

extraction. There had been 19 forceps cases, in 5 of which the forceps had failed to deliver.

Dr. BETHEL SOLOMONS said that with very few exceptions the term "obstetric shock" would not be used to describe the cause of death; it meant that the obstetrician did not know why the patient died. To ascribe death to obstetric shock in cases of ruptured uterus, concealed haemorrhage, and failed forceps would be to prevent research which might lower mortality. Manual removal of the placenta was a disease of the junior obstetrician. A really adherent placenta rarely occurred at the first birth. Conservative measures gave much better results than Caesarean section in concealed accidental haemorrhage. He hoped that the injection of submammary saline was still taught for district work; pituitary shock would not occur if the extract were given after the placenta was delivered.

Dr. T. M. HEALY agreed that obstetric shock was a rare condition; he thought that many of Dr. Gallagher's fatalities were due to traumatic shock. It was exceedingly difficult to know what some of these patients died from; it would be a great comfort to obstetricians to know why, when patients bled into their tissues or into the peritoneal cavity, they got into such an extraordinary state of collapse after such small loss of blood.

Dr. O'DONEL BROWNE felt very strongly that the term should not be abandoned, and stressed the necessity for sharp distinction between it and the collapse or shock of excessive bleeding. He thought that Dr. Gallagher's summary indicated, as significant aetiological factors, ill-health before the confinement, prolonged labour, misapplied obstetric operations and bad obstetrical judgment, exposure to cold, and prolonged anaesthesia, but these factors would not of themselves precipitate the condition without concurrent tissue damage. He thought that pituitary shock was overestimated, and that judicious use of pituitary extract was a great asset in the treatment of shock. He had never known a case of traumatic post-partum haemorrhage where bleeding from a torn cervix demanded suture, and wondered whether the cases treated by cervical suture were not really incomplete uterine ruptures. Dr. A. SPAIN said that the mistake was to use the term "obstetric" in this condition; most of the patients had died from a shock which was in no way different from shock due to other conditions. Shock was a very definite clinical entity. In most cases manual removal of the placenta should be done earlier than it was. Dr. F. W. DOYLE believed that obstetric shock undoubtedly did occur, and described a case. He thought collapse and shock were two different conditions with many features in common. Dr. E. A. KEELAN said there must be a small group in which maternal mortality had its inception in the first stage of labour—for example, primiparae who did not obtain adequate rest, sleep, or food in the first stage, whose improper feeding produced vomiting, often persistent, or who were told to bear down too early. The result was maternal distress and premature termination of the second stage. Dr. D. F. HANLEY noted that all Dr. Gallagher's patients had been wounded in some way. The shock complex seemed to be secondary to some kind of trauma.

The PRESIDENT said that the records of the Coombe Hospital for the last five years suggested that patients who died shortly after delivery could be grouped into three classes: those with organic disease (9 cases), those with grave abnormality of pregnancy (8 cases), and those who had no complications before the onset of labour (1 ruptured uterus, 1 pulmonary embolus, and 4 cases of obstetric shock). He would reserve the term "obstetric shock" for those cases which had an atraumatic delivery without post-partum haemorrhage. He had long disbelieved in its existence, but had been forced to accept it. The consulting obstetrician was called to a patient in a terminal condition which might have resulted from either shock or haemorrhage, and had the grave difficulty of diagnosing between them. Manual removal was not associated with any mortality if undertaken for post-partum haemorrhage due to partial detachment of the placenta. It had a high mortality in patients who had developed shock without any adequate haemorrhage, but he was not satisfied that the mortality would be reduced by leaving the placenta in a patient whose shock was becoming progressively worse.

Dr. GALLAGHER, in reply, said that submammary saline was slow and much more unpleasant for the patient than subcutaneous saline. He thought it would be difficult to find a short term to replace "obstetric shock."

Local News

ENGLAND AND WALES

Healthy London

The health record of London for 1939, the year in which a city devoted to the arts and services of peace switched over to a war footing, was remarkably good. This is the conclusion to be drawn from the very attenuated interim report for that year of the County Medical Officer of Health and School Medical Officer (Dr. W. A. Daley). Infant mortality stood at the lowest figure ever reached—47 per 1,000 live births. Infectious diseases were all at the ebb, except for a trifling increase in the notifications of encephalitis lethargica and a rather considerable increase in the number of deaths from influenza. The number of notifications of diphtheria was down by more than one-half and those of scarlet fever by nearly one-third as compared with the year before. The number of deaths from pulmonary tuberculosis was virtually unaltered, but the primary notifications were lower. On the registers of London boroughs the number of cases of pulmonary tuberculosis stood at 23,000, and those of other forms at 6,700. An immediate effect of the war was a dislocation of the tuberculosis dispensary service and also the discharge of 1,750 patients from residential institutions in order that beds might be reserved for Service or civilian casualties. There was also a decline during this year in both notifications of and deaths from puerperal fever and pyrexia, this in spite of the fact that the number of beds available for maternity patients in London hospitals was materially reduced so that an increased proportion of confinements took place at home, many of them attended by the council's domiciliary midwives, who now number more than 100. Many important schemes of improvement and development in the county hospitals of London had to be abandoned on account of the war. All the patients in the general hospitals for acute cases who were reasonably fit for discharge, 4,000 in number, were sent home; others were transferred to hospitals outside the county boundary; and there remained 4,000 who could not be moved, while 7,600 beds were made available for air-raid casualties. But the expected air raids did not occur, and some acute sick were readmitted. The number of patients urgently requiring treatment who were admitted to the general hospitals during the last three months of 1939 was 29,500, or three-fourths of the number admitted during the corresponding period of 1938. The number of sick admitted to the special hospitals fell from 53,000 to 32,000 for the whole year. This includes the infectious diseases hospitals, where the number fell from 40,000 in 1938 to 21,500 in the following year. The reason for this is, of course, the decline in the child population of London under the Government evacuation scheme, but the low incidence of infectious diseases among the remaining population had something to do with it. The most complete dislocation occurred in the school medical service. With all the schools in London closed, and the school population, normally 435,000, reduced to 180,000, there was at first an entire eclipse of school medical work. But by November many of the school treatment centres were reopened, and by the end of the year nearly one-half the eighty minor ailments centres were functioning. While there was still no regular schooling the school medical service was in active operation. During the first two terms of 1939 over a quarter of a million children were medically inspected, nutrition was pronounced satisfactory in over 93%, and general health was good, showing in nearly every particular a slight improvement over previous findings.

Grants by the Nuffield Provincial Hospitals Trust

The trustees of the Nuffield Provincial Hospitals Trust have made a number of grants for hospital and ancillary medical services. They have authorized a substantial grant to the

¹ London County Council. *Interim Report of County Medical Officer of Health and School Medical Officer for 1939*. Westminster: P. S. King and Son, Ltd. (6d.; post free, 7d.)

Birmingham Accident Hospital as a practical expression of their desire to promote the establishment of efficient fracture services. The grant is made on the condition that the balance of the initial capital expenditure necessary to convert the old Queen's Hospital into the new Accident Treatment Centre is forthcoming from other sources. They are also making a contribution towards the capital cost of an Accident Treatment Centre in Oxford, proposals for which have been approved by the Berks, Bucks, and Oxon Regional Hospitals Council. Proposals have been prepared by the Medical Advisory Council of the Trust for a regional pathological service to provide complete, co-ordinated, and effective laboratory services for both public health and clinical pathology. The trustees have authorized a grant of £1,500 to the Regional Hospitals Council of the Berks, Bucks, and Oxon area towards the capital expenditure of the service. It is considered that valuable experience may be gained from this which will furnish a guide for future action in other regions. Financial provision is also being made by the Trust for a cancer survey to be undertaken in two regions. The trustees consider that the success of the scheme for the regionalization of hospital and medical services depends, to a large extent, upon the active, intelligent, and sustained co-operation of the general practitioner. It has accordingly been decided to adopt a scheme, experimentally in the first instance, in the area of the Oxford and District Joint Hospitals Board, for a medical liaison service. Under this scheme one or more retired medical practitioners will be appointed to act as liaison officers between the joint board and the general practitioners in the division. The cost of the scheme for the ensuing year will be defrayed by the Trust. A grant of £2,000 per annum for three years has been made to the Prince of Wales's Hospital, Plymouth, for allocation through the South-Western Regional Hospitals Council, subject to a satisfactory arrangement being made between the hospital and the Corporation on the co-ordination of hospital services in Plymouth and to an agreement between the Plymouth Corporation and the Devon and Cornwall County Councils as to the payment of contributions to the Prince of Wales's Hospital. A grant of £2,000 has also been made to the Royal Berkshire Hospital for the current year, and a further grant of £1,000 for a second year, subject to certain conditions.

Hospital Regionalization Conference in Liverpool

A conference has lately been held at Liverpool on the invitation of the Vice-Chancellor of the University (Dr. A. D. McNair) to discuss proposals from the Nuffield Provincial Hospitals Trust for a regionalized hospital service in the north-west. It was attended by representatives of the Trust, the Liverpool Hospitals Joint Advisory Committee, and the local authorities and voluntary hospitals of Lancashire and Cheshire, North Wales, and Westmorland and Cumberland. The Vice-Chancellor stated that some months ago the Trust approached the Advisory Committee, which represented both the municipal and the voluntary hospitals of Liverpool, asking whether the necessary steps might not be taken to form a hospital region based on Liverpool and its university medical school. The committee examined the proposals and decided to give effect to the request, with the result that the conference was called, not to accept a cut-and-dried scheme, but to consider the principle of regionalization as applied to the area. Addresses were given by Mr. W. M. Goodenough, chairman of the Trust, Sir Farquhar Buzzard, chairman of its Medical Advisory Committee, and Mr. S. Richardson, chairman of its Provincial Hospitals Regional Committee, and the conference was then thrown open. While the principle of regionalization was generally supported as a means of better co-ordination between voluntary hospitals and local authorities, it was felt that those present had no mandate to vote, and on the motion of Prof. Henry Cohen it was agreed, while expressing the desire of the conference to examine sympathetically the principle of regionalization, to adjourn to a later date so that the representatives of local authorities and voluntary hospitals might consult their constituents and obtain such a mandate. The chairman of the Birkenhead Health Committee, Councillor H. Bullock, said the lack of co-operation hitherto was due largely to the attitude of the voluntary hospitals, and he asked whether those hospitals would still be allowed a preferential position in regard to training, nursing staffs, and patients, and

whether redundant hospitals would be scrapped. Sir Farquhar Buzzard replied that such questions could only be decided by the regional councils themselves. There was no desire to aggregate all consultants in one place, but rather to distribute them wherever needed.

SCOTLAND

Glasgow and the E.M.S. Hospitals

At the annual general meeting of Glasgow Royal Infirmary, at which the Lord Provost, Sir Patrick Dollan, presided, Sir William Marshall, referring to recent speeches of the Minister of Labour concerning the man-power of the country, said he could not help thinking of the incapacity through illness which prevented a large section of the people from doing their best in the national effort. It was stated that in this country on any day throughout the year 650,000 of the working population were away from work on account of unfitness. He believed that much of this incapacity need not exist if the medical and surgical services were immediately available for efficient treatment. A great army of workers might be pulling their full weight were it not for the fact that they could not obtain the treatment their medical advisers considered necessary for the restoration of capacity. Some of the emergency hospitals had very few or no patients. If there had only been some loosening of the restrictions regarding empty beds in emergency hospitals a large number of civilian patients would have been made fit for their work to-day. Sir William Marshall welcomed, as did Mr. Charles Glen, chairman of the Glasgow Royal Infirmary, the steps taken by the Department of Health to have waiting patients received in the emergency hospitals.

Bequest to Edinburgh for Medical Research

By a judgment in the First Division of the Court of Session, Edinburgh University becomes entitled to the whole residue of the estate of the late Mr. John Risk, a distiller of Stirling, to be applied for the advancement of medical and surgical research. By his trust disposition Mr. Risk directed that in certain events his trustees should pay one-half of the residue of his estate to the surviving issue, if any, of his daughter, or, in the event of there being no such issue, the whole residue to the Court of the University for this purpose. He also declared that should his daughter repudiate the settlement and claim her legal rights she and her issue should forfeit all rights under the settlement. Miss Risk did in fact claim her legal rights. It was agreed between the parties that the trustees were entitled to divide the estate remaining in their hands into two equal parts and to pay one of such parts to the University, but with regard to the other it was contended on behalf of Miss Risk that the trustees were not entitled to pay it away so long as it remained uncertain whether or not she would be survived by issue. The Division held that the University Court was entitled to payment of this second part of the residue.

Edinburgh Medical Missionary Society

The Edinburgh Medical Missionary Society will celebrate its centenary on St. Andrew's Day this year. Beginning in a small way its work and fame grew, and it has been the means of helping well over 300 medical students to train as doctors for the mission field under different religious denominations. It has also maintained hospitals in Nazareth and Damascus. To commemorate the first hundred years Dr. H. F. Lechere Taylor, a former secretary and superintendent, has written an outline of the history and activities of the society under the title *A Century of Service*. During the earlier years it was known as the "Edinburgh Association for Sending Medical Aid to Foreign Countries"; the present title was adopted in 1843. In 1861 the society took over the Cowgate Dispensary in Edinburgh. Extensions of the premises have included the Livingstone Memorial Medical Missionary Training Institution. It was in 1853 that the society sent its own first medical missionary to India.

Medico-Legal

WRONGFUL DEDUCTION OF PANEL FEES

An insurance practitioner recently succeeded in an action against a county insurance committee for the payment of a sum which had been deducted unlawfully from his capitation fees. Before the deputy judge at Windsor County Court, Dr. H. Tudor Edmunds, of Slough, sued the Bucks Insurance Committee for £3 13s.¹ A satisfied patient, the manager of a firm in business outside the doctor's district, telephoned to the doctor to call and see three of the firm's employees who were ill. He did so, and no one told him they were insured persons. About a week afterwards, when making the entry in his daybook, this possibility entered his mind and he reduced his fees by a half, as he thought the patients might have to contribute some payment to the firm. It appeared later that two of them were insured persons. The firm paid his bill, but afterwards asked him to refund £3 13s., his charge in respect of the two insured persons. The insurance committee, without hearing the doctor, deducted this amount from his panel payments. Counsel for the committee suggested to the doctor when he gave evidence that, if he had known that these persons were insured and had treated them as such, he could not have expected a fee from the firm. He replied that a doctor was often called in to deal with the employees of a firm, rather than that the firm should each time summon the panel doctor of a sick employee. He was employed by two firms at Slough whose employees he treated for payment whether they were insured persons or not. Counsel submitted that the judge had no jurisdiction in this matter, because the committee was a semi-judicial body and the question was dealt with in the Medical Benefit Regulations. The judge held that he had jurisdiction. Giving judgment, he said the committee was not entitled to deduct this sum, for the contract under which the doctor was employed was with the firm and not with the insured persons. The patients did not pay, and they were not therefore entitled to recover or to ask the committee to refund the fee. It seemed to him a pity—as, in fact, counsel had admitted—that the committee had not dealt with the doctor more as a professional man should have been dealt with, and at least have heard what he had to say. If they set themselves up as a judicial body, nothing more unjudicial could have taken place. He gave judgment in favour of the doctor for the amount, with costs on the highest scale, in view of the importance of the case to the medical profession and insurance committees.

STATISTICS OF INFANTICIDE

In a paper read to the Medico-Legal Society Dr. J. C. Matheson, governor and medical officer of Holloway Prison, gave some interesting statistics with regard to infanticide. During the period of five years 1936–40 eighty-one women were admitted into Holloway charged with homicidal offences, and in thirty-six cases the victims had been infants under 12 months old. Dr. Matheson divided these cases into two groups: one for the period from the beginning of 1936 until June, 1938 (when the Infanticide Act of that year came into operation, repealing and re-enacting with modifications the provisions of the previous Act of 1922), and the other for the period from that date until December, 1940. During the earlier period seven of the women were charged at assizes with murder; during the second period, following the passage of the Act, no such cases occurred. The accused women were most commonly between the ages of 20 and 30, and there was no case over 40. Of those in the earlier period nine were married women, eight of whom had had children before, and eleven were unmarried, of whom only one had had a child before; of those in the later period six were married, four of whom had had children before, and ten were unmarried, one of whom had previously had a child. The age of the victims was in the majority of cases under one month.

¹ Windsor, Slough and Eton Express, Feb. 7.

Eleven of the twenty mothers relating to the earlier period, and eight of the sixteen mothers relating to the later period, had made preparations for confinement; the others had made none. As for the mental condition of these thirty-six accused persons, ten had had a positive history of mental impairment, and twenty-six a negative. Dr. Matheson's conclusions were that the lactational period is more important from this point of view than the period of pregnancy and childbirth, and that very often an exhaustion psychosis becomes evident. Infanticide is relatively more common among the unmarried than among the married, and among primiparae than among multiparae. There appears to be no specially favoured method of killing the infant, any one of a large number of methods being employed, and a true amnesia is not common. He did not think that the Act of 1938 had brought about any increase in the crime of infanticide. [The Act of 1938 applies to the killing of "a child under the age of twelve months" instead of to a "newly born" child as in the Act of 1922: it also refers to the effect of lactation as well as of pregnancy and childbirth.]

The Services

CASUALTIES IN THE MEDICAL SERVICES

ROYAL NAVY

Surgeon Lieut.-Commander JOHN WIDDICOMBE OLIVER, R.N., lost his life at sea in March while serving in H.M.S. *Bona-venture*. He was 33 years of age and was the elder son of Mr. and Mrs. Oliver of Old Bosham. He was educated at Felsted School and won a scholarship to Guy's Hospital, qualifying M.R.C.S., L.R.C.P. in 1931. For a time he was resident medical officer at Ashford Hospital. He entered the Royal Navy as surgeon lieutenant in 1931, and was promoted to surgeon lieutenant-commander in 1937. He was just posted to the Royal Naval Hospital, Haslar, for six months, and then served two and a half years on the China station in H.M.S. *Falcon*, Yangtze Flotilla, and returned to England to the Royal Marine Infirmary, Chatham, until August, 1936, when he was appointed to the Royal Naval Hospital, Great Yarmouth. He joined H.M.S. *Bona-venture* in April, 1940. He had been a member of the British Medical Association for ten years. He leaves a widow.

ARMY AWARD

The Military Cross has been awarded to Captain Prithvi Raj Bali, Army in India Reserve of Officers (Medical), in recognition of gallant and distinguished services in the Middle East.

The October issue of the *Dental Record* contains an entertaining account of the notorious mountebank commonly known as Sequah, by the well-known dental antiquarian Mr. B. K. Townend, who has collected from various sources a considerable amount of information about this extraordinary man. The bulk of evidence, according to Mr. Townend, goes to show that Sequah was born in Cornwall about 1844 and that his real name was William Henry Hartley. After serving in the police force he emigrated to America, where he achieved considerable success with his remedies, though not so great as he subsequently did in this country. On his return to England he successively started three companies in the course of three years, and during the 'eighties and 'nineties acquired a considerable fortune. His activities were not limited to this country, but he visited Tangier and Egypt, where he carried on his performances under the name of Sikwa. Though best known for his extraction of teeth in the market place of towns and villages, which he carried out to the accompaniment of a band and dressed as an Indian chief, he also professed to cure chronic rheumatism, deafness, blindness, rickets, consumption, piles, and all incurable illness. He also probably acquired large profits from the sale of his medicines, the most famous of which were "Sequah Oil," "Prairie Flower," and "Swamp Root Medicine," as well as from a sale of booklets containing rhymes in advertisement of his medicines.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

In Congregation on April 26 a bequest was gratefully accepted from the executors of the late Charles Slater, M.A., M.B., formerly of St. John's College. This is a legacy of £4,000 to the University of Cambridge to be applied for purposes in any way connected with the teaching of or research work in medical science or any other science ancillary to medicine at the absolute discretion of the governing body for the time being of the University.

The following medical degrees have been conferred:

M.B., B.Chir. (by proxy).—F. S. Jackson, T. W. Rowntree.

UNIVERSITY OF LONDON

The membership of Brigadier P. H. Mitchiner, M.S., F.R.C.S., as representative of the Faculty of Medicine on Convocation, who was due to retire on May 13, 1941, has been continued until May 12, 1942.

The following candidates have been approved at the examination indicated:

POSTGRADUATE DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Helen Baker (with Mental Diseases (Psychiatry)). *Part A*: J. W. Affleck, A. A. G. Clarke, Portia G. Holman, Barbara E. Woodhead.

UNIVERSITY OF ABERDEEN

At a graduation ceremony on April 3 the degree of M.D. was conferred on I. Sacks, and the Diploma in Public Health was awarded to R. F. Macdonald.

The following medals were also awarded: Fife-Jamieson Memorial Gold Medal in Anatomy: W. Burnett. Chanock Gold Medal in Anatomy: M. R. Milne. Lizars Gold Medal in Anatomy: G. E. Mavor.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Election of Fellows

At a meeting of the Royal College of Physicians of London on April 23, with Sir Charles Wilson, President, in the chair, the following were elected Fellows of the College:

Stanley Wyard, M.D.Lond. (London); John Inkster, M.D.Aberd. (Middlesbrough); James Browning Alexander, M.D.Glasg. (London); Hugh Spear Pemberton, M.B.Liverp. (Liverpool); Edwin George Bleakley Calvert, M.D.Belf. (London); Alexander William Hendry, M.D.Aberd. (Aberdeen); Montague Maizels, M.D.Lond. (Maidstone); Thomas Howard Crozier, M.D.Belf. (Belfast); Frank Alexander Knott, M.D.Lond. (London); Clifford James Fuller, M.D.Oxf. (Exeter); Cyril John Polson, M.D.Birm. (Leeds); Robert Klaber, M.D.Lond. (Bishops Stortford); John Gerald Edward Hayden, M.D.Melb., F.R.A.C.P. (Melbourne); Robert Merttins Bird Mackenna, M.D.Camb. (Liverpool); Charles Percy Pinckney, M.B.Camb. (London); Swithin Pinder Meadows, M.D.Lond. (London); Andrew John Morland, M.D.Lond. (London); Francis Findley Hellier, M.D.Lond. (Leeds); Louis Philippe Eugene Laurent, M.D.Lond. (Basingstoke); Thomas Tennent, M.D.Glasg. (Northampton); John Guyett Scadding, M.D.Lond. (London); Norman Swift Plummer, M.D.Lond. (Steyning); Ronald Wilson Fairbrother, M.D.Manch. (Wilmslow); Evan Jones, M.D.Lond. (London); Eric Hamilton Hudson, M.B.Camb. (London); Max Leonard Rosenheim, M.D.Camb. (London); Samuel Nevin, M.D.Belf. (London); Gordon Wilkinson Goodhart, M.D.Camb. (London); George Norman Myers, M.D.Durh. (Cambridge); Eric Frank Scowen, M.D.Lond. (London); Alfred Ernest Barclay, M.D.Oxf. (Oxford); James Frederick Brailsford, M.D.Birm. (Birmingham); Robert Montgomery Gordon M.D.Dubl. (Liverpool); and Noel Gordon Harris, M.D.Lond. (London). George Cranston Anderson, M.D.Ed. (London); Gordon Roy Cameron, M.B.Melb., D.Sc. (London); Egbert Coleby Morland, M.D., F.R.C.S. (Aylesbury); and Major-General H. Marrian Joseph Perry, C.B., L.R.C.P. & S.I. (London), elected under By-law XXXIX (b).

Surgeon Vice-Admiral Sir Reginald Bond was re-elected representative of the College on the Professional Classes Aid Council. Dr. G. E. Ward was appointed External Examiner in Medicine for the Fellowship Examination of the Faculty of Radiologists.

Admission of Members

The following candidates having satisfied the Censors' Board were admitted Members:

Hector John Anderson, M.B.Camb., Desmond William Ronald Ashby, M.B.Lond., Colin Ross Baxter, M.B.St.And., Harold Williams Fullerton, M.D.Aberd., Lillias Margaret Patria Gairdner, M.B.Lond., Ian Mills Hall, M.B.Lond., Michael Redmond Hayes, L.R.C.P., Frederick Roland George Heaf, M.D.Camb., Cecil John

Charles Guy Hodson, M.B.Lond., Arnold Langley Jackson, M.B.Camb., Bertram Alfred Edward Johns, M.B.Birm., Thomas Arthur Kemp, M.B.Camb., Anthony Arthur Gough Lewis, M.B.Lond., Ronald Charles Mackeith, M.D.Oxf., Maurice Nellen, M.B.Cape-town, John Wylmer Paulley, Flying Officer, M.B.Lond., John Pemberton, M.D.Lond., John Lawrence Pinniger, M.B.Oxf., Mohammed Sadiq, M.B.Punjab, Dwijendra Bhuson Sen, M.B. Calcutta, John Rupert Squire, M.B.Camb., Euodia Davel Van Der Walt, M.B.Cape-town, Alfred John Walker, M.B.Lond.

Licences and Diplomas

Licences to practise physic were conferred upon the following 171 candidates (including 14 women) who had passed the Final Examination in Medicine, Surgery, and Midwifery of the Conjoint Board and have complied with the necessary by-laws:

P. H. Abbott, G. C. Acres, R. A. Allen, M. W. Annear, Norah H. L. Armstrong, F. Barasi, R. F. G. Barker, J. S. Barr, J. L. Battle, J. W. R. Battram, C. L. F. Beaton, R. C. Bell, W. Black, P. H. Blackiston, D. V. V. Bowen-Jones, K. G. Bowker, A. C. Boyle, W. L. Brace, K. T. Brown, J. E. Bulow, H. C. Burbridge, H. C. Burnell, I. C. Campbell, L. S. Carstairs, Joan Cleland, Betty J. Clymo, R. C. Connolly, P. B. Conroy, H. Contemendoza, C. F. Cooper, W. H. Craik, R. McK. Crichton, J. H. Crosland, P. S. Cuthbertson, R. Daley, P. G. Dalgleish, G. J. L. Davies, H. Mcl. Davies, B. W. Davy, T. Dean, R. M. de Gregory, W. P. Dick, R. G. Dickinson, C. F. Donovan, B. B. Downman, C. H. Dunn, J. R. G. Edwards, Margaret Edwards, J. J. Elkesas, B. Ellenbogen, F. Fessler, E. Finsterbusch, Elizabeth H. Flett, L. P. R. Fourman, H. D. Freeth, B. Galandauer, R. M. Galvan, L. A. Gibbons, N. W. Gill, Kathleen M. Gillett, N. Glas, N. F. C. Gowing, E. A. Grau, C. Greenwood-Penny, K. E. A. U. Ground, T. E. Hall, R. C. Hallam, G. J. Hardaker, D. H. C. Harland, S. Harrison, H. G. Helm, G. W. D. Henderson, R. S. Henderson, P. R. Henson, E. Hesselberg, R. D. Hoare, A. Holmes-Smith, H. Howard-Swaffield, H. B. Hyman, J. B. Ingram, C. J. R. Jacob, H. M. Jones, H. H. Khan, R. A. B. Kinloch, H. G. S. Korvin, W. S. S. Ladell, S. E. Large, J. B. Latto, R. R. Latto, T. E. Lamb, B. Lees, E. J. Leighton, H. M. Lewis, D. M. N. Longridge, T. H. McCall, J. G. McGavin, Lydia McMurdo, F. R. L. Makin, C. N. S. Manson, J. K. Martin, L. G. C. Martin, Margaret E. Matthews, J. Le F. Milburn, P. J. Miller, R. A. Moir, B. P. Moore, D. B. Morgan, A. B. Morrison, A. R. V. Moynagh, A. B. S. Mules, A. T. L. Norfolk, N. C. Norman, J. A. Oddie, Thora A. M. Oehlers, K. R. Ogilvie, L. J. Page, K. H. J. B. Parker, T. P. Pattinson, R. H. Percival, C. M. C. Potter, Dorothy P. Potter, B. S. Powell, G. C. Price, G. C. Purslow, P. A. B. Raffle, R. I. Randall, D. Ranger, J. Reiss, L. Rendell-Baker, J. L. Roberts, T. M. C. Roberts, P. J. Robinson, W. J. B. Rogers, M. S. Ross, B. Rowlatt, F. R. Russell, H. B. L. Russell, J. A. Sadler, R. G. Saipé, R. P. G. Sandon, R. D. W. Schofield, R. Sepson, P. C. Sharma, R. M. Sharpe, K. N. Sinha, P. A. J. Smith, R. A. G. Smith, T. H. S. Smith, C. C. Spicer, W. Spitzer, J. S. Stead, D. E. S. Steele, H. Sterndale, J. J. Sutton, J. H. Thompson, Edith M. Thorp, J. S. Tomkinson, S. E. Vincent, J. W. Warburton, R. S. Wathes, N. D. Wayne, Christine M. Weddell, D. N. White, Mary White, G. L. Whitmore, D. M. Wilkins, Betty M. Williams, J. Williams, M. H. Wostenholm, G. B. Wright, R. B. Wright.

Diplomas in Child Health were granted, jointly with the Royal College of Surgeons of England, to the nine candidates whose names were printed in the report of the meeting of the Royal College of Surgeons of England in the *Journal* of April 26 (p. 656).

D. W. Martin (*J. Pediat.*, 1940, **16**, 468) states that since 1935 eight cases of Rocky Mountain spotted fever in children have been treated at the Duke Hospital, Durham, N.C., as compared with only three cases in adults. Two were taken ill in June, four in July, and two in August—that is, during the season of greatest activity of the dog tick, by which the disease is transmitted. In five of the eight patients a history of tick bites was obtained, with the onset of symptoms from three to fourteen days later. The character of the disease varied from no symptoms except a rash and a temperature of 104° F. to delirium, coma, and a temperature of 105° F. The average duration of fever was fourteen days. Only one patient had a complication—gangrene of the nose. All recovered. The disease cannot be differentiated from typhus by the Weil-Felix reaction, but can be differentiated by inoculation of guinea-pigs and biopsy of the skin lesion. Treatment is purely symptomatic. Although there are no reliable figures on the mortality of the disease in children, the mortality rate appears to be much lower than in adults, while the morbidity is much higher. As regards prevention, control on a large scale is impossible owing to the rapid rate of multiplication of the ticks and their extraordinary resistance. The vaccine prepared by the United States Public Health Service usually protects for a year and reduces the mortality, but its cost makes its widespread use impracticable.