

London Hospital with the same courtesy and care as those who came to consult him privately.

Lack had many other interests outside his strictly professional activities. He loved beautiful things, and a good deal of his spare time was spent in the acquisition of a choice collection of furniture. He was extremely fond of the country, and at one time, when he had a week-end house at Littlestone, he was an enthusiastic golfer. He had a great knowledge of literature and poetry. Mrs. Lack, who survives him, shared his literary tastes, and the "Poetry Society," which met at his house and in which his talented wife took a distinguished part, was a source of enjoyment to many of his friends. Three sons and a daughter also survive him.

Dr. CONSTANCE ELIZABETH RIDOUT died on Jan. 19, to the great regret of all who knew her. Her health began to fail last August, but with characteristic courage and resolution she continued in active practice until three days before her death. She started work in the literary world, but the last war opened her eyes to the sufferings of humanity and she determined to take up medicine. She was a student of University College and qualified M.R.C.S., L.R.C.P. in 1922. Her first post was with the late Mr. J. Russell Howard in his surgical out-patient department at the London Hospital, where later she became clinical assistant in the genito-urinary department (women). In 1924 she came to Oxford as R.M.O. at the Wingfield-Morris Orthopaedic Hospital. Later Dr. Dorothy Crook was appointed house-surgeon to the hospital, and thus there began a professional association and a close friendship which was never interrupted, for in 1926 she and Dr. Crook started in general practice together in Oxford, and here they have lived and worked together in the highest tradition of our profession. Since 1933 Dr. Ridout had been clinical assistant at the genito-urinary department (women) at the Radcliffe Infirmary, and since 1937 had worked for the Oxfordshire County Council on ante-natal, maternity, and post-natal care in the country round Oxford. When the war came she undertook the work of medical officer to the hostel for evacuated children in Oxford.

She saw her work generously in the way of the old-fashioned doctor, caring for her patients as individuals and family groups, much interested in the maintenance of health of mind and body and in the prevention of disease and deformity. She was a woman of independence of mind, of remarkable and rare personality. To those of her colleagues and patients who knew her well she was a true and attractive friend of unusual character.—G. R. G.

The Services

The King has approved the award of the R.N.V.R. Officers' Decoration to Surg. Cmdr. W. McO. MacGregor, O.B.E., and Acting Surg. Cmdrs. W. F. Lascelles and H. G. Ungley, R.N.V.R.

Surg. Lieut.-Cmdr. W. H. C. M. Hamilton, R.N., has been mentioned in dispatches for services in convoys to North Russia.

CASUALTIES IN THE MEDICAL SERVICES

Prisoner of War.—Lieut. J. G. McGavin, R.A.M.C.

Missing.—Wing Cmdr. D. Magrath, R.A.F.

Missing (Unofficially reported Wounded and Prisoner of War).—Capt. S. D. Corry, R.A.M.C.

DEATHS IN THE SERVICES

Lieut.-Col. LESSEL PHILIP STEPHEN, I.M.S. (ret.), who died at Grimsby on Feb. 1, was born on July 20, 1874, and was educated at the University of Aberdeen, where he graduated M.A. in 1895 and M.B., Ch.B. (with distinction) in 1899. He took the D.P.H.Lond. and the D.T.M.&H.Camb. in 1907, and was elected F.R.C.S.Ed. in 1912. He entered the I.M.S. as lieut. soon after qualification, was promoted capt. in 1903, major in 1911, lieut.-col. in 1919, and retired in 1926. Among the posts he held while in India were those of acting professor of ophthalmology and ophthalmic surgeon in the Medical College, Bombay, and superintendent of the Medical School and civil surgeon, Hyderabad, Sind. After retiring from the I.M.S. he settled in Grimsby and was honorary surgeon to the hospitals at Horncastle, Scunthorpe, and Louth, and surgeon to Brigg Infirmary. He was also ophthalmologist under the Ophthalmic Benefit Scheme and consultant under the Public Health (Notification) Puerperal Fever and Puerperal Pyrexia Regulations, 1926. He had been a member of the B.M.A. since 1903 and was chairman of the Grimsby Division in 1935-6.

Medical Notes in Parliament

Beveridge Report in the House of Lords

When the House of Lords on Feb. 24 discussed the Beveridge report Viscount SAMUEL said it constituted the finest body of proposals on social reform which had been presented to the country in our time. There was no reason for postponing all preparations until they knew exactly what the financial situation would be after the war. Archbishop Lord LANG could not conceive that the Government, having gone so far, did not feel themselves bound to go further. He maintained that the appointment now of a Minister of Social Security was analogous to the appointment of a Minister of Town and Country Planning. There was a great deal that such a Minister could do at present.

Medical Provisions

Lord DAWSON said that in the debate in the House of Commons family allowances and the hospital and health services had been pushed to the front and had been blessed by three Ministers of the Crown. He was sure that had resulted in great activity within the Ministry of Health. It seemed necessary, therefore, to make some statement to show where the medical profession stood. Sir William Beveridge, although stating in Assumption B that the medical services would take an important place in his plan, avoided saying what the scheme for those services should be. Sir William assumed that, "from the standpoint of social security, a health service providing full preventive and curative treatment of every kind to every citizen without exceptions, without remuneration limit and without an economic barrier at any point to delay recourse to it, was the ideal plan." That assumption, Lord Dawson continued, had been considered by the medical profession for many years. After the last war Lord Addison instituted an inquiry into the medical services, and that inquiry, of which he (Lord Dawson) was chairman, reported that changes were necessary, because the organization of medicine had become insufficient and because it failed to bring the best means of maintaining health and curing disease to all citizens. That had been adopted unanimously but was left in abeyance.

During the past two years the medical profession had studied the replanning of medical services. The Medical Planning Commission under the aegis of the B.M.A. and the Royal Colleges, with representatives of municipal doctors, private practitioners, men interested in preventive and curative medicine, had reached a remarkable degree of agreement. At Oxford a medical organization had behind it Sir Farquhar Buzzard, Lord Nuffield, and Sir William Goodenough. A third body, consisting of King Edward VII Hospital Fund and the Voluntary Hospitals Association, had also studied this question, and so far the agreement was substantial. The present Minister of Health and his medical officers had met these efforts in an excellent spirit. The ideal assumed by Sir William Beveridge was one which was seldom attained in one stroke. But there had seemed to be in the House of Commons during the previous week an idea that only about six weeks was required to transform the practice of medicine. Lord Dawson suggested that they should go step by step, should do it by agreement between the two parties, and should show both patience and statesmanship. Medical practice, as regards both doctors and patients, was contained in customs fixed firmly in the habits of the people, involving not only their reason but their emotions and their feelings.

Problems Needing Action Now

Certain matters had been ready for tackling for a considerable time. The first was the bridging of the gap in theory and in practice between preventive and curative medicine. The detachment of these two had been to the disadvantage of each branch and to the public service. Hospital practice and general practice must comprise the care of people's health and the furtherance of health as their chief objective. Medical officers of health must come out of their obscurity, come on to the staffs of the hospitals and meet their colleagues regularly. They had to alter medical education so that the student from his early days was taught that the building up of health must take precedence of the cure of illness.

The second matter which could be dealt with now was to make the practice of medicine increasingly institutional. Medical practice was based on a growing number of sciences, and in its search for truth required team-work. Team-work required equipment, and teams were better situated side by side in a building equipped for the purpose. Team-work was a necessity if only for economy of man-power and economy of cost. Once that was admitted, institutional provision must increase. Two instances had a very promising future. In the provision of health centres in industrial organizations there was a vast future for useful work. There the principle was

Universities and Colleges

UNIVERSITY OF LONDON

At a meeting of the Senate, held on Feb. 24, it was resolved that for the duration of the war an additional M.B., B.S. examination should be held early in February each year. The effect of this will be that the examination will be held three times in each academic year.

The William Julius Mickle Fellowship has been awarded to Prof. E. C. Dodds, M.D., D.Sc., F.R.S., F.R.C.P., Courtauld Professor of Biochemistry at Middlesex Hospital Medical School.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

Prof. Dugald Baird will deliver a lecture, under the auspices of the Dr. John Burns Fund, on "The Problem of the High Stillbirth and Neonatal Mortality in Scotland" in the hall of the Faculty (242, St. Vincent Street, Glasgow) on Wednesday, March 10, at 4 p.m.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* the only changes of note in the number of notifications of infectious diseases during the week were decreases in the incidence of whooping-cough 99, and of scarlet fever 46; and increases in measles 1,945, and cerebrospinal fever 14.

The downward trend of scarlet fever and whooping-cough was confined to the north: there were 52 fewer cases of scarlet fever in Yorks West Riding, and 47 fewer of whooping-cough in Durham and 39 in Lancashire. In the south-eastern counties the notifications of scarlet fever rose by 59; in London the total was unchanged.

Dysentery notifications were down by 4. London and Lancashire, each with 13 cases, accounted for almost one-third of the total; the remaining 59 cases were widely distributed in twenty-three counties.

A seasonal rise of cerebrospinal fever (to 124) brings it to a higher level than during the past twenty weeks. Since the rise to epidemic proportion in the beginning of 1940 the successive peaks and the endemic levels have been progressively smaller. The cases during the past four weeks were approximately two-thirds of the total for the corresponding weeks of last year.

In *Scotland* the incidence of infectious diseases fell. Very small rises were recorded for cerebrospinal fever 2, and pneumonia 3; the trend of these diseases has been upward during the present year. The fewer cases of measles resulted from a drop in the north and the east, while in the south-eastern and western counties there was a small rise. The cities of Aberdeen and Dundee had 33 and 30 fewer cases, but rises were reported from Glasgow and Edinburgh of 9 and 18 respectively.

In *Eire* notifications of diphtheria fell from 126 to 93, and those for whooping-cough rose from 51 to 75—the latter mainly due to the outbreak in the urban and rural district of Kilrush, Co. Clare (20 cases).

Measles

In *England and Wales* the number of notifications of measles rose by 1,945 during the week, and the total represents an increase of 32% on that of four weeks ago. During the week reviewed the largest increases were those of Yorks North Riding 352, Middlesex 200, London 192, Durham 192, Derbyshire 174, Kent 158, Gloucestershire 155, Buckinghamshire 140, Essex 117, Hertfordshire 108. In contrast to the general rise a considerable fall was recorded in Yorks West Riding 214, Leicestershire 128, Lincolnshire 96, Bedfordshire 94. Some of the large towns are experiencing a rather severe epidemic, and among these are Middlesbrough, Bristol, and Sheffield, where 574, 472, and 436 cases were reported during the week. In London the numbers of cases in the past four weeks were 750, 821, 933, and 1,125; the rising trend is causing some concern to the London County Council, who have issued an appeal for recruits to the nursing staff of their fever hospitals. They require 800 to 900 additional nurses. Two factors that have important influence on the situation are (a) the greater proportion of cases sent to hospital because the mothers are working, and (b) the return of children to London.

The Week Ending February 20

The notifications of infectious diseases in *England and Wales* during the week included: scarlet fever 1,922, whooping-cough 1,581, diphtheria 828, measles 18,215, acute pneumonia 1,399, cerebrospinal fever 96, dysentery 89, paratyphoid 7, typhoid 6. There were 102 deaths from influenza in the great towns.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Feb. 13.

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	1943					1942 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	124	14	34	1	8	165	8	49	4	7
Deaths	2	2	2	—	—	1	4	—	—	—
Diphtheria	895	48	192	93	30	944	30	210	38	32
Deaths	19	2	4	3	—	27	1	10	1	4
Dysentery	85	13	29	2	—	144	30	24	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	1	—	—	—	—	1	—	1	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	51	10	2	—	—	48	2	1
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	34	6	5	16	3	37	9	10	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Measles	17,308	1,125	325	25	48	1,793	152	124	142	18
Deaths	17	1	2	—	1	4	—	—	—	1
Ophthalmia neonatorum	78	4	15	1	1	72	4	29	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	4	—	—	—	—	3	—	2	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal* ..	1,542	71	33	6	18	1,034	58	14	2	8
Deaths (from influenza) ..	131	13	16	—	4	75	9	5	1	1
Pneumonia, primary ..	—	—	469	40	19	—	67	339	26	9
Deaths	—	—	—	14	—	—	—	7	—	—
Polio-encephalitis, acute ..	2	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	3	—	—	4	—	1	—	1	3	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal fever	—	1	19	—	—	154	11	9	3	2
Deaths	—	—	—	—	—	1	—	—	—	—
Puerperal pyrexia	146	6	14	—	—	—	—	19	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	2,073	159	311	47	42	1,168	36	207	43	21
Deaths	3	1	—	—	—	—	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever†	1	—	2	5	—	10	1	15	2	2
Deaths	—	—	—	1	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough	1,596	118	122	75	14	1,203	142	46	21	8
Deaths	15	3	2	1	—	6	4	—	—	—
Deaths (0-1 year) ..	459	44	70	59	31	389	52	89	29	23
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding still-births) ..	5,392	791	737	264	173	5,895	881	814	239	156
Annual death rate (per 1,000 persons living) ..	—	—	16.6	17.4	‡	—	—	18.3	16.0	‡
Live births	6,484	849	872	377	308	6,056	670	896	303	222
Annual rate per 1,000 persons living ..	—	—	17.8	24.8	‡	—	—	18.5	20.2	‡
Stillbirths	218	20	35	—	—	251	20	39	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	39	—	—	—	—	42	—	—

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

† 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.