that this tendency should be checked. The Red Cross societies are peculiarly suited to undertake this task. In this connexion the committee also drew attention to the confusion which often results from the use of different coloured cards, in different countries, for donors of particular blood-groups, and urged the adoption of a uniform system.

The necessity of revising first-aid training so as to meet the new types of emergency resulting from modern methods of warfare was emphasised by many delegates, and the interesting suggestion was made that the league should consider the possibility of establishing an international first-aid certificate for those who passed the necessary tests.

The possibility of utilising the services of Red Cross members in reablement and in the aftercare of the tuberculous attracted great interest. It was felt that there is a big range of useful activities which could be undertaken by the Red Cross in helping to provide comforts and diversionary handicrafts for the homebound and for long-stay patients in hospitals and sanatoria, in assisting nurses, occupational therapists, and health visitors in the discharge of their skilled work on behalf of such patients, and possibly in taking a share in staffing reablement centres and tuberculosis colonies. A full report on this subject is to be prepared, and a memorandum published on the various forms of service which Red Cross members could render. During the conference special visits were paid to the reablement departments associated with the Wingfield-Morris Orthopædic Hospital, the Ripon Hall Annexe for Peripheral Nerve Injuries, and the Papworth Tuberculosis Colony, and films were shown illustrating work done in Royal Air Force centres and at Roehampton. Delegates from most countries were unfamiliar with the developments which have taken place in this direction. Other interesting visits were also paid to the British Red Cross Rheumatism Clinic and to a blood-transfusion depot.

Throughout the conference reference was repeatedly made to the need for better interchange of information on such subjects as the prevention and treatment of infectious disorders, the treatment of serious accidents, and the combating of shock. A meeting of experts in First Aid and Traumatic Surgery is to be convened in 1947 or 1948, and the possibility of holding a conference on Infectious Diseases, and of establishing an *International Health Review*, was submitted to the league secretariat for further study.

UROLOGICAL SURVEY OF BRITAIN

THE British Association of Urological Surgeons has issued a statement of the principles which should govern the distribution and organisation of the national urological service which must be an essential part of the new National Health Service scheme. The statement is confined to a short general outline of the problem; but the association has access to further information, and is prepared to coöperate fully with the Ministry through the Royal College of Surgeons in examining details and in making specific recommendations.

PRINCIPLES

Three main points are made at the outset: (1) that urology is a highly developed, and from the point of view of equipment an expensive, specialty; (2) that specially trained nurses are needed both before and after operation; and (3) that a considerable proportion of urological patients first seek medical assistance because of urgent conditions. It follows therefore that urological departments cannot be provided in every hospital and must be limited to large central hospitals; but the staffs of certain smaller hospitals must include surgeons competent to render the correct immediate treatment for urgent cases and to decide when it is necessary to transfer patients to a fully equipped and fully staffed urological department. The policy should be to bring the patient to the specialist and not the specialist to the patient. At the same time it is not thought possible or desirable that all cases of genito-urinary diseases should be under the direct control of urologists: their aim should be to raise the standard of urological surgery and to be available for consultation.

In applying these principles to general recommendations for the number and distribution of urological departments, the association has encountered a common difficulty—namely, the confusion of terms to distinguish the different grades of hospitals. It divides all hospitals into four grades: (1) the university centre (containing a medical school); (2) area group hospitals; (3) area hospitals; and (4) sub-area hospitals (which include all smaller institutions). One or more urological departments should be included in every university centre, and one in certain of the area group hospitals. "Each area hospital should contain the necessary equipment and be able to obtain the services of surgeons competent (*a*) to deal with urological emergencies, (*b*) to carry out the preliminary investigations necessary for initial diagnosis of urological disease, thereby ensuring that suitable cases receive specialised treatment and avoiding unnecessary transfer of cases which do not require it, (*c*) to undertake routine treatment when conditions are favourable." In remote districts certain sub-area hospitals should have similar facilities.

DEPARTMENTAL STAFFS

The training of surgeons and nurses in urology will mainly be concentrated in the university centre; it may also be undertaken in any urological department, but not elsewhere. A urologist should have received training, and gained experience, in general surgery, and should hold a higher qualification in surgery. It is not essential that he should be engaged solely in urology. This attitude of refusal to regard urology as a narrow and exclusive specialty is further reflected in a recommendation that the general practitioner who has referred a patient to a special clinic should be encouraged to follow closely his subsequent progress. A doctor cannot retain interest in a subject of which he has little knowledge; and ignorance may lead to a fatal error in early diagnosis.

The staff of a department should be headed by a chief urologist who, in certain university centres, should be appointed to a chair (but not necessarily on a whole-time basis). He should be available for consultation not only with colleagues in the hospital containing his department but in associated special and general hospitals and sanatoria throughout his region. There should be a staff of assistants, anæsthetists, and specially trained male and female nurses; and a physician interested in urological diseases should be associated with the department. Good pathological and radiological services and a follow-up department are also essential. Research should be mainly concentrated in the university centres.

In those hospitals where a limited amount of urology is done but in which there is not a complete department, there would be an assistant urologist who might be seconded for a period from the staff of a university centre. At non-urological hospitals in remote districts special outpatient sessions might be arranged for which a visiting urologist would attend.

Emphasis is laid on the need for accommodation and nursing by the many elderly patients who are disabled by urological disease and who require protracted attention and supervision. It is unnecessary for most of these to be retained continuously in urological departments, and they should be accommodated elsewhere.

INFECTIOUS DISEASE IN ENGLAND AND WALES

WEEK ENDED JULY 20

Notifications.—Smallpox, 0; scarlet fever, 936; whooping-cough, 2474; diphtheria, 247; paratyphoid, 20; typhoid, 6; measles (excluding rubella), 3783; pneumonia (primary or influenzal), 380; cerebrospinal fever, 49; poliomyelitis, 10; polio-encephalitis, 1; encephalitis lethargica, 1; dysentery, 60; puerperal pyrexia, 133; ophthalmia neonatorum, 66. No case of cholera or typhus was notified during the week.

Deaths.—In 126 great towns there were no deaths from enteric fever or scarlet fever, 3 (0) from measles, 4 (1) from whooping-cough, 1 (0) from diphtheria, 36 (2) from diarrhœa and enteritis under two years, and 2 (0) from influenza. The figures in parentheses are those for London itself.

Liverpool reported 11 deaths from diarrhœa and enteritis.

The number of stillbirths notified during the week was 241 (corresponding to a rate of 26 per thousand total births), including 31 in London.