

the Antivivisection Society, that the duty of deciding as to the grant of certificates was not satisfactorily discharged, was disgraceful. Sir Watson next referred to the principle arguments raised against experiments on dogs. It was said that if there was anything of value to be learned it could be obtained by observations on patients and by *post-mortem* examination. As an illustration how wrong that opinion was, Sir Watson spoke of the situation which occurred when the Germans first used gas. Personally, he was much alarmed, for if the enemy had gas enough, it seemed to him they could easily destroy whole armies. How was that risk to be dealt with? Were the authorities to sit down and wait while the doctors watched gassed men and waited for a *post-mortem* examination? Had experiments on dogs not been made much valuable time would have been wasted and many lives would have been lost. But certain experiments on animals—dogs and goats—were made and complete protection was quickly found against the gas. The history of medicine was full of instances of prolonged observations of patients and of *post-mortem* examination, without result. Yet results had been achieved almost at once by experiments on animals. In conclusion, he urged that at a time when health bills had just been placed on the Statute Book the sensible thing to do would be to sweep away restrictions instead of imposing fresh ones.

Sir Philip Magnus, in seconding the amendment, said that by the rejection of this bill Parliament would show its appreciation of the efforts that had been made by scientific men through researches to prevent and cure diseases. The bill was inconclusive and contradictory. For example, it appeared, as he read the first clause of the bill, that if some eminent surgeon desired to perform an experiment on a dog, which would relieve it of great pain and possibly save its life, he could not perform this experiment, however urgent, without a certificate from the Home Office. After further discussion in favor of and against the bill, it was defeated by a vote of 101 to 62.

#### A BILL FOR A NATIONAL DEPARTMENT OF HEALTH

HONORABLE JOSEPH I. FRANCE, U. S. Senator from Maryland and chairman of the Senate Committee on Public Health and National Quarantine, introduced on July 17, Senate Bill 2,507 creating a department of public health. The bill follows the general plan of the Owen Bill, with some important modifications.

According to the summary in the *Journal* of the American Medical Association it provides for a department of public health under the direction of a secretary, who shall be a member of the cabinet, and for three assistant secretaries, the first assistant to be a man trained in medical science, public health and sanitation; the second to be an expert in vital statistics, and the third to be a woman trained in medicine or nursing and public health. The U. S. Public Health Service and the Bureau of Chemistry are to be transferred to the new department, which is also to have bureaus on vital statistics, sanitation, hospitals, child and school hygiene, quarantine, food and drugs, nursing, tuberculosis and personnel. The secretary of public health is directed to communicate with the governor of each state requesting him to recommend to the legislature suitable legislation with adequate appropriations to secure cooperation between the federal department of public health and the state board of health. Every state taking such action is to be entitled to its proportionate share of such funds as may be appropriated by Congress for carrying out the provisions of the act. The secretary of public health is also directed to divide the United States into health states, districts, subdivisions and precincts, each conforming to the geographical boundaries of the various political divisions. Each state is to create a state board of health with a state health officer and a health officer for each district, subdivision and precinct, the secretary of public health to appoint these state officers as federal health officers "so that in each cooperating state every health officer of said state or of each district, county or precinct therein is by virtue of his selection by the

local authorities become also a federalized officer and as such an integral part of the Department of Public Health." The Department of Public Health is directed to cooperate with the Departments of Commerce, Labor and the Interior in the collection of vital statistics and to establish a uniform system of cards, records and reports regarding diseases, disabilities, industrial accidents, births, deaths, physical condition of school children, the number and condition of existing hospitals, etc. The bill provides for the appropriation of \$15,000,000 for 1920 to be prorated among the states in proportion to their population as soon as the states comply with the provisions of the law and the regulations of the secretary of public health, provided that each cooperating state must contribute to the public health work a sum equal to that contributed by the federal government and that it must make full and complete reports of births, deaths and morbidity. It also appropriates \$48,000,000 for the construction of sanatoriums and hospitals, this sum to be distributed among the states in proportion to their population, each state receiving its allotment to provide an equal amount, also location, plans and means of future support for the proposed hospital.

#### THE ROCKEFELLER INSTITUTE OF MEDICAL RESEARCH

THE Board of Scientific Directors of The Rockefeller Institute for Medical Research announces the following promotions and appointments:

Dr. Harold L. Amoss, hitherto an associate in pathology and bacteriology, has been made an associate member.

Dr. Oswald T. Avery, hitherto an associate in medicine, has been made an associate member.

The following have been made assistants:

Miss Clara J. Lynch (pathology and bacteriology).  
Dr. Waro Nakahara (pathology and bacteriology).

The following new appointments are announced:

Dr. Homer F. Swift, associate member in medicine.  
Dr. Francis G. Blake, associate in medicine.  
Dr. Raymond G. Hussey, associate in pathology and bacteriology.

Dr. J. Harold Austin, assistant in medicine and assistant resident physician.

Dr. Albert H. Ebeling, assistant in experimental surgery.

Dr. Ferdinand H. Haessler, assistant in pathology and bacteriology.

Dr. Thorsten Ingvaldsen, assistant in chemistry.

Dr. Charles W. Barrier, fellow in pathology and bacteriology.

Dr. J. Jay Keegan, fellow in pathology and bacteriology.

Dr. Philip D. McMaster, fellow in pathology and bacteriology.

Dr. Alphonse R. Dochez, hitherto an associate member in medicine, has accepted an appointment as associate professor of medicine in the medical department of Johns Hopkins University.

Dr. Arthur L. Meyer, hitherto an associate in physiology and pharmacology, has accepted an appointment as associate in physiology in the school of hygiene and public health, Johns Hopkins University.

#### THE RAMSAY MEMORIAL

At a meeting of subscribers of the Ramsay Memorial Fund held at University College, London, the committee submitted a report showing that £43,000 in cash was already in hand, and £70,000 was in view, so that £100,000 aimed at was within realization. The sum already collected is probably the largest which has ever been raised in honor of any man of science, however distinguished. Sir Hugh Bell explained the views of the committee with regard to the application of the money, and after hearing him the meeting agreed to the following resolution:

1. That a sum of £25,000 be definitely allotted to the senate of the University of London towards the provision of a laboratory of chemical engineering at University College, London, on the site proposed in close proximity to the existing engineering buildings.

2. That the executive committee be empowered to employ the balance of the fund already subscribed, and all future donations to be received, to the foundation of Ramsay Memorial Fellowships to the number of three or to such smaller number as they may deem expedi-