

## Obituary

By the sudden and untimely death on May 14 of Dr. GUSTAV WEBER THOMPSON, Wellington, Salop, the professor in Shropshire loses, at a time when such can ill be spared, one of its doughtiest champions and most forthright spokesmen. After a distinguished career in India which gained for him the decoration of Commander of the Order of the British Empire, Thompson came to practise in Wellington some fifteen years ago; and during that time not only built up a fine practice but had become an acknowledged leader of the local profession. A keen committee man, he was a Freemason and Rotarian, a member of the council of the Shropshire and Mid-Wales Branch of the B.M.A., and a member of the County of Salop Insurance Committee; he took an active part in the management of most of the local medical charities and of the Wellington College Hospital. It was largely his initiative and energy that brought about, shortly after the outbreak of war, an amalgamation of the medical practices in the town of Wellington, an experiment in group practice that is likely to remain as a permanent memorial to its principal founder: in the early months of this year he took a prominent part in the reorganization of the town nursing services. Thompson's drive and energy will be sorely missed; a certain brusqueness of manner and vehemence of speech cloaked a nature kind, sensitive, and generous; he was truly beloved by his patients, and many beside the writer know that they have lost a staunch ally and friend.—W. R. H. P.

## Medical Notes in Parliament

### Legislation on N.H.S.: No "Absolute Guarantee"

On June 6 Sir E. GRAHAM-LITTLE asked the Minister of Health whether, as he had postponed, *sine die*, negotiations with the medical profession regarding the proposals of the White Paper, he would give an assurance that he would not introduce in Parliament any Bill dealing with these proposals until those negotiations were completed. Mr. WILLINK: I recognize that the discussions, which I am, of course, ready to start at any time, will have to be delayed owing to the postponement, for reasons connected with the war, of the proposed conference of the profession. My desire to hold these discussions before introducing legislation is in no way altered by the postponement, even though I am unable, in view of the many uncertainties, to give so absolute a guarantee as Sir Ernest Graham-Little suggests in his question.

On June 8 Dr. HOWITT asked the Minister of Health, in view of the postponement of the Annual Representative Meeting of the B.M.A. at the request of the Government, to give an assurance that legislation on a national health service would not be introduced by him until after negotiations had taken place between him and the medical profession, bearing in mind that under its constitution only the Representative Body of the B.M.A. could determine the Association's policy. Mr. WILLINK said he could not give an assurance quite so absolute. It was still his wish to have full discussions with the profession before introducing legislation. He saw no reason why he should be prevented from doing so by the delay which would be caused by the profession's inevitable postponement of its conference.

### Colonial Medical Service

In the House of Commons on June 6 Col. OLIVER STANLEY, Secretary of State for the Colonies, opened a debate on colonial administration and plans for the future. He said that the basis of the planning machinery he had tried to set up was, first of all, a colony development committee. That was now in force in nearly all the big Colonies. Its make-up must vary in each Colony, and it must include the heads of the various departments, because they were the people who would put up the detailed planning, it might be of health services or of agriculture. The important subjects of research and medical policy would have to be discussed on another occasion. Medical policy was the twin pillar of education in the new colonial foundation.

Col. Stanley said he wanted to refer to a recent speech made by Dr. Morgan, who was not in his place in the House that day. He had thought Dr. Morgan was so interested in

colonial development that it had never struck him that he would not be present. Therefore he had not given Dr. Morgan any notice that he would raise this matter, and he thought a wise compromise would be that he (Col. Stanley) should relate the facts and postpone the comments which otherwise he would have felt entitled to make. Dr. Morgan, speaking in quite another debate—that on the National Health Service—without any warning to him (Col. Stanley) and for no reason that he could see, and certainly for no reason that Dr. Morgan gave, suddenly told the House: "I can tell hon. members that the Colonial Medical Service is a disgrace."

Of course, added Col. Stanley, they all knew Dr. Morgan, who was, he always thought, rather like his famous medical predecessor, Dr. Jekyll. At times Dr. Morgan offered quite cogent and constructive suggestions, but there were intervals when his interjections were, to say the least of it, irrelevant and irresponsible. This occasion was a case with Dr. Morgan, he would say, of the Hyde side out. Words spoken in the House went out to an immensely wide circle. Dr. Morgan's remarks went out with no explanation or justification, they caused, as he (Col. Stanley) knew, great bitterness of feeling among many people who were themselves affected in this matter, and there was no justification for them. The Colonial Medical Service had had many difficulties to grapple with, and had often been short-handed and short of funds, but that was not its fault. For the members of the Colonial Medical Service he had nothing but admiration and gratitude for their self-sacrificing efforts on behalf of the colonial territories.

Dr. HADEN GUEST expressed regret that Dr. Morgan was not present. He was a parliamentary and medical colleague of his, and it would have been better if Col. Stanley had quoted the exact words which were used. If Dr. Morgan had said that the medical services in many of the Colonies were—putting in a different adjective—very inadequate, he thought Col. Stanley would have thoroughly agreed with him. It was well known that the medical services were inadequate. He had discussed this matter with Dr. Morgan, and thought that that was really what he meant.

Col. STANLEY said that that might be so, but Dr. Morgan did not say it. His actual words were: "The Colonial Medical Service is one of the worst in the world. I represent the colonial doctors on the British Medical Association in certain parts of the world, and I can tell hon. members that the Colonial Medical Service is a disgrace."

## The Services

Col. R. Errington, C.B.E., M.C., T.D., T.A., has been appointed an Honorary Physician to the King and Col. (Temp. Major-Gen.) Sir E. M. Cowell, K.B.E., C.B., D.S.O., T.D., T.A., an Honorary Surgeon to the King in succession to Cols. F. Whalley, C.B.E., D.S.O., T.D., and A. R. Moodie, T.D., late R.A.M.C.(T.A.) (ret.), respectively.

Col. (Temp. Brig.) J. C. A. Dowse, C.B.E., M.C., late R.A.M.C., has been appointed a D.M.S., with the acting rank of major-general.

Temp. Surg. Lieut. M. J. Hood, D.S.C., R.N.V.R., has been mentioned in dispatches (posthumously) for gallantry in going to look for wounded below decks when a merchant ship was torpedoed.

### DEATHS IN THE SERVICES

Major-General HOWARD CARR, C.B., M.D., M.Ch., A.M.S. (ret.), died on May 23 at Southampton at the age of 80. He was educated at Queen's College, Cork, and took the M.D. of the Royal University of Ireland. He entered the Army Medical Service, as it then was, in 1884 and saw much active service during his long period in the Army. He took part in the Burma campaign of 1885-7, the Miranzai expedition of 1891, the Dongola campaign of 1896, the Nile expedition of 1898, the South African War in 1900-2, and lastly in the war of 1914-18. During his active career he appears to have received seven medals and was twice mentioned in dispatches, and in 1915 he was awarded the C.B. for his good work in the responsible post of D.M.S. on the lines of communication in France. He retired in 1919, lived at Netley on Southampton Water, and indulged in his favourite sport of yachting as a prominent member of the Royal Southern Yacht Club.

### CASUALTIES IN THE MEDICAL SERVICES

*Wounded.*—Temp. Major R. Bolton, M.B.E., R.A.M.C.

*Prisoners of war.*—Temp. Major H. M. S. G. Beadnell and War Subs. Capt. J. W. Goronwy, R.A.M.C.

*Prisoner of war.*—War Subs. Capt. A. Berkeley, R.A.M.C.

# Universities and Colleges

## UNIVERSITY OF CAMBRIDGE

On June 1 Dr. T. Shirley Hele, F.R.C.P., Master of Emmanuel College, was re-elected to the office of Vice-Chancellor, for the academical year 1944-5.

During the month of May the title of the degree of M.D. was conferred by diploma on G. M. Allen-Williams of Newnham College. At a Congregation on May 20 the degrees of M.B., B.Chir. were conferred by proxy on J. B. Lyon.

## ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council held on June 8, with Sir Alfred Webb-Johnson, President, in the chair, a resolution of condolence was passed on the death of Sir Cuthbert Wallace, Bt., a Past President of the College. The award of the Sir Gilbert Blane Medal to Surg. Cmdr. W. A. Hopkins, O.B.E., M.D., R.N., for his work in a number of fields of research was reported. His research work included: (a) The efficiency of spindle oil in the prevention of the spread of streptococcal infection. (b) Bacterial content of the air, examined by the "slit" machine. (c) Treatment of acute rheumatism, a disease which is a prolific cause of the loss of time through sickness in the Navy. A resolution of thanks was given to Mrs. Ashford for a gift of some eighteenth-century medical books.

A Diploma of Membership was granted to P. S. Smith and Diplomas of Fellowship were granted to D. C. Williams, M. M. Brown, G. Brosnan, Margaret D. Snelling, A. I. T. Lloyd, and I. M. Hill.

Diplomas in Anaesthetics were granted jointly with the Royal College of Physicians of London to the following candidates:

D. M. Armstrong, W. B. Bacon, B. N. P. Bannatyne, D. R. Blunn, Mary L. Brown, H. A. Buck, T. A. R. Callender, T. D. Culbert, H. V. Edwards, R. Forrester, D. L. V. Fraser, C. E. D. H. Goodhart, A. J. Gray, A. T. Hawthorne, R. Herschkowitz, A. S. Kenney, E. Kern, M. Kuttner, R. Lee-Michell, J. T. Linklater, Christine M. Millar, F. R. P. O'Hara-Proud, D. I. Rees, Laura M. Rhodes-Clooney, B. W. T. Ritchie, Edith Roth, J. V. Shemilt, M. P. Sherwood, S. Singh, J. A. Smith, F. J. R. Stoneham, J. W. Warrick, W. R. Watson, W. D. Wylie.

## EPIDEMIOLOGICAL NOTES

### Discussion of Table

In *England and Wales* the incidence of measles rose steeply by 407 cases. Scarlet fever notifications exceeded those of the previous week by 120, but the total for whooping-cough and diphtheria fell by 192 and 91 respectively.

Diphtheria was less prevalent in most areas, and the total notifications were the smallest for any week since August last year. Notifications of scarlet fever rose by 56 in Lancashire and by 30 in Essex. The rise in whooping-cough was confined to the West Midlands, where the cases went up from 241 to 292; Middlesex had 55 fewer cases than last week. The increase in measles was due to a few counties only—Lancashire with 148 more cases than last week, Kent 102, Wiltshire 54, and Middlesex 47.

Dysentery notifications numbered 274, or 2 fewer than last week. The only large new outbreak was in Bedfordshire, Biggleswade R.D. 33. Other high returns were: Lancashire 62 (Blackburn R.D. 17, Manchester C.B. 12, Burnley C.B. 10), London 27, Middlesex 20, Surrey 16, Glamorgan 13, Yorks East Riding 12, Warwickshire 11, Essex 10.

In *Scotland* the total notifications of measles and whooping-cough fell by 50 and 32 respectively, but for scarlet fever there was a rise of 45. A small rise in scarlet fever was general throughout the country. The high level of dysentery was slightly increased, 7 more notifications being recorded than in the preceding week. The chief centres of infection were Lanark County 26, Glasgow 17, Edinburgh 16.

In *Eire* the incidence of measles rose by 49. In most areas it fell, but two large outbreaks affected the returns for the whole country—Mayo, Bellmullet R.D. 109, and Dublin, Balrothery R.D. 37. Another case of typhus was reported from Roscommon, Castlerea R.D.

### Week Ending June 3

The notifications of infectious diseases in *England and Wales* during the week included: scarlet fever 1,479, whooping-cough 2,273, diphtheria 471, measles 2,758, acute pneumonia 794, cerebrospinal fever 71, dysentery 187, paratyphoid 2, typhoid 6.

## INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended May 27.

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	1944					1943 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	57	4	31	1	2	80	6	21	1	1
Deaths ..	—	—	1	—	—	2	2	—	—	—
Diphtheria ..	507	21	126	58	25	712	46	180	73	30
Deaths ..	6	—	5	4	—	24	1	2	—	—
Dysentery ..	274	27	88	—	1	116	13	50	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute ..	3	—	2	—	—	1	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	—	—	37	3	2	—	—	—	49	10
Deaths ..	—	—	—	—	—	—	—	—	2	—
Infective enteritis or diarrhoea under 2 years ..	—	—	13	—	—	—	—	—	19	—
Deaths ..	47	11	8	12	3	33	8	7	9	6
Measles ..	2,662	217	429	260	25	7,395	429	509	27	40
Deaths ..	—	—	2	5	—	6	—	—	—	—
Ophthalmia neonatorum Dea h ..	71	2	15	—	—	88	3	16	1	—
Paratyphoid fever ..	4	—	7(B)	3(B)	—	10	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal* ..	774	53	3	5	6	760	41	12	3	5
Deaths (from influenza) ..	19	3	2	—	1	13	2	2	—	—
Pneumonia, primary ..	—	—	206	24	—	—	—	—	211	23
Deaths ..	—	24	—	14	5	—	—	22	11	12
Polio-encephalitis, acute ..	—	—	—	—	—	1	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	7	—	2	—	—	3	—	—	3	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal fever ..	—	2	15	—	—	—	—	5	16	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia† ..	165	4	19	2	2	158	16	14	3	3
Deaths ..	—	1	—	—	—	1	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	1,853	117	217	32	53	1,997	167	268	38	51
Deaths ..	2	—	—	—	1	3	—	—	1	—
Smallpox ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhoid fever ..	9	1	7	4	1	5	1	6	8	2
Deaths ..	—	—	—	—	—	1	—	—	—	—
Typhus fever ..	—	—	—	1	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Whooping-cough ..	2,427	241	150	53	16	2,233	115	227	43	41
Deaths ..	23	6	2	—	—	9	2	4	—	—
Deaths (0-1 year) ..	363	55	53	32	22	336	40	65	27	26
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding still-births) ..	4,361	630	606	226	115	4,202	590	569	210	133
Annual death rate (per 1,000 persons living)	—	—	—	13.9	14.7	—	—	—	12.8	13.8
Live births ..	7,965	933	988	563	302	6,767	870	927	401	314
Annual rate per 1,000 persons living ..	—	—	—	20.1	—	—	—	18.5	26.4	—
Stillbirths ..	215	23	44	—	—	201	22	33	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	—	43	—	—	—	34	—	—

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

† Includes puerperal fever for *England and Wales* and *Eire*.

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