

# News and Notes

## PARLIAMENT

### Abortion Law Reform: Search for Agreement

[FROM OUR PARLIAMENTARY CORRESPONDENT]

In the Lords debate on the Abortion Bill<sup>1</sup> on 30 November 67 voted to give it a second reading and only eight against. The dilemma which confronted this majority was that, while they accepted the principle of reform of the law, they deplored the way the clauses of Lord Silkin's Bill were drafted to achieve it. The problem which the long debate did not resolve was how best to produce an acceptable Bill: to set up an inquiry, and wait a substantial time in the hope of agreed recommendations; or take the Bill as it is, and face a lengthy and tedious committee stage to reshape it into an acceptable measure. Neither course will influence those whose opposition is based on religious belief; and the inquiry procedure is anathema to those whose demand is action without delay.

LORD SILKIN had the last word, after the Earl of Iddesleigh's rejecting amendment had been turned down. He had been impressed by some suggestions that they might try to get a Bill approved by general agreement, and said, "I am willing to discuss with Lord Dillhorne, Lord Brain, the

<sup>1</sup> See leading article, p. 1386.

Bishop of Exeter, and anybody else who would look at the thing seriously, to see whether we could very quickly approve a fresh Bill."

As an earnest of that he undertook not to start the committee stage until after the Christmas recess, and if by that time an agreed Bill could be prepared he would withdraw the present one. He did disclose a hope that the Government might be willing to provide facilities for the passage of such a Bill. But for the moment the Government remains strictly neutral on this subject.

#### Doctors' Fear of Prosecution

The terms of Lord Silkin's Bill were published in the *B.M.J.* on 27 November (p. 1317). In the House of Lords debate he said that in 1937, when the Birkett inquiry into the prevalence of abortion was set up, there were some 60,000 illegal abortions. Taking into account the increased population and changes in attitude towards sex relationships, the number might reason-

ably be assumed now to be 100,000. Yet the number of convictions for illegal abortion is only about 50 a year. In 1964 there were 50 deaths from abortions not carried out by doctors; and between 30,000 and 40,000 cases of abortion or attempted abortion admitted to hospital.

Lord Silkin sought to make clear that his Bill was designed to make the law on abortion clear and certain, so that no doctor need fear prosecution if he acted in good faith; that the conditions were carefully circumscribed, and did not constitute a general licence to carry out an abortion on anybody who desired one; and that it did not compel a doctor to carry out an abortion; if he had a conscientious objection he would be under no obligation. There would be, he anticipated, appeals for delay, including one from the B.M.A., which had set up a committee. He hoped that that would not be regarded as sufficient justification for not proceeding with this Bill; they had been aware of the problem for many years, and had given evidence to the Birkett Committee.

#### Real Need for Legislation

VISCOUNT DILHORNE accepted that there was real need for legislation declaring in what circumstances it was lawful to terminate pregnancy and providing adequate safeguards  
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venture is regarded as Fiat's way of trying out the front-drive market.

So we come to 1965, which will probably be remembered by motor-car enthusiasts as a front-drive year. New models of this category were brought out by Triumph (Fig. 1), Renault, Peugeot, and Auto Union in Europe, and by Oldsmobile (Fig. 2) in the United States. Of course other famous makers concurrently announced new "conventional" cars—amongst them were Rolls Royce, Mercedes Benz, Vauxhall, and Opel—and I am sure it would be incorrect to assume that the traditional front-engine rear-drive plan is now out-dated. However, it does seem probable that the third choice—rear engine and rear drive—has become much less popular with designers.

#### Pros and Cons

Summarizing the advantages and disadvantages of the front-drive principle is difficult, because so many factors are involved. There are, however, some well-defined pros and cons which can be listed as follows.

*For front-drive.*—(1) "Compacted" machinery, separated from the passenger compartment. This leaves a clear floor, which has a special advantage for estate cars. (2) Good handling response with

inherently safe understeering characteristics. (3) Nose-heavy weight distribution favouring directional stability at high speeds.

*Against.*—(1) Machinery is vulnerable to front-end collisions. (2) Transmission is complicated by extra gears and universal joints subject to noise and wear. (3) Load transference caused by acceleration or hill-climbing reduces front-wheel adhesion.

Rear-engine cars can also claim the first of these advantages in part, but in them the power unit becomes an obstacle to a good estate-car version. Space must also be found, under the floor, for the controls operating the throttle, clutch, and gearbox.

In a front-drive car some 60% of the weight is on the front wheels, and the rear-wheel load varies greatly according to the number of passengers carried. With a rear-engine model the situation is reversed, so that the driving wheels of each kind of car are amply loaded for adhesion in normal circumstances. A disadvantage of front-drive is that when maximum effort is required for low-gear acceleration, or when climbing a steep hill, the laws of torque reaction cause a transference of weight from front to back. This lessens the adhesion available for traction in the case of front drive but increases it in the case of rear drive. The effect is minimized by a long wheelbase, and providentially this is easily contrived in a front-drive car.

#### Variety of Choice

It would be tedious to extend the discussion to "conventional" cars, which have their own strong points and weaknesses. Further, each of the three competing chassis arrangements involves special problems of design that have been tackled with widely varying degrees of success in the many specific models that are currently in production. The contention that there is no ideal formula as the basis for a car to meet all requirements is supported by the fact that so many major manufacturers produce more than one basic kind of vehicle—a situation which must present grave difficulties to those who write their advertisements.

In most cases the potential purchaser, bewildered by the variety of choice, will probably continue to be guided mainly by considerations of price, space for passengers and luggage, seating, vision, appearance, and a dozen other things not directly concerned with the position of the engine and the question of whether a car should be pushed or pulled. I think he will be right in taking this approach.

However, from the viewpoint of stimulating progress in motor-car development it is a good thing to have three competing systems in the field. Like all creative people, car designers strike sparks from one another and thrive on competition. There is already one four-wheel-drive car on the market.

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against abuse of the right to do so. His criticisms of this Bill were comprehensive and covered all the points made in the debate.

It was not a sufficient safeguard, he declared, to provide that this operation could be performed on the opinion of one doctor. Some doctors might be more ready than others to believe that the prescribed conditions were satisfied, and people would flock to them. There should be a certificate not only from the woman's own doctor but also from a consultant. The fact of the need for the operation should be reported to the local health authority within 48 hours, with the certificates from doctor and consultant.

There was a strong case for making clear that it was the law (at present based on judges' directions to juries) that where there was risk to the life or health of the patient abortion was lawful. But to say, as Clause 1(a) did, that it should still be lawful if, in the opinion of one doctor, looking after the child when born might constitute a serious risk to a woman, was to assume a remarkable degree of prescience on the part of medical practitioners and was going far too far.

Paragraph (d) relating to pregnancy by rape was entirely wrong. How was a doctor to satisfy himself that a criminal offence had been committed? His only evidence was likely to be that of the girl or woman concerned. This paragraph required the doctor to undertake the functions of judge and jury. The test should be whether a pregnancy would affect the woman's health; that would cover the vast majority of cases where pregnancy was due to a criminal offence.

Paragraph (b), permitting termination if there was grave risk of physical or mental abnormality, was extraordinarily difficult to pronounce upon. Could any doctor say with certainty how serious the abnormality would be? A better test would be something to the effect that abortion should be lawful if there was a substantial and unacceptable risk

that the child would be born in such a physical or mental condition that it would have no or little prospect of living a reasonable and normal life. Paragraph (c) was quite unjustifiable. To say that because of an opinion before the child was born the mother was unsuitable to assume the legal or normal responsibility of caring for it was a wholly inadequate ground for making sure that the child should never be born.

Clause 2 was quite illogical. It should be left to the doctors to assess the risks of the operation against the risks of pregnancy, and decide whether it was right to terminate after the 16th week. Clause 3 imposed an impossible burden of proof on the prosecution. This really did provide a charter for abortion. The onus of establishing that an operation was lawful should rest on the defence. The fact that it had been performed on the opinions of two doctors would give an entirely adequate protection.

He would support wholeheartedly a Bill on these lines; the two heads were all that was necessary—making it lawful to terminate a pregnancy where there was serious risk to the health of the mother, or where there was substantial or unacceptable risk that the child would have little or no prospect of a reasonable normal life. He invited Lord Silkin to withdraw this Bill and introduce another on these lines, and promised him every assistance.

### Two Certificates Needed

LORD BRAIN said he was in general sympathy with the Bill, and would vote for it, but he hoped some better solution would emerge. The present law was unsatisfactory and needed to be defined, but this Bill fell far short of a satisfactory definition. Any Bill should require certificates from two doctors, one of them the appropriate con-

sultant. In his opinion, too, several of the conditions mentioned—the strain of caring for the child, the risk of abnormality, effects of social circumstances—could all be covered by clause 1(a). There was no medical justification for limiting termination at the 16th week.

A committee stage in the House was not the most suitable place for these complex, difficult, and technical questions to be decided, and he hoped the Government would agree to an interdepartmental committee to take evidence and produce a considered report on which legislation could be based. The B.M.A. had set up a committee, and this and many other bodies would be glad to give evidence to a Government inquiry. It would take time, but it would be worth while on a matter of such seriousness.

### Points from Parliament

► In the period from 1 February to 31 August 1965 chemists in Scotland dispensed 2,418,000 more prescriptions than in the corresponding months of 1964, an increase of some 19%. The cost rose by £1,520,000, or about 24%. (Secretary of State for Scotland, Commons, 30 November.)

► The total sum now outstanding for the ultimate settlement of all claims for medical practices compensation under section 36 of the National Health Service Act, 1946, is £23.1m. Of those entitled to compensation 448 doctors will at the end of this year be aged 70 or over, 931 aged 65 to 69, and 1,644 aged 60 to 64. The Act provides that compensation shall be paid only on retirement or death, except in such circumstances as may be prescribed. The regulations provide for advance payments on grounds of hardship. These are made when a doctor makes application and the Minister is satisfied that payment is justified. (Minister of Health, Commons, 29 November.)

## MEDICAL NEWS

### Royal Society's New President

Professor P. M. S. BLACKETT, F.R.S., emeritus professor of physics, London University, and part-time scientific adviser to the Ministry of Technology, was elected President of the Royal Society at its anniversary meeting on 30 November. Professor

Blackett was born in 1897 and was educated at Osborne and Dartmouth.

After service with the Royal Navy from 1914 to 1919 he studied at Cambridge, and worked under Rutherford in the Cavendish Laboratory until 1933. Since then

he has been successively professor of physics at Birkbeck College, London, the University of Manchester, and at the Imperial College of Science and Technology. He was awarded the Royal Society Royal Medal in 1940. In



the second world war he was a scientific adviser at the War Office, then at the Air Ministry, and later at the Admiralty. For his work in operational research he was awarded the Medal for Merit by the United States Government. He became a Nobel Laureate in 1948 and in 1956 he was awarded the Copley Medal of the Royal Society.

### New Officers of the Royal Society

As well as Professor Blackett's election as President, Professor M. J. LIGHTHILL has been elected physical secretary and Professor H. W. THOMPSON foreign secretary. Among Fellows newly elected to the Society's council are: LORD BRAIN, Dr. J. C. KENDREW, Dr. R. D. KEYNES, and Sir SOLLY ZUCKERMAN.

### G.L.C. Director of Intelligence

Dr. BERNARD BENJAMIN, 55, Director of Statistics at the Ministry of Health, has been appointed Director of Intelligence to the Greater London Council, a newly created post. The intelligence unit will have access to all material, statistical and otherwise, available in the Council's departments. It will establish a library of statistics and informa-

tion about Greater London and publish a regular series of London statistics. It will also ensure that the Council has at its disposal the information needed for policy-making. Dr. Benjamin worked for the London County Council between 1928 and 1952, first in the Comptroller's department and later in public health. He is a fellow of the Institute of Actuaries, of the Institute of Statisticians, and of the Royal Statistical Society.

### Study of Trachoma

A comprehensive picture of trachoma in a Gambian village is given in a report prepared by workers from the Medical Research Council's Trachoma Research Unit. The clinical features of the different stages of the disease were studied in detail and are illustrated by colour plates. At the same time various microbiological investigations were carried out, and a study of babies born in the village is said to have shed some light on the relationship of trachoma and inclusion blennorrhoea. The investigations described in the report were undertaken to establish the relationship between the clinical aspects of trachoma and the causal micro-organism, and to obtain information essential for the planning of vaccine trials now in progress.

(M.R.C. Special Report Series No. 308: *Trachoma and Allied Infections in a Gambian Village*, H.M.S.O., £1.)

#### Reporting Symptoms of Cancer

A department of social research has been set up at the Christie Hospital and Holt Radium Institute in Manchester to inquire into the causes of delay in seeking treatment for cancer. It occupies a new building, which was officially opened early this month. The department will work in close daily co-operation with the Manchester regional committee on cancer, and the staff of the committee's educational project will be housed in the same building. At the request of the Ministry of Health, the department is to investigate the attitudes of the public and the medical profession to the programme of screening for cervical cancer in the Manchester area. The new building was made possible by a grant of £10,000 from the Nuffield Provincial Hospitals Trust. The head of the department is Mr. JOHN WAKEFIELD, author of *Cancer and Public Education* (see *B.M.J.*, 1963, 19 October, p. 990).

#### Providing Access for the Disabled

Early in January the Watford Borough Council passed a resolution that planning permission for public buildings would be granted only if suitable access was provided for the physically handicapped (see *B.M.J.*, 16 January, p. 201). Since then, according to the Central Council for the Disabled, 18 local authorities in Britain have passed a similar resolution and 55 have agreed in principle. A circular has now been issued jointly by the Ministry of Health and the Ministry of Public Building and Works setting forth provisions which, it says, it should be possible to incorporate within normal cost limits, especially if they are considered in the early stages of design. Provisions described as essential refer to the approach to buildings, cloakroom accommodation, doors, lifts, and floors. Attention is also directed to staircases and parking facilities.

#### Bursaries for Study in Rome

The Istituto Superiore di Sanità in Rome invites applications from young members of the medical profession who wish to study and carry out research in its laboratories during 1966. It offers bursaries, of the value of approximately £1,140, in biology (1), chemistry (2), biochemistry (4), physics and electronics (4), and microbiology (4). Applications should be accompanied by supporting documents. The closing date is 17 January 1966. Further details are to be obtained from the Bursary Department, Italian Institute, 39 Belgrave Square, London S.W.1.

#### Provision of Hospital Services

Sponsored by the British Hospitals Export Council, *British Hospitals Overseas* gives some examples of hospitals, of various types of design, that have been built with the help of British architects, engineers, and contractors, and equipped wholly or partly by British manufacturers. Each hospital is briefly described and illustrated by plans and pictures. Examples are also given of recent hospital building in Britain. The publication is intended to be a source of reference and guidance for those who are concerned

with the provision of hospital services anywhere in the world. Copies may be obtained, price £1, from the Honorary Secretary, British Export Council, 24 Nutford Place, London W.1.

#### People in the News

► LORD COHEN OF BIRKENHEAD has been named an honorary life member of the New York Academy of Sciences.

► Sir HECTOR MACLENNAN, President of the Royal College of Obstetricians and Gynaecologists, has been elected chairman of the Scottish Postgraduate Medical Association for 1966.

► Sir SAMUEL MANUWA has been elected president of the World Federation for Mental Health for 1966.

► Mr. H. K. FORD has been appointed Surgeon-Apothecary to the Queen's Household at Sandringham in succession to Mr. J. L. B. ANSELL, who has resigned for reasons of health.

► Dr. JAMES H. WEIR, medical officer of health of the Royal Borough of Kensington and Chelsea, has been elected chairman of the council of the Royal Society of Health for 1966.

► Mr. E. B. TEESDALE has been appointed Director of the Association of the British Pharmaceutical Industry.

#### News in Brief

PRINCESS MARGARET, COUNTESS OF SNOWDON, presided at the annual meeting of the Invalid Children's Aid Association at the Royal College of Surgeons in London last week. Reports were given on the National Child Development Study, which is tracing the medical, social, and educational progress of 17,000 children born in Britain during one week in March 1958 (see *B.M.J.*, 8 August 1964, p. 394).

The Renal Association has set up the National Kidney Research Fund, and a medical director is to be appointed. It is hoped to raise £200,000 in the next five years to support research into the prevention and treatment of kidney diseases.

Imperial Chemical Industries have decided to close a chemical plant at Wilton, near Middlesbrough, that has been producing alphanaphthylamine because of a possible risk to health. A man who used to work in it has been found to have papilloma of the bladder.

A public appeal for funds to buy a betatron machine for the treatment of cancer closed last week after passing the target of £185,000. The machine is to be installed at St. Luke's Hospital, Guildford, Surrey.

#### Coming Events

**Medicine To-day** (T.V. programmes, A.S.M.E.).—"Toxaemia of Pregnancy," "The Examination of the Knee," 23 December, 11.15 p.m., and 28 December, 1.25 p.m. Transmitted on B.B.C.2.

**Westminster Hospital 250th Anniversary Celebrations.**—14 January, 11.15 a.m., Service of Commemoration in Westminster Abbey; admission by ticket. 14 January, 2.15 p.m., Historical Symposium, opened by the Minister of Health, Assembly Hall,

Church House, Westminster. 15 January, 9.30 a.m. to 12.30 p.m., Programme of Scientific Talks and Exhibits, Assembly Hall, Church House, Westminster.

**World Congress on Diabetes in the Tropics.**—20-22 January 1966, Bombay. Details from Organizing Secretary, c/o Diabetic Association of India, Maneckji Wadia Building, Mahatma Gandhi Road, Bombay.

**Central Council for Health Education.**—Annual seminar for medical officers of health, "Exhibition and Display in Health Education," 22-24 February 1966, I.T.A. Conference Centre, 70 Brompton Road, London S.W.3. Details from Medical Director, C.C.H.E., Tavistock House North, Tavistock Square, London W.C.1.

#### Societies and Lectures

For attending lectures marked ● a fee is charged or a ticket is required. Applications should be made first to the institution concerned.

#### Saturday, 11 December

**SOUTH-EAST METROPOLITAN REGIONAL THORACIC SOCIETY.**—At Institute of Diseases of the Chest, 11 a.m., Dr. Lynne Reid and Dr. G. Simon: "Disturbed Lung Development"; Dr. P. Zorab: "Problems of Scoliosis"; Mr. W. P. Cleland: "Moscow Revisited."

#### Monday, 13 December

**INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.**—5.30 p.m., combined staff consultation, clinical meeting.  
**INSTITUTION OF ELECTRICAL AND ELECTRONICS TECHNICIAN ENGINEERS.**—At I.E.E. Lecture Theatre, 2 Savoy Place, London W.C., 6 p.m., Dr. D. W. Hill: "Medical Electronics."  
**MANCHESTER MEDICAL SOCIETY: SECTION OF GENERAL PRACTICE.**—At Large Anatomy Theatre, Manchester University Medical School, 9 p.m., Dr. W. Lawton Tonge: "Management of Some Common Sexual Disorders."  
**POSTGRADUATE MEDICAL SCHOOL OF LONDON.**—4 p.m., Dr. B. Ackner: "Emotional Aspects of the Menopause."

#### Tuesday, 14 December

**ASSOCIATION OF ANAESTHETISTS OF EDINBURGH.**—At Royal College of Surgeons of Edinburgh, 8 p.m., Presidential Address by Dr. J. R. Kyles.  
**BRITISH POSTGRADUATE MEDICAL FEDERATION.**—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. J. P. Shillingford: "Cardio-pulmonary Function Following Myocardial Infarction."  
**DERBY MEDICAL SOCIETY.**—At Kingsway Hospital, 8.30 p.m., clinical meeting.  
**LONDON UNIVERSITY.**—At Manson Lecture Theatre, London School of Hygiene and Tropical Medicine, 5.30 p.m., Special University Lecture in Dentistry by Dr. I. Sciaky (Jerusalem University): "Auto-transplantation of Dental Tissues in the Rat."  
**MANCHESTER MEDICAL SOCIETY: SECTION OF SURGERY.**—At Large Anatomy Theatre, Manchester University Medical School, 5 p.m., Mr. J. C. Anderson: "Renal Pain."  
**POSTGRADUATE MEDICAL SCHOOL OF LONDON.**—6 p.m., Dr. H. H. Pinkerton: "Keeping Out of Trouble."  
**ROYAL ARMY MEDICAL COLLEGE.**—At Library, 5 p.m., Mr. R. J. Furlong: "Recent Advances in Orthopaedic Surgery."  
**ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.**—At Barnes Hall, Royal Society of Medicine, 5.30 p.m., Harben Lecture on Education as an Instrument of Society—II by Sir George Pickering, F.R.S.: "The Old and the New Professions."

#### Wednesday, 15 December

**INSTITUTE OF DISEASES OF THE CHEST.**—5 p.m., Mr. D. Barlow: "Oesophago-gastric Surgery."  
**INSTITUTE OF UROLOGY.**—5 p.m., Mr. J. A. Kennedy: "Transplantation of the Ureter."  
**POSTGRADUATE MEDICAL SCHOOL OF LONDON.**—(1) 10.15 a.m., medical staff round. (2) 2 p.m., Dr. F. V. Flynn: "Data Processing and Computers in Clinical Pathology."  
**ROYAL FREE HOSPITAL.**—5.15 p.m., Dr. V. McGovern (Camperdown, Australia): "Liver Disease in New Guinea."  
**ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.**—At Barnes Hall, Royal Society of Medicine, 5.30 p.m., Harben Lecture on Education as an Instrument of Society—III by Sir George

Pickering, F.R.S.: Laissez-Faire or State Planning?  
STOKE MANDEVILLE HOSPITAL.—(1) 12.15 p.m., Dr. L. S. Michaelis: Management of Spasticity. (2) 6 p.m., Dr. W. Stokes: Multiple Choice Practice.

#### Thursday, 16 December

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Professor R. A. Gregory, F.R.S.: Gastrin

CHEMICAL SOCIETY.—At Lecture Theatre, School of Pharmacy, London W.C. 6 p.m., jointly with Society for Analytical Chemistry, Centenary Lecture by Professor W. Kemula (Warsaw): The Partition of Mixtures of Homologues and Isomers by Chromato-polarography.

LONDON JEWISH HOSPITAL MEDICAL SOCIETY.—At 11 Chandos Street, London W., 8.15 p.m., symposium by Professor B. R. Jones, Mr. L. G. Fison, Mr. A. G. Leigh: Some Aspects of Preventable Blindness.

#### Sunday, 19 December

SCOTTISH TELEVISION, LTD.—10.15 a.m., Oral Contraception. (Sponsored by Glasgow Post-graduate Medical Board.)

#### Deaths

Whalley.—On 28 November 1965, Hugh Frederick Whalley, T.D., M.A., M.B., B.Chir., aged 52.

## Universities and Colleges

#### WALES

##### WELSH NATIONAL SCHOOL OF MEDICINE

M.B., B.Ch.—A. H. Bowen, H. I. Busby, K. L. Chan, Janice Crockett, Rosemary Davies, J. Dubinski, D. A. Joselin, K. Karam, D. Ll. Williams.

#### BRISTOL

Appointments.—Dr. M. I. J. Andrews (demonstrator in pathology); Dr. G. O. Cochran and Dr. M. M. Orr (demonstrators in physiology); Dr.

B. S. Glynn (temporary lecturer in clinical bacteriology); Dr. J. Halazonetis, F.D.S. R.C.S. (lecturer in dental medicine); Dr. J. J. Jones (demonstrator in anatomy); Dr. M. S. Knapp (lecturer in medicine); Dr. R. A. Tozer (locum lecturer in clinical bacteriology); Dr. R. C. Tydesley (assistant medical officer (part-time) in the Student Health Service).

#### ROYAL COLLEGE OF SURGEONS IN IRELAND

On 2 December the Fellowship in Surgery of the College was conferred upon:

V. G. Gurjar, T. F. L. Keane, S. M. Lele, H. S. Martin, J. D. Osmond, Kwong Tat Poon.

On 3 December the Licence in Surgery and Midwifery of the College was conferred upon:

J. A. Adebisi, Anthonia C. Y. Adesalu, A. S. Ansari, F. Aumecrally, C. I. A. Bahemia, H. F. Bugler, K. F. Choong, (Mrs.) Margot Cutner, Norma W. R. Dias, F. G. Etches, Griselda K. Griffin, M. K. Joomun, Rita Joseph, C. K. Koza, A. S. Mahomed, M. C. Mahomed, Y. S. Mall, S. Mehtabuddin, J. D. Mundy, S. J. Nasir, P. S. Pillay, D. V. Ramrakha, K. Sangarananthan, O. Popo-Ola Sogbetun, N. P. Thian.

#### ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the meeting of Council of the College held on 27 November, with the President, Sir Hector MacLennan, in the chair, Mr. W. S. H. Tow and Mr. Victor R. Tindall were appointed Blair-Bell Lecturers for 1966. Mr. W. S. H. Tow was awarded the Edgar-Genulli Prize for 1966.

The following were admitted to Membership:

B. N. Chakravarty, K. B. Jacob, T. A. Kassaby, R. H. Philpott, I. I. Snobar, I. D. Truskett, W. A. Van Niekerk.

The following have been awarded the D.Obst.R.C.O.G.:

C. B. Agrawal, S. Ahmad, B. N. Ahmed, Patricia Ainsworth, J. E. Aitken, A. Alvarez, I. W. W. Anderson, J. C. Anderson, R. I. D. Anderson, W. V. Anderson, T. M. Andrew, S. Anis, I. H. Arthurson,

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