

convincing. The evidence that has thus been accumulated by means of the "biometer" is full of suggestion, and, the author believes, has brought us "as near as we have yet got to Life itself."

#### PAINLESS CHILDBIRTH.

A new presentation of the twilight sleep question from the woman's point of view is given in a volume entitled *Painless Childbirth*.<sup>3</sup> It contains personal narratives of which one is that of Marguerite Tracy's sister and another that of Mrs. Boyd. It includes a careful and reasonable history of the whole subject of obstetric anaesthesia, translations of the official reports of the Freiburg school, and a preliminary account of methods which had up to the time of its writing been suggested for simplification and for the extension of the advantages of painless childbirth. Leaving on one side the question of approving an appeal to women on a medical issue, the presentation of the subject from a lay standpoint could not well take a less objectionable form. No effort is made to minimize the limitations of the methods in vogue owing to the special care which they need for their success, and emotional influences are not unduly stressed. It is a useful book for the doctor to read if only that he may appreciate at the full strength of this sober statement the demand that women are likely to make on the obstetric practitioner of the future.

#### NOTES ON BOOKS.

UNPERTURBED by the war, which has now advanced firmly into the fourth year of its existence, and month by month involves an increasing number of the inhabitants of the world, the Carnegie Endowment for International Peace has published its Year Book for 1917.<sup>4</sup> Here those interested may read all that has been done—or should one say attempted?—during the past year to secure the millennium for which the Endowment has been struggling since its foundation in the year 1910. Here, too, are recorded its hopes for the active part it is to take in the international organization that must closely follow on the conclusion of the war. For the past work of the Endowment one may, perhaps, turn the page and say, Peace be to its ashes! For the future, one may wish it a resurrection in happier days.

Dr. T. F. G. MAYER'S *Formulary*<sup>5</sup> of drugs for use in the tropics consists of an alphabetical list of certain drugs and their preparations found useful in the surgical treatment of disease as met with in these parts. The author writes from Sierra Leone, and has succeeded in constructing a catalogue of formulas that should be of service to workers in hot climates who are able to get hold of the synthetic and other drugs, many of them now difficult to obtain, with which he deals.

<sup>3</sup> *Painless Childbirth*. By Marguerite Tracy and Mary Boyd. With nineteen illustrations from photographs. London: William Heinemann. 1917. (Pp. xxxiii+316. 7s. 6d.)

<sup>4</sup> *Year Book for 1917 of the Carnegie Endowment for International Peace*, No. 6. Washington, D.C.

<sup>5</sup> *Formulary of Certain Drugs used in the Surgical Treatment of Tropical Diseases*. Compiled by T. F. G. Mayer, M.R.C.S., L.R.C.P. (Senior Medical Officer, Sierra Leone). Freetown: Government Printing Office, 1917. (Demy 8vo, pp. xiii + 91.)

#### MEDICAL AND SURGICAL APPLIANCES.

##### *A Hook Pin for Bandages.*

RATHER more than two years ago (June 12th, 1915, p. 1008) we described and figured a hook pin for puttees and bandages devised by Dr. C. R. Rutland. It has now been modified by the inventor to adapt it specially for fastening bandages. He claims that it combines simplicity, rapidity, and security, and these claims seem to be justified. The inventor, who has received a special permit from the Ministry of Munitions for sufficient steel to make 150,000 pins, is willing to send trial samples to surgeons and nurses having wounded soldiers under their care on application to him at 1, Weymouth Street, London, W.1. The device seems to us well worthy of such a trial.

THE annual report of the Surgeon-General of Public Health Service of the United States for the fiscal year 1916 contains a summary of the many activities of this department, together with statistical and other tables. It contains a great deal of matter interesting to public health authorities and medical officers of health, and conclusive evidence of the effectiveness of the public health service in America.

#### NATIONAL SERVICE MINISTRY.

##### ORGANIZATION OF MEDICAL DEPARTMENT: MEDICAL ADVISORY BOARD.

THE first meeting of the Medical Advisory Board of the Ministry of National Service was held at the office of the Ministry, Hotel Windsor, Victoria Street, S.W., on October 4th.

The general plan for the organization of the medical side of the work of the Ministry of National Service is somewhat as follows: The Ministry has a central medical department, of which Dr. James Galloway, C.B., is Chief Commissioner. The Ministry and Chief Commissioner have the assistance of a Medical Advisory Board, consisting of Sir Donald MacAlister, President of the General Medical Council, Mr. Hodsdon, President Royal College of Surgeons of Edinburgh (Scottish Medical Emergency Committee), Dr. Verrall and Mr. E. B. Turner (Central Medical War Committee), Mr. Charles Ryall (Committee of Reference, Royal College of Physicians and Surgeons, England), Professor Arthur Keith, F.R.S., and Colonel Arnall Jones, A.M.S.(T.)

Great Britain has been divided into ten regions, each of which is controlled by a commissioner, who gives his whole time to the work. The following have already been appointed:—London: C. R. Tyrrell, C.B., M.R.C.S., L.S.A. Yorks, East Midland: T. Wardrop Griffith, M.D., F.R.C.P. West Midland: W. H. Bull, K.H.S., V.D., F.R.C.S. South-Western: Sir James Porter, K.C.B., K.C.M.G., M.A., M.D. South-Eastern: Sir Chas. H. Bedford, M.D., D.Sc. Scotland: Norman Walker, M.D., F.R.C.P.E. These commissioners will organize, supervise, and co-ordinate the work of the National Service Medical Boards and the local collection and classification of the information and statistics obtained by the boards as to the physical condition of the male population of military age.

Each region has been divided into areas, and for each area one or more—as a rule one—National Service Medical Board will be appointed with a President, giving his whole time, and a rota of practitioners, selected in the locality with the advice of the Local Medical War Committee, each member of which will undertake to attend in rotation so many sessions of the Committee at fixed intervals. The frequency of the sessions will, of course, depend upon the amount of work to be done. At first, until arrears are overtaken, several sessions a week, possibly daily sessions, will be necessary.

A man who is dissatisfied with the decision of the National Service Medical Board by which he has been examined has the right of asking the appeal tribunal for a review of his case, and if the tribunal considers that he has advanced grounds *prima facie* for inquiry, it will refer the matter to its medical assessors for a further report. These assessors will be appointed by the Local Government Board in England and Wales, and the Scottish Office in Scotland to the number of two or three score for the whole country. The appeal tribunals will be grouped so that one set of medical assessors may serve more than one tribunal.

The Commissioners of Regions and the Presidents of National Service Medical Boards, being whole-time officers, will be paid annual salaries. The members of the boards and the assessors, being part-time officers, will be paid by fees for each session.

At the preliminary meeting of the Medical Advisory Board, Sir Auckland Geddes, who took the chair, was accompanied by Sir Horace Monro, K.C.B., Permanent Secretary, and other representatives of the Local Government Board.

In an opening address, Sir AUCKLAND GEDDES said that the Ministry was concerned with the problem of the organization of the man-power of the country, and had been engaged in designing the machinery to steer into the proper channels men available either as volunteers in various capacities or compulsorily called up for military service. The machinery already set up included departments of trade and commerce, of labour, of recruiting for the Royal Navy, Army, and Air Service, a medical department, a department of registration of the male population of military age, a statistical department, and finance and secretarial departments. These central departments must work through a

very large peripheral machinery, and in this connexion the Ministry was asking help from trade unions, employers' federations, and from medical organizations. Advisory boards had been formed to keep the central office in touch with the several parts of the civil machinery. They would serve as a series of liaison bodies. The work of the medical department must underlie much of the work of all the others, and several difficult problems had to be solved by it. The first was the organization of the medical examination of recruits; the difficulty of this task was increased by the past history of the subject. From the old peace plan of the examination of voluntary recruits at dépôts there grew up after the outbreak of war a system of medical boards which at first had only to decide whether a man willing to serve was fit to serve. The introduction of compulsory military service made a great change, and the duties of the medical boards became often the converse of what they had been in the earlier stage. The fundamental nature of the change in conditions had not at first been fully recognized. Since the beginning of the year, and especially since the Review of Exceptions Act was put into force, the work to be done presented a totally new aspect. Large numbers of fit and willing men had been withdrawn, leaving behind the less fit and less willing, and every month there was a deterioration in both respects. The Ministry was faced with a widespread determination to avoid military service; the experience of the early part of this year showed that there were a number of persons engaged in fostering this unwillingness who would no doubt continue their activities and take every chance of discrediting any medical organization dealing with the examination of men compulsorily called up. In the past the medical boards had not been free from faults; certain medical practitioners had given certificates of unfitness on the scantiest evidence and without due regard to the national need; there was no doubt that personation on a large scale had taken place. Again, medical men in good standing had in some cases given certificates which necessarily weighed with the tribunals and from their general tone conveyed the impression that the man had been improperly examined by the medical board before which he had appeared. In addition, there had been difficulties due to the fact that in a few instances members of medical boards had permitted themselves to be influenced by unworthy motives to grade a man in a low category. On the charge of personation and on other charges it had been necessary to institute during the past fourteen months about 14,000 prosecutions on one ground and another, so that the Ministry and its Advisory Board had to face the fact that there was a large volume of shady practices to be defeated. What was now aimed at was not merely to ascertain whether an individual man was fit to be employed in the army either as a fighting man or in clerical or other sedentary work, but to gain a definite body of information on the physical composition of the man-power left in the country. This was a very big undertaking, nothing short of a medical survey of the male population of military age. It was, moreover, possible that before long the military age would have to be raised. At present no one knew what the reserves of the country were in man-power of any grade of physical fitness. Another duty falling upon the Medical Advisory Board would be to arrange for the supply of medical men to the medical services of the army and navy and of the air service, and also to look forward to the future of the medical profession, and study the effect of the shortage of students at the medical schools. Finally, the medical survey of the male population would afford an opportunity, which should not be neglected, of obtaining anthropological information. The Ministry intended to work with the help of existing organizations of the profession on the one hand, and with the navy, army, Air Board, Pensions Ministry, and other departments employing medical men on the other. The matters to which he asked the Medical Advisory Board to give immediate attention were, first, to lay down a code of standards of physical fitness for the guidance of the National Service Medical Boards to ensure uniformity, so that the returns might be comparable; secondly, to form the National Service Medical Boards; thirdly, to arrange machinery for appeals by men dissatisfied with the decisions of those boards; and fourthly, to consider the supply of medical students to medical schools, and whether it would be necessary to bring back

men now serving in the combatant ranks who had a certain number of medical examinations to their credit.

Sir AUCLAND GEDDES then called upon Dr. JAMES GALLOWAY, the Chief Commissioner Medical Department of the Ministry of National Service, who said it was hoped in constituting the National Service Medical Boards to have the assistance of Local Medical War Committees. A board would generally consist of a president and four other medical members. He hoped that panels of medical men would be chosen from men in the various localities who had the confidence of their professional brethren. There might be, for instance, in an area a panel of eight or ten, so that no one member would have to give his whole time. In some areas it would be necessary to form new boards, and in so doing the department hoped to receive local recommendations through the Central Medical War Committee and Committee of Reference or the Scottish Medical Service Emergency Committee, as the case might be. The country would be divided into regions with a whole-time commissioner at the head of each, who would, in organizing the boards and selecting their members, consult with the local representative committees of the medical profession in the areas served by the boards. The presidents of boards would in nearly all cases be whole-time officers, who would be members of the staff of the National Service Ministry; they would be chosen by the central department and, speaking generally, would be men not connected with the particular locality. In the choice of presidents of National Service Medical Boards, the advice of the local commissioner would be obtained, and, as a rule, it would be desirable that the president should have some knowledge and experience of military service and organization.

In answer to questions, Sir AUCLAND GEDDES said that undoubtedly some medical boards wanted overhauling with the help of the Local Medical War Committees and of the Central Medical War Committee. Nominally the medical boards appointed by the War Office would cease to exist when the work was transferred from the War Office to the National Service Ministry. With regard to the right of appeal to be given to men dissatisfied with the decisions of National Service Boards, it was proposed to set up groups of medical assessors, to be appointed and controlled by the Local Government Board in England and Wales, and by the Scottish office in Scotland.

Sir HORACE MONRO, K.C.B., Permanent Secretary to the Local Government Board, said that a man graded by a medical board could claim to have his case reviewed by the appeal tribunal, and if that tribunal thought that he had a *prima facie* case it would authorize him to go before the medical assessors. In the selection of these medical assessors and in the organization of their work the Local Government Board hoped for the assistance of the National Service Medical Advisory Board. There were about sixty appeal tribunals in England and Wales, but it would probably not be necessary to nominate so many assessors. He hoped that the medical assessors selected would be as a rule men of good standing of the general practitioner type; they would act together in local groups of three or four working together and would receive remuneration at a rate of so much per session, morning and afternoon. At the suggestion of Sir Auckland Geddes this matter was referred to a subcommittee consisting of representatives of the Local Government Board, the Scottish Office, Mr. E. B. Turner, Mr. Hodsdon of Edinburgh, and Mr. Ryall, member of the Council of the Royal College of Surgeons.

The question of drawing up a memorandum of directions as to standards of physical efficiency for the guidance of National Service Medical Boards was referred to another subcommittee, including representatives of the army and navy. With regard to the last matter—the supply of medical students to medical schools—Sir Auckland Geddes said that he believed the Royal Navy required five hundred surgeon probationers (students) within the next twelve months, while the army asked for newly qualified men. It was a fact that a fair number of students who had passed some medical examination were now serving in the army. These matters were referred to another subcommittee.

In conclusion, Sir AUCLAND GEDDES expressed the hope that the subcommittees would get to work at once, and in particular that the committees charged with the duty of advising on the setting up of the National Service Medical Boards would report at a very early date.