

due to injuries at birth: in Scotland the increase was from 1.3 to 3 and in England from 1 to 2.5. The ordinary confinement was now normally attended by the district nurse, and the doctor was only called to the difficult ones. If he lost the experience which he would get from simple confinements a lack of skill might possibly be developing in the practitioners of the country. Dr. Thomas put the hard core of infantile mortality from inevitable accidents at birth to about 2. In death resulting from premature birth there had been little improvement from 1906 to 1940. He suggested that 14.4 was the figure beyond which we could not go in saving life in premature birth until knowledge had increased. Over the whole field he suggested that 36.5 per 1,000 should be the hard core of deaths in the first year of life in England and Wales, comparing with the New Zealand figure of 32.7. The difference in these figures was accounted for by the greater amount of respiratory disease in this country.

Dr. EDITH SUMMERSKILL contended that all other types of mortality apart from cases of congenital malformation could be traced to poverty, bad housing, under-nourishment, and other such conditions. Few surveys had been made on the physical condition of the expectant mother, but when one was made of families divided into five groups by incomes the report was that only the highest groups approached the necessary standard in protein and iron and only the highest in calcium. The supply of vitamins A, B, and C was inadequate except in the highest group. The position became progressively worse towards the lowest income group. If this kind of thing was allowed to exist women would not be able to resist tuberculosis. Some infection was the cause of death in 25% of cases of infant mortality, and practically all the children were bottle-fed.

Major MARKHAM pointed out that two months ago Lord Woolton, in a speech to the Parliamentary Science Committee, gave that committee to understand that the national diet had been so reorganized that it was completely free of vitamin deficiency, and, in addition, other elements such as calcium and iron had been added to the daily diet. Immediately after that speech the Boyd Orr report was published, based on pre-war facts and figures, and had banged the old nutrition drum. What the House would have welcomed in the report was an up-to-date analysis of the causes of infant mortality. For that report to close the evidence at Sept. 3, 1939, was a crime against the mothers of Scotland and England. He regretted that no reference had been made to climate or to the control of temperature indoors, which caused a rise in infant mortality of 52 to 100% every winter.

Miss HORSBRUGH, replying to the debate, said the Ministry agreed that housing conditions in England and Wales, and above all in Scotland, were appalling and had got worse during the war. There was no labour and material for the building programme while the war was being fought. All that could be done was to see that after the war there was not the delay there was after 1918. Credit should be given to those who in these war years had worked hard—the health visitors, the nurses, etc. It was hardly fair to say the services were bad. The Government wished to see them better, but could be proud of the work that had been done. It was remarkable that in the last year in England 96.5% of the mothers who gave birth to children were visited in their homes within a week. Beds in maternity homes and hospitals had been increased by 3,000, and England and Wales had in institutions accommodation for at least 50% of the mothers of the country. Mr. Johnston had given alarming figures on infection in hospital. To have a maternity home or hospital in any way overcrowded when there was not sufficient isolation or insufficient staff to make isolation good was more dangerous than to have children born at home. A draft circular was going out to local authorities on provisions which could be made in wartime to make premature births as normal and the death rate as low as possible. In this, hospitals were doing wonderful work, but what was needed was to see how prematurity could be prevented. Where attack had to be made was on the mortality during the first month after birth. In one place where neonatal mortality was high the Ministry was arranging an inquiry into the nutritional standard. Such inquiries had been made in many parts of the country and many hundreds of expectant mothers had been examined, but as yet the Ministry had found that the nutritional standard was not bad. It was disappointing that only 50% of the mothers and babies in England to whom fruit juice was available took it; only 25% took the cod-liver oil, and only 39% the vitamin tablets. The Advisory Committee of the Ministry had dealt with the subject of the premature baby and rickets, and a report on rickets would shortly be published by the British Paediatric Association. The investigation of rickets was reassuring, for it was one of the diseases which had been thought likely to increase in wartime.

Universities and Colleges

UNIVERSITY OF EDINBURGH

It is announced that Prof. P. S. Lelean, C.B., C.M.G., F.R.C.S., will retire at the end of this year from the Bruce and John Usher Chair of Public Health in the University of Edinburgh, which he has held since 1926. During his tenure of the professorship he has greatly widened the scope of the teaching in public health, introducing instruction in child welfare, hygiene at different periods of life, and the various social conditions that have a bearing on the health of the community; he has also increased the co-operation of the Medical Officer of Health for the city and his staff in connexion with the public health course. Prof. Lelean served, as a regular officer of the R.A.M.C., in the South African War, in India, and throughout the war of 1914-18. During his period of office as professor of hygiene in the Royal Army Medical College at Millbank he trained many officers, both regular and temporary, in military hygiene. He retired from the Corps in 1922 with the rank of brevet colonel.

UNIVERSITY OF BIRMINGHAM

A course of six lectures on industrial medicine for industrial medical officers and others will be held at the Medical School, Hospitals Centre, Birmingham, 15, on the undermentioned dates; the lectures will take place at 4 p.m. in the Physiology Lecture Theatre: April 5 and 6, "Tuberculosis in Industry," by Dr. Halliday Sutherland. April 12, "The Education of Doctors for Industry," and April 13, "The Prevention of Disease in Industry," by Dr. Donald Hunter. April 19 and 20, "Factory Hygiene: Assessment of Standards and Methods of Investigation," by Dr. Donald Stewart. The fee for the course is £1 1s., which is payable in advance to the Secretary of the University, Edmund Street, Birmingham. Nurses engaged in industry are invited to join the course at a fee of 5s.

UNIVERSITY OF SHEFFIELD

A legacy of £1,000 bequeathed under the will of the late Emeritus Professor R. J. Pye-Smith, who held the chair of surgery in the university until his retirement in 1910, has now been received by the University of Sheffield.

The following candidates have been approved at the examination indicated:

M.B., Ch.B.—*Parts II and III*: J. E. S. Machell, E. S. L. Allott, G. D. Banks, Margaret A. M. Howard, Helen N. Mellanby, N. A. Vincent.

¹ With second-class honours.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC

The following candidates have been approved at the examination indicated:

M.B., B.Ch., B.A.O.—D. H. Draper, C. J. Dugdale, C. W. C. McCreery, M. W. French-O'Carroll, R. M. C. Tyner, I. H. R. Woodrow.

The Services

Capt. (Acting Major) J. P. Fletcher, R.C.A.M.C., has been awarded the M.C. in recognition of gallant and distinguished services in Italy.

The Shahinshah of Iran has conferred the Order of the Crown on the following officers in recognition of distinguished services in the cause of the Allies: Lieut.-Col. (temp. Col.) D. W. E. Burridge, R.A.M.C. (4th Class); Lieut.-Cols. E. S. S. Lucas and R. K. Tandon, I.M.S. (5th Class).

CASUALTIES IN THE MEDICAL SERVICES

Previously reported missing at sea, now presumed killed in action.—Major R. A. Foucar, R.A.M.C.

Reported missing, believed killed.—Surg. Lieut. F. M. McRae, R.N.V.R.

Died.—Surg. Cmdr. A. W. Cocking, R.N.

DEATHS IN THE SERVICES

Wing Cmdr. RICHARD STANLEY TOPHAM, who died suddenly on March 10, was born in July, 1890, and studied medicine at Leeds University. He qualified M.B., Ch.B. in 1915 and was commissioned in the R.A.M.C. in May, 1916. He served with the Army until 1918, when he was appointed to the Medical Branch of the Royal Air Force. He obtained the D.P.H.Camb. in 1920 and the D.M.R.E. in 1925. He was placed on the retired list at his own request in 1927, and held important radiological appointments at Chester. On the outbreak of the present war he returned to duty with the R.A.F., and early in 1940 was appointed senior medical officer with charge of the hospital at a large R.A.F. station in England.