

held at intervals, but these only reach a few local practitioners or those home on leave from abroad. The average practitioner does not want a busman's holiday; he wants to get away from patients and have a thorough change of scene. If he wishes to attend a course of study in a teaching centre he loses his holiday. Let us take a lesson from the refresher courses which are now being provided for the county midwives. These take place once a year at a place convenient for everyone in the county. Lectures are given by specialists, and the midwife is kept up to date; these courses last sometimes five or six days. Post-graduate demonstrations could be organized by the local Branches of the British Medical Association in each county or group of counties. The head office could obtain specialists from teaching centres. It would be easy for practitioners to attend several or all of the lectures, as they would be held at no great distance from their home areas. The machinery for carrying out such a scheme is in the hands of the British Medical Association and its Branches, and there should be as little difficulty as in the case of the post-certificate courses for midwives. I feel sure it would be a success, and would be a very valuable contribution towards raising the efficiency of midwifery practice throughout the country.

KING EDWARD'S HOSPITAL FUND

DISTRIBUTION MEETING

The Prince of Wales presided over the annual distribution meeting of King Edward's Hospital Fund for London on December 15th, and read a message from the King congratulating the council on having been able to raise the sum distributed to £300,000 out of its ordinary income for the year.

The Prince explained that the average annual increase in distribution during previous years had been about £8,000, and that the present increase of £25,000 over last year represented an exceptional measure in view of the exceptional difficulties of the hospitals in the present crisis. The £100,000 level had been reached in 1905, and the £200,000 mark in 1918, a good margin having on each occasion been retained in hand. This year, however, with an income of £303,000, it was felt that the retention of a smaller margin was justifiable. The Prince remarked that there ought to be an end of any talk about a gradual drying up of the stream of charity. The voluntary hospital income had continued to grow year after year, many who could so afford giving more because others had to give less; herein was clear evidence of the fact that the British nation, taken as a whole, believed in maintaining the voluntary hospitals as an essential part of the medical service of the country. One anonymous donor had offered to a hospital £6,000, half the amount it needed for a much-needed extension of its out-patient department, on condition that the other half was raised within a specified time; the public responded, the money was raised, and the work was put in hand much quicker than would otherwise have been possible. Expenditure on the pensions scheme had now reached £20,000; this would involve drawing on the special pensions reserve built up during the last three or four years. The report of the Out-Patient Committee would be published before the council meeting in January. An inquiry into the methods at various hospitals had been completed, and the report would contain a discussion of the relation of out-patient departments to other existing agencies for providing medical treatment, as well as a general survey of the progress of an out-patient. It had been suggested that a small follow-up committee should be appointed to consider how the mass of information collected could best be rendered generally available in order to enable hospitals to improve their own procedures. The late Sir John Young, who died last July, had asked the King's Fund to arrange for the conversion of his residence into a convalescent home in connexion with a hospital in which he was specially interested; the necessary arrangements were proceeding. For propaganda purposes a new form of exhibit had been

prepared—namely, a miniature hospital, about four feet high, elaborately fitted to illustrate modern equipment. This would be on view in Bond Street early in the New Year, and His Royal Highness hoped to open the exhibition.

Mr. E. R. Peacock, honorary treasurer of the King's Fund, announced that the receipts from legacies were expected to amount to nearly £59,000, as compared with £69,000 last year; there was, however, no sign of any general tendency towards a falling off in receipts from this source. The British Charities Association had again contributed £10,000. Lord Marshall, treasurer of the League of Mercy, announced that the grant from the League would be £20,000, an increase of £3,000; this was largely due to the great success of the entertainment promoted by the League, under the special patronage of the Prince of Wales.

England and Wales

The Deaf in England and Wales

The Ministry of Health has issued "A Study of the Deaf in England and Wales, 1930 to 1932,"¹ being a report by Dr. Alfred Eichholz, based on an investigation instituted in 1930 "to obtain fuller information . . . on the position in industry of deaf and dumb persons and of the facilities for their education and training and for securing employment." The investigation has been thorough, and the report represents a comprehensive survey of the education and social welfare of the deaf and of the conditions affecting their professional and industrial employment. It is estimated that there are 34,000 deaf and dumb persons in England and Wales, of whom about 3,000 are under 16. The number of deaf and dumb school children, however, has shown an appreciable decrease each year. In 1930 the number on the roll of special schools was 3,951; in 1932 this number had fallen to 3,753. Deaf-mutism is of two kinds, pre-natal and post-natal in origin, but whether the former can be reduced Dr. Eichholz does not surmise. The factor of prevention bears upon the latter, and while the welcome decrease in the number of deaf and dumb school children is attributed to public health administration and the school medical services, much more remains to be done. Dr. Eichholz suggests that the Ministry of Health should urge local authorities to give close attention to the early and continuous treatment of infants suffering from ear defects, and that the Board of Education should invite them to improve their arrangements for the detection of defects and for the supervision of all cases by medical practitioners with adequate otological experience. The report also suggests that the Ministry of Health and the Medical Research Council should take steps to institute a study of the age incidence, causes, and treatment of ear defects.

Stenhouse Williams Memorial

In memory of R. Stenhouse Williams, M.B., C.M., the first director of the National Institute for Research in Dairying, who died last February, it is proposed to raise a fund to be used for the advancement of dairy science at the Institute, near Reading. Dr. Williams had devoted himself unsparingly to the cause of the practical application of science to the problems of the dairy industry, and at the time of his death was energetically striving to make the future of the Institute secure. It has been felt, therefore, that the "Stenhouse Williams Memorial Fund" could not be better applied than to the fulfilment of his ideals, which would be of very great benefit to the world

¹ *A Study of the Deaf in England and Wales, 1930 to 1932.* Report by Dr. A. Eichholz, C.B.E., to the Minister of Health and the President of the Board of Education. London: H.M. Stationery Office. 1932. (3s. net.)

in général. It is intended also to erect within the Institute a small permanent memorial to him. Donations should be sent to Mr. S. R. Whitley, J.P., "Rookwood," Shinfield, Reading.

Middlesex Hospital

At the Court of Governors of Middlesex Hospital on December 14th, Prince Arthur of Connaught, who presided, said that economies in the hospital administration had been effected to the extent of £5,000, without sacrificing the efficiency of any of the departments dealing with patients. This was the result of the work of a joint body representing the board and the medical committee, formed to consider possible economies. Prince Arthur pointed out the difference between savings in personal and in institutional expenditure. The individual, in most cases, could economize, he said, without sacrificing his personal efficiency; but if a hospital was to continue to treat the sick efficiently it must make the fullest use of the specialized skill of its staff and the latest scientific technique, which nowadays necessitated the upkeep of many very expensive departments. He mentioned the radiological department, the pathological and biochemical department, and the electrotherapeutic, massage, and other services, all of which required costly plant, and were necessary to proper treatment. So far it had been possible to keep all the beds open during the past most difficult year, thanks to the result of a special appeal to the hospital's regular friends. The crisis would probably be no less severe next year, and the same friends could hardly be appealed to again, so that he urged the need for the enlistment of new supporters. A special strain upon the resources of all concerned would be needed to keep the institution afloat and to maintain its traditions and its services unimpaired. It was announced on the same occasion that a gift of £20,000 had been received from Mr. S. A. Courtauld, to be added to the endowment of the Courtauld Institute of Biochemistry for the purpose of meeting current expenses. Mr. Courtauld, during the last few years, has endowed university chairs in anatomy and biochemistry at the Middlesex Hospital at a cost of £20,000 each, and has given £40,000 for the erection of the Courtauld Institute—a total benefaction, with this latest addition, of £100,000.

Herefordshire General Hospital: Proposed Increase of Honorary Staff

A largely attended meeting of the board of management of the Herefordshire General Hospital, Hereford, was held on December 10th, to consider a proposal that the board should be empowered at its discretion to add to the number of members of the honorary medical staff. According to present rules, this is restricted to three physicians and three surgeons. Mr. E. F. Bulmer, a member of the board, proposed that the honorary staff should consist of such physicians and surgeons as the board should appoint. He said that the restriction was contrary to the public interest and to the Hospital Policy of the British Medical Association, which laid it down that full opportunity should be given to private practitioners who possessed the necessary qualifications and experience to participate in the work of the hospitals, and that, as the number of hospital patients increased, the medical staff of all grades should be increased also. The number of patients and the work done at the hospital had increased considerably during the last ten years, but the number of members of the honorary staff remained the same. The exclusion from hospital practice in Herefordshire must deter medical men of high qualifications from settling in the county. The resolution was opposed by Dr. J. R. Bulman, senior honorary physician, who said that he spoke for the medical staff in general. He maintained that the increase of patients was not sufficient to

warrant any increase of honorary staff. The major operations, divided among the three honorary surgeons, amounted to six a week for each of them. The delay in admission shown by the waiting list was not due to smallness of staff but to lack of beds. Dr. F. O. T. Strange also opposed the motion, maintaining that not more than three first-class surgeons could make a living in Hereford. He suggested that if there was any real need the board had it already in its power to appoint assistant physicians or surgeons. In reply to this Mr. Bulmer said that such assistants would hold a very inferior position; they would not be members of the board, or have any voice in management. Mr. Bulmer's motion to do away with the restriction was carried by a large majority. The Dean of Hereford, who presided, said that the motion would have to be submitted to the next meeting of the board for confirmation, and later to the governors—that is, the regular subscribers. The question of the resignation of one of the honorary surgeons and of future appointments was deferred until after the confirmation or otherwise of the resolution. The Herefordshire General Hospital has 140 beds; the number of in-patients last year was 1,859. There were 12,450 out-patient attendances.

Yorkshire Census Figures

Statistics relating to the West Riding of Yorkshire and the County Borough of York (H.M. Stationery Office, 7s. 6d.) show that the total population enumerated on the night of April 26th–27th, 1931, numbered 3,437,368. In the past intercensal period there was an increase of 172,127 persons, as compared with 137,543 in 1911–21, the corresponding rate of increase being 5.3 per cent., which is rather less than the national rate (5.5), and such as to place the West Riding nearly halfway down a list of counties arranged in order of their rates of growth. The character of the West Riding with respect to urbanization is indicated by the fact that there are 11 county boroughs, including York, with populations aggregating to 1,906,963 persons, 10 municipal boroughs and 109 urban districts with 1,090,432 population, and 28 rural districts with 439,973 population. The combined urban areas account for 87 per cent. of the population but 29 per cent. only of the acreage. Sheffield continues to be the most populous town with 511,757, and Leeds second with 482,809, these cities ranking after London, Birmingham, Liverpool, and Manchester, fifth and sixth largest in the country. The boroughs next following are Bradford (298,041), Huddersfield (113,475), Halifax (98,115), and York (84,813). A large number of decreases are reported. In only one county borough has the population declined since 1921, but of the 119 municipal boroughs and urban districts no fewer than 54 record a loss of population. While 8 rural districts also record a decline, the population in the rural districts as a whole has grown by 22.6 per cent., an increase which forms a striking contrast with that in the county boroughs (2.8 per cent.), or that in the municipal boroughs and urban districts (3.8 per cent.). Of the total population, 2,269,533 are over the age of 21, and the average female excess of population for the whole area is 7.6 per cent. Concurrently with an increase of 16.6 per cent. in the number of dwellings the number of private families has grown by 16.8 per cent., and the average number of families per occupied dwelling, which was 1.01 in 1911 and 1.02 in 1921, is again 1.02. It must be remembered that in the census classification of families a single lodger boarding separately from the occupier is regarded as a separate family. The increasing predominance of the three-person family, and next to that the two-person family, is brought out by the percentage distribution, which shows that these two categories now account for 47.1 per cent. of all families. On the other hand, the large families, comprising, say,

eight persons or more, have been greatly reduced in numbers, despite the increase of population during the past twenty years, and now account for only 3.8 per cent. of the total. The average number of persons per occupied room has declined from 0.98 in 1921 to 0.88 in 1931, and a considerable reduction has been effected in both the numbers and proportions scheduled in the "overcrowded" category.

Central Midwives Board

At the December meeting of the Central Midwives Board for England and Wales the report on the recent midwife teachers' examination was received and the recommendations contained in it were adopted. The draft leaflet on ante-natal care, proposed by the chairman, was approved as amended. The report on the work of the board for the year ended March 31st, 1932, was approved, as amended, and the secretary was instructed to send a copy, signed by the chairman and secretary, to the Ministry of Health. It was resolved that on and after January 1st, 1933, a fee of 10s. 6d. shall be required of all women who, having had their names removed from the Midwives Roll under the provisions of Section 3 (2) of the Midwives Act, 1926, have their names restored to the Roll. A revised Form of Memorandum with regard to falsified certificates to be attached to the Examination Schedule was approved. In view of the fact that the rules are still under revision, it was resolved to ask the Minister of Health to approve the existing rules until June 30th, 1933.

Scotland

Treatment of Speech Defects

In a lecture on defects of speech in children before the Edinburgh Medico-Chirurgical Society, Mr. Douglas Guthrie said that about 2 per cent. of all children suffered from some impediment of speech and the number of stammerers was probably three times as great as that of blind and deaf mutes combined. The problem of speech defects had been neglected in this country by both doctors and teachers. A speech clinic had been in operation for three years at the Royal Edinburgh Hospital for Sick Children under the charge of Miss Elsa Davidson, while a second clinic had recently been instituted under Miss Marjory Jones at the Psychological Clinic of the Royal Edinburgh Mental Hospital. The normal young child learned to speak not only by ear, but by watching the mother's lips and putting out his hand to touch them; the famous example of Helen Keller showed that speech might be acquired from touch alone. A correct method of breathing was essential, and the fundamental notes produced in the larynx had to be modified into articulate speech by carefully regulated changes in the positions of the tongue, lips, jaws, and palate. In the diagnosis of inability to speak, mental deficiency and deafness had first to be considered. A frequent but usually temporary and easily corrected error was the use of "Th" for "S," or "W" or "L" in place of "R"; this was often due to defects in the incisor teeth. Nasal speech might be due to cleft palate or nasal obstruction but was commonly caused by adenoids, and after an operation speech training was of the utmost importance. The disorder of speech, however, which had attracted most attention was stammering, and there were over 500 children with this disorder in the schools of the Edinburgh Education Authority. In most cases stammering was found to be of the nature of an anxiety neurosis and should be removed by suggestion. The first step

in treatment was to secure complete relaxation and the next a correct control of breathing. At the close of the lecture a demonstration was given by Miss Elsa Davidson on a group of children from the clinic of the Hospital for Sick Children.

Mental Defect in Scotland

In a recent lecture on the mentally defective child, delivered to the Edinburgh branch of the National Council of Women, Dr. William M'Alister, superintendent of Bangour Asylum, defined mental defect as a condition of arrested or incomplete development of mind, whether arising from inherent causes or induced by disease or injury. However caused, it affected every aspect of the personality concerned, producing not only intellectual poverty, but stunting the physical organization as well. The lecturer insisted that there should be no delay in beginning the training of the defective; the parent should keep in mind that the process of development was a long and arduous matter, so that every year lost at the outset was difficult to regain. Nothing was achieved by ignoring defect where it existed and failing to utilize special methods of training. The defective could not be converted into a normal individual—his initial handicap remained a handicap throughout life. Much, however, might be done by training, while perseverance and good example had often converted persons who at first appeared to be helpless burdens on their relatives or on the community into individuals who were useful, although with definite limitations. The lecturer referred to the change in attitude towards mental defectives; they were now hedged about by legal guards and had great care lavished upon them by voluntary agencies in a manner that was not contemplated some years ago. In time, as a result of this changed attitude, the stigma of defect would disappear, and the mental defective would find such a position as he was able to occupy in society.

Glasgow District Nursing Association

At the annual meeting of the Glasgow District Nursing Association Mr. George A. Mitchell, Lord Dean of Guild, said that the association had been founded in 1875 for the purpose of providing trained nurses for district work. Since 1926 the number of visits paid by nurses had increased by 50 per cent., and the work of the institution was still growing. There were now four branches in the city, in addition to the main institution, and an arrangement had been effected whereby workmen subscribing one halfpenny per week could get the services of a highly trained nurse for their families when required. This scheme had been extended by opening a register for personal members, who, by subscribing six shillings, could obtain nursing services for themselves and all non-wage-earning dependants. The annual report showed that the staff included eighty nurses, who had visited 9,707 cases during the year—the highest number yet dealt with. The association had taken over Garscube Cottage Hospital, in which structural alterations had been carried out. The home nursing contributory scheme continued to expand, and its membership included employees of nearly all the corporation departments, the local staffs of railways, co-operative stores, and shipbuilding and industrial firms in the city. It was believed that this scheme enabled workmen to regain that self-reliance which at the present time tended to be sapped by recourse to the Government. The scheme had previously been confined to groups, but it was now possible for individual members to obtain the same advantages by an annual subscription. The finances of the association showed that the ordinary income had fallen in the past year by some £200, while there had been a decrease of about £400 in donations received.