H. STANSFIELD COLLIER, F.R.C.S.,

Formerly Surgeon to St. Mary's Hospital and the Hospital for Sick Children, Great Ormond Street.

HORACE STANSFIELD COLLIER, who died on February 26th, will be remembered with affection and gratitude by many of his contemporaries at St. Mary's Hospital and at the Hospital for Sick Children, Great Ormond Street. He was a student of St. Mary's Hospital, and before qualifying in 1888 decided upon surgery for his future career. The enthusiasm and energy displayed in his work were remarkable, and it is feared were the cause of his early breakdown in health at a time when he had risen to a high position in the surgical world of this country. He was demonstrator of anatomy at St. Mary's Hospital from 1894 to 1898, and surgical tutor from 1897 to 1902. In 1897 he was elected to the staff of St. Mary's Hospital as assistant surgeon, and shortly after this was appointed to the surgical staff of the Great Ormond Street Hospital. He did a colossal amount of surgery during the period 1897-1911, and completely overtaxed a constitution that was none too strong—his health giving way in 1911, which necessitated his retirement from hospital practice.

Stansfield Collier was a man of most lovable disposition and attractive personality. He gathered round him a host of friends among his colleagues, students, and the practitioners with whom he became associated. His generous disposition always made him thoughtful of the future careers of those junior to him, whether in surgery, medicine, or any of their branches, and he spared no effort to help and encourage them in their early struggles. There are many occupying high positions in the medical profession today whose successful careers were largely due to the helping hand extended to them by Stansfield Collier. His career as a surgeon was meteoric. The brilliancy of his diagnosis and operative skill soon made him known far outside the confines of the hospitals with which he was associated. He speedily acquired a very large practice and was in great demand all over England. He was a man of great originality, both in operative technique and in the scientific after-treatment of his cases. He spared no effort, however desperate the situation might be, and he never gave up hope, so that on many occasions most remarkable recoveries resulted in apparently hopeless cases. One example may be mentioned. A gymnastic instructor in the army fell in the course of his exercises and fractured the sixth and seventh cervical vertebrae. He lay completely paralysed for some months. Collier performed the operation of laminectomy, removing the broken fragments of bone pressing on the cord. This patient made a complete recovery and afterwards became the faithful chauffeur to his surgeon until his retirement from practice.

Stansfield Collier was a brilliant and attractive teacher, and was held in the highest esteem by the large number of students who attended his lectures and tutorial classes in surgery. He wrote many original articles, which appeared in the medical journals.

W. H. WILLCOX.

Universities and Colleges.**UNIVERSITY OF CAMBRIDGE.**

At a congregation held on March 8th the following medical degrees were conferred:

M.B., B.CHIR.—C. J. Owen, J. R. S. Webb, C. G. Windsor.
M.B.—G. W. Pickering.
B.CHIR.—C. F. Brockington.

UNIVERSITY OF LONDON.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE.

Division of Tropical Medicine and Hygiene.

THE following passed the examination at the termination of the eighty-seventh term (October, 1929-February, 1930):

*W. C. Davidson (Duncan medal), *C. J. Hackett, *N. M. MacLennan, *J. T. Forley, *J. H. Strahan, *W. K. Stratman-Thomas, F. Adam, C. R. Adgie, R. C. Affleck, J. J. Black, R. C. Burgess, A. D. Cust, J. Czarkowska, R. M. Dowdeswell, E. Egan, A. P. Farmer, A. M. Fratell, P. V. Gharpure, F. W. Gilbert, D. E. Gowenlock, A. B. Grey, D. B. L. Harris, C. C. Holm, W. J. Hutchinson, P. D. Johnson, G. Kinnerd, W. H. Knedler, S. L. Kocher, B. Krishna, W. R. Little, N. N. Lowther, A. F. Mackay, E. K. Malone, W. A. Mirza, Z. Miterstein, G. M. C. Powell, W. Scott, S. H. Swift, W. H. Thyne, G. E. Tilsley, E. A. Trim, L. E. Vine, B. E. Washburn, K. L. Wig, C. T. Williams, F. Williams.

* With distinction.

Medical Notes in Parliament.

[FROM OUR PARLIAMENTARY CORRESPONDENT.]

THE House of Commons this week discussed unemployment, fiscal policy, and various Supplementary Estimates. On March 11th, in committee on the Coal Mines Bill, the Government was defeated by 274 votes to 282. Mr. MacDonald announced that consideration of the bill would continue. No dissolution of Parliament is contemplated.

The Parliamentary Medical Committee met on March 11th, Dr. Salter presiding. It accepted an invitation by the recently formed Scientific Section of Parliament, of which Lord Rayleigh is chairman and Major Church secretary, for a joint meeting to discuss the disposal of refuse and sewage. It also invited the Scientific Section to attend an address on medical science and industry, to be delivered by a spokesman from the London School of Hygiene and Tropical Medicine.

At the same meeting the Parliamentary Medical Committee was addressed by Sir Malcolm Delevingne on control of the narcotic drug traffic by the League of Nations. He reviewed the opium traffic in China, which, with the breakdown of the Government, had much increased, and was encouraged by the military commanders. He also surveyed the traffic in refined derivatives in Europe and America, commenting on the low proportion of addicts in the United Kingdom. He said this country was interpreting the law in its spirit, whereas certain Continental countries followed the letter. The League of Nations was recommending a model administrative code to signatories of the Opium Convention.

Mental Treatment Bill.

COMMITTEE STAGE CONTINUED.

The Mental Treatment Bill was further considered by a Standing Committee of the House of Commons on March 6th. The committee resumed discussion of Clause 2, which provides for the notice of the reception, death, or departure of voluntary boarders, and makes provisions as to boarders who become incapable of volition. On the motion of Mr. ARTHUR GREENWOOD Subsection 3 was amended so as to substitute another form of words for "incapable of volition." The Minister said that when his amendment was made the subsection would read:

"If any person received as aforesaid becomes at any time incapable of expressing himself as willing or unwilling to continue to receive treatment, he shall not thereafter be retained as a voluntary patient for a longer period than one month, and shall, if he has not been previously discharged, be discharged on the expiration of twenty-eight days from the date on which he became incapable of so expressing himself, unless in the meantime he has again become capable of so expressing himself or steps have been taken to deal with him either under the principal Act as a person of unsound mind or under Section 5 of this Act as a person who is likely to benefit by temporary treatment."

The Minister said the new words "expressing himself as willing or unwilling to continue to receive treatment" had been carefully considered in the light both of the medical and of the legal issues involved, and the term "incapable of volition" would disappear from the bill entirely. Certain other amendments would have to be made in later clauses of the bill.

Sir BOYD MERRIMAN withdrew the amendment he had moved at the previous sitting to cover the same point, and the committee agreed to Mr. Greenwood's amendment, although Mr. Charles Williams added a warning that it might have to be reconsidered on report.

Dr. FREMANTLE moved to amend Subsection 3 further by substituting "six months" for "one month" as the period during which a voluntary patient might be retained after becoming incapable of expressing willingness to continue treatment. He said medical experience did not hesitate to say that one month was not long enough to give the patient in which to change his condition without having to be certified or discharged. This was the definite experience of the medical superintendents and of the London County Council. In its Maudsley Hospital that Council had unique experience in treating cases which were medically described as "ins and outs." These cases were very common, and under suitable conditions, such as those at Maudsley Hospital, they recovered, but very seldom did so within a month. When a patient was very melancholic and submitted to voluntary treatment, but after a short time lost volition, such a patient required three months or more to recover, and the general experience of Maudsley Hospital was that six months was required. Parliament wished to prevent the certifying as a lunatic of a woman who had an attack of mental disorder during confinement or afterwards, and who, coming in as a voluntary boarder, lost volition but recovered it after three months. Under the bill as it stood she would be treated under the Lunacy Act.

Mr. GREENWOOD said the committee must remember that it was dealing with people who of their own free will went into an institution as voluntary patients. It would be very serious to