could never have been so complete. His superb courage and cheerful optimism in the face of adversities, among which his blindness was the most perplexing, were astonishing. What he might have accomplished without this affliction, nobody can tell. As it was, his married life was singularly happy and full, he had a host of friends, few if any were his enemies, and his epitaph may well be summarized in three simple words —loving, lovable, loved.

H. S. VAN KLOOSTER

RECENT DEATHS

DR. HENRY GRAY BARBOUR, professor of pharmacology and toxicology in the School of Medicine of Yale University, died on September 23 at the age of fifty-seven years.

THE death at the age of sixty-nine years is announced of Dr. Umetaro Suzuki, known for his work on vitamins. Dr. Suzuki was president of the Scientific Research Institute of Manchukuo and professor emeritus of Tokio Imperial University.

SCIENTIFIC EVENTS

VISIT TO THE U.S.S.R. OF BRITISH SURGEONS

IT is reported in the *British Medical Journal* that the four British surgeons who had been paying a three-weeks visit to Soviet Russia attended a reception given in their honor by the British Council immediately upon their return, and gave the assembled company some account of their experiences. This British mission was sponsored jointly by the British Council and the Medical Research Council, and its members were Surgeon Rear-Admiral G. Gordon-Taylor, consulting surgeon to the Royal Navy; E. Rock Carling, consultant adviser to the Ministry of Health, the Ministry of Home Security and the Ministry of Pensions; Major-General D. C. Monro, consulting surgeon to the British Army (War Office); and R. W. Watson-Jones, civilian consultant in orthopedic surgery to the Royal Air Force. Two American surgeons, Lieutenant-Colonel Elliott and Lieutenant-Colonel Loyal Davis, and a Canadian surgeon, Professor Wilder Penfield, accompanied them.

The visitors during their short stay in Russia inspected hospital arrangements as far forward as Vyazma on the Western front, visited the clearing field and mobile hospitals, and inspected the medical institutes and depots in Moscow. They found the organization of Russian medical services excellent. In their surgical work the Soviet medical service, with some differences in detail, follows the same general principles as those accepted in British war surgery, and has reached the same conclusions. The commissar in charge of the service stated that at the time of the last war the Russians realized that their arrangements were not as good as those of their allies, and during the twenty-five years between the two wars they have set themselves to reach a standard of medical and surgical work which will bear comparison with that of any other belligerent country.

Two points impressed the mission very greatly. One was the system of blood transfusion, which is carried out on a colossal scale. The arrangements for the collection of blood are beyond criticism, and the number of voluntary donors is very large. In one institution in Moscow a daily average of 500 to 800 donors are bled, and 90 per cent. of them are women. No woman is allowed to be bled more than seven times a year, but in practice, so large is the number of volunteers, they are not bled more than five times. They receive extra rations and also payment, but four fifths of the money received is returned for war purposes. The same procedure is followed as in this country in the use of plasma and serum. In no circumstances has the Russian Army lacked transfusion blood.

As for the medical personnel, the chief of the medical services of the Russian Army, General Smirnov, is thirty-five years of age, and an expert opinion on him given by an academician was that he not only was an admirable administrator but was held in the highest regard by his colleagues from the professional point of view. The medical service is becoming a woman's service; 90 per cent. of the doctors now under training are women, as compared with 50 per cent. in peacetime. For doctors in Russia the ordinary course before the first state qualification is five years, which is comparable with the British requirement. It takes three years to get a bachelorship and three more years to get a doctor's degree. Nurses had three years' training before the war, and this is now reduced to two years.

The Russian nurse evoked the great admiration of the visitors. Not only is she excellent at the job for which she has been trained, but she can turn her hands in spare time to any employment, even to building hospitals, involving cutting down trees, squaring timber, making window and door frames, digging out foundations. She is specially expert in the art of camouflage.

The visitors made as extensive an inspection as was possible during their brief stay. They saw something of the research institutes and medical organization in Moscow, where the civil defence and ambulance ar-

rangements impressed them. Five telephone operators are detailed every night to deal with emergency medical or surgical calls from any part of the city, and within two minutes of the receipt of the call a well-equipped ambulance, with doctor, nurse and orderly, is on its way.

RESTORATION OF THE MUSEUM OF THE ROYAL COLLEGE OF SURGEONS[1]

THE wrecking of the greatest pathologic and anatomic museum in the world—that of the Royal College of Surgeons—by German bombs has been described previously (The *Journal*, July 8, 1941, p. 58; February 28, 1942, p. 747). Nearly two thirds of the specimens were destroyed, including much that was irreplaceable, such as the Hunterian collection. Within a few weeks the council of the college set up a committee under the chairmanship of Professor Grey Turner to plan a new museum based on the surviving specimens and the traditions of the old but adapted to present conditions, which differ vastly from those of a hundred and fifty years ago when the museum was founded by the government's purchase of John Hunter's great collection. The museum was then the only one of the kind, but now every medical school has formed its museum. The museum will be devoted to the development, structure and functions of man and his diseases. Comparative anatomy will be retained only as far as it throws light on the anatomy and functions of the human body in health and disease. Anthropology will be retained, but greater discrimination will be used in this subject. The Hunterian collection will be restored as far as possible by replacement of the destroyed specimens and by making copies of models based on records, illustrations or recollection. It will not be separately exhibited but distributed among the appropriate sections.

It is recommended that the museum shall consist of two sections—anatomy and pathology—and that the council shall establish chairs for the control of these: chairs of human and comparative anatomy and human and comparative pathology. For reconstituting the series of anatomic dissections the committee has obtained the help of leading teachers of anatomy. The object is to display the structure of the body from every possible aspect and at all ages, comprising normal (including microscopic) anatomy, topography and applied anatomy, surgical anatomy, embryology and senile changes. Restoration of the pathologic collections offers less difficulty. Selected members of the Royal Society of Medicine are being organized to make a systematic collection. Regional pathology will be developed primarily for the expert, as the needs of the student are largely met by the museums of the medical schools. There will be sections of military surgery, forensic medicine and industrial diseases; also a historical section, which will include Hunterian and post-Hunterian relics, and one devoted to the evolution of modern surgical instruments. A new feature is a series of x-ray films or lantern slides of films and exceptional cinematographic films of surgical conditions and operations.

[1] The *Journal* of the American Medical Association.

RARE CHEMICALS

THE following chemicals are wanted by the National Registry of Rare Chemicals, Armour Research Foundation, 33rd, Dearborn and Federal Streets, Chicago, Ill.:

1. Sodium sulforicinate
2. Borneolglucuronic acid
3. p-Dimethylaminobenzophenone
4. p-Aminofuchsone
5. p-Dimethylaminofuchsone
6. p,p-Tetramethyldiaminofuchsone
7. N,N-Dimethylindigo $(C_6H_4C_2O\ N\text{-}CH_3)_2$
8. The (mono- or di-) methyl iodide or ethyl iodide addition products to No. 7 $[C_6H_4\ C_2O\ N\ (Ch_3)_2\ I]_2$
9. p-Toluquinaldine
10. l-Methyl phenantroxazole
11. N-Ethyl-rhodanic acid
12. N-Methyl-rhodanic acid
13. N-Methyl-2-thio-4-keto-tetrahydro-oxazole
14. N-Ethyl-2-thio-4-keto-tetrahydro-oxazole
15. 2-Methyl-4-phenyl-oxazole

THE HEADQUARTERS BUILDING OF THE AMERICAN INSTITUTE OF PHYSICS

THE American Institute of Physics has purchased a large, well-constructed, residential building at 57 East 55th Street, New York City, to be occupied as a national home office for the physicists of America. Generous contributions have already been made in a campaign that is now being conducted among American physicists and friends of physics throughout the nation to raise the necessary funds to meet the purchase price.

The seller of the property is Frederick Brown, a well-known real estate operator. It was largely because of Mr. Brown's generosity in setting the terms that the institute, which is a non-profit corporation, was enabled to make the purchase. The building was selected after a thorough search of suitable locations was made at the request of the purchaser by Paul S. Dixon, of the Equity Conservation Corporation, who arranged the transaction. Joshua Bernstein was the attorney representing the seller. The purchaser was represented by Robinson and Henson. Proposal for the purchase was first made by the Policy Committee of the institute.

This is the first time the organized profession of physics in America has owned a headquarters, the institute having occupied rented space since its founding in 1931. Need for the building arises from the phenomenal growth of the profession in the last