

lished for a confident diagnosis to be made during life can the mortality rate be estimated. For this purpose cases of cerebral venous thrombosis from von Hösslin's "catalogue" must be disregarded because none but the fatal cases were recognized in his time. In our paper (1940) we described five puerperal cases and referred to two others, and of these seven cases two were fatal. Eight other cases have now been described in your *Journal* and two of these were fatal—roughly the same proportion. But, as has been said, this proportion must be higher than the true mortality rate. One of us has had a series of eight cases (and a probable ninth) in the acute stage, of which only one was fatal. The number is much too small for any conclusion, but taking into account also what we know of non-puerperal "primary" cerebral venous thrombosis, we are inclined to think that this gives a truer estimate of the fatality rate than the recorded series.—We are, etc.,

J. PURDON MARTIN.  
H. L. SHEEHAN.

London, W.1.

### Post-war Planning and Winning the War

SIR,—May I suggest to Mr. R. Watson-Jones (April 11, p. 478) and others our method in Oxford of meeting on Sunday, after tea, to discuss the medical service of the future, etc. Sitting quietly round a table, members of the group drawn from consultants, county and city medical officers, our lady colleagues, and general practitioners, we learn a lot from different points of view. We are not neglecting any war work, and are fully alive to interests and activities required by war conditions. From experiences of those who find time to attend occasional meetings one would say they are the men and women least likely to neglect any duties. It would be unwise to wait until the war is over, and take a chance of a new Government bringing in a fresh Act affecting medical work, and not giving time for careful study of all the very difficult points which require consideration. Surely it is better to have a plan ready.—I am, etc.,

Bicester, Oxon.

J. HOLMES.

SIR,—One views with much concern the discussions which are taking place at the present time on post-war medical planning. They seem to indicate that there are many medical men who do not yet realize that we are in the middle of a life-and-death struggle, the result of which no man can foretell. If we are to win this war the country requires now and for the duration all our efforts towards that end. This is not the time for lengthy deliberations on non-urgent post-war problems. Let us first secure victory and then we can settle down to discuss in a more peaceful atmosphere what improvements can be made in the medical services in this country.

The younger men in the profession are those who will be most affected by post-war medical alterations, but they are for the most part scattered throughout the world in the fighting Forces and are consequently deprived of an opportunity to express their opinions on schemes with which their future careers may be linked. Medical men will remember the bitter feelings which arose after the last war between the men who had joined the fighting Services and those who remained at home. Many of us in the former category considered that there was a large number among the latter who did not play the game in our absence. It would be a great pity if a similar condition arose after this war. Those who are still at home are acting as trustees for the men who have joined up. It is imperative that we should make sure that our actions are in tune with an honourable execution of our trusteeship. With these thoughts in my mind I doubt the wisdom of the B.M.A. in launching discussions on medical planning in the midst of the present crisis.—I am, etc.,

Westcliff-on-Sea.

A. D. E. BAYLISS.

R. W. I. Urquhart (*Canad. med. Ass. J.*, 1942, 46, 54) states that 1,274 boards held on soldiers in the Canadian overseas Forces showed the following results: diseases of the digestive system, bone and joint disease, mental diseases, and diseases of the chest were responsible for over two-thirds of the cases invalided to Canada, in the order named. The conditions most frequently met with in this group were peptic ulcer, arthritis, deformities of the feet, psychoses, and bronchitis with or without asthma. Pulmonary tuberculosis, diabetes mellitus, and nephritis were relatively insignificant causes of invalidism owing to examination of chest and urine on recruitment.

## Obituary

DAVID DE SOUZA, M.D., D.Sc., F.R.C.P.

Dr. David Henriques de Souza, consulting physician to the Westminster Hospital, died suddenly in that hospital at the close of last month, aged 65. He came of a well-known Portuguese family in England, and after schooldays in Jamaica entered University College, London, as a natural science student, reading for the B.Sc. degree, which he obtained with first-class honours in physiology in 1899. Four years later he took the English Conjoint qualification, and in 1905 the M.B., B.S.Lond. degrees. He was then for some time senior obstetrical assistant at University College Hospital. In 1908 he proceeded to the D.Sc., and in 1919 was elected F.R.C.P., having taken the Membership in 1910; he was also a barrister-at-law of the Middle Temple.

While devoting himself mainly to the teaching and practice of clinical medicine de Souza lectured for many years on physiology at King's College, London; and in 1930 he was named as joint author of the third edition of the *Manual of Physiology* written by his senior colleague at King's, Dr. Willoughby Lyle. Long before then he had become a member of the senior staff of the Westminster Hospital, which he reached by way of the post of medical registrar. For a considerable time he doubled the parts of physician and lecturer on medicine at the Westminster and lecturer on physiology at King's. He joined the British Medical Association in 1907 and was an active member of the Physiological Society, to whose *Journal* he contributed several papers. After his retirement from the post of physician to the Westminster Hospital a laboratory was equipped for him in the new medical school. He served several periods as examiner in physiology and in medicine for the English Conjoint diplomas, and in 1922 was examiner in physiology for the Primary Fellowship examination of the Royal College of Surgeons.

A memorial service was held on March 31 in the temporary chapel in one of the wards of the Westminster Hospital in the presence of his widow and many who had been associated with Dr. de Souza in the old and the new buildings.

Dr. GEORGE ARBUTHNOT ROBERTSON died in March last. He was born in May, 1860, at Brighton. Educated at Fettes and the London Hospital, he graduated M.B., B.S.Durham in 1888, and in the same year became M.R.C.S., L.R.C.P. He practised from 1895 to 1915 at Holmwood, Surrey, and thereafter until his retirement for health reasons in 1929 at Notting Hill Gate, London. He was a keen rider to hounds in early days, and his main interest, outside his profession, was in music. He leaves a widow and two daughters, one of whom, Mrs. Henry Turner, is well known as a novelist under the name of Arnot Robertson.

The following well-known medical men have died abroad: Dr. EMILE DE GRÖSZ, emeritus professor of ophthalmology of the Budapest Medical School and president of the International Organization of the Campaign against Tuberculosis, aged 76, at Budapest; and Dr. EMILE-JEAN MOORE, emeritus professor of oto-rhinolaryngology, founder and for some years editor of the *Revue hebdomadaire d'otorhinolaryngologie*, aged 81.

## Universities and Colleges

### UNIVERSITY OF DUBLIN

The following candidates have been approved at the examinations indicated:

FINAL MEDICAL EXAMINATION.—*Medicine (M.B.)*: \*Cecilia J. Dippenaar, †J. W. Dignan, A. McC. Russell, Korneels J. Swanepoel, A. Aitken, Brenda R. Boydell, A. M. Jacobson, S. D. Killen, M. G. Jackson-Smyth, Lavinia F. Nightingale, J. W. van der M. Roos, P. J. Mentz. *Surgery (B.Ch.)*: †Cecilia J. Dippenaar, †Franziska G. Brill, Florella Starritt, Gladys M. Byers, D. M. Brooks, M. B. Flanagan, Korneels J. Swanepoel, C. W. Lloyd, G. F. Shaw, R. C. Ryland, T. J. N. Bates, S. B. Stein, T. A. H. Black, Muriel Eakins, A. G. Lee. *Midwifery (B.A.O.)*: \*F. S. Stewart, \*W. J. C. Hill, \*A. V. Poots, †G. A. McL. Lee, †H. Scheyer, †R. B. Brennan, †Hannah E. Hinchcliff, †J. M. T. Adamson, †E. K. Holland, †P. St.G. Anderson, †J. J. Musgrave, †Violet K. St.G. Breakey, †Mary D. Moriarty, †A. W. Pringle, †K. M. Shaw, †K. H. Anderson, †S. Potgieter, †G. R. Connolly, †W. B. Martin, L. T. H. Mills, F. M. Lanigan-O'Keefe, Helen U. Croasdale, C. K. Elliott, J. B. FitzSimons, N. L. Smith, D. K. Walsh, Catherine E. Craig, Dorothy W. M. Last, P. H. Seaton, J. D. O'Neill, Donnellon, J. McNutt, O. D. Nightingale, R. H. C. Conyngham, H. H. B. Lamb, Margaret E. McClelland, J. M. Hanrahan, W. J. W. Wolfe, M. T. S. Conradi.

\* With first-class honours.

† With second-class honours.

## The Services

### NAVAL MEDICAL COMPASSIONATE FUND

A meeting of the subscribers to the above Fund will be held on May 1, at 3 p.m., at the Medical Department of the Navy, 64, St. James's Street, S.W.1, to elect six directors of the Fund.

### AUXILIARY R.A.M.C. FUNDS

The annual meeting of the members of the Auxiliary R.A.M.C. Funds will be held at 5 p.m. on Friday, May 1, at 11, Chandos Street, Cavendish Square, W., when the annual report and financial statement for the year ended December 31, 1941, will be presented and the officers and committee for the current year elected.

### CASUALTIES IN THE MEDICAL SERVICES

Surg. Lieut.-Cmdr. ROBERT MACDONALD BREMNER, R.N., who died in April as the result of enemy action, aged 37, was the eldest son of the late Mr. J. Bremner and Mrs. Bremner of Wick, and was educated at the University of Edinburgh, where he graduated M.B., Ch.B. in 1929. Before entering the Royal Navy as surg. lieut. in 1933 he was in practice in Leicestershire and Durham. He was promoted surg. lieut.-cmdr. in 1939. He had been a member of the B.M.A. since 1935.

The death is announced on March 26, while prisoner of war, of Col. WILLIAM ALBERT ROBERTSON, C.B.E., M.C., T.D., R.A.M.C. He was born on September 6, 1885, and was educated at the High School and University College, Dundee, and at the University of Edinburgh, where he graduated M.B., Ch.B. in 1907, proceeding M.D. in 1926. In 1913 he was honorary surgeon to Hartlepool Hospital and police surgeon for the Hartlepool district. He was appointed medical officer to the Durham R.G.A. in 1914, and served in France with the 50th (Northumbrian) Division, 1915-18, being mentioned in despatches and awarded the M.C. After the war he returned to Broughty Ferry, and was elected to the staff of the Royal Victoria Hospital, Dundee. In 1921 he was appointed medical officer in charge of the North Scottish R.G.A., and from 1928 to 1932 commanded the 152nd (Highland) Field Ambulance, T.A., and in 1935 became A.D.M.S. of the 51st (Highland) Division, T.A. For his services to the Territorial Army he was awarded the C.B.E. in the 1939 New Year Honours List. He was recalled for service at the outbreak of the present war and proceeded to France, being taken prisoner in May, 1940. Col. Robertson had been a member of the B.M.A. since 1912.

Lieut. CHAIM ISAAK PAGIRSKI, a member of the Palestine Section of the R.A.M.C., is recorded as "Died" in an Army Council Casualty List published on April 16.

*Prisoners of War.*—Capt. O. V. S. Kok, S.A.M.C., Lieut. J. McSorley, R.A.M.C.

*Missing.*—Col. C. F. Burton, M.C., Major G. O. Gauld, R.A.M.C., Surg. Lieut. A. G. Gregory, R.N.V.R., Lieut.-Col. J. Huston, R.A.M.C., Capt. J. Jesson, R.A.M.C., Major M. T. Read, M.C., R.A.M.C., Surg. Lieut. G. L. Ward, D.S.C., R.N.V.R., Capt. A. J. N. Warrack, R.A.M.C., Capt. E. D. H. Williams, R.A.M.C.

*Repatriated Prisoners of War.*—Col. H. C. Godding, Capt. F. N. G. Malone, R.A.M.C.

*Wounded.*—Capt. G. R. Royston, R.A.M.C.

## Medical Notes in Parliament

### Calcium Addition to Flour

On April 13 Major LLOYD GEORGE told Sir E. Graham-Little that the Government's decision to prohibit the manufacture of white flour, except under licence, from March 23 necessarily suspended the fortification of flour with aneurin in this country. In view of the changed outlook owing to the reduction of imports it had been decided to arrange for the addition of seven ounces of calcium carbonate to each 280 lb. of flour. This addition would proceed district by district throughout the country until all flour on sale would be so treated. The date when the loaf would be made entirely from 85% wheatmeal would vary in different parts of the country, depending on the quantity of white flour in those areas and the necessity for its early use. It was not intended to instruct bakers to distinguish in any way the national loaf carrying the authorized admixture of white flour from that made entirely from 85% wheatmeal, but the latter, of course, would be slightly darker in colour.

Mr. MONTAGUE asked on April 15 whether Major Lloyd George had considered evidence advanced to the effect that

the proposal to add calcium to flour was harmful to the public health because of the differences in the quantities of bread eaten by classes of consumers, and whether he had any statement to make. Major LLOYD GEORGE replied that he had not done this, because the appraisal of medical evidence on such matters was a function of the committees of the Medical Research Council which advised the Ministry of Food on medical and nutritional problems. He added that Lord Woolton's decision to add calcium to flour was based on recommendations submitted by these expert committees, and had been reached in consultation with Mr. Brown. Answering Sir Henry Morris-Jones, Major Lloyd George said the Ministry of Food was advised by eminent medical men that it was essential to increase the intake of calcium. Sir Henry said this was against the experience of most general practitioners.

### Home Guard Medical Officers

On April 13 Mr. SANDYS stated that only one request had been received from a zone medical adviser in the Home Guard that a conference of such advisers might be held for the discussion of their duties and difficulties. It was not thought that a general conference of zone medical officers would be helpful, because conditions differed so much in different parts of the country, but the calling of command conferences was being considered. Home Guard medical officers could not be mustered except for duty at regimental aid posts, but if they were without civil obligations there would be nothing to prevent their giving full-time attendance to their Home Guard units.

### Scabies and Army Blankets

On April 13 Mr. BELLENGER asked Mr. Sandys, who had said that all Army blankets were disinfected every six months, whether he was aware that the experience of many members of the House did not coincide with this information. Was it not true that there was a prevalence of scabies in the Army which might be traceable to this cause, and would Mr. Sandys see that the cleansing of blankets was properly carried out? Mr. SANDYS promised, if given particulars, to look into the matter. Scabies was not confined to the Army, and its incidence had been increasing among the civilian population at the same time. More frequent disinfection of blankets had been tried, but it had not reduced the incidence of scabies. Replying to Mr. Lawson, Mr. Sandys added that he was anxious to reduce the incidence of scabies, but he was satisfied that it was not caused by the state of the blankets. He understood that it was usually spread through bodily contact, and that infection from blankets accounted for only a very small proportion of the cases.

### Milk Certificates

Lord ARNOLD, in the House of Lords on April 15, speaking of the regulations governing priority milk for invalids, said that in the majority of cases the doctor could give the certificate for only one month, and then in about three weeks the whole cumbrous process had to be gone through again. This meant waste of the doctor's time. He should have discretion to give a certificate for six months. Lord WOOLTON, in reply, said that in the opinion of the medical profession it was unnecessary to give a certificate in the first instance for longer than one month. There were specified diseases in which, in the opinion of the medical men, milk should be given continuously. In those the certificate was given for a longer period.

### Civilian Medical Practice

Replying on April 15 to Sir E. Graham-Little, Mr. BROWN said the number of doctors enrolled in the E.M.S. on March 31, including those on a whole-time or part-time salary but excluding those who attended on a sessional basis when required, was 1,775. The number of doctors in charge of first-aid posts on Dec. 31, 1941, the last date for which returns were available, was 2,587. He could not say without special inquiry how many were of military age. All those liable for military service came under review by the Central Medical War Committee and its local committees. The decision whether a doctor was to be recruited depended on the needs of the hospital or other service in which he was engaged. A percentage reduction in whole-time medical staffs of hospitals was being carried out on the recommendation of the Medical Personnel (Priority) Committee presided over by Mr. Shakespeare. The reduced establishments would be no more than were required to treat casualties from enemy action on the scale actually experienced, and to provide for the various other types of patients included in the E.M.S. The doctors in the first-aid services were almost invariably engaged in general practice or other medical work. Their availability for the Forces was judged on the needs of that other work rather than on their first-aid commitments.