleasant anecdote concerning Dr. Watson's career as a student, a practitioner, and an Army officer.

CHARING CROSS HOSPITAL

ANNUAL DINNER

The annual dinner of past and present students of Charing Cross Hospital Medical School was held on Saturday, October 1st, at the Royal Adelaide Gallery, Gatti's Restaurant, with Mr. C. CARTER BRAINE, F.R.C.S., in the chair. After proposing the toast of "The Hospital and Medical School," he recalled, in a charmingly informal speech, his early days at Charing Cross, when the wards were dull and dingy, and the carbolic spray was used throughout operations. He had seen septic, anti-septic, and aseptic surgery at the hospital, and he could well remember Cantlie and those three surgeons whose names were always associated—Barwell, Bellamy, and Bloxham. Mr. ERIC CROOK, the dean, in responding to the toast, said that they especially welcomed among their guests that evening Dr. W. R. Halliday, Principal of King's College, who had so ably delivered the inaugural address on the previous day; Mr. Ingleby Oddie, from whom many kindnesses and much valuable help had been received by students of the Medical School; and Mrs. CHARLES GIBBS, their late senior surgeon's wife. The health of the chairman was proposed in an amusing speech by Mr. J. BRIGHT BANISTER. Dr. S. Taylor Harris and Mr. Frank Hart sang several songs, which were greatly appreciated, and the company continued the festivities at a dance held in the Medical School.

THE HEALTH OF NATIONS

[FROM OUR CORRESPONDENT IN GENEVA]

The present Assembly of the League of Nations meets in a cheerless atmosphere. It is to be as brief as possible; only routine matters are on its agenda. The presentation of the report on the work of the League, which usually occupies many days, has stimulated only a few speakers to ascend the rostrum, and, apart from little groups of women with their marketing baskets who watch the arrival of the delegates, no one appears to take any interest in the proceedings. Partly this is due to the great preoccupation of the Disarmament Conference, but also it arises from the pressure of economy, which restrains all initiative and fresh enterprise. The pressure which is felt in every Government is multiplied in Geneva, where all the Governments meet, but one cannot help feeling that some of the "push" for economy arises less from a desire to safeguard the Budget than to do injury to the League. Occasionally the economy takes absurd forms. The Council of the League spent half an hour of its valuable time the other day deciding that it could not accept a gift of £100 for the purpose of indexing the voluminous proceedings of the conference on the limitation of dangerous drugs. In the absence of such an index these documents are deprived of a great deal of their value for reference purposes. The Council refused the gift, for the reason that the League was too proud to accept charity, although, to be sure, the withdrawal of League funds for various social and humanitarian purposes to which the League is more or less committed constantly entails greater drafts upon private benefaction.

Economies of the League

The only one of the committees of the Assembly which has anything of real importance to do this year is the Budgetary Committee, and in the hall where it meets the predominant sound is the whetting of the knife. Last year the secretariat, by internal economies, effected a saving of £160,000, but it has been announced that the British delegation intends making a firm stand for further cuts. The British delegate on the committee is Dr. W. E.

Elliot, M.P., the new Minister of Agriculture and Fisheries, who has shown a statesmanlike vision in many respects, and who can be trusted to preserve a reasonable attitude in these matters. The good work of the League has more to fear on the question of economy from some of the delegates from the British Dominions, to judge from their speeches. Yet the total cost of the League, including the exceptional expenditure on the Disarmament Conference, amounts only to some £1,500,000, of which the British Empire—not Great Britain alone—contributes about one-quarter. Contributions in arrears are certainly serious. Last year 85 per cent. of the quotas were received; this year, so far, only 64 per cent., although there is time for more contributions to come in. The estimates for 1933 are down by two and a half million Swiss francs (about £139,000 at the present rate of exchange), and the Health Organization has had its budget reduced by 24 per cent.

Activities of the Health Organization

The Health Committee, on the ground of economy, had to cancel its spring session, and the Advisory Council of the Health Bureau at Singapore could not hold its annual meeting. Yet it is remarkable what a wide area is covered by the health activities of the League, as reported to the present Assembly. The work includes the anti-epidemic measures in China; the establishment of a health centre and school of hygiene at Athens, and of an international leprosy centre at Rio de Janeiro; the investigation in the institutes and schools of hygiene in six European capitals of the question of medical and health services in rural areas, arising out of the conference held last year on rural hygiene; the institution of

international courses in malariology; the transmission of epidemiological data; and the publication of a quarterly bulletin.

Commissions and Inquiry Committees now at Work

In addition, the Health Organization has appointed various reporting committees and technical commissions, which are studying the present state of knowledge and practice in various directions. The subjects at present under consideration include the welfare of children of school age, campaigns against tuberculosis and venereal diseases, the treatment of syphilis (a study, to be completed this year, entailing the sifting of 25,000 individual case records), the value of antimalarial preparations other than quinine, the selection of a diphtheria prophylactic to serve as an international standard (together with the standardization of diphtheria toxins used for the Schick test, and the adoption of an international standard for oestrin), the standardization of methods of measurement of the human body during the period of growth with a view to gauging the effect of gymnastics on adolescents, and the methods of fumigation of vessels for rat destruction.

Next summer the Health Organization proposes to convene a meeting of scientific workers to consider the possibility of achieving international uniformity with regard to certain methods used in studying the dietary habits of population groups. Altogether, in the words of Mr. De Valera (who, by the accident of rotation, was called upon to open the proceedings of the Assembly), the League, even in these lean years, has a record of no mean achievement, notwithstanding budgetary restrictions and other difficulties.

COMPENSATION FOR EYE INJURIES

REPORT BY COUNCIL OF BRITISH OPHTHALMOLOGISTS

The Council of British Ophthalmologists has lately had under consideration the subject of compensation for eye injuries, and its conclusions are embodied in a report which appeared in the *British Journal of Ophthalmology* for August. The attention of the Council was drawn to this matter by a paper read by Dr. J. Paterson of Edinburgh to the Ophthalmological Society of the United Kingdom in 1931, from which the following is a quotation:

'The greatest advance in ophthalmic compensation would be a definite scale of payment, on a percentage basis, for the actual blinding or loss of an eye. If such payment were made immediately, and without question, where the loss of an eye was proved, much of the tendency to remain off work would, in my opinion, be counteracted. The present methods are calculated to arouse a valetudinarian habit of mind in the workman, and the period of incapacity tends to be greatly prolonged.'

It is admitted (the report says) that in many, if not in most, occupations the employee could learn to perform his work and earn the normal wages with a single eye, and if we were dealing with an accommodating employer, a willing employee, and a guarantee of continued employment, the present form of compensation—that is, payment of part wage during incapacity—would usually be adequate, but a number of factors disturb this ideal state:

1. There is usually no guarantee of permanency in the employment, and, if reduction of staff takes place, the less efficient workman is discharged, and if he is known to have a disability, or has a visible disfigurement, his chance of re-employment is reduced.

2. Except in the case of the relatively few key men or indispensables, the existence of friendly relations between employee and employer does not come into the picture. The question of compensation lies between the employed, or his agent, and the insurance company.

3. The loss of an eye entails several quite definite handicaps—contraction of field, loss of stereoscopic vision.

4. Even a perfectly willing workman cannot always adapt himself readily to work with a single eye, and in certain occupations this is particularly difficult. Age is a factor of some importance.

5. A man who has lost one eye is naturally apprehensive as to the safety of the second eye if he resumes the same occupation.

6. Where the injured eye has not been completely blinded, or removed, distortion of vision with it may interfere with working capacity.

For these and other reasons many workmen, even of the most self-respecting type, refuse the settlement offered, and, once the process of litigation sets in, the state of affairs arises with which we are all familiar: the accident, the disability, the prospects of his "case," prejudice against insurance companies, become the man's chief interests in life, and his discussions with his friends, relations, and legal agent react on him to produce (apart altogether from wilful malingering) a deterioration of eyesight, general morale, and general physique. Much money may be expended on law agents and medical witnesses with very little definite gain to the man. What has been stated above regarding the loss of an eye applies naturally to cases of partial loss of an eye, disfiguring injury, and so on.

If workmen's compensation could be made to include not only payment of part wages during disability, but also payment of a lump sum on a definite scale in respect of loss of an eye, or of a proportion of central vision, or of a part of the field of vision, there would be less delay in the settlement of claims, less of the subsequent general demoralization with deterioration of eyesight and health, and less litigation.

The council, having carefully considered this question, is of the opinion that the Workmen's Compensation Acts should be amended in such a way as to secure to the injured workman, in addition to the benefits at present allowed in respect of loss of earning power, a lump sum payment to compensate for permanent loss of function and/or disfigurement. This principle is already embodied in certain schemes operated by private firms in this country. The council appends to its report some details of such a scheme. It further points out that the principle of lump sum payments for partial or total loss of vision and other ocular disabilities was recognized in the regulations for the granting of war pensions.

The council has not attempted to deal with the construction of a scale of payments in detail, but in the