

Universities and Colleges

UNIVERSITY OF OXFORD

B.M. and B.Ch. Examinations, 1941

It should have been made clear in the notice regarding the above examinations (January 11, p. 67) that, so far as the second B.M. is concerned, only an examination in *pathology* will be held in March and April; there will be no examinations in any other second B.M. subjects, though there will be a complete first B.M. examination.

UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated:

M.D.—*Branch I (Medicine)*: Margaret D. Baber, R. S. Lawrie. *Branch II (Pathology)*: S. D. Elliott, H. Spencer. *Branch IV (Midwifery and Diseases of Women)*: Mary Kane, Kathleen M. Robinson, I. E. J. Thomas. *Branch V (Hygiene)*: Kathleen M. Hart.

M.S.—*Branch I (Surgery)*: A. D. Le Vay.

D.Sc.—P. A. I. Gorer (Guy's Hospital Medical School), R. W. Haines (St. Thomas's Hospital Medical School).

Ph.D.—*In the Faculty of Medicine (Non-clinical)*: H. Kwiatkowski.

ROYAL CANCER HOSPITAL (FREE)

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—D. Andrew, H. F. Francis, J. J. Richmond.

EPIDEMIOLOGICAL NOTES

Infectious Diseases for the Week

In England and Wales the four commonest infectious diseases in this country—diphtheria, scarlet fever, measles, and whooping-cough—declined in incidence slightly compared with the previous week, but in London there were notable increases in respect of all four. In Scotland the notifications for diphtheria and whooping-cough rose, especially of the former. The tardy rise in the incidence of infectious diseases in London is naturally ascribed to the effects of evacuation, but in view of the abnormally low incidence of these diseases in 1939 it is possible that the 1938 level may be exceeded before those that have remained have acquired immunity through attack. Notifications of acute poliomyelitis have risen slightly, and the figures for dysentery are nearly double those of the previous week.

Dysentery.—Although twenty-one administrative counties were affected, in only seven were more than 5 cases recorded—namely: Kent 36 (all in Tonbridge R.D.); London 23 (St. Marylebone 16, and 1 each in the boroughs of Camberwell, Finsbury, Hackney, Shoreditch, Wandsworth, Westminster, and Woolwich); Lancaster 18 (Preston R.D. 12, Whiston R.D. 3, Leigh M.B. 2, Manchester 1); Warwick 13, all in Birmingham; Surrey 11 (Reigate M.B. 8, and 1 each in Epsom and Ewell M.B., Coulsdon and Purley U.D., and Banstead U.D.); Leicester 9 (Market Bosworth R.D. 8, Leicester 1); Yorks, West Riding, 7 (Sheffield 4, Wakefield 2, Huddersfield 1). It is evident that, in relation to the numbers at risk, rural communities are affected much more heavily than urban centres, as is commonly observed when infection is conveyed through the alimentary tract. Although the figures for deaths are not available, the case fatality is probably low, as the mild Sonne form is the prevalent type at present.

Influenza.—A hint of the possible appearance of influenza in epidemic form is given by the rise in the pneumonia (primary and influenzal) figures, which exceed those of 1939 and 1938. From other countries reports have arrived of outbreaks of mild influenza in epidemic form among European countries: from Ireland, especially in the city of Cork; from Stockholm, where the disease is extremely contagious although mild; from Belgrade, where more than 60,000 cases have been recorded; and from the United States of America, notably in Memphis (45,000 cases), Boston (20,000 cases among school children), and in Western Virginia, where the epidemic is regarded as the worst since 1918.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended December 21, 1940.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1940					1939 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	133	11	32	1	3	26	—	6	—	—
Deaths	4	2	4	—	—	—	—	—	—	—
Diphtheria	1,378	64	485	32	40	813	31	255	51	35
Deaths	39	2	11	3	1	17	1	9	3	1
Dysentery	152	23	17	—	—	38	12	43	—	—
Deaths	—	—	2	—	—	—	—	—	—	—
Encephalitis lethargica, acute	16	—	—	—	—	1	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Enteric (typhoid and paratyphoid) fever ..	16	1	3	21	—	15	2	2	4	—
Deaths	1	—	—	1	—	1	1	—	—	—
Erysipelas	37	59	6	5	—	—	—	71	10	3
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	24	1	5	3	1	28	1	3	8	2
Deaths	—	—	—	—	—	—	—	—	—	—
Measles	15,221	448	288*	51	1,772	11	14	—	89	2
Deaths	16	1	5	2	3	—	—	1	—	—
Ophthalmia neonatorum	50	1	12	—	1	59	4	16	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal†	970	63	8	3	11	454	26	12	3	22
Deaths (from influenza) ..	30	6	4	2	1	27	4	9	1	1
Pneumonia, primary ..	—	68	248	11	10	—	5	165	5	8
Deaths	—	—	—	—	—	—	—	—	—	—
Polio-encephalitis, acute	3	—	—	—	—	2	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	13	—	3	—	—	4	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal fever	2	2	10	4	—	4	4	8	3	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	106	3	12	—	1	111	9	13	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,496	93	225	62	40	1,072	32	157	52	83
Deaths	3	1	—	—	—	2	1	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough	2,935	40	206	23	734	14	20	—	—	1
Deaths	16	—	5	2	1	—	—	—	—	—
Deaths (0-1 year) ..	317	23	74	24	22	341	25	63	30	8
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths) ..	5,944	889	690	196	134	5,280	802	681	196	153
Annual death rate (per 1,000 persons living) ..	—	—	14.0	13.1	11.7	—	—	13.8	13.2	13.4
Live births	4,547	267	815	236	174	4,919	611	829	232	188
Annual rate per 1,000 persons living ..	—	—	16.5	15.8	15.2	—	—	16.8	15.6	16.5
Stillbirths	204	14	32	—	—	260	36	45	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	38	—	—	—	—	51	—	—

* Notification in certain administrative areas only.

† Includes primary form in figures for England and Wales, London (administrative county), and Northern Ireland.

‡ Since January 1, 1940, figures for London (b) have been for deaths from all forms of pneumonia; the corresponding figures for 1939 relate to deaths from lobar pneumonia only.

The Services

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

Major GORDON ALAN MACDONA LINTOTT died on active service in December, 1940, while serving in Egypt. He received his medical education at Guy's Hospital and qualified M.R.C.S., L.R.C.P. in 1931, becoming M.R.C.P. in 1934. He also took the degrees of M.B., B.S. of the University of London in 1932 and proceeded M.D. in 1936. He had held the posts of medical registrar and tutor, demonstrator in physiology and pathology, and house-physician and out-patients' officer at Guy's Hospital, and before the war was clinical tutor at the hospital. He will be remembered for his critical examination and report on the routine of water divining carried out in the physiological department of the hospital. He mastered the technique of gastroscopy under Henning in Germany and subsequently visited many clinics in the United States of America, returning with much valuable fresh knowledge. On the outbreak of war, by which time he had established a reputation as a sound clinician and an able teacher, he remained at the hospital in the Emergency Medical Service as physician in charge of the medical unit, until he felt that he was still not putting out enough effort, when he joined the R.A.M.C. as major.

Medical News

Sir Walter Langdon-Brown will give a Chadwick Public Lecture entitled "Mental Health in Wartime" on Tuesday, February 4, at 2.30 p.m., at the Royal Society of Tropical Medicine and Hygiene, 26, Portland Place, W.1.

A conference on A.R.P. is to be held on February 2, from 10.30 a.m. to 4 p.m., at Islington Central Library, 68, Holloway Road, N.7. The conference is convened by the Association of Architects, Surveyors, and Technical Assistants, and by the National A.R.P. Co-ordinating Committee. Their aim is to bring together for discussion technicians who are qualified to solve the urgent problems of A.R.P., and administrative officers who are not satisfied with the present state of affairs. Shelters, the care of those bombed out, and medical problems are among the subjects scheduled for discussion and on which a free exchange of opinion will be encouraged. Drawings and models of various types of shelter will be on view.

It is learnt that vitamin C, given in sugar tablets, is to be distributed daily, free of cost, to all children between the ages of 10 and 14 who live in thickly populated districts of Germany or territories incorporated into the German Reich. The order is effective from February 1 to May 31 in all regions except where fruit and vegetables are plentiful. Vitamin C tablets have already been distributed on an experimental basis free throughout the Reich. The resistance to infection was found to increase, and between December 15, 1940, and March 31, 1941, the treatment was extended to newly born children with good results.

The *Scotsman* reports steady progress in the campaign to immunize children against diphtheria in Edinburgh. Up to January 17, being the end of the sixth week of the scheme arranged by the Public Health Department, contact had been made with 20,387 children, and of these 15,438 had received the two inoculations necessary to complete immunization. Of the completed immunizations, 1,983 were given at child welfare centres, 2,800 at schools, and 7,933 at first-aid posts throughout the city. The number of immunizations carried out by private medical practitioners up to the same date was 2,722, and fresh batches of certificates are reaching the medical officer of health from this source every day.

Even if the evacuation of children is causing some unexpected psychological problems, it is at least satisfactory to note that the children in a much more dangerous and difficult position are being given sympathetic consideration by the authorities. Mrs. Creswick Atkinson, a member of Lord Horder's Committee, a well-known broadcaster on child welfare and a former British Red Cross worker, has been moved from her post as technical adviser to the Women's Voluntary

Services in order that she may take up a full-time paid appointment as organizer of welfare work for women and children who use the large air-raid shelters of London. Mrs. Atkinson will advise local authorities on the organization of welfare work in those shelters holding 500 or more people. She will work in collaboration with Mr. Charles Key, M.P., London Regional Commissioner for Shelters. Mr. Key states that, while dispersal remains the policy of the Government, and while one of the new organization's tasks will be to persuade mothers to evacuate their children, it must be expected that the large shelters will still be much used. Of the 81,000 children still in London, 60% have not attended school since last July and are badly in need of the care and guidance which the new body of welfare workers will provide.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, W.C.1.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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QUERIES AND ANSWERS

Premenstrual Mammary Swelling

Dr. ROSAMOND BISCHOFF (Luton) writes: I should like to know if any of your readers could tell me how to treat patients who suffer from swollen, painful breasts before menstruation. I have one patient who has considerable pain and slight swelling for two weeks before each period. Menses are regular and of moderate amount. She has been married six years but has no children. Examinations of breasts and pelvis are negative. Other patients have this complaint in a lesser degree and for a shorter period. My cases are all in nulliparae with normal menstrual history and negative examination. Would any form of hormone therapy be advisable?

Income Tax

Reduction in Net Earnings

"R. H." was mobilized in September, 1939, and has since employed an assistant. His aggregate income as assessed for the year to April 5, 1940, was not sufficiently in excess of his aggregate earned income for that year to justify a claim for relief. How does he stand for 1940-1?

* Presumably the profits of the practice will have fallen still further for 1940 owing to the fact that an assistant will have been paid for the whole of that year. It may therefore be that the difference between aggregate income as assessed (taking the practice profits at the 1939 figure) and the aggregate actual earned income for the year to April 5, 1941, will satisfy the 20% condition and relief will be due. (N.B.—In calculating the actual income from the practice "R. H." can if he prefers compute it for the year to April 5, 1940, as 3/4 of the 1939 profits plus 1/4 of the 1940 profits, and it may be worth reviewing the position for that year now that the 1940 figures are available.)

LETTERS, NOTES, ETC.

Diphtheria Incidence: A Small-pox Analogy

Dr. ROBERT ANDERSON (Birmingham) writes: Dr. R. M. Courtauld (January 18, p. 106) may find the explanation he wants in Glasgow's experience of small-pox epidemics in 1900 and 1901. In 1900 there were about 2,000 cases of small-pox and over 400,000 people were revaccinated—about half the population. In 1901 there was another epidemic of about 500 cases. Not one of the 400,000 revaccinated people contracted the disease. This was an experiment in immunization on a large scale.