

their vocation and the natural completion of their lives. Here is the difficulty, for it is on parents, teachers, preachers, doctors, and statesmen that we have to rely for such teaching, and all too many in these categories are and expect to remain childless themselves. The matter is vital to our national life; it lies at the root of the system of marriage and of sexual morality instituted originally in the interest of the tribe or race and so inculcated by the priesthood, until it is now regarded as lightly as religion itself. But it is only by the overpowering forces of religion and patriotism with a conversion of public taste to simpler forms and intrinsic thought and feeling that the post-war world, as we can conceive it, can possibly be preserved. Surely our profession can be moved to play a quiet but convincing part in this most difficult and obstinate patriotic task.—I am, etc.,

Hatfield.

FRANCIS FREMANTLE.

Food Handlers and Food-poisoning

SIR,—May I bring forward a point that may have been overlooked in public health at the present time? Many laboratories dealing with preventive medicine have probably had more than the usual number of specimens of foodstuffs and faeces lately: this with reference to small outbreaks or isolated cases of gastro-enteritis. At the best of times, in the smaller restaurants particularly, there is a deplorable lack of sanitary and cleansing facilities for those handling food. Although complying with regulations these places are usually not kept to the standard of public conveniences. Now we have a large number of newly established canteens. The point I wish to make is that to-day many are handling food who have not previously had much experience, and therefore the bacterial flora in many of these establishments has probably changed, and there are more carriers of salmonella, paratyphoid B, and atypical dysenteries, to say nothing of streptococci from droplet infections or staphylococci from finger lesions.

It seems hard to add to the already harassed public health authorities' work, but perhaps medical officers of health could ask sanitary inspectors to drop a word of warning to staff managers, and ask their co-operation in tightening up in such matters. Extra w.c.s and lavatories cannot perhaps be installed under the difficult conditions of to-day, but the staff could gradually be taught things they are totally unaware of at present. Some rules on these lines could be advanced: (1) All w.c.s, wash-basins, towels, etc., to be kept scrupulously clean: at least as clean as any other place in the restaurant. (2) No person to return to work after defaecation or urination without a careful wash with soap. (3) If a member of the staff is away ill even for a day a little gentle inquiry as to symptoms to be made by the staff manager, and if the case is one of "vomiting" or "diarrhoea" he might keep a record for possible future reference. (4) In the case of prolonged illness of an apparently gastro-intestinal infection the staff manager to notify the sanitary inspector with a view to getting the advice of the medical officer of health. (5) Members of the staff with a "boil" or "place on the finger" to be taken off actual food-handling if possible and put on other duties.

Many will have an elaboration of these rules, but one is diffident about making things too difficult at the present time.—I am, etc.,

London, W.C.1.

E. GOODWIN RAWLINSON, M.D., D.P.H.

Medical Man-power

SIR,—It seems obvious from the Ministry of Labour comment on the most recent Royal Proclamation (that which renders men up to the age of 45 liable for National Service) that there is still a great need for medical men in the Forces, despite the Shakespeare Committee's finding that there is no shortage of medical personnel in the country. There must be, then, some failure in the method of allocation. May I be permitted to suggest a form of redistribution which might help to some extent.

It seems to me that there are far too many young specialists—I write as one—still in civilian jobs either in E.M.S. or other hospitals. Many of us in these positions formed the impression in the first year of the war that the possession of a higher degree was something of a stumbling-block to entering the Forces, and it might seem that it still is; but one wonders if a

more serious obstruction does not stand in the way of those of us who are now in the E.M.S., and whether employment in that Service may not further prejudice our chances of being called up. Some of us joined the E.M.S. at a time when it seemed likely that it would be called on even more than it had been previously to fulfil its original task. In this we were to some extent correct, but now that there has been a lull in heavy air raids for some time and our duties consist largely of dealing with the waiting-list cases of voluntary hospitals, and now that the demands of the Forces for medical men are so pressing as to necessitate men up to the age of 45 being conscribed, general practice having already done more than its share in meeting demands so far, is it not time that reorganization was undertaken to ensure that we younger men in the E.M.S. and in other hospitals will be called up forthwith?—I am, etc.,

RONALD G. HENDERSON.

The Services

CASUALTIES IN THE MEDICAL SERVICES

Capt. PETER NORMAN WITNEY was killed in Hong Kong in Dec., 1941. He was born on March 31, 1913, the younger son of Dr. and Mrs. E. W. Whitney of Whitstable, and was educated at Cambridge and St. Thomas's Hospital, qualifying M.R.C.S., L.R.C.P. in 1937. After holding posts as clinical assistant at St. Thomas's and house-physician at Torbay Hospital, Torquay, he settled in practice at Tankerton, Kent. He entered the R.A.M.C. as temp. lieut. soon after the outbreak of war and was later promoted capt.

Missing.—Capt. K. P. Brown, R.A.M.C.; Surg. Lieut. C. J. Milligan, R.N.V.R.; Maj. J. M. Officer, R.A.M.C.; Surg. Lieut. J. C. Wyatt, R.N.

DEATHS IN THE SERVICES

Lieut.-Colonel A. P. G. LORIMER, I.M.S. (ret.), died on January 20 at the age of 61. Born in Edinburgh the son of a distinguished Scottish lawyer, he was educated at the Edinburgh Academy, where he made his mark as an athlete. He passed on to Edinburgh University, from which he graduated M.B., Ch.B. in 1905, entered the I.M.S., and after a few years of regimental duty was appointed R.M.O. of the Madras General Hospital. There he carried through an immense work of reform and reorganization. August, 1914, found him and his wife sailing on their first home leave. At Ismailia he received orders to return to India for war service. The result was that he served altogether thirteen years, mostly with the Gurkhas, before returning to this country. In 1920 he achieved home leave, and characteristically devoted part of it to taking the D.P.H. In 1924, his next leave, he took the F.R.C.S.Ed. After serving at Calicut as district civil surgeon he was appointed to Tanjore Hospital and Medical School. This proved to be the most important task to which he had set his hand. His three great qualities were first-rate surgical skill, a remarkable gift for teaching, and a passion for far-sighted organization. To these should be added his remarkable sympathy for the Indian of every race and rank, which instantly commanded loyal co-operation and devotion among his subordinates. His power to inspire his Indian students was unfailing: the most commonplace and self-interested found themselves swept along in the fire of his enthusiasm for all that was noblest in the medical profession. His flaming scorn of the second-rate in aim or in work, and his tenderness and sympathy with the inarticulate Indian patient, whom he protected from every form of exploitation, created a profound impression upon the men whom he trained and whom he fired with much of his own idealism. In the five years that he was in charge at Tanjore he built up a hospital and medical school and organized to a high point of efficiency the medical work of the whole district. But ill-health prevented him from seeing his work perfected and established as he would have wished. In 1934 he was invalided out of the Service with cardiovascular trouble. He spent the remaining years of his life at Harrow, but died as he chose to die in the city of his birth, for above and through all he was a loyal son of Scotland. Lorimer was a man of remarkable gifts and unusual charm. His numerous interests were served by wide reading, a retentive memory, and a great sense of the dramatic. He was a fascinating companion and a brilliant conversationalist.

By a printer's error the surname of Captain John Stobo Prichard, R.A.M.C., to whom the M.C. has been awarded, was misspelt in our issue of March 7 (p. 344).

Medical Notes in Parliament

Tuberculous British Prisoners in Germany

On March 16 Brigadier-General CLIFTON BROWN asked the Under-Secretary for War whether he was aware that certain of our prisoners suffering from tuberculosis in German camps had been promised to be removed to Switzerland for expert treatment; that this arrangement had now been cancelled; and whether he would again press, through the Red Cross or otherwise, for the transfer of such prisoners to Switzerland. Mr. SANDYS said he was not aware of the promise referred to. All British prisoners of war in Germany suffering from tuberculosis (with the exception of two, whose cases were the subject of a recent protest) had been sent to a special hospital in the Saxon Alps, of which he had received favourable reports.

Sir WILLIAM DAVISON said he had seen a copy of a letter from the War Office to the parents of a soldier who had been promised that he should go to Switzerland, saying that he could not go because the War Office had ceased to press the Germans to send him there. Why had the policy of the War Office been changed in this matter? Mr. SANDYS replied that he could explain this, but he did not think it should be discussed in open session.

Mr. BELLENGER asked if the same principle could not be adopted as in the last war, when these unfortunate people were sent to Switzerland for their benefit. Mr. SANDYS: All who are suffering from tuberculosis in a serious form are eligible for repatriation.

Medical Certificates for Fire Watchers

On March 17 Mr. KIRBY asked the Home Secretary what powers had been given to hardship committees to reject applications for exemption from fire-watching duties where doctors had certified that the applicants were unfit for such duty, and if he would take steps to ensure that applicants for exemption, supported by such medical testimony, should be examined by a doctor representing the Ministry before their applications were rejected. Miss WILKINSON said that the tribunals, which had full powers to require an applicant to submit to a special medical examination, were independent bodies whose decisions were not subject to review by any Government Department.

Mr. CAMPBELL STEPHEN: Does not the Minister consider that the powers of the tribunal should be limited in order that medical certificates should not be set aside unless by other certificates? Miss WILKINSON said that a good deal of revision was going on regarding details, but alteration of the law as it stood was not a matter for the Home Office.

New Treatment for Wounds

On March 17 Mr. KIRBY asked the Under-Secretary of State for War if he could give any information about the new treatment for wounds discovered by a doctor of the Hebrew University of Jerusalem; and whether it was to be adopted generally throughout military hospitals in the treatment of wounds. Mr. SANDYS: This work has not yet passed the experimental stage, and there can, therefore, be no question at present of adopting its results generally. Steps have, however, been taken to give the doctor referred to assistance in his experiments.

Nursing and Midwifery in the Colonies

Mr. HAROLD MACMILLAN told Dr. Morgan on March 18 that examinations for midwives were conducted by Government medical officers in all the West Indian Colonies, and diplomas or certificates of competency were issued by the Colonial Governments. Midwives, or nurses known to be qualified as midwives, were employed by the Governments of Jamaica, Trinidad, Leeward Islands, Grenada, Dominica, and St. Vincent. On the same date Mr. Macmillan gave a general assurance that active steps were being taken regarding the training of European women for work in Colonial medical and health services, as well as Colonial-born students of any race or colour, as nurses, midwives, and health visitors. These schemes were not complete, and a full statement on future Colonial nursing policy must await completion of this preliminary work. Asked whether suitably qualified West Africans were encouraged and permitted to secure medical posts in their own country, Mr. Macmillan said continuous efforts were being made to ensure to West Africans careers commensurate with their talents, training, and qualifications.

Shortage of Nurses

Mr. ERNEST BROWN, on March 19, told Mr. Sorensen that returns from hospital authorities in England and Wales indicated that the number of additional nurses they would be ready to employ if they were available was 13,600. The average ratio of nurses employed to all beds was 24 per 100 beds. The average number of nurses employed to all patients was 40 nurses

per 100 patients. He was in communication with the Secretary of State for War about the number of nurses who might be available for transfer from military hospitals to understaffed civilian hospitals.

Tuberculosis among Gold Coast Miners

Mr. MACMILLAN stated on March 19 that two medical officers of the Gold Coast Medical Service had undertaken an investigation into the incidence of tuberculosis and silicosis among mine workers in the Tarkwa area of the Gold Coast between April, 1940, and January, 1941. Their interim report revealed considerable progress. Arrangements were subsequently made for one of them, who was a specialist in these diseases, to visit South Africa to obtain the advice of the authorities in Johannesburg who had special knowledge and experience of these problems. Before adequate preventive measures could be introduced it was necessary to obtain fuller information regarding the dust counts of the atmosphere at the various working places. Arrangements had been made for officers of the Mines Department to receive instruction in this subject. The report showed that the incidence of pulmonary tuberculosis was higher than that of silicosis. The medical officer referred to had now been freed from all routine duties to allow him to devote his full time to the investigation of the incidence of tuberculosis. All known cases of these diseases were receiving the necessary treatment, but the elimination of silicosis must depend on methods of prevention.

Vitamin B, in Canadian Flour.—Fortification of Canadian flour with vitamin B, before export to the United Kingdom is not carried out by the Canadian Government but by individual millers. Consignments are sampled on arrival in the United Kingdom and the vitamin B, content is determined.

Notes in Brief

Mr. Sandys said that at least 80% of recruits to the Army needed dental treatment on enlistment. Full provision had been made for this by the expansion of the Army Dental Corps and the provision of extra Army dental centres and laboratories and mobile dental units.

Mr. R. S. Hudson is sending a letter to every milk farmer in England and Wales calling on him to do his utmost to keep up the milk supply. The United States is sending over a veterinary expert to assist in dealing with contagious abortion in cattle.

Universities and Colleges

UNIVERSITY OF SHEFFIELD

At a meeting on March 13 the University Council decided that all students entering the University must undergo a medical examination, arranged by the University, as early as possible during their first term. In the case of medical and dental students, whose duties expose them to health risks not encountered by others, further physical examinations are required before and during that part of their course which is spent in hospitals. By this decision the Council has taken an important step towards safeguarding the health of a part of the community. There is no intention of imposing a standard of physical fitness on students, but in cases where disability or a tendency to ill-health is found advice will be given for the benefit of the student. The records of all medical examinations will be confidential and will not be divulged without the student's consent. The scheme is one which, it is hoped, will play its part in directing attention to the real aim of medicine, which is the promotion and maintenance of good health.

EPIDEMIOLOGICAL NOTES

Some European Vital Statistics

Despite the great difficulties that must have been imposed on it by the present world conditions the League of Nations Health Organization has issued its annual report on notifiable diseases for 1938. The report contains the statistics of notifiable diseases for the various countries and the great towns of the world, and also includes data on mortality and births. The death rates by cause of death are given for two years preceding 1938, generally 1936 and 1937. A standardized death rate and rates in quinquennial age groups are given for all causes of death in triennial periods around the recent census years, and for the most recent year for which the data were available. The death rate, birth rate, and infant mortality are given by country for each year from 1925 to 1940, although the values for the last two years of the period are provisional. These rates are also given for the great towns by months during 1938, and annual rates for this year and the immediately preceding years are also shown.