

Finally I should like to express my indebtedness to Major Racker for pointing out these ambiguous passages, and I am very pleased to find that in so many respects we agree upon the proper management of these cases.—I am, etc.,

Woking.

L. G. HIGGINS.

#### Derris Powder in the Treatment of Scabies

SIR.—Last spring I found that this fine white powder was much more effective in the destruction of the green cabbage fly than the solution; also that it was not poisonous, was free from smell, and had no ill effect on human skin or clothing. Two ounces of the powder was prescribed and the patients were advised to put it into an empty talcum-powder tin. They were told to scrub themselves and their near contacts with soft soap and water on three successive nights. This was to be followed on each occasion by the free dusting of their bodies, underclothes, and bedclothes. *Lotio calaminae*, with liquor picis carbonis  $\text{mx}$  to  $\text{3i}$ , was given to soothe the irritation and to assist the powder to adhere to the areas which most required attention.

The advantages of this treatment are: (1) It does not soil the underwear or bedclothes, and this saves time and soap. (2) It does not irritate the skin nor does it smell like sulphur. (3) A small container with a perforated end can easily be carried with a suitable lid. Should any escape no harm will be done to food or clothing; this has already proved useful to members of the Forces. (4) It is very cheap.—I am, etc.,

Leeds.

L. C. LODGE.

#### Phenothiazine for Threadworms

SIR.—In an annotation in the *Journal* of February 7 (p. 191) devoted to the treatment of threadworm infestation with phenothiazine you refer to the work of F. De Eds, C. W. Eddy, and J. O. Thomas, and say that "the impression conveyed is that phenothiazine is largely if not wholly absorbed." You then go on to say: "Presumably some must remain in the bowel, but on this point there is no precise information in any of the studies."

In 1939, when I was resident medical officer at the Albert Dock Hospital, under the direction of my former chief, Sir Philip Manson-Bahr, I treated a number of lascars who were suffering from mixed worm infections with phenothiazine. The object at the time was to discover what effect the drug would have on hookworms. As Sir Philip has already reported (*Lancet*, 1940, 2, 808) it proved ineffective for hookworms, but very effective for threadworms. It also proved to be extremely lethal to roundworms (*Ascaris lumbricoides*), and in the case of one lascar eighteen dead worms were passed in a single motion. In all cases the roundworms were stained bright red, the colour being identical with that of the urine of the patients while under treatment with phenothiazine. Section of the worms showed uniform red staining throughout the tissues. Obviously ingestion of the drug by the worms had occurred, thus demonstrating the presence of the drug in the bowel.—I am, etc.,

B. FREEDMAN,  
Capt., R.A.M.C.

#### Unification of Casualty Services

SIR.—In the event of invasion, casualties would occur among the Home Guard, Civil Defence workers, women, children, and old men alike. To deal with these casualties there are the A.R.P. Casualty Services and the Home Guard Casualty Service, which has only recently come into being in an official form, and unattached general practitioners. The two services are interwoven and would have to work together in an emergency, yet in many places they are under separate authority and different medical officers. This must tend to cause either overlapping or gaps and a lack of co-ordination.

Within the casualty services there are two organizations performing the same task—the Red Cross and the St. John Ambulance Brigade. There is often a good deal of jealousy and ill feeling between these two, and this not only exists among the members of detachments in the same locality but is sometimes apparent even among those holding responsible positions. It seems absurd that there should not be at all events a common textbook and common lectures and examinations. Would it

not be possible for a Home Casualty Service to be formed under one control to deal with all home casualties, whether caused by invasion or air raids, and whether to the Home Guard or civilians, and would it not be possible for both the Red Cross and the St. John Ambulance Brigade to become a joint organization in fact as well as in name, and merged into one, at all events until peace comes? I do not know how all this affects urban districts. I am referring only to rural districts of which I have a knowledge.—I am, etc.,

Stokenchurch.

E. L. ELLIOTT.

## The Services

Lieut. D. A. Bird, R.A.M.C., who was killed in France in 1940, has been mentioned in dispatches in recognition of distinguished services in France and Flanders.

#### CASUALTIES IN THE MEDICAL SERVICES

##### ROYAL NAVY

Temp. Surg. Lieut. ERIC ANTONY SPOUSE, M.B.E., R.N.V.R. (H.M.S. *Matabele*), is reported "Missing, Presumed Killed" in an Admiralty Casualty List published on March 9. He qualified L.M.S.S.A. in 1939, and, after holding the post of house-surgeon at the Kent and Sussex Hospital, Tunbridge Wells, entered the R.N.V.R. He was awarded the M.B.E. (Military Division) in this year's New Year Honours. His home was at Hastings.

Prob. Temp. Surg. Lieut. BASIL RICHARD BRAY, R.N.V.R. (H.M.S. *Greyhound*), who is posted as "Missing, Presumed Killed" in an Admiralty Casualty List published on March 7, was educated at the Universities of Sheffield and Cambridge. He qualified M.R.C.S., L.R.C.P. in 1938, and took the M.B., B.Chir. degrees in the following year. He held the post of assistant casualty officer at Sheffield Royal Infirmary before entering the R.N.V.R. in 1940.

*Missing*.—Temp. Surg. Lieut. H. T. L. Broadway, R.N.V.R.

##### ROYAL ARMY MEDICAL CORPS

Lieut.-Col. ALEXANDER GILLILAN JOHNSON MACILWAINE, C.I.E., R.A.M.C., died in London on March 3, aged 55. He was educated at Queen's University, Belfast, and later at the London and Middlesex Hospitals, taking the L.R.C.P.&S.I. in 1911. In 1910 he gained the gold medal for practical midwifery at Belfast Maternity Hospital. After serving as resident clinical assistant at the Royal Victoria Hospital, Belfast, he entered the R.A.M.C. for service in the war of 1914-18, rising to be brevet major. In 1915-17 he served as D.A.D.M.S. in charge of embarkation work at Bombay, and from 1917 to 1920 in Iraq, when he was mentioned in dispatches and thanked for his services by the Mesopotamia Sanitary Commission. He also received the C.I.E., and was Honorary Surgeon to the Viceroy of India from 1915 to 1920. After the war he was in practice in London, but rejoined for service in the present war with the rank of lieut.-col. He was an Officer of the Order of St. John of Jerusalem and a member of the British Medical Association.

Lieut. FREDERICK SCHULZ is included as "Died" in an Army Council Casualty List published on March 9. He was educated at the University of Prague, where he graduated M.D. in 1936, and last year he was admitted to temporary registration in the United Kingdom for the duration of the war. He held a post at the North Suffolk and Lowestoft Hospital before entering the R.A.M.C. as temp. lieut. in December last.

Temp. Lieut. GEORGE DUNCAN RALPH BLACK, O.B.E., V.D., who is reported to have been killed in Hong Kong in Dec., 1941, was educated at the University of Toronto, where he graduated M.B., C.M. in 1905. For many years he was resident in Hong Kong, and had been a member of the B.M.A. since 1908. He served as president of the Hong Kong and China Branch of the Association in 1934-6, and as representative of the Branch at three Annual Representative Meetings. He had been principal medical officer of the Hong Kong Volunteer Defence Corps, in which he had attained the rank of lieut.-col., and was awarded the O.B.E. (Military Division) in 1935 for his services in connexion with the corps. He received a commission in the R.A.M.C. at the close of last year.

*Wounded*.—Temp. Major C. H. George.

##### INDIAN MEDICAL SERVICE

Lieut.-Col. KANSHI RAM BATRA, who is recorded as "Died" in an India Office Casualty List published on March 5, was born on August 10, 1890, and was educated at University College, London, qualifying M.R.C.S., L.R.C.P. in 1915. He immediately entered the I.M.S. as lieut., being one of the successful candidates at the last competitive examination for commissions in the I.M.S. which was held, and was promoted capt. in 1918, major in 1926, and lieut.-col. in 1934.

# Universities and Colleges

No. 8

## ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council held on March 12, with Sir Alfred Webb-Johnson, President, in the chair, Drs. B. D. Pullinger and R. J. Ludford, members of the scientific staff of the Imperial Cancer Research Fund, were appointed lecturers in the College in 1942. Votes of thanks were given to Mr. R. H. Jocelyn Swan for a collection of urological specimens, and to Mrs. Earle Newton for some furniture designed and hand-made by her late husband, Earle Newton, F.R.C.S.

Diplomas of Fellowship were granted to John Marshall Pullan, M.B.Camb., and Michael Vincent Sheehan, M.B.N.U.I. A diploma of Membership was granted to Audrey Coglan.

Diplomas were granted, jointly with the Royal College of Physicians of London, as follows:

**TROPICAL MEDICINE AND HYGIENE.**—L. J. L. Chwatt, O. L. C. Cookson, Adelia A. M. Coutts, D. W. Ellis-Jones, A. G. Farr, E. I. Garratt, K. E. A. U. Ground, J. R. Jackson, C. Michie, F. G. Patrick, A. R. Sandford, Marion K. Serjeant, J. P. Sexton, J. Shah, K. N. Sinha, L. P. Stuzinski, W. J.-S. Wilson.

**OPHTHALMIC MEDICINE AND SURGERY.**—P. H. Beattie, P. C. Rose, E. R. Bowes, D. Caplan, G. B. Collyer, M. M. J. Enright, H. de B. Kempthorne, Iris M. Magauran, G. C. Pritchard, P. D. Trevor-Roper, R. D. Ward, A. E. Wilson.

## EPIDEMIOLOGICAL NOTES

### Discussion of Table

In *England and Wales* a rise in the incidence of measles was again recorded during the week under review. The most notable local increase was in Warwickshire, where the cases rose from 121 in the preceding week to 248, the centres of infection being Birmingham C.B. 145 cases, Coventry C.B. 42, and Solihull U.D. 53. Other counties with a high incidence were Lancashire 346 (Oldham C.B. 84, Prestwich M.B. 58); Surrey, with 339 cases fairly generally distributed throughout the county; London 178 (Fulham 55); Middlesex 177 (Harrow U.D. 57).

The notifications of whooping-cough went up by 104 during the week. No very big changes occurred in the totals for the individual counties, the largest increases being those of Kent, Middlesex, Lancashire, and Yorks West Riding.

The higher incidence of pneumonia—the notifications were 152 more than in the previous week—was distributed generally throughout the country.

There were no fresh local outbreaks of dysentery during the week, but increased totals were reported from Glamorganshire, Cardiff C.B. 21 cases; Dorsetshire, Dorchester R.D. 11 cases; Yorks West Riding, Harrogate M.B. 8 cases. The notifications were slightly higher in Lancashire, where 17 cases in seven administrative areas were notified, and London, with 14 cases from 8 boroughs.

In *Scotland* the incidence of diphtheria, scarlet fever, and whooping-cough fell, but there were 48 more cases of measles than in the preceding week, seven-tenths of the total cases in the country being recorded in Edinburgh.

### Report of the Registrar-General for Eire, 1940

The number of deaths registered during 1940 was 41,885, equivalent to a rate of 14.16 per 1,000 of the population; the average for the decennial period 1930-9 was 14.18. The registered births numbered 56,594, yielding a birth rate of 19.1, compared with 19.4 for the average of the preceding decennial period.

Infant mortality was 66 per 1,000 births, compared with an average of 69 for the period 1930-9. The maternal mortality was 4.01 per 1,000 registered births, compared with an average of 4.82 for the preceding decennial period.

The death rate from tuberculosis, 128 per 100,000, was slightly above the average of 122 per 100,000 recorded in the preceding ten years. The rate for 1940 for males was 128 and for females 121, compared with an average of 121 for males and 122 for females during the period 1930-9.

Deaths from the common infectious diseases of childhood were only half of the average; 451 deaths were recorded in 1940, compared with an average of 846 in the preceding decennial period.

### Returns for the Week Ending March 7

The number of cases of infectious diseases notified during the week in England and Wales included scarlet fever 1,231, whooping-cough 1,290, diphtheria 876, measles 2,550, pneumonia 1,276, cerebrospinal fever 218, dysentery 120, paratyphoid fever 12, typhoid fever 10. Deaths attributed to influenza in the great towns numbered 62.

## INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended February 28.

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	1942					1941 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	164	18	35	2	9	400	22	97	1	17
Deaths ..	5	1				3	7			
Diphtheria ..	859	25	213	53	14	1,014	50	334	25	34
Deaths ..	22	1	2	1	1	41	1	13	1	1
Dysentery ..	131	14	57	—		179	17	25	3	—
Deaths ..	3	—				—				
Encephalitis lethargica, acute ..	4	1	—	1	—	4	2	2	—	—
Deaths ..	—					—				
Enteric (typhoid and paratyphoid) fever ..						18	—	1	6	—
Deaths ..	—					1	—	—	—	—
Erysipelas ..			47	6	3		2	52	4	—
Deaths ..	—						2			
Infective enteritis or diarrhoea under 2 years ..	28	1	6	12	—	40	2	12	2	1
Deaths ..	—									
Measles ..	2,335	178	196	85	8	15,334	325	159	23	—
Deaths ..	7	1	—	—	1	19	2	—	1	—
Ophthalmia neonatorum ..	72	4	20	—		87	7	12	—	—
Deaths ..	—									
Paratyphoid fever ..	2	—	2	—						
Deaths ..	—		2	—						
Pneumonia, influenza* ..	1,148	59	17	3	3	1,647	65	43	17	8
Deaths (from influenza) ..	74	9	10	1	2	267	20	15	6	10
Pneumonia, primary ..			292	19	12			458	23	19
Deaths ..	50		13	12				—	14	19
Polio-encephalitis, acute ..	1	—	—	—		2	1	—	—	—
Deaths ..	—									
Poliomyelitis, acute ..	8	—	—	—	1	11	—	1	—	—
Deaths ..	—				1	—				
Puerperal fever ..	—	—	15	2	—	1	1	13	1	—
Deaths ..										
Puerperal pyrexia ..	175	19	23	—	1	146	9	12	—	—
Deaths ..	—				1	—				
Relapsing fever ..	—	—	—	—		—	1	—	—	—
Deaths ..										
Scarlet fever ..	1,124	38	170	68†	28	1,300	62	170	30	20
Deaths ..	—	—	1	—		—	—	—	—	—
Small-pox ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—									
Typhoid fever‡ ..	6	2	—	5	2					
Deaths ..	—									
Typhus fever ..	—	—	—	—	—	—	—	—	2	—
Deaths ..										
Whooping-cough ..	1,315	129	43	20	6	3,248	67	690	17	1
Deaths ..	12	3	—	—	42	2	19	1	1	1
Deaths (0-1 year)	394	36	65	32	23	478	36	137	39	26
Infant mortality rate (per 1,000 live births)										
Deaths (excluding still-births)	5,836	888	752	257	171	7,150	921	888	279	244
Annual death rate (per 1,000 persons living)			16.9	17.2	§			19.3	18.5	21.4
Live births ..	5,495	548	845	236	254	5,157	392	859	361	210
Annual rate per 1,000 persons living ..			17.5	15.8	8			17.4	24.0	18.4
Stillbirths ..	232	27	32	—		208	12	51		
Rate per 1,000 total births (including stillborn) ..			36					56.0		

\* Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

† Includes 2 cases of mixed infection—diphtheria and scarlet fever.

‡ Includes paratyphoid A and B for Northern Ireland.

§ Owing to evacuation schemes and other movements of population, birth and death rates for Northern Ireland are no longer available.