

# News and Notes

## EPIDEMIOLOGY

### Swimming-pool Granuloma

Outbreaks of this interesting condition, which is associated with bathing in seawater or freshwater baths infected with the acid-fast bacillus *Mycobacterium balnei*, have been reported from Sweden, the U.S.A., and Canada<sup>1-3</sup> in the last 15 years, but only two cases have been previously recorded in Britain.<sup>4</sup> In August of last summer a few persons in Penarth, Glamorganshire, were found to have unusual lesions round the elbow. They were referred to a dermatologist, who came to the conclusion that they were suffering from swimming-pool granuloma. Steps were then taken to alert all general medical practitioners in the area to this condition, and all the schools in the town and neighbourhood were visited and a search made for those suffering from the lesion. This resulted in a large number being referred to the dermatology department of the Cardiff Royal Infirmary. Swimming-pool granuloma was finally confirmed in 73 school-children and 7 adults; all had bathed at the Penarth indoor salt-water baths. The diagnosis was confirmed in several of the lesions by isolation of the causative organism, *Mycobacterium balnei*. The swimming-bath concerned was built as long ago as 1878, the tiles being very old, cracked, and roughened, with some gaps between some of the wall tiles. The concrete surround was also rough and cracked in many places. *Mycobacterium balnei* was successfully cultured from the numerous cracks and interstices in the tiles.

Clinically, the granuloma first appears as a group of tender erythematous small papules, which later coalesce to form a plaque or nodule, occasionally becoming pustular. They are usually situated round the elbows, knees, or feet, areas which would appear to be particularly vulnerable to pressure or trauma when bathing in swimming-baths, but only a

few patients in the present outbreak gave a history of abrasion or injury. By far the greater majority of their lesions were located round one elbow. The condition is a chronic one, and may persist for many weeks or months. An interesting and significant feature is that in most recorded outbreaks tuberculin skin-testing has given a positive result in the majority of patients tested.

Experience has shown that retiling and re-surfacing the swimming-baths and efficiently chlorinating the water in them will stop outbreaks of this disease. It would appear to be good public-health practice to carry out periodic examinations with a view to attempting to culture *Mycobacterium balnei* from swimming-baths, particularly the older ones and those where an adequate degree of residual chlorination (about 0.2-0.5 p.p.m.) may not always be maintained. The natural reservoir of *Mycobacterium balnei* and how it becomes associated with swimming-pools are unknown.

It is hoped to publish a comprehensive account of this outbreak at a later date.

I am indebted to Dr. Eric Waddington, consultant dermatologist, and Dr. R. A. Holman, consultant bacteriologist, United Cardiff Hospitals, who investigated the clinical and bacteriological aspects of this condition.

D. TREVOR THOMAS,  
Medical Officer of Health,  
Divisional Medical Officer,  
South-east Glamorgan Division.

#### REFERENCES

- Cleveland, D. E. H., *Acta derm.-venereol. (Stockh.)*, 1951, **31**, 147.
- Linell, F., and Norden, A., *Acta tuberc. pneumol. scand.*, 1954, Suppl. 33, 1.
- Mollohan, C. S., and Romer, M. S., *Amer. J. publ. Hlth.*, 1961, **51**, 883.
- Morgan, J. K., and Blowers, R., *Lancet*, 1964, **1**, 1034.

### Health of Scotland

In Scotland the expectation of life at birth in 1964 was 66.7 years for males and 72.8 for females, and reached a new high level. Both values were 0.9 year higher than in 1963. The trends of the deaths in 1964 were slightly different between the sexes. The death rates for females aged from 1 to 34 were the same as in the preceding year, while the males showed a slight improvement. At ages 55 and over the female rate fell to a new low level, but the improvement among males was not so definite. Of the total deaths 34% were attributed to heart diseases, 19% to malignant neoplasms, and 18% to diseases of the nervous system.

In the year 1964-5 the rise in the total cost of the National Health Service and welfare services continued, the total of £130,317,000 being almost double that of 10 years earlier. Salaries and wages accounted

for half of the cost of these services. Admissions to hospital beds in 1965 were: for gynaecology and obstetrics 151,466, for general surgery 104,468, and for general medicine 76,869. The percentage of hospital deliveries in 1965 rose to 83% of all births, 3% more than in 1964. The cost per patient per week was largest in the maternity teaching hospitals (£45 11s. 7d.) and second highest in the maternity non-teaching hospital (£39 6s. 3d.). The lowest weekly cost was in institutions for mental deficiency (£9 9s. 8d.) and mental illness (£11 18s.).

Admissions to mental hospitals in 1965 numbered 11,595 females and 9,372 males. In addition, 8,929 males and 6,115 females were readmitted during the year. The average duration of stay of patients discharged in 1965 was, for those compulsorily detained, 9.7 weeks for females and 8.3 weeks

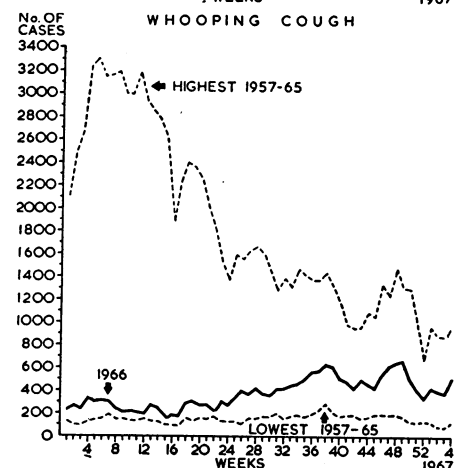
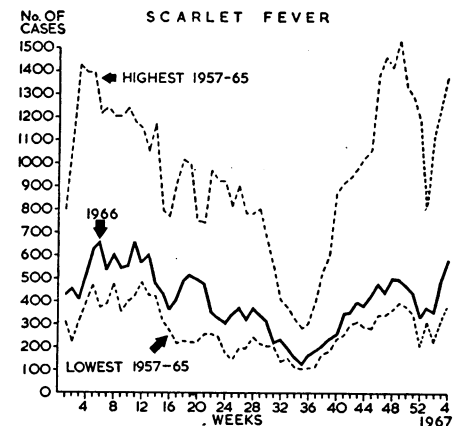
for males, and for those not compulsorily detained 6.0 weeks for females and 5.1 weeks for males.

The number of persons registered as blind during 1965 was 482 males and 809 females. The total of registered blind was 4,611 males and 6,473 females; one-third of the males and one-half of the females were aged 75 and over. Congenital defects accounted for 580 blind persons and wounds of the eyeball for 140.

Notifications of tuberculosis showed a further decline. The notifications of respiratory tuberculosis during 1965 were 1,415 males and 774 females; in 1955 the numbers were 3,500 and 3,041 respectively. In 1965 4,967 persons were discharged from respiratory tuberculosis hospitals after an average stay of 79 days.—*Scottish Health Statistics, 1965*, Scottish Home and Health Department, 1966. H.M.S.O.

### Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of deaths from scarlet fever and whooping-cough in England and Wales. Figures for 1966-7 are compared with the highest and lowest figures for each week in the previous years shown.



**Infectious Diseases**

Areas where numbers of notifications were high in the latest two weeks for which figures are available.

Dysentery	Week Ending	
	27 Jan.	3 Feb.
Cheshire	9	27
Nantwich R.D.	0	11
Derbyshire	6	18
Chesterfield R.D.	4	12
Durham	12	52
Consett U.D.	7	37
Greater London	70	63
Brent	4	10
Redbridge	15	14
Herefordshire	26	36
Leominster M.B.	13	23
Leominster & Wigmore R.D.	12	10
Lancashire	154	140
Liverpool C.B.	29	30
Preston C.B.	35	24
Fulwood U.D.	19	13
Worsley U.D.	10	13
Nottinghamshire	13	36
Worksop M.B.	3	27
Suffolk	11	12
Ipswich C.B.	10	11

**Dysentery (contd.)**

	Week Ending	
	27 Jan.	3 Feb.
Surrey	7	32
Epsom & Ewell M.B.	1	18
Yorkshire West Riding	29	57
Leeds C.B.	14	27
Glasgow	20	56
Stirling County	12	13

**Food-poisoning**

Durham	7	10
Consett U.D.	7	10
Yorkshire West Riding	4	37
Pontefract M.B.	0	25
Edinburgh	9	10

**Measles**

Greater London	3,357	4,402
Barnet	58	205
Bexley	173	305
Bromley	208	265
Croydon	263	362
Ealing	156	205
Redbridge	194	204
Southwark	158	207
Staffordshire	698	807
Stoke-on-Trent C.B.	213	224
Warwickshire	849	846
Birmingham C.B.	481	449

**Population Growth**

The Table below shows the population for 1966 in different regions and countries of the world and as estimated for 1980. Data are compiled by the Population Research Bureau, Washington D.C., U.S.A., from United Nations and other sources.

	1966 Millions	1980 Millions
World	3,346	4,330
Africa	314	449
Ethiopia	23	29
Egypt	30	47
Nigeria	59	91
South Africa	18	27
Asia	1,864	2,461
China	735-765 (estimate)	No estimate
India	494	682
Indonesia	107	153
Japan	99	111
Pakistan	121	183
N. America	217	267
Canada	20	26
U.S.A.	197	241
Latin America	252	378
Europe	448	479
France	50	53
Italy	52	56
W. Germany	58	58
United Kingdom	55	57
Oceania	18	23
Australia	12	15
New Zealand	3	4
U.S.S.R.	234	278

**INFECTIOUS DISEASES AND VITAL STATISTICS**

Summary for British Isles for week ending 28 January (No. 4) and corresponding week 1966.

Figures of cases are for the countries shown and for Greater London. Figures of deaths and births are for the whole of England and Wales (London included) Greater London, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available.

The table is based on information supplied by the Registrars General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES	1967					1966				
	Eng. & Wales	Gtr. Lnd	Scot.	N. Ire.	Eire	Eng. & Wales	Gtr. Lnd	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0		0	0	0	0	
Dysentery	574	70	114	3	13	434	111	92	4	5
Encephalitis, acute	1	0		0		1	0		0	
Enteric fever: Typhoid	1	0	0	0		1	0	0	0	
Paratyphoid	1	0	0	0		0	0	0	0	
Food-poisoning	108	44	13	1		140	29	87	0	
Infective enteritis or diarrhoea under 2 years				17	53				23	36
Measles*	17,261	3357	231	253	107	3,471	249	37	53	146
Meningococcal infection	15	1	1	0	2	11	1	6	0	2
Ophthalmia neonatorum	17	3	1	0		10	1	0	0	
Pneumonia†	174	23	93	9	1	292	50	167	18	5
Poliomyelitis, acute: Paralytic	0	0	0			0	0	0		
Non-paralytic	0	0	0			0	0	0		
Puerperal fever‡	80	32	7	0		97	26	3	0	
Scarlet fever	584	96	53	15	16	624	81	36	18	1
Tuberculosis: Respiratory	221	54	43	9		209	48	55	10	
Non-respiratory	52	7	9	0		51	13	8	1	
Whooping-cough	526	46	115	21	17	302	25	12	11	7

DEATHS	1967					1966				
	Eng. & Wales	Gtr. Lnd	Scot.	N. Ire.	Eire	Eng. & Wales	Gtr. Lnd	Scot.	N. Ire.	Eire
Diphtheria	0		0		0	0		0		0
Dysentery	1	0				0	0			0
Encephalitis, acute					0					0
Enteric fever	0	0	0			0	0	0		0
Infective enteritis or diarrhoea under 2 years	11	1	0		1	24	3	1	1	0
Influenza	11	0	0		1	111	8	13	1	3
Measles	0		0		0	0		0	0	1
Meningococcal infection			0					0		
Pneumonia	927	147	17		9	1,461	225	68	36	13
Poliomyelitis, acute	0	0			0	0	0		0	0
Scarlet fever	0		0		0	0		0	0	0
Tuberculosis: Respiratory	53	0	4		2	49	8	5	0	3
Non-respiratory										
Whooping-cough	0	0	0		0	1	1	0	0	0
Deaths 0-1 year	347	53	19		13	414	69	22	11	11
Deaths (excluding stillbirths)	11,877	1841	556		186	15,293	2312	823	201	235
LIVE BIRTHS	16,529	2792	952		340	16,746	2921	909	290	331
STILLBIRTHS	258	41	17			258	48	17		

\* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

## PARLIAMENT

**Facilities for Intermittent Dialysis**

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The MINISTER OF HEALTH, in a statement to the Commons of 8 February about the development of facilities for the treatment of patients suffering from chronic renal failure by intermittent dialysis on artificial kidney machines, said that 116 patients were now being treated either in a National Health Service hospital centre or in the home under the supervision of the centre.

"In the next few weeks," he continued, "I hope that new units will be opened which are designed to treat about another 60 patients. Home dialysis will also be extended. The service is growing slowly at present, but will grow more quickly as schemes on which we are pressing ahead with the highest priority come into use.

"Three main causes have conditioned the rate of growth: the need to recruit and to train staff, the time unavoidably taken to plan and build or adapt specialized accommodation, and outbreaks of infection in existing units.

"Training of staff inevitably takes time, especially while working units in which they can be trained are comparatively few. But more doctors, nurses, and technicians must have the opportunity to acquire the experience that is vital for this kind of treatment, to enable the service to grow more rapidly. The present planned provision for training accommodation and equipment is not governed by availability of money.

"The medical profession recognizes that this treatment carries with it the danger of spread of disease carried in the blood—particularly jaundice, which can be infectious and can be serious, and is difficult to control. In recent months there have been outbreaks of jaundice in hospital dialysis units affecting both patients and staff, and there were deaths

among staff. It was necessary to close one unit and to make emergency arrangements for patients already being treated: it was not possible to accept new patients. In another case expansion of the service has been unavoidably delayed.

"These setbacks reinforce the view of medical experts, which my advisers accept, that it is most important that units should not start treatment of patients until adequate facilities are available. Otherwise we place in danger not only the patients, who will doubtless be willing to accept the risks, but the staff on whom many lives may depend.

"I want to emphasize that the rate at which this service can develop, whether in the hospital centres or in the home, is not at present governed by considerations of money. Funds raised privately cannot, therefore, make a significant contribution at the present time to the more rapid expansion of facilities for intermittent dialysis in the National Health Service.

"I appreciate, however, that many generous people wish to express their support for the development of this service by giving money or by organizing collections. I welcome these manifestations of people's concern for the welfare of others, and I am anxious only that their gifts should be used to the best effect. This can be ensured if organizers of appeals would inform the regional hospital board for their area before any appeal is launched and then arrange that the terms of the appeal enable the money to be used at a hospital at which intermittent dialysis is to be carried out. Alternatively, the money could be used for research into the cause, detection, and treatment of diseases which can cause chronic renal failure."

**Implications of Abortion Bill**

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Commons standing committee engaged on the task of drafting the Medical Termination of Pregnancy Bill continued on 8 February its examination of Clause I and the associated amendments. A new one appeared in the list that day which proposed to change the revised draft suggested by the promoter. Instead of defining the first requirement for legal termination as set out in Mr. Steel's words in Clause 1(a)(i) as

that the continuance of pregnancy would involve risk to the life or of injury to the health or well-being, whether physical or mental, of the pregnant woman whether before or after the birth of the child

the new amendment would make this read

that the pregnancy would involve risk to the life or of injury to the physical or mental health of the pregnant woman or the future well-being of herself and/or the child or her other children.

Mr. L. ABSE (Pontypool, Lab.), a solicitor, suggested that some of the difficulty facing the committee had arisen because it was insufficiently appreciated how far protection would be afforded to the individual doctor if they moved from the present criminal law on

abortion either to paragraph (a) as first drafted, the revised form proposed by Mr. Steel, or the amendment in his name which embodied the recommendation of the Law Society and the British Academy of Forensic Sciences (see *B.M.J.*, 4 February, p. 294).

[The amendment would substitute the following for subsection (a):

"That the continuance of the pregnancy is likely to damage the physical or mental health of the pregnant woman or the future well-being of herself and/or the child;"]

Mr. Abse said the amendment of the Law Society would mean there would be a wide degree of individual discretion left to doctors acting in good faith. It would achieve what he thought the majority of the committee wanted, without causing pain and provocation, and without embarrassing many M.P.s who had supported the Bill on second reading.

Mr. W. F. DEEDES (Ashford, Con.), whose ministerial experience in the Conservative administration included a period as Under-Secretary at the Home Office, said the

dilemma was which course they should select to achieve their object. Should they aim at providing a loose framework within which the medical profession would be given discretion; or should they seek to give directions and define criteria to which members of the medical profession must adhere. In an ideal world there would be much to be said for having no Bill at all, and for leaving matters to the discretion of the profession under a code of conduct they were quite capable of providing. That could not be for many reasons—including the state of the law. So they were required to legislate, and were drawn to definitions.

**Discretion in Practice**

They were in some danger of getting the worst of both worlds. The context in which "well-being" was set sought in a sense to limit the discretion of doctors, but the word itself gave almost unlimited discretion. If the medical profession was given total discretion—which was not accepted by some—the public would understand that. But with semi-discretion some members of the profession would be exposed to accusations either of acting beyond the letter of the law or of wilfully refusing to act up to the limits prescribed by the law. Widely different interpretations would be made by doctors about how they might act. The sponsor of the Bill (Mr. Steel) had given the impression that he was apt to be swayed by currents of opinion. The core of an immensely serious social measure could not be resolved by random amendments.

Mr. D. STEEL (Roxburgh, Selkirk, and Peebles, Lib.) interrupted that had the Bill not come forward they would never have had some of the authoritative reports since it was introduced—for example, the Law Society report. It would have been wrong of him, as sponsor of the Bill, to ignore the opinions that were being expressed.

Mr. DEEDES agreed that outside bodies had contributed new thinking and some valuable amendments. But committees, like Cabinets, could not draft. A stage would be reached when, having exchanged opinions, they would have to be counted. At that time some of them would be grateful for what might be called an "authoritative" draft, provided through the Home Office or the Ministry of Health, and ensuring not only that the ideology they were arguing about was right but that the effect of the words in the Bill would have the results for which they hoped.

**Religious Beliefs of Hospital Staff**

The MINISTER OF HEALTH, questioned about action he had taken to ensure that candidates for posts in National Health Service hospitals were not required to answer questions about their religion, informed the House of Commons on 31 January that he had arranged for hospital authorities to be informed of his views, and that he wished them to be observed. These views are:

(a) there should be no discrimination or prejudice (or appearance of discrimination or prejudice) on

grounds of religious belief or unbelief, in the appointment of nursing or other staff (or their promotion);

(b) an individual's religious belief or unbelief is in any event a personal matter for him and not for his or her employer;

(c) application forms should therefore not include a question on this subject;

(d) if a question is asked at interview about a candidate's religion (as about other matters), it should be framed in such a way that the candidate knows it need not be answered, should he or she prefer not to do so;

(e) there are occasions when it may be desirable for the running of the hospital to know a nurse's religion, particularly when there are religious objections to certain procedures. But nurses could be

told collectively that in such a case they should inform the Matron; or the Matron could explain at the interview that for the running of the hospital it will be necessary for her to know in due course whether the candidate has any religious belief which would prevent her from undertaking particular duties;

(f) if it is desired to put student nurses in touch with clergy or other representatives of their particular denominations, an offer to do so could be conveyed in general terms to all.

The Minister accepted that special considerations applied at denominational hospitals and the guidance he had given was not intended for these hospitals.

of personal freedom, but it would destroy British science in the process.

The best estimates available suggested that the emigration of doctors had averaged between 300 and 350 a year and could be rather higher at present—perhaps 400. This was against a background of about 60,000 civilian doctors at work in Britain, with an annual output of British-based doctors from the medical schools rising to about 2,000 a year within the next few years, and with an intake of British-based students into the medical schools that had already been increased by 30% since 1960-1 and last year was 2,363.

Dr. SHIRLEY SUMMERSKILL (Halifax, Lab.) said the extent to which doctors had been emigrating had been grossly exaggerated by the press, and was being exploited by the Opposition. It was more of an ooze than a drain.

Mr. B. BRAINE (South-east Essex, Con.) said that what was new was that the rate of increase in migration among doctors was sharply on the increase. In 1964 the loss by emigration was equivalent to nearly one-quarter of the output of British medical schools. By 1965 the rate appeared to have risen to one-third of the output. The House had to see this trend against a background of growing dependence in the N.H.S. upon doctors from overseas. In 1960 about 36% of hospital doctors below the rank of consultant were born outside Britain. In 1966 the proportion had risen to 46%.

The present rate of emigration, taken in conjunction with the output of the medical schools in the next few years, meant that the ratio of general practitioners to patients must worsen. The burden on those doctors who remained would grow.

As long as the N.H.S. was financed solely out of Exchequer money all that the Minister was able to do was limited by budgetary considerations. Until the Government was prepared to grasp the nettle of finance there was no way of creating conditions which would hold doctors in Britain, no way of persuading those who had gone abroad to come back home, and no hope of providing the people of Britain with the National Health Service which they wanted and which they could have.

Mr. A. CROSLAND, Secretary of State for Education and Science, said that according to figures from America the number of scientists entering from Britain rose sharply between 1962 and 1964, but fell between then and 1965. There were reasons for thinking the outflow might become more serious: one was the insatiable demand of the United States. The Government were considering, in conjunction with the Royal Society and the research councils, the establishment of an international fellowship scheme for scientists which would encourage the movement of scientists between different European countries, and he hoped encourage the build-up of increasingly strong centres of scientific research in European countries (see *B.M.J.*, 10 December, p. 1465).

## Links with Overseas Medical Schools

Mr. A. E. ORAM, Parliamentary Secretary, Ministry of Overseas Development, made available on 2 February a list, printed below, of teaching hospitals that are now exchanging staff with medical institutions overseas.

### Teaching Hospital

Medical Faculty, Glasgow University	...
Medical Faculty, Edinburgh University	...
Medical Faculty, Bristol University	...
Great Ormond Street Hospital for Sick Children, London	... ..
Royal Free Hospital, London	... ..
St. Thomas's Hospital, London	... ..
Royal Ear, Nose and Throat Hospital, London	... ..
St. John's Hospital for Diseases of the Skin, London	... ..
King's College Hospital Medical School, London	... ..
Medical Faculty, Birmingham University	...
Royal National Orthopaedic Hospital, London	... ..

Several new links were under consideration, Mr. Oram said, and all possible assistance was being given by the Ministry to this form of aid.

### Overseas Institution

Nairobi Extension of the Medical Faculty, Makerere.
Government Medical School, Dar-es-Salaam.
Medical Faculty, University of Baroda.
Medical Faculty, Makerere.
University of the West Indies and University College Hospital.
Medical Faculty, University of Ibadan.
Medical Faculty, Makerere.
University of the West Indies and University College Hospital.
Medical Faculty, University of Ibadan.
University College Hospital, West Indies.
University of the West Indies and University College Hospital.
Medical Faculty, University of Ibadan.
Medical Faculty, University of Ibadan.
Medical Faculty, University College, Rhodesia.
Orthopaedic Hospital, Kano.

## Europe as Counter to U.S. in Brain Drain

[FROM OUR PARLIAMENTARY CORRESPONDENT]

The Conservative Opposition brought a critical motion against the Government on 13 February relating to the brain drain, declaring that their policies had aggravated the loss to the United Kingdom of qualified and skilled manpower, and calling instead for policies that would encourage men and women of ability to remain at home.

Mr. QUINTIN HOGG, leading for the Opposition, deplored the absence of up-to-date and complete statistics about the size of the problem, and asserted that the excellence of the British education system made the country vulnerable to the brain drain, which he put at about 4,000 scientists and 350 doctors every year. Britain could not enter into an auction with the United States even if she tried. She must broaden her

scientific base, and that meant in practice that she must largely Europeanize it, because in Europe there was a gross international product that could produce a society on the scale of that of the United States.

Mr. WEDGWOOD BENN, Minister of Technology, agreed that Europe would have to be a magnet for talent. The Government's attitude was that the brain drain was a problem which should and did concern them, but which could not be solved in a petty or nationalistic way. It would be wrong to control the free movement of people. He was sure that the whole House would reject the use of the law as a way of preventing emigration. It would not only be wholly impracticable in enforcement, unjust in application, and an unacceptable infringement

## MEDICO-LEGAL

## Doctors and the Dole

[FROM OUR LEGAL CORRESPONDENT]

For doctors studying for higher degrees obtaining unemployment benefit has its attractions, not the least being that the benefit is not subject to income-tax. But since the flood of publicity given to a recent case it is unlikely that many doctors will in future be able usefully to rely on unemployment benefit for maintenance during their period of study.

There is no reason why doctors who satisfy the contribution and other conditions should not draw unemployment benefit like any other workman, and many have done so. But it is a basic principle of the payment of unemployment benefit that the recipient shall be able and ready and willing to accept such other suitable work as may become available.

The recipient of unemployment benefit is obliged to accept only alternative work which is "suitable." A doctor will not be expected to take work as a dustman. But he will not necessarily be able to refuse every job offered which is not medical, even though the salary be somewhat lower than that previously enjoyed (though a substantial reduction in salary might be a ground for saying that the job is unsuitable). An administrative post, even though only temporary, might be "suitable" employment for an out-of-work doctor. Equally, a doctor might be required to apply

for other medical posts which fall vacant, but the law provides that employment is not "suitable" for the recipient of benefit if it is either:

(1) employment in his usual occupation in the district where he was last ordinarily employed at a rate of remuneration lower, or on conditions less favourable, than those which he might reasonably have expected to obtain having regard to those which he habitually obtained in his usual occupation in that district, or would have obtained had he continued to be so employed; or

(2) employment in his usual occupation in any other district at a rate of remuneration lower, or on conditions less favourable, than those generally observed in that district by agreement between associations of employers and of employees, or, failing any such agreement, than those generally recognized in that district by good employers.

But even those two requirements may be relaxed if a fairly long time passes between leaving one job and obtaining the next.

If the recipient of benefit is notified of suitable employment he must apply for the post, and he must take advantage of every reasonable opportunity of obtaining suitable work. If he attends an interview for suitable employment in dirty clothes, or un-

shaven, or pretending to character defects not normally exhibited, he may be disqualified from benefit.

Equally, the recipient of benefit must hold himself ready to accept *at once* any offers of suitable employment brought to his notice. If he goes away on holiday, he may be disqualified even though he leaves his name and address with Ministry officials. Although women in particular may put reasonable restrictions on the hours they are prepared to work in the light of family commitments, benefit will not be paid to someone who refuses to work at certain times during normal working hours because of commitments to attend at lectures. On the other hand, there is no reason why a man studying at home should not draw benefit provided he is willing to accept any suitable employment found, and to drop his books at once when notified of a job to apply for.

The Ministry of Social Security is not the agency best geared to finding jobs for professional people, but in the present state of the medical employment market Ministry officials should have little difficulty (if they feel so inclined) in finding sufficient vacant posts of a suitable grade to keep any would-be student fairly busy in applying for work.

## MEDICAL NEWS

**Scientific Co-operation with Europe**

The Royal Society is to use a Ford Foundation grant of \$200,000 over three years to support its European programme of promoting interchange between scientists (see *B.M.J.*, 28 January, p. 248). It has already made a number of awards for European study visits and research conferences; the first closing date for applications for fellowships is 28 February. (Telephone inquiries: Regent 3335, extensions 10 and 37.)

**Kent Postgraduate Medical Centre**

The foundation stone of the Kent Postgraduate Medical Centre at Canterbury (see *B.M.J.*, 6 June 1964, p. 1518) has been laid by Sir GEORGE ALLEN, the first president of the centre. The building, in the precincts of the Kent and Canterbury Hospital, is expected to be available this summer. Money for its erection and equipment, estimated to be £26,000, has to be raised from voluntary sources.

**Reconstruction at Keppel Street**

More accommodation for various departments has been made available at the London School of Hygiene and Tropical Medicine through extensive reconstruction during the last two years. A new fourth floor and a new stack room for the library are notable additions. In his report for 1965-6 the

Dean, Dr. E. T. C. SPOONER, refers to these developments and to the benefactors whose gifts and covenants have made them possible. The appeal committee, he records, has collected £221,312 towards the present target of £350,000. Apart from building, he draws attention to the need, "growing rapidly more urgent," for adequate computer services for the school's research.

**Postgraduate Tropical Medical Centre**

The International College of Tropical Medicine, incorporated in Bermuda to further medical education and research in the tropical and subtropical regions of the world (see *B.M.J.*, 23 July 1966, p. 248), is to hold its first international meeting this year. Professor T. A. LAMBO (Ibadan) has been elected president of the college and Professor R. N. CHAUDHURI (Calcutta) and Professor HARRY MOST (New York) have been elected vice-presidents. Members of council resident in England are Professor B. MAEGRAITH (Liverpool) and Professor A. WOODRUFF (London). Inquiries should be sent to the Secretary, International College of Tropical Medicine, P.O. Box 497, Hamilton, Bermuda.

**Planned Admission of Patients**

Patient care is being reorganized at the Nuffield Orthopaedic Centre in Oxford. The new arrangements, it is claimed, will improve investigation and treatment, and make the best use of professional staff and facilities. Instead of being put on a waiting-list, patients

will be told when they will be admitted and for how long. Professor ROBERT DUTHIE, Nuffield Professor of Orthopaedic Surgery at the University, said it was "unacceptable" that an event as serious in a person's life as a major operation should be left undefined. He was referring to the indeterminate waiting-list. On arrival at the centre a patient will go into the admission-disposition unit, where he will be interviewed and examined by a team of physician, surgeon, sister, and social worker. From there he will move to the operating theatre or intensive care unit or rehabilitation area according to the treatment required. Certain patients will be admitted for several days before being returned home to wait for a final admission date. The admission-disposition unit is to be combined with a rheumatology unit. It is estimated that the capital cost of these developments will be about £122,000.

**Lady Tata Memorial Trust**

The trustees of the Lady Tata Memorial Trust invite applications for fellowships and scholarships for research on leukaemia in the academic year beginning 1 October. In view of the affinity between leukaemia and other forms of neoplastic disease candidates with programmes of research on any aspect of malignant disease which may throw light on problems of leukaemia will be eligible for consideration. The trustees specially wish to encourage studies of the leukaemogenic viruses in mammals, the epidemiology and

natural history of leukaemia, and the immunogenetic aspects.

Two fellowships at the rate of £1,500 a year, tenable for three years, with provision for superannuation and annual increments of £100, are offered to senior workers with research experience. Scholarships at the rate of £800 sterling a year for whole-time research, with proportional adjustment for work on a part-time basis, are awarded for the personal remuneration of workers carrying out approved research under suitable direction.

Details and forms of application may be obtained from the Secretary of the (European) Scientific Advisory Committee, Lady Tata Memorial Trust, Chester Beatty Research Institute, Fulham Road, London S.W.3. Applications must be submitted before 31 March, and awards will be announced in June.

#### New Society in Singapore

At the inaugural meeting of the Society of Occupational Medicine in Singapore the following were elected office-bearers for 1966-7: *chairman*, Dr. PHOON WAI-ON; *secretary and treasurer*, Dr. KOH KIM CHAN. The secretary's address is Alumni Medical Centre, 4-A College Road, Singapore 3.

#### Adolescent Psychiatric Unit

The Birmingham Regional Hospital Board is planning an adolescent psychiatric inpatient unit of 20 places (10 for each sex) by adapting a ward in the grounds of Hollymoor Hospital, Birmingham. The project is being financed by the Ministry of Health, which is particularly interested in the research to be done on such problems as the number of places required for a defined population and the degree of security needed in such a unit. Hollymoor Hospital has strong links with Birmingham University, with its research facilities, and the unit is expected to have an important teaching function along with other special units in South Birmingham. A new purpose-built school will be attached to the main building. It is to be staffed and equipped by the City of Birmingham Education Department, whose representatives joined the planning team at an early stage. The unit, it is hoped, will be commissioned in the spring of 1968.

#### Change of Address

From 20 February the address of the Association of the British Pharmaceutical Industry will be 162 Regent Street, London W.1 (telephone 01-734 9061).

#### People in the News

► Dr. H. S. GEAR, secretary-general of the World Medical Association from 1961 to 1966, has been appointed to a professorship of public health administration (international health) at the School of Hygiene, University of Toronto.

► Brigadier R. M. JOHNSTONE has been appointed Deputy Director of Medical Services, Southern Command, in May, with the rank of Major-General.

► Dr. NOWSHIR K. JUNGALWALLA has been appointed director of W.H.O. Division of Public Health Services.

#### News in Brief

"Mental Health Week" is to be held from 4 to 10 June. The objectives this year are to increase recruitment to the mental health services

and encourage voluntary work. As part of the campaign the National Association for Mental Health has published a paperback, *Work to be Done—Careers in the Mental Health Services*, price 5s. 6d. post free.

An acute psychiatric department has been built at Doncaster Royal Infirmary at a cost of about £520,000. The five-story block accommodates 81 inpatients.

#### Grants and Awards

A grant of £11,780 has been made by the Wellcome Trust to provide assistance for Dr. BARBARA CLAYTON, consultant in charge of the department of chemical pathology at the Hospital for Sick Children, Great Ormond Street, who is undertaking a study of metal poisoning in children.

#### Recent Publications

A revised edition of *United Kingdom Postgraduate Awards* has been published. The handbook describes fellowships, scholarships, and grants tenable at universities in Britain. It also includes a list of awards tenable abroad by graduates of British universities. (Association of Commonwealth Universities, 36 Gordon Square, London W.C.1, 7s. 6d. (U.S.A. \$1.50) post free.)

The *Journal of General Virology*, volume 1, part 1, published by the Cambridge University Press for the Society for General Microbiology; editorial office, Department of Virology and Bacteriology, Medical School, Birmingham 15. Subscription for non-members £5 10s. (\$19.50 in U.S.A.) post free a year for one volume (4 parts).

*Hospital Building Bulletin No. 26*, published by the Ministry of Health, gives advice on the design of operating departments in district general and teaching hospitals. It replaces the Ministry's *Hospital Building Bulletin No. 1*, "Operating Theatre Suites," published in 1957. (H.M.S.O., 6s. 6d., postage 6d.)

#### Coming Events

**Medical Missionary Association.**—Illustrated survey of medical missionary work overseas, 23 February, 3-8 p.m., Royal College of Surgeons, Lincoln's Inn Fields, London W.C.2.

**Haemophilia Society.**—Meeting on education as related to haemophilia, 12 March, 3 p.m., Lecture Theatre, Hospital for Sick Children, Great Ormond Street, London W.C.1.

**British Radiological Protection Association.**—Symposium, "The Radio-Iodines in Man," 17 March, 10 a.m.-5.15 p.m., Royal College of Surgeons, Lincoln's Inn Fields, London W.C.2. Details from Secretary, British Institute of Radiology, 32 Welbeck Street, London W.1.

**Biochemical Society.**—Meeting, 20-22 March, Trinity College, Dublin. Programme will include discussion forum on "Metabolic Role of Vitamin A." Details of meeting from Executive Secretary, Biochemical Society, 20 Park Crescent, London W.1.

**British Small Animal Veterinary Association.**—Annual congress, 31 March to 2 April, Kensington Palace Hotel, London W.8. Details of scientific programme from Dr. F. G. STARTUP, Grove Lodge, Broadwater Street West, Worthing, Sussex.

**European Association of Radiology.**—First congress, 2-8 April, Barcelona. Details from Dr. F. MANCHON, Secretary-General, Congress of Radiology, Faculty of Medicine, Barcelona, Spain.

**British Occupational Hygiene Society.**—Conference on measurement, evaluation, and control of industrial noise, 5 April, London School of Hygiene and Tropical Medicine, Keppel Street, London W.C.1. Details and registration forms from Mr. D. C. MURPHY, Medical Department, Esso Refinery, Fawley, Southampton.

**Biological Council.**—Symposium on the interaction of drugs and subcellular components in animal cells, 10-11 April, Middlesex Hospital Medical School. Preliminary programme and form of application for admission ticket from Dr. P. N. CAMPBELL, Courtauld Institute, Middlesex Hospital, London W.1.

**Institute of Sound and Vibration Research.**—Technical meeting, "Environmental and Human Factors in Engineering," 10-14 April. Details from Conference Secretary, Institute of Sound and Vibration Research, Southampton University.

**Scottish Radiological Society.**—Seventh McGibbon memorial lecture, "Pulmonary Oedema," by Professor R. E. STEINER, 14 April, 7.30 p.m., Lister Theatre, Royal Infirmary, Glasgow.

**British Radiological Protection Association.**—Symposium, "Chemical Elements in Man and his Environment," 18 April, 10 a.m., Middlesex Hospital Medical School, London W.1. Details from Miss M. WALTON, Radiological Protection Service, Clifton Avenue, Belmont, Sutton, Surrey.

**Glasgow Postgraduate Medical Board.**—Conference on specialist training in the National Health Service, 27-29 April, Royal College of Physicians and Surgeons of Glasgow. Open to all medical practitioners without fee. For details see advertisement on p. xxxix.

**University of Sheffield.**—Paediatric course for general practitioners, 15-19 May. For details see advertisement on p. xxxix.

#### 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.

#### Monday, 20 February

INSTITUTE OF DISEASES OF THE CHEST.—6.15 p.m., Dr. I. W. E. English, Mr. P. Ghadiali: Cardiac Arrest.

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—5.30 p.m., combined staff consultation clinical meeting.

ROYAL POSTGRADUATE MEDICAL SCHOOL.—4 p.m., Dr. A. S. McFarlane: Synthesis Rate of Liver-produced Proteins.

#### Tuesday, 21 February

BOLTON AND DISTRICT MEDICAL SOCIETY.—At Gymnasium, Bolton Royal Infirmary, 8.30 p.m., clinical meeting.

BROOK GENERAL HOSPITAL.—At Postgraduate Medical Centre, 2.15 p.m., Mrs. Bianca Gordon: An Aspect of Psychoanalysis in Practical Paediatrics. INSTITUTE OF DERMATOLOGY.—4.30 p.m., Dr. C. O. Carter: Genodermatoses.

LONDON UNIVERSITY.—At Anatomy Theatre, University College, 6 p.m., special university lecture in psychology by Professor P. Fraisse (Paris): The Speed of Perception—I.

**NORTH STAFFORDSHIRE MEDICAL INSTITUTE.**—1.20 p.m., Mr. A. W. Clubb: Antenatal and Postnatal Exercises (demonstrated).  
**ROYAL ARMY MEDICAL COLLEGE.**—5 p.m., Professor B. G. Maegraith: Medical Problems Arising from World Travel and Immigration.  
**ROYAL COLLEGE OF SURGEONS OF ENGLAND.**—5 p.m., Erasmus Wilson demonstration by Dr. F. W. O'Grady: Hydrodynamic Factors in Urinary-tract Infection.

### Wednesday, 22 February

**CAMBRIDGE MEDICAL SOCIETY.**—At Postgraduate Lecture Theatre, Addenbrooke's Hospital, 8.30 p.m., Professor R. S. F. Schilling: What is the Patient's Occupation?  
**INSTITUTE OF DISEASES OF THE CHEST.**—5 p.m., Dr. M. Honey: Pulmonary Hypertension.  
**INSTITUTE OF UROLOGY.**—5 p.m., Mr. R. T. Turner-Warwick: The Contracted Bladder—Pathology and Treatment.  
**LONDON UNIVERSITY.**—At Anatomy Theatre, University College, 6 p.m., special university lecture in psychology by Professor P. Fraisse (Paris): The Speed of Perception—II.  
**MENTAL HEALTH RESEARCH FUND.**—At Edward Lewis Theatre, Middlesex Hospital Medical School, 5.30 p.m., Dr. H. F. R. Precht (Groningen University): Neurological and Behavioural Sequelae of Pre- and Paranatal Brain Damage.  
**OXFORD UNIVERSITY.**—At Nuffield Maternity Home Lecture Theatre, Radcliffe Infirmary, 5 p.m., Dr. F. W. Wright: Radiology of the Tracheobronchial Tree and Associated Structures.  
**ROYAL FREE HOSPITAL.**—5.15 p.m., Dr. F. W. Schmidt (U.S.A.): Enzymes in Liver Disease.  
**ROYAL POSTGRADUATE MEDICAL SCHOOL.**—(1) 10.15 a.m., medical staff round; (2) 11.45 a.m., clinicopathological conference by Professor A. G. W. Whitfield; (3) 2 p.m., Dr. J. Fielding: Problems of Iron Overload.  
**STOKE MANDEVILLE HOSPITAL.**—(1) 12.15 p.m., Dr. A. Stuart Mason: Pituitary Function and Clinical Practice. (2) 6 p.m., Dr. M. Mayne: Diuretics.  
**WHITTINGTON HOSPITAL.**—At Academic Centre, Archway Wing, 11.30 a.m., Professor R. W. Gilliat: Fits and Faints.

### Thursday, 23 February

**ABERDEEN UNIVERSITY FACULTY OF MEDICINE.**—At Large Lecture Theatre, University Medical Build-

ings, Foresterhill, 5 p.m., Professor D. R. Laurance: The Therapeutic Situation.  
**ANGLO-AMERICAN MEDICAL SOCIETY: LONDON GROUP.**—At Chester Beatty Research Institute, London S.W., 8 p.m., Sir Alexander Haddow, F.R.S.: Cancer Research in the U.K. and the U.S.A. Discussion will be opened by Mr. A. Dickson Wright.  
**CHADWICK TRUST.**—At Caxton Hall, London S.W., 5 p.m., Dr. J. Karefa-Smart (W.H.O.): Man and His Environment.  
**FACULTY OF HOMOEOPATHY.**—5 p.m., Dr. W. Lang: Homoeopathy in General Practice.  
**LONDON JEWISH HOSPITAL MEDICAL SOCIETY.**—At 11 Chandos Street, London W., 8.15 p.m., Professor H. Ellis: Diverticular Disease of the Colon.  
**LONDON UNIVERSITY.**—At Senate House, 5.30 p.m., John Coffin memorial lecture by Sir Hans Krebs, F.R.S.: Biological Concepts in Biology.  
**ROYAL POSTGRADUATE MEDICAL SCHOOL.**—5 p.m., Dr. J. Boyle: Use of the Twin Study Method in Clinical Genetics.  
**ROYAL SOCIETY OF HEALTH.**—At Bridewell Hall, 6 Eccleston Street, London S.W., 6.30 p.m., symposium by Dr. I. MacDonald and Miss Susan Knibbs: Therapeutic Diets.  
**ST. ANDREWS UNIVERSITY.**—At Physiology Department Lecture Theatre, Queen's College, 5 p.m., Dr. J. N. Walton: Some Current Concepts of Muscle Disease.  
**ST. MARY'S HOSPITAL MEDICAL SCHOOL.**—At Wright-Fleming Institute Theatre, 5 p.m., Dr. H. P. Ferreira: Some Unusual Gynaecological Tumours.  
**SOCIALIST MEDICAL ASSOCIATION.**—At House of Commons, 7.45 p.m., Dr. S. Sharman: The Drug Menace.  
**WESTMINSTER MEDICAL SCHOOL.**—At Meyerstein Lecture Theatre, 5.15 p.m., Dr. D. N. Matthews: Burns.

### Friday, 24 February

**BROOK GENERAL HOSPITAL.**—At Postgraduate Medical Centre, 5.30 p.m., clinical meeting: Diseases of the Chest.  
**KENT POSTGRADUATE MEDICAL CENTRE AT CANTERBURY.**—At Kent and Canterbury Hospital, 8.30 p.m., Winston Churchill memorial lecture by Mrs. J. Karnicki: Rhesus-affected Foetus, Amniocentesis, and Intrauterine Transfusion.  
**LONDON UNIVERSITY.**—At Anatomy Theatre, University College, 6 p.m., special university lecture

in psychology by Professor P. Fraisse (Paris): The Speed of Perception—III.  
**ROYAL POSTGRADUATE MEDICAL SCHOOL.**—4 p.m., Professor R. H. Greenspan: Pulmonary Embolism Angiocardiology, and Other Diagnostic Aspects.

### Appointments

**BIRMINGHAM REGIONAL HOSPITAL BOARD.**—E. Baijal, M.B., F.R.C.S. (whole-time consultant orthopaedic and traumatic surgeon, West Bromwich and Birmingham (Selly Oak) groups); M. H. Davies, M.B., D.T.M.&H., D.P.M. (whole-time consultant psychiatrist, All Saints' (Birmingham) group); D. J. Parry, M.B., M.R.C.P. (part-time (9 notional half-days weekly) consultant physician to the Lichfield, Sutton Coldfield, and Tamworth group); I. D. Thompson, M.B., F.F.A. R.C.S. (part-time (9 notional half-days weekly) consultant anaesthetist, Coventry group); R. E. Nagle, M.B., M.R.C.P. (part-time (9 notional half-days weekly) consultant cardiologist to the Board of Governors of the United Birmingham Hospitals and the Birmingham (Selly Oak) group); J. L. Marcus, M.B., F.R.C.S.Ed., M.R.C.O.G. (part-time (9 notional half-days weekly) consultant obstetrician and gynaecologist to the Coventry group).  
**EAST ANGLIAN REGIONAL HOSPITAL BOARD.**—I. Ranger, M.S., F.R.C.S. (consultant surgeon, Norwich and Norfolk area).  
**JONES, N. F., M.B., M.R.C.P.** (consultant physician to St. Thomas's Hospital).

**LINCOLN COUNTY: PARTS OF LINDSEY.**—E. W. G. Birch, D.F.M., M.B., D.P.H. (county medical officer of health and principal school medical officer for the administrative county of Kesteven); I. D. McIntosh, M.B., D.P.H. (deputy county medical officer of health and deputy principal school medical officer).

**MANCHESTER REGIONAL HOSPITAL BOARD.**—D. M. Keane, M.B., F.F.A. R.C.S.I. (whole-time or maximum part-time consultant anaesthetist, Preston and Chorley group of hospitals); J. A. Whitehead, M.B., D.P.M. (whole-time or maximum part-time consultant psychiatrist and deputy medical superintendent (or director), Prestwich Hospital, Manchester); F. I. Lee, M.B., M.R.C.P. (whole-time or maximum part-time consultant physician, Blackpool and Fylde group of hospitals); F. A. Best, M.D., M.R.C.O.G. (whole-time or maximum part-time consultant obstetrician and gynaecologist, Blackpool and Fylde group of hospitals); R. H. L. Brown, M.B., F.R.C.S. (whole-time consultant traumatic and orthopaedic surgeon, Stockport and Buxton group of hospitals); J. T. Leeming, M.D., M.R.C.P. (whole-time consultant physician in geriatrics, South Manchester group of hospitals, with duties at Cranford Lodge Hospital, Knutsford).

**MINISTRY OF OVERSEAS DEVELOPMENT.**—K. Arthur, M.B., F.F.R. (radiologist (therapist) to the Government of Jamaica for a period of three years).

**NEWCASTLE REGIONAL HOSPITAL BOARD.**—A. Blesovsky, M.B., F.R.C.S. (consultant in cardio-thoracic surgery, regional service); D. T. Pearson, M.B., F.F.A. R.C.S., M.R.C.P. (consultant in anaesthetics, Newcastle); W. Simpson, M.B., F.F.R. (consultant in radiology, Newcastle).  
**NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.**—G. Dutton, M.D. (physician superintendent, South Ockendon group of hospitals); P. Gortvai, M.B., M.Chir., F.R.C.S. (consultant neurosurgeon to Romford group of hospitals).

**NORTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.**—B. G. Adams, M.Sc., M.B., M.R.C.P., D.P.M. (consultant psychiatrist at Friern Hospital, University College Hospital, and to the London Borough of Camden); M. Swann, M.B., F.R.C.S. (consultant traumatic and orthopaedic surgeon at Wexham Park, Heatherwood, King Edward VII, and Maidenhead Hospitals); T. D. Anderson, M.B., F.R.C.S., M.R.C.O.G. (consultant obstetrician and gynaecologist at King Edward VII and Canadian Red Cross Memorial Hospitals); A. R. Moore, L.R.C.P., M.C.Path., D.T.M.&H. (consultant clinical pathologist, Queen Elizabeth II Hospital); Elizabeth E. Davies, M.B. (consultant in morbid anatomy and cytology at Elizabeth Garrett Anderson Hospital); G. L. Mills, M.B., M.R.C.P.Ed. (consultant physician in charge of Geriatric Services in the Central Middlesex Group of Hospitals); Y. M. Chaikin, M.B. (assistant psychiatrist (medical assistant grade) at Leavesden Hospital).

**SOUTH-WESTERN REGIONAL HOSPITAL BOARD.**—M. J. Grayson, M.D., M.R.C.P. (consultant physician, Plymouth clinical area); G. M. B. Bulman, M.B., F.R.C.S. (consultant in orthopaedic and traumatic surgery, West Cornwall clinical area); I. D. Fraser, M.D., M.C.Path. (consultant pathologist, South Somerset clinical area); J. B. Gordon-Russell, M.B., M.R.C.P., M.A.N.Z.C.P., D.P.M. (consultant psychiatrist, Bristol clinical area (Hortham/Brentry group of hospitals for the subnormal); R. V. Stephenson, M.B., M.R.C.O.G. (consultant in obstetrics and gynaecology, Yeovil/Sheborne areas (joint appointment with Wessex R.H.B.)); D. P. C. Williams, M.B., F.R.C.S.Ed., D.L.O. (consultant in E.N.T. surgery, Bristol clinical area).  
**UNITED BIRMINGHAM HOSPITALS.**—R. L. Edwards, M.Sc., M.B., F.R.C.S.Ed., F.R.C.O.G. (part-time consultant obstetrician and gynaecologist); J. Inslay, M.B., M.R.C.P.Ed., D.C.H. (part-time consultant paediatrician); J. Stuart, M.B., M.R.C.P.Ed. (whole-time consultant haematologist).

## New Issues of Specialist Journals

Obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London W.C.1.

### BRITISH JOURNAL OF PHARMACOLOGY AND CHEMOTHERAPY

The contents of the January issue are as follows:

- Lacrimal Secretion in the Cat.** J. M. Elsby and H. Wilson.  
**Modification of Pressor Effects of Some Vasoactive Polypeptides in the Rat by Guanethidine Propranolol and Related Agents.** E. Miele and G. De Natale.  
**Influence of Molecular Weight and Structure on the Vascular Permeability Responses Induced by Glucose Polymers in Rat Skin.** J. M. Harris, D. K. Luscombe, and R. H. Poyser.  
**Some Data on Two Purified Kininogens from Human Plasma.** S. Jacobsen and M. Kriz.  
**Role of Catecholamines and the Chemoreceptor Trigger Zone in Reserpine Induced Emesis.** K. P. Bhargava, K. S. Dixit, and G. P. Gupta.  
**Intracarotid Injections and Infusions of Cholinomimetic Drugs and Their Antagonists in Conscious Dogs.** P. S. R. K. Haranath, K. Sunanda-Bai, and H. Venkatakrishna-Bhatt.  
**Role of Hageman Factor in the Activation of Guinea-pig Pre-kallikrein.** G. E. Davies, G. Holman, and J. S. Lowe.  
**Occurrence of Dopamine and Noradrenaline in the Nervous Tissue of Some Invertebrate Species.** G. A. Cottrell.  
**The Central Stimulant Properties of Some Substituted Indolylalkylamines and  $\beta$ -Carbolines and Their Activities as Inhibitors of Monoamine Oxidase and the Uptake of 5-Hydroxytryptamine.** A. W. Lessin, R. F. Long, and M. W. Parkes.  
**Possible Role of Lecithin in the Development of the Slow Muscle Contracting Activity of Human Plasma.** Y. Gabr and N. Amin.  
**Action of Barbitone on *Aerobacter aerogenes* (*Klebsiella aerogenes*).** A. C. R. Dean and D. A. Moss.  
**Effect of Reserpine and Monoamine Oxidase Inhibition on the Uptake and Subcellular Distribution of  $^3\text{H}$ -Noradrenaline.** E. Stitzel and P. Lundborg.  
**Relationship Between the Penetration of Tryptamine and 5-Hydroxytryptamine into Smooth Muscle and the Associated Contractions.** R. E. Handschumacher and J. R. Vane.

Volume 29, No. 1. Yearly subscription (9 numbers) £15 15s., abroad £16 10s.

### MEDICAL AND BIOLOGICAL ILLUSTRATION SPECIAL HUMAN MORPHOLOGY ISSUE

Contents of the January issue are as follows:

- Museum Preparations of the Segments of the Human Lung.** D. H. Tompsett.  
**Tooth Transillumination with Laser Radiation.** T. Kinersly, J. P. Jarabak, N. M. Phatak, and J. DeMent.  
**Anatomical Models in Wax.** R. L. West.  
**Line Slides by Colour-coupling.** Roger T. Fletcher.  
**The Face in Hypothyroidism.** W. H. Lloyd and C. Mawdsley.  
**Evolution of a System of Stereophotogrammetry for the Study of Facial Morphology.** L. F. H. Beard and P. H. Burke.  
**The Knee Ligaments as Determinants of Trochleocondylar Profile.** I. A. Kapandji.  
**A Photographic Study of Finger Nails.** Klaus Lewin and Richard Morton.  
**Weaver, Tailor, or Shoemaker? An Osteological Detective Story.** Calvin Wells.  
**Solid Casts of the Urinary Bladder.** John C. Brocklehurst.  
**Variation of the Sacroiliac Union.** Mildred Trotter.  
**Equipment and Methods. Journal Abstracts. Book Reviews. Motion Pictures and Other Media. Reports and Proceedings.**

Volume XVII, No. 1. Yearly subscription (4 numbers) £3 3s., abroad £3 10s.

## Universities and Colleges

## OXFORD

The Schorstein Research Fellowship in Medical Science, 1967, has been awarded to R. I. Woods (St. John's College).

## CAMBRIDGE

M.B.—\*H. M. Palmer, \*P. Randell, \*P. G. Cutler, \*A. B. T. Heng, \*R. F. Kemp, \*A. A. Warner, G. S. Acheson, R. M. Greenhalgh, S. Worthington, J. H. Dowson, N. T. James.

\*By proxy.

## EDINBURGH

Appointment.—Dr. A. L. Muir (lecturer, Department of Medicine).

## LONDON

The following have been nominated for appointment or reappointment as representatives of the University on the governing bodies indicated in parentheses: Sir John McMichael, F.R.S. (Hammersmith and St. Mark's Hospital); Professor J. Yudkin (College of All Saints, Tottenham).

The following have been recognized as teachers of the university in the subjects indicated in parentheses: *Middlesex Hospital Medical School*, Dr. J. F. Arthur, Dr. D. St. J. Brew (pathology), Dr. P. A. J. Ball (medicine), Dr. Anne Bolton, Dr. A. Shapiro, Dr. E. Wolf (psychiatry), Dr. R. J. K. Brown (paediatrics), Dr. R. D. Catterall (venereal diseases), Mr. I. H. Griffiths, Mr. J. A. P. Marston, Mr. W. W. Slack (surgery), Dr. S. Mattingly (physical medicine), Dr. R. H. Meara (dermatology), Dr. I. R. Verner, Dr. W. K. Pallister (anaesthetics), Dr. E. J. Parker-Williams (haematology), Dr. J. N. Pattinson (radiology), Mr. N. Thompson (plastic surgery), Dr. C. G. Whiteside (diagnostic radiology), Dr. P. F. Heffron (pharmacology). *Guy's Hospital Medical School*, Dr. M. E. Abrams, Dr. H. Keen (Medicine). *Institute of Diseases of the Chest*, Dr. L. H. Capel, Dr. Margaret E. H. Turner-Warwick (medicine), Dr. J. H. Gough (radiology), Dr. M. Honey (cardiology). *King's College Hospital Medical School*, Dr. J. R. Garrett (oral pathology), Dr. E. B. D. Hamilton (physical medicine), Dr. I. S. Kreeger (psychological medicine), Dr. J. H. Sowray (dental surgery). *St. Thomas's Hospital Medical School*, Dr. J. E. Banatvala (medical microbiology), Dr. R. A. Stockwell (anatomy). *St. Mary's Hospital Medical School*, Dr. A. F. Lever (medicine). *St. George's Hospital Medical School*, Mr. A. G. Amias (obstetrics and gynaecology). *St. Bartholomew's Hospital Medical College*, Dr. T. B. Boulton (anaesthetics). *Institute of Ophthalmology*, Dr. J. Harry (pathology). *Institute of Laryngology and Otology*, Mr. K. G. Rotter (otorhinolaryngology). *Institute of Orthopaedics*, Dr. J. T. Scales (orthopaedic surgery). *Institute of Cardiology*, Dr. G. E. Sowton (cardiology). *King's College*, Dr. D. C. Quantock (anatomy).

## BIRMINGHAM

Professor D. V. Hubble has been appointed to the Scientific Advisory Panel of the National Fund for Research in Poliomyelitis and Other Crippling Diseases.

Titles conferred as indicated in parentheses: Dr. P. P. Brown, consultant bacteriologist to the United Birmingham Hospitals, from 17 October 1966 (university clinical lecturer); Dr. J. M. Small, part-time consultant neurologist to the United Birmingham Hospitals and the Birmingham Regional Hospital Board, from 1 January 1967 (university clinical lecturer). Dr. J. McN. Inglis, Dr. G. A. Rawlins, and Dr. B. H. Smith, consultant anaesthetist to the United Birmingham Hospitals (honorary lecturers in the Department

of Anaesthetics). Dr. M. E. H. Barrow, consultant anaesthetist to the United Birmingham Hospitals, who is undertaking research into the sterilization of anaesthetic equipment and a study of anticholinesterase and anticurare effects of some cholinesterase inhibitors (honorary research fellow for the period of his work in the university Department of Anaesthetics); Dr. J. S. Skilton, surgical registrar in the United Birmingham Hospitals, who is working on a part-time basis investigating the mechanism of vitamin-B<sub>12</sub> absorption in the alimentary tract (honorary research fellow for the period of his work in the university in the Department of Anatomy); Dr. J. D. Goode, Arthritis and Rheumatism Council Research Fellow, who is working on a study of hyaluronic acid in the synovial fluid of patients with rheumatic disorders (honorary research fellow for the period of his work in the university in the Department of Medicine); Dr. T. D. Gillund, who is investigating the pulmonary vasculature in interstitial fibrosis and various aspects of pulmonary hypertension (honorary research fellow for the period of his work in the university in the Department of Pathology); Dr. B. Radmanović, who holds a Riker Fellowship and who is working on the role of bradykinin in functional vasodilatation in salivary glands (honorary research fellow for the period of his work in the university in the Department of Physiology).

Appointments.—Mr. C. P. de Fonseca (senior research fellow, Department of Transportation and Environmental Planning); Dr. B. J. Smits (clinical tutor in medicine for dental students for the session 1966-7); Dr. J. W. Dale (lecturer, Department of Social Medicine); Dr. M. W. Moncrieff (lecturer, Department of Paediatrics and Child Health); Dr. W. Weiner (senior research fellow, Department of Surgery); Mr. M. H. M. Harrison (part-time lecturer, Department of Orthopaedic Surgery).

## ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council on 9 February, with Professor Hedley Atkins, president, in the chair, elections to the Honorary Fellowship of Professor E. Husfeldt (Copenhagen), Professor F. Linder (Heidelberg, West Germany), Professor Francis D. Moore (Harvard Medical School Department of Surgery), and Professor J. T. Priestley (Mayor Clinic, Rochester, Minnesota) were reported.

The first Sir Arthur Keith Medal was presented to Professor Arnold Sorsby, in recognition of his outstanding services to ophthalmology and to the College.

Mr. A. E. Stevens (Reigate) was admitted to the Fellowship *ad eundem*.

The death of Professor F. C. Ormerod (past member of the court of examiners) was reported with deep regret.

The Handcock Prize was awarded to Dr. P. R. Kirby (Guy's Hospital Medical School).

Professor Leslie Pyrah (Leeds) was appointed as the representative of the College on the Court of the University of Bradford.

Diplomas of Fellowship were granted to L. A. De Sousa, S. M. Zaki, and P. N. Satsangi.

Diplomas of Membership were granted to J. C. Campbell-Macdonald, N. Cumarasamy, R. Elliot-Pyle, P. D. Gooder, and A. Kumar.

## ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

The Queen, Patron of the College, accompanied by the Duke of Edinburgh, honoured the College by attending a reception in June 1966. To commemorate this signal occasion in the history of the College the following have been offered and have accepted the Honorary Fellowship:

Sir Robert Aitken, vice-chancellor of the University of Birmingham; Professor W. B. Castle, professor of medicine, Harvard University; Professor R. V. Christie, professor of medicine, McGill University; the Rt Hon. Lord Cohen

of Birkenhead, president, General Medical Council, formerly professor of medicine, University of Liverpool; Professor P. C. C. Garnham, F.R.S., professor of medical protozoology in the University of London; Sir Pe'er Medawar, F.R.S., director, National Institute for Medical Research, Mill Hill, London; Sir A. Lakshmanaswami Diwan Bahadur Mudaliar, vice-chancellor, the University of Madras; Dr. K. B. Noad, formerly president of the Royal Australasian College of Physicians and honorary director, Northcott Neurology Centre, Sydney; Professor C. Rimington, F.R.S., professor of chemical pathology, University College Hospital Medical School, London; Sir George Pickering, F.R.S., regius professor of medicine, Oxford University; Sir Charles Symonds, K.B.E., Air Vice-Marshal, R.A.F.V.R., consulting physician emeritus for nervous diseases, Guy's Hospital, London; consulting physician emeritus, the National Hospital, Queen Square, London.

## Deaths

Breese.—On 31 January 1967, in Northampton General Hospital, Maurice Charles Breese, M.R.C.S., L.R.C.P., of Havensham Grange, aged 75.

## Marriages

Hill—Wescott.—On 21 January 1967, in Boston, Massachusetts, U.S.A., Mr. Edward W. Hill to Dr. D. Ann Wescott, F.F.A. R.C.S.

## Corrections

We much regret that in our Special Correspondent's account of the M.R.C. Industrial Injuries and Burns Research Unit at Birmingham (11 February, p. 356) there were some errors of fact and interpretation. In particular, we regret that Professor William Gissane was incorrectly entitled. We omitted to state that Dr. R. B. Bourdillon was concerned with Dr. Leonard Colebrook in devising the special dressing station. The devising of the micro-respirometer should have been attributed to Dr. C. N. D. Cruickshank, previously a member of this M.R.C. Unit and now director of the M.R.C. Unit for Research on the Experimental Pathology of the Skin. Dr. C. R. Ricketts should have been described as a member of the M.R.C. Industrial Injuries and Burns Research Unit.

In an answer to a question on acquired koilonychia ("Any Questions?" 4 February, p. 287) the second part of the penultimate sentence should have read "... in these cases the curvature is due to softening of the nail instead of thinning," and not "... shortening of the nail."

In the Today's Drugs article on gentamicin (21 January, p. 158) it was stated that this drug was marketed by British Schering Ltd., under the name of Gentacin. We regret that we did not state that it is also marketed by Roussel Laboratories Ltd. under the name of Cidomycin. This preparation is available in the form of both topical preparations (cream and ointment 0.3%) and an injectable solution containing 40,000 units per ml.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Aitiology*, London W.C.1. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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