

Local News

ENGLAND AND WALES

Postscript to Croydon

The Croydon typhoid epidemic is estimated to have cost the borough £22,261, or the equivalent of a rate of 2½d. in the pound. This sum includes the cost of the public inquiry, with the briefing of counsel, the shorthand notes and printing, and the fees of expert witnesses, also the additional accommodation for typhoid patients at Mayday Hospital and the transference of other patients from Mayday to make room in that institution. It includes also a sum of some £4,500, which is the provision the corporation is making in regard to claims. No one can tell, of course, what is going to be the result of the litigation which is threatened. Up to a recent date thirty-two writs had been served against the corporation, mostly by people who have lost relatives in the outbreak. A writ has been served by a local hotel proprietor whose son contracted the disease, and who had to close his hotel for two days by order of the medical officer of health. There was some talk of the amusement houses in the town taking action to recover their heavy losses, but it is understood that this has been abandoned. It is assumed that should impending actions go against the corporation a loan will be sanctioned, as has been done for other corporations which have found themselves plunged into financial misfortune, and so the indebtedness will be spread over a number of years.

Meanwhile the recommendations of Mr. H. L. Murphy, K.C., who conducted the inquiry, and which were underlined subsequently in a letter to the corporation from the Minister of Health, are bearing fruit. The corporation has agreed, on the recommendation of its special typhoid committee, to set up a water committee of the council, to deal exclusively with matters connected with the water supply. This is a reversion to a former practice. The medical officer of health is to be instructed to attend all meetings of the committee, so that in future there can be no complaint of lack of co-ordination between the public health and the water departments. The corporation has also agreed to a recommendation that, if the members of the local medical profession were in favour of it, medical practitioners should be co-opted on to the public health committee. On the suggestion which figured so largely in the course of the inquiry that a local medical committee should be appointed, it has been agreed that the members of the local medical profession shall be requested by the corporation to consider the suggestion that "in all large areas there should be some committee representing all local practitioners which, upon the occurrence of any outbreak, would be in constant and close touch with the medical officer of health." The object of this committee would be to furnish, pool, and distribute all available information as to symptoms and possible causes. A further proposal is that wherever possible, whether or not on any water-gathering ground, all cesspools in the borough shall be abolished. Croydon cannot be accused of not taking its lesson to heart, but the events and conclusions have more than a local application.

Town Planning for Health

The Royal Society of Medicine, at its reception on March 16, chose a rather unusual subject for discussion—namely, "Garden Cities and Town Planning." Mr. F. J. Osborn, honorary secretary of the Garden Cities and Town Planning Association, in an interesting address said that in the last few years town planners had become convinced that the grouping of enormously large numbers of people in one town had the character of a "development disease." He went on to show that the larger a

town became the more densely built upon must be its centre. In so far as the centre was used for industrial and business purposes the spread of the town imposed longer daily journeys on the inhabitants. London, in fact, was becoming a strap-hanging population. The increased density necessary in the centre of a growing city could be achieved either horizontally or vertically. The vertical extension was seen in the increased height of buildings and in the greater number of tenement houses. While the flats in the modern tenement buildings built for the working classes were often admirably designed, with the intelligent use of playing grounds for children, it did not appeal to him as a satisfactory basis for family life. The health implications of the effect of the modern city upon its inhabitants were obvious, and in this connexion Mr. Osborn referred to the amount of open green space that should be allotted to a certain quantity of population for outdoor exercise, and showed how short of the ideal were most of the big cities in this country. At the end of the lecture he illustrated his remarks with some interesting lantern slides.

General Infirmary at Leeds

The 170th annual report of the Board of Management of the General Infirmary at Leeds states that the expenditure of the hospital during the past year (£119,000) was the highest in its history. Ordinary expenditure was £9,000 more than in 1936, and exceeded ordinary income by £1,457. The rise in prices and the continued expansion of the work of the hospital precluded a balance on the right side. The number of in-patients treated in 1937 was 13,980, the number of new cases in the out-patient department again showed an increase, and during the year more than 60,500 people were treated as out-patients, the total number of attendances being just short of 390,000. The chairman, Mr. A. P. Nicholson, in presenting the report on March 3, drew special attention to the reorganization of the kitchens and laundry, the renewal of the sterilizing plant for the operating theatres, and the setting up of a dietetic department. The Lord Mayor of Leeds, who moved the adoption of the report, suggested that since the daily average number of beds occupied throughout the year by motor-car accident cases was twenty the Infirmary had the right to demand a contribution from the Road Fund.

Sheffield's Hospital Scheme

The voluntary hospitals of Sheffield are preparing to make a joint appeal for £1,000,000 with which to build a central hospital unit on a site near the university, a new maternity section at the Jessop Hospital for Women, extensions at the Sheffield Children's Hospital, and a recovery hospital on a site at Fulwood. The Sheffield Royal Infirmary, now 141 years' old, will in time become redundant, but the Royal Hospital (established in 1832) will be reorganized and used for some years to come. It is also proposed to build a new dental hospital near the university and a radium centre, where cancer research will be undertaken. Mr. Raymond Stephenson has been appointed chairman of the Appeal Fund Committee.

Coroners' Inquests in London

During 1937 the number of deaths reported to coroners in London was 9,006, of which 3,446 occurred in mental hospitals and other institutions. Inquests were held in 3,216 cases. The number of cases of suicide dealt with was 623, or forty more than in 1936. Very nearly half this number were persons over 50 years of age. Post-mortem examinations were ordered in 2,707 of the inquest cases and in 3,755 of the cases in which an inquest was judged unnecessary. A verdict of murder was returned in five cases, and of justifiable homicide in one. Three inquests were held in connexion with executions. Deaths from want of attention at birth increased from twenty-five to thirty-one. The number of people who met their deaths

by accident was 1,661; thirty-nine deaths resulted from injuries and forty-five from drowning. The deaths attributed to excessive drinking numbered seventy-seven.

INDIA

Association of Surgeons in India

It is proposed to create an All India Association of Surgeons with the following objectives: to advance the art and science of surgery in India; to bring together surgeons from all parts of India; to hold periodical meetings in different parts of India where matters of surgical interest will be discussed and social contact established; to publish a journal devoted to surgery in all its branches; and to do such other things as will conduce to the above objectives. It is hoped to hold the inaugural meeting at Bombay in the middle of April to establish the rules of the association and to elect officers. It is announced that the association is purely scientific, and will not take part in politics of any kind; it is entirely independent of any other medical association. The membership is open to those who practise surgery or any of its branches either exclusively or with other branches of medicine. Further information may be obtained from the organizing secretaries of the Association of Surgeons in India, "Binfield," Kilpauk, Madras.

King Edward VII Memorial Hospital, Bombay

The work of this institution continues to expand, and in 1936 there was intense pressure on its out-patient department and 370 beds. In his administrative report for the twelve months ended September 1, 1937, the dean, Dr. J. N. Mehta, mentions the growth in the number of motor accident cases treated in the hospital during the last three years, and expresses the hope that it will soon be made obligatory for the actual cost of treatment of these patients to be paid by the insurance companies or the motor-car owners concerned, on the lines of the provisions in other countries. He remarks that hospitals in India have a legitimate grievance in the fact that larger sums are being claimed in fines by the courts, while the hospitals treating these accident cases are not being reimbursed for the expenses they incur. The number of cases of this kind increased from 309 in 1934 treated in the casualty department to 457 in 1936, while in the same period the number of in-patient cases rose from 107 to 155. An average of 120 more patients attended the out-patient department daily in 1936 as compared with 1935, and there were often forty to eighty extra in-patients over the hospital's complement of beds, requiring the frequent provision of many emergency beds on the floors. Arrangements for enlarging the hospital at a cost of over 15 million rupees have been approved; half of this sum will be provided by the Governor's Hospital Fund. The cost of treatment of both in- and out-patients has fallen slightly during the last three years. The Seth Gordhandas Sunderdas Medical College is attached to the King Edward VII Memorial Hospital; there were 411 male and forty-three female undergraduate students in 1936-7. Various scientific researches are being conducted by the hospital and college, many under the auspices of the Indian Research Fund Association and the University of Bombay. Compulsory physical training having been adopted by the university, arrangements have been made for the regular physical exercise of first-year students under a full-time instructor. The construction of a gymkhana pavilion has been authorized. At the third M.B., B.S. examination of the University of Bombay in December, 1936, the students of this college won all the scholarships, medals, and prizes, while the one candidate who passed the M.D. examination with distinction in that year came also from the college. Postgraduate training is also being provided. The figures for the results of the examination of pupil nurses in the hospital in March, 1937, were the best in the Presidency of Bombay.

Correspondence

Measles

SIR.—It is to be hoped that at the end of the present epidemic of measles there will be forthcoming valuable evidence as to the efficacy of the various methods of preventing and modifying the disease. In the meantime it is safe to say that complete confusion reigns in the minds of parents all over the country, coupled with some resentment. They were told in their daily papers that measles contacts ought to be "given an injection." They demanded this, and school medical officers unable to obtain convalescent serum gave large numbers of children placental extract. From all accounts and some personal observation all these children in due course had measles not markedly different from that of their companions.—I am, etc.,

ARTHUR G. WINTER, M.B.Lond.
Crowborough, Sussex, March 15.

Acriflavine Emulsion

SIR.—May I correct a misapprehension on the part of Mr. W. A. Woodard, whose letter you published on March 19 (p. 648)? The paper by Mr. G. L. Keynes and myself did not say that the *B.P.C.* acriflavine emulsion has "too high" an oil content, nor did it suggest that any mere reduction in this content would be an improvement. It simply said that this preparation had no demonstrable antiseptic action, and advanced no reason for this except the "intimate admixture" of the active constituent "in an oily basis." That this intimate admixture is obtained with the aid of beeswax and vaseline may well have something to do with it, but all that we said was that the preparation is inert, and I should be grateful for a further opportunity of stating our reasons for this; I say "further," because I described the following simple experiment in both a medical and a pharmaceutical journal some years ago.

The intention in using such an emulsion is presumably that acriflavine shall diffuse out of it while in contact with a wound; if such diffusion does not take place when the emulsion is in contact with a watery medium the acriflavine can have no effect. This action can be tested for quite simply by pouring the emulsion into a tube of broth previously inoculated with bacteria. It floats on the broth, and thus furnishes a simple replica of the conditions produced when it is in contact with a wound. When this experiment is done with the *B.P.C.* emulsion so little acriflavine escapes into the underlying culture medium during subsequent incubation that the growth of the bacteria is not prevented, although a concentration of 1 part in 100,000 would be enough to achieve this. On the other hand, diffusion does take place to a sufficient extent to prevent growth under these conditions from a simple water-in-oil emulsion made by atomizing acriflavine solution into liquid paraffin. How the emulsions suggested by Mr. Woodard and by Dr. J. Walker Tomb (*Journal*, January 29, p. 256) would behave I do not know.

It will be seen that your correspondents and I are looking at this matter from different points of view. Their reasons for what they propose are either purely pharmaceutical (as presumably were those which added so incongruous an ingredient as beeswax to the *B.P.C.*

Academy. A noted athlete in his younger days, he played cricket for his university and football for Queen's Park F.C. He was also keen on bowls and lawn tennis, and regularly visited Wimbledon to watch the championships. He is survived by his wife and one son, with whom deep sympathy is felt in their bereavement.

By the death of JOHN McALISTER BOYD on March 11 Wigan has lost one of her outstanding personalities and medicine a pioneer of those ethical rules and unwritten social observances which have unified the local profession as we see it to-day. Born at Aghadowey, Co. Derry, in 1867, he was educated at the Coleraine Academical Institution, Magee College, Londonderry, where he was the Ironmongers' Scholar, 1885-7, Queen's College, Cork (medical exhibition, 1889), and Queen's College, Belfast, graduating B.A. in 1892 and M.B., B.Ch., B.A.O. of the Royal University of Ireland in 1897. He came to Wigan in 1898, shortly afterwards joining the British Medical Association, of which he was a staunch supporter. He was president of the Wigan Medical Society. A sportsman in the best sense of the term, "J. M. B." played rugger for Magee and Cork Colleges as a student, and later took up golf, at which he was no mean performer. A lover of the classics and good literature, erudite, and a brilliant raconteur with a charming manner, it is not surprising that John Boyd was greeted with acclamation by his vast circle of friends. A sound clinician, his aptitude extending to the literature of his profession, he was well versed in modern medical thought. He will be greatly missed by his patients, among whom were many who deemed it an honour to be called his friend. He married in 1898 Margaret Elizabeth, only daughter of the late Francis Furey of Killyleigh, Co. Down, who survives him.—W. E. C.

We regret to report the death, on March 2, of Dr. THOMAS BRETT YOUNG, who had practised in Halesowen, North Worcestershire, for over fifty years. Born in 1856, he was a medical student at Queen's College, Birmingham, obtaining the diplomas L.R.C.P., L.R.C.S.Ed., and L.M. in 1883 and the M.R.C.S.Eng. five years later. He graduated M.D.Brux. in 1888. Dr. Brett Young went from Somerset to Halesowen, and was appointed first medical officer of health to that town when it became the centre of a rural district forty-three years ago. He was a certifying surgeon under the Factory Act for many years, tuberculosis officer for the Halesowen area of Worcestershire, and contributed largely to the success of the child welfare clinics in the town. He was for a time warden at the parish church, and was interested in Freemasonry. He had been a member of the British Medical Association for thirty-nine years. Despite increasing illness during his latter years he continued actively at his work, being widely popular and highly respected. He was the father of the well-known novelist, Francis Brett Young, who graduated in medicine in 1906, and of the late Eric Brett Young, also an author. Dr. Thomas Brett Young, who had married twice, leaves a widow.

Dr. WILLIAM HENRY DAVIS, formerly of Wrekenton, whose death has been reported from Carlisle, received his medical education at Newcastle-on-Tyne, and qualified L.S.A. in 1880. Nearly fifty years ago he followed his brother in the practice founded about 130 years earlier in Wrekenton and Low Fell by their grandfather. He continued to practise there until 1934, when he retired and went to live at Carlisle with his married daughter. He joined the British Medical Association in 1893. While devoting himself to the responsibilities of the large private practice which extended through Wrekenton, Low Fell, and Gateshead-on-Tyne, Dr. Davis found time to interest himself actively in the work of the Church of England and the fortunes of the Conservative Party in politics. He was buried at Lamesley on March 8.

Mr. FREDERICK SHANN, consulting surgeon to the York County Hospital, died on March 8 at Farnham, Knaresborough, aged 88. After studying medicine at Cambridge and St. George's Hospital he took the M.R.C.S. in 1875 and the L.R.C.P. in 1876, and served as clinical assistant at the Brompton Hospital, house-physician at St. George's, and house-surgeon at the Seamen's Hospital, Greenwich. He practised in York for many years, and in 1902 was appointed sheriff of the city, and two years later a magistrate. Mr. Shann served with the 1st Volunteer Battalion of the West Yorkshire Regiment and attained the rank of surgeon lieutenant-colonel, receiving the Volunteer Officers' Decoration. He retired from active work in 1927.

Dr. THOMAS WILLIAM SCALE, who died at Aberdare, South Wales, after a short illness, aged 82, had been a member of the British Medical Association for nearly sixty years. Born at Merthyr Tydfil on April 12, 1856, the son of Edward W. Scale, he spent his schooldays at Alston College, Lancashire, and studied medicine at the Middlesex Hospital and Newcastle-on-Tyne. He became L.S.A. in 1879, M.R.C.S. in 1880, L.R.C.P. in 1897, and M.D.Durh. in 1898. Before settling in practice in Glamorganshire, Dr. Scale had been house-physician at the Middlesex Hospital and assistant medical officer at the Royal Portsmouth Hospital. He was for many years surgeon to the Aberdare General Hospital.

Dr. CHARLES KIRK TOLAND, who died suddenly on March 14 after a medical meeting at Leicester, was in practice at Ullesthorpe, Rugby. He had received his medical education at the University of Glasgow, where he graduated M.B., C.M. in 1895, and proceeded M.D. in 1912. He was surgeon to Chief Baron Smith's Almshouses, and had previously been on the medical staffs of the Dunstable Isolation Hospital and the ophthalmic department of the London County Council School Treatment Centre. He joined the British Medical Association in 1910, and was president of the Leicester and Rutland Branch during the current year. He contributed a report of a case of ruptured kidney to the *British Medical Journal* in 1897.

The death is announced of the Swedish ophthalmologist Professor HANS GERTZ of the Karolinska Institute in Stockholm. He was born in 1876. Much of his research as an ophthalmologist was concerned with purely physiological problems, and he was particularly interested in the mechanism of the movements of the eyes. Special mention should be made of his investigation of the mechanism enabling the eyes to remain looking at a certain object in spite of various movements of the head.

Universities and Colleges

UNIVERSITY OF OXFORD

Mr. G. R. Girdlestone, F.R.C.S., Nuffield Professor of Orthopaedic Surgery, has been elected to a Supernumerary Fellowship at New College.

UNIVERSITY OF LONDON

UNIVERSITY COLLEGE

Bucknill Scholarship

The examination for the Bucknill Scholarship, value 160 guineas, and for two exhibitions, value 55 guineas each, will begin on May 9. The subjects for the examination are chemistry, physics, botany, zoology, and English essay. The scholarship and the two exhibitions are tenable at University College, London. Entry forms should be obtained from the secretary of University College, Gower Street, W.C.1, and returned not later than April 27.

UNIVERSITY OF LIVERPOOL

The Council of the University has appointed Dr. Rupert Montgomery Gordon, director of the Sir Alfred Lewis Jones Research Laboratory, Freetown, Sierra Leone, to the Dutton Memorial Chair of Entomology, in succession to Emeritus Professor W. S. Patton, who retired in December. Professor Gordon graduated M.B., B.Ch. at Trinity College, Dublin, in 1916, and after serving in the war took the diploma in tropical medicine and worked on the Amazon. In 1924 he was transferred to Freetown. Last year he was awarded the Chalmers Gold Medal by the Royal Society of Tropical Medicine and Hygiene for research in tropical medicine and hygiene.

The following candidates have been approved at the examinations indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY.—*Part A*: G. E. Church, N. A. Lawler, W. Niven, F. Pygott.

DIPLOMA IN PUBLIC HEALTH.—*Part I*: S. Ball, A. Cathcart, A. B. Concanon, L. R. L. Edwards, A. J. Gill, A. L. Smallwood, Margaret C. Winter.

DIPLOMA IN TROPICAL MEDICINE.—F. Bastawros, P. J. Bourke, O. Einstein, N. Q. Hesse, F. Jacusiel, K. Jilani, *J. Kay, E. Kohlschütter, J. L. Lanceley, B. Nyan.

DIPLOMA IN TROPICAL HYGIENE.—J. L. Dales, V. G. Patwardhan.

* Recommended for the Milne Medal.

"His Lordship" remarked that witness's catalogue of the requirements for a good radiographer sounded like an amalgamation between the Admirable Crichton and a member of the angelic chorus.

"Miss Violet Wray" (Miss M. M. T. Aleyn), the defendant, described her training and experience. She had told plaintiff to sit on a chair, hold the child still, and sit still herself. Plaintiff had jumped forwards and upwards at the moment of exposure and sustained mild burning on her scalp and beneath her suspender button. The house-surgeon had examined her and said she might go home.

Counsel for the plaintiff suggested that the use of 100 mA was dangerous, but witness replied that he was misinformed, as the only danger was to the tube, and not to the patient.

"Professor Nathaniel Percy Littler" (Dr. G. W. C. Kaye), an expert witness, expressed the opinion that defendant's handling of the case had been in accordance with usual practice. Risks were inseparable from x-ray work. He explained to the Court the mechanism of production of electrical shock, while the judge slept.

"His Lordship," summing up, said that the action was unique: there had been no case before the courts in which the defendant had been a radiographer. The jury had to decide whether or not defendant had been negligent. He asked whether it was wise to allow plaintiff to hold the child during the examination, since she could have no acquaintance with the risks of x rays.

The jury returned a verdict for the defendant.

The production and acting were first-class; the atmosphere was realistic and the situations were amusing. With improvised scenery Mr. Andrews nevertheless suggested very skilfully the atmosphere of the High Court, and in certain details, such as the demeanour of the attendant and the completely detached absorption of the associate in his own clerical work during the proceedings, he gave evidence of careful observation. The legal aspect, however, was rather deplorably scamped. Perhaps the position of the hospital was not necessary for the purpose of the argument, and its discussion would certainly have prolonged the play, but the grounds for dismissing the hospital from the suit were very inadequate. The charge of negligence against the radiographer was not supported by any evidence at all. Her qualifications and duties were, however, clearly set out in the evidence, and the necessity for some form of collective legal defence was stressed by the judge in his summing-up.

Medico-Legal

LIABILITY OF THE RADIOLOGIST

A Mock Trial

The Society of Radiographers held a mock trial at Cowdray Hall on March 19 entitled "Martin v. The Northside Hospital and Violet Wray," in order to indicate the possible liability at law of a radiographer making a diagnostic exposure. The proceedings were written by Dr. J. Duncan White and Dr. E. Rohan Williams, and the play was produced by Mr. Cuthbert Andrews.

"Mr. Crawland Snoop, K.C." (Mr. Andrews), for the plaintiff, said that on July 12 the plaintiff's youngest child had fallen and hurt his arm. She had taken him to the Northside Hospital, where the arm had been x-rayed. The mother had received a shock and had been burned on the head and her mental equilibrium had been impaired. She had had three weeks' holiday at Southend-on-Sea. She claimed damages and her expenses.

"Sir Archibald Head" (Dr. Duncan White) submitted on behalf of the defendants that there was no case against the hospital, as the governors were not responsible for properly qualified assistants. The other defendant held the certificate of membership of the Society of Radiographers. She had taken all proper precautions in carrying out her work.

"Mr. Justice Likely" (Mr. J. A. Crowther) cited Hillier v. St. Bartholomew's Hospital (1909, 2 K.B. 820) and Strange v. Lesmere v. Clayton (1936, 1, E.R. 484), and applied the words of Lord Justice Kennedy to all experts exercising skill in work in which the governors could not properly interfere. Radiographers were, he said, included, and he dismissed the hospital from the action, but ruled that the Court must hear evidence of fact in the case against "Miss Wray."

"Mrs. Maria Martin" (Miss A. E. Madden), the plaintiff, a widow aged 29, said that she had felt a dreadful pain and known no more. She had awakened with an awful pain in her head. Defendant had given her a restorative, and put a bandage on her head. Since then she had "been all to pieces," and had not had a good night's sleep for months. "It was like as if some of them rays 'ad got into me inside and I'm all spasms," she added. Cross-examined, she admitted she had never consulted a doctor; she did not believe in doctors. Defendant had told her to keep quite still during the examination.

"Miss Amelia Hobbs" (Miss M. V. Sprague), a friend of the plaintiff, testified to the change in her friend after the shock; she "seemed all broke up." In cross-examination she admitted that she also had gone to Southend.

"Dr. O. H. Maloney" (Dr. Rohan Williams), honorary radiologist to the Northside Hospital, testified to the character and reliability of the defendant.

The Services

COMMISSIONS IN THE R.A.M.C.

Applications from medical men for appointment to commissions in the Royal Army Medical Corps are invited by the War Office. Candidates will be selected for commissions without competitive examination, and will be required to present themselves in London for physical examination and interview on or about April 22. They must be registered under the Medical Acts, and normally must not be over the age of 28 years.

Successful candidates will, in the first instance, be given short service commissions for five years. During the fourth year of this period they will be given the opportunity of applying for permanent commissions in either the Royal Army Medical Corps or the Indian Medical Service. Those not selected will retire on completion of five years' service with a gratuity of £1,000.

Full particulars of the conditions of service and emoluments, also forms of application, may be obtained on application, either by letter or in person, to the Assistant Director-General, Army Medical Services, the War Office, London, S.W.1.

NAVAL MEDICAL COMPASSIONATE FUND

A meeting of the subscribers to the Naval Medical Compassionate Fund will be held on April 22, at 3.15 p.m., at the Medical Department of the Navy, Admiralty, S.W.1, to elect six directors of the Fund.

DEATHS IN THE SERVICES

Major DONALD JOHN MACDOUGALL, M.C., R.A.M.C., died suddenly at Bombay on February 18, aged 46. He was born on April 28, 1891, and was educated at Glasgow, where he graduated M.B., Ch.B. in 1915. Immediately afterwards, on October 28, 1915, he took a temporary commission as lieutenant in the Royal Army Medical Corps, became temporary captain after a year's service, and took a permanent commission as captain from June 1, 1920, and became major on October 28, 1927. He served in the war of 1914-18, in which he received the Military Cross.

Colonel WILLIAM ADAIR QUAYLE, Madras Medical Service (ret.), died at Budleigh Salterton, Devon, on March 16, aged 82. He was born on December 9, 1855, the son of Francis Quayle, farmer of Ballyculter, County Down, was educated at Queen's College, Belfast, and graduated M.D., M.Ch. in 1877. He entered the Indian Medical Service as surgeon on March 30, 1878, attained the rank of colonel on April 1, 1908, and retired on April 30, 1911. He had been a member of the British Medical Association for forty-three years.

Lieutenant-Colonel CHARLES NORMAN BENSLEY, Bengal Medical Service (ret.), died at High Wood, Cookham Dean, on March 16, aged 74. He was born at Raipur, Central Provinces, India, on October 20, 1863, the son of Assistant Surgeon, afterwards Surgeon Major, C. E. N. Bensley, I.M.S., and was educated at Edinburgh, where he graduated M.B., C.M. in 1885. He entered the Indian Medical Service as surgeon on September 30, 1886, became lieutenant-colonel after twenty years' service, and retired on November 12, 1911. During the war of 1914-18 he rejoined for service in India on February 19, 1915, and served for two years.

Colonel CECIL BIRT, late R.A.M.C., died at Sydenham on March 18, aged 78. He was born at Leamington on February 10, 1860, the son of the late Dr. Thomas Birt, was educated at Birmingham and at University College, London, and took the M.R.C.S. in 1881 and the L.R.C.P. in 1882. After filling the post of surgical assistant at the General Hospital, Birmingham, he entered the Army as surgeon on August 2, 1884, received a brevet lieutenant-colonelcy on August 22, 1902, for service in South Africa, became lieutenant-colonel on August 2, 1904, and colonel on January 1, 1914, and retired on December 26, 1917. He served in the Sudan campaign of 1885, at Suakin (medal with clasp, and Khedive's bronze star); in the Chitral campaign of 1895, with the relief force (medal with clasp); in South Africa in 1901-2, in operations in Cape Colony, the Orange River Colony, and the Transvaal (mentioned in dispatches in the *London Gazette* of July 29, 1902, Queen's medal with five clasps, and brevet of lieutenant-colonel), and in the war of 1914-18. He won the Alexander Memorial Gold Medal in 1894 and 1897.

EPIDEMIOLOGICAL NOTES

Diphtheria and Scarlet Fever

Compared with the figures recorded last week, there has been a decrease in the incidence of diphtheria except in Northern Ireland, where 42 cases were notified, compared with 38 in the previous week; the number of deaths was also lower, except in Scotland, where 9 were recorded, compared with 7 in the previous week. Despite these reductions, the figures for England and Wales remain much higher than the median value for the last nine years, while for London they are slightly lower. On the other hand, scarlet fever appears to be increasing in prevalence both in England and Wales and in London. As in respect of diphtheria, figures for England and Wales are greatly in excess of the median value for the corresponding weeks of the last nine years, while in London they are appreciably less.

Measles

In the 125 Great Towns there were 50 deaths from measles, compared with 44 in the previous week; of these 13 occurred in London, 1 less than in the previous week. Other centres from which deaths were reported are: Liverpool 7 (3), Sheffield 4 (0), Manchester 3 (1), Croydon 2 (0), Bristol 2 (1), Plymouth 2 (2). The epidemic of measles in London continues to spread; 2,521 cases were reported in the L.C.C. elementary schools during the week

under review, compared with 2,165 in the previous week, and the average daily admissions to the L.C.C. fever hospitals were 101, compared with 86 in the previous week, while the number of cases of measles under treatment in these hospitals on Friday, March 11, was 1,892, compared with 1,542 in the previous week. On the same day there were under treatment in the L.C.C. fever hospitals 1,275 (1,277) cases of diphtheria, 840 (819) of scarlet fever, and 271 (277) of whooping-cough. The figures in parentheses refer to the numbers in the previous week. Figures are available of notifications of measles for the week ended March 12 in the metropolitan boroughs in which notification is in force: Battersea 143, Bermondsey 54, Finsbury 27, Fulham 51, Greenwich 68, Hampstead 69, Lambeth 355, St. Pancras 172, Shoreditch 17, Southwark 207, Stepney 51. In Scotland 1,718 cases were notified, compared with 1,747 in the previous week; the figures in Glasgow being 1,188 (11), Edinburgh 105 (1), Paisley 79, Dundee 140, Aberdeen 51. The figures in parentheses denote the deaths. In Northern Ireland there were 171 cases, compared with 237 in the previous week; the figures for Belfast were 168 against 217, while deaths were 18, compared with 13 in the previous week. During the week one death from measles was recorded in Dublin, the same number as in the previous week.

Small-pox

It is reported in the Press that a man suffering from a mild form of small-pox was admitted to the isolation hospital at Gravesend on March 21.

Reports from Hong Kong indicate that there is at present a small-pox epidemic of some magnitude. The disease is almost entirely confined to the natives, only 3 European cases so far being reported, 1 of which was fatal. In the week ended March 12 there were 214 cases (128), compared with 185 (188), 164 (132), 228 (199), in the three weeks immediately preceding. The figures in parentheses refer to deaths in the same week. The first case was notified on November 24, 1937, and from that date until February 2, 1938, the total number of cases notified was 259, with 159 deaths. An energetic vaccination campaign has been in progress since the beginning of the outbreak. Minor small-pox epidemics are usual in the cold season in Hong Kong. In the six-year period 1932-7 the average number of cases in each year was 190, varying from 566 in 1933 to 23 in 1936. The increase of cases this season is due mainly to the large influx of refugees from other parts of China, with consequent overcrowding of urban areas in and around Hong Kong.

Enteric in Spain

The Sanitary Administration of the Spanish Republic at Barcelona has prepared a table in which for a certain number of provinces, occupied wholly or in part by the Republican troops, a comparison has been made between the number of cases and deaths from typhoid fever in 1935 and 1937. From this has been calculated the rates of morbidity and mortality per 100,000 inhabitants during the two years, showing the increase or decrease in these rates for 1937 as compared with 1935. Among the 19 provinces from which data were available 10 showed in 1937 increases and the remaining 9 decreases in typhoid morbidity as compared with 1935, while mortality was seen to have increased in 13 of the provinces and decreased in 6. It was pointed out that the figures can only be regarded as approximate on account of the exceptional circumstances obtaining throughout Spain on account of the civil war.

Typhus in Africa

Typhus seems to be on the increase in Morocco. There were 418 cases notified in the week ended March 5, compared with 298 in the previous week, the highest incidence being in Marrakesh 98, Casablanca 29, Chaouia 54, Rabat 30. In the same week there were in Tunisia 100 cases, compared with 59 in the previous week, and in Egypt 36 cases were recorded.