

The preparation known as Wilkinson's ointment has indeed been very widely used on the Continent, especially Central Europe, for scabies and various chronic skin affections for a very long time, probably about 100 years. The American dictionaries of Dorland and of Stedman agree in ascribing it to J. H. Wilkinson, "English physician of the 19th century," and they both state that it is the compound sulphur ointment of their national formulary, and this is identical with ung. sulphuris co. B.P.C.—namely, sublimed sulphur 15 g., calcium carbonate 10 g., tar 15 g., lard 30 g., soft soap 30 g.

In the 1923 edition of the B.P.C. the synonyms of ung. sulphuris co. are given as Wilkinson's ointment and unguentum ad scabiem viennense. The *Extra Pharmacopoeia* gives Wilkinson's ointment as a synonym of ung. picis et sulphuris, a London Hospital formula of very similar composition. Volk and Winter's *Lexikon der Kosmetischen Praxis* (1936, Vienna: Springer) says it is a tar-sulphur ointment, and that "it is now mostly used in Hebra's modification as Hebra-Wilkinsonsche Salbe" as follows: cretae albae 5.0, sulfur. praecip. 7.5, ol. rusci 7.5, sapon. kalin., adip. suill. āā 15.0. They give as the "old prescription": cretae 8.0, flor. sulf. 12.0, ol. fagi 12.0, sapon. kalin. 24.0, adip. suill. 24.0. This implies that a Wilkinson's ointment with the latter formula was an established remedy in Hebra's day (1816–1880). It will be seen that at Hebra's death Dr. A. T. Wilkinson would have been only 27.

All these formulae agree in containing tar, sulphur, and soap. If, therefore, the Russians were really using a mixture of sulphur and ammoniated mercury ointment and benzoinated lard, it may be that this was a formula devised by Dr. A. T. Wilkinson. It is, however, unlikely that, mainly for the same disorder and under the same name, two ointments with different formulae, invented by different Wilkinsons, should have been widely used abroad.—I am, etc.,

London, W.1.

W. N. GOLDSMITH.

### Breathing and Coronary Circulation

SIR,—In your issue of Feb. 24 you included a letter from Dr. R. Halstead Dixon under the heading "Breathing and Coronary Circulation." In the text of this letter Dr. Dixon has inserted in the manner of a parenthesis a reference to one of Mr. F. Matthias Alexander's books, *Constructive Conscious Control of the Individual*, and both the substance of his reference and the subject-matter to which it is set in relation in the text give an entirely misleading conception of Mr. Alexander's work. In sending you his letter Dr. Dixon may have been motivated by the desire to do a service to work which has attracted his interest and to help his fellow practitioners and others; and you may have been motivated by similar desires in accepting his letter; but your combined actions, which have been based upon misconceptions and misunderstanding, have resulted in disservice to all your readers. Alexander's work deals with demonstrable truth, and no amount of misrepresentation can destroy it, for truth will out; but misrepresentation may delay its spread and hinder its application when and where it is most needed.

On Jan. 28 I submitted a letter to you under the heading "The 'Psychosomatic' Approach," which letter you rejected upon the grounds of lack of space. I sent a copy of my letter to Mr. Alexander, who replied that it was "excellent"—an expression which when used by him indicates that the subject-matter is founded upon a reliable conception of his work. Mr. Alexander's work deals with the re-education of defective sensory appreciation which is the means whereby misconceptions and misunderstanding are reached, and his work also deals with the manner of use of the self which is the means whereby all the actions—including "medical" actions—are conceived and guided.—I am, etc.,

Bolton, Lancs.

MUNGO DOUGLAS, M.B., CH.B.

SIR,—Since my letter under this heading appeared on Feb. 24 Mr. F. Matthias Alexander has been in communication with me. I regret that he was misinterpreted, for which I apologize.—I am, etc.,

Ealing, W.5.

R. HALSTEAD DIXON.

### GIFT BY AMERICAN ANAESTHETISTS

In return for the hospitality which during the last two and a half years anaesthetists in the United States Forces passing through London have received from the Royal Society of Medicine, the American Society of Anaesthetists has presented for installation in the Barnes Hall at 1, Wimpole Street a 16-mm. cinematograph projector for sound and picture. The presentation was made on March 2 by Col. R. M. Tovell, U.S.A.M.C., who spoke of the appreciation of himself and his colleagues of the opportunity they had been given of listening to British medical men of renown and of making many valuable friendships. The gift was received by Dr. Frankis Evans, president of the Section of Anaesthetics of the Society, with some appropriate words concerning the understanding and good fellowship which it commemorated. In his turn he handed over the apparatus to the President of the Society, Surg. Rear-Adml. Gordon-Taylor, for the use of the R.S.M. in general. In accepting the gift Admiral Gordon-Taylor remarked on the contribution which American anaesthetists had made to the advancement of anaesthesia. A century ago Wells and Colton of Connecticut did pioneer work with nitrous oxide, while from Morton and the Massachusetts General Hospital came ether anaesthesia. Thirty years ago Gwathmey of Chicago introduced—or perhaps reintroduced, for it was first essayed by Pirogov, the great Russian surgeon, in 1847—the rectal channel for ether administration. He added that the charming generosity and liberality of the medical profession in the United States were well known to many of them, and he from personal experience, both as an individual and in a representative capacity, could testify to it. It was customary to raise monuments in stone or bronze to the honoured dead, but this gift was no barren or silent symbol; rather was it an eloquent and rhythmical reminder of a "lively anaesthetic entente," and, in a wider sense, of the faith and friendship and mutual sacrifice of the two great English-speaking peoples. They all trusted that this growing understanding between the two countries would be, not a temporary liaison, but a perpetual friendship.

## The Services

The following appointment, awards, and mentions have been announced in recognition of gallant and distinguished services in the field:

M.B.E. (Military Division).—Capt. J. H. D. Millar, R.A.M.C.

M.C.—Capt. A. D. McKenzie, C. A. Richardson, and K. A. C. Clarke; Lieut. J. G. Des Biens, R.C.A.M.C.

Mentioned in Dispatches.—Major (Temp.) R. Stuppel (killed in action) and Capt. D. B. Watson, R.A.M.C.

The following awards have been announced in recognition of gallant and distinguished services in North-West Europe:

Second Bar to the D.S.O.—Brig. (Temp.) H. L. G. Hughes, C.B.E., D.S.O., M.C., R.A.M.C.

M.C.—Capt. (Temp. Major) W. J. Hay; Capt. G. M. Killpack, G. P. Mitchell, H. N. Smith, J. M. Willcox; Lieuts. F. Hartley and W. M. Walker, R.A.M.C.

### CASUALTIES IN THE MEDICAL SERVICES

Killed in action in Burma.—Capt. Archibald Menzies Ogilvie, R.A.M.C.

### DEATHS IN THE SERVICES

The death has been announced of Col. JOHN CRIMMIN, V.C., C.B., C.I.E., I.M.S.(ret.), at Wells, Somerset, at the age of 85. He qualified in Dublin in 1882, and subsequently took the D.P.H. He entered the Indian Medical Service in 1882 and distinguished himself during the Burma campaign of 1886–8, and when S.M.O. of the Karen Field Force during the forcing of the Nanko Defile he gained, in 1889, the first Victoria Cross to be awarded to an I.M.S. officer. Later he entered the Bombay Medical Service and was port health officer of Bombay for a number of years and became well known to many I.M.S. officers embarking for leave home as a genial Irishman. In 1901 he was awarded the C.I.E. During the war of 1914–18 he served on the North-West Frontier of India and became Assistant Director of Medical Services, India. He received the C.B. in 1913, was Honorary Physician to the King 1916–19, and retired in the latter year. Col. Crimmin resided for a time at Croydon, but later moved to Somerset. He thus had a varied and distinguished career and will long be remembered by his many friends. He was married and had two sons.

## Universities and Colleges

### UNIVERSITY OF OXFORD

David Whitteridge, B.M., B.Sc., formerly Demy of Magdalen College, has been elected to a Fellowship by special election. He is demonstrator in the University Physiological Laboratory, held a Beit Memorial Research Fellowship in 1940-3, and last year was elected Schorstein Medical Research Fellow.

### UNIVERSITY OF CAMBRIDGE

The following have been approved for the degree of M.Chir.: J. M. Pullan, D. I. Williams.

### UNIVERSITY OF LONDON

The title of Professor of Chemical Pathology in the University has been conferred on Dr. E. J. King in respect of the post held by him at the British Postgraduate Medical School.

### UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

Two Goldsmid entrance scholarships, entitling the holders to the final course of medical study; one Goldsmid entrance exhibition, and a Filliter entrance scholarship in pathology, both entitling the holders to a reduction in the fees due for the full course of final medical study, are announced. All are tenable at University College Hospital Medical School, and entries must be received by the secretary of the medical school (University Street, London, W.C.1) by June 30. Fuller particulars may be had from the same address.

### UNIVERSITY OF MANCHESTER

The Council of the University has appointed Ronald Epey Lane, M.B., F.R.C.P., to the Chair of Industrial Health in the University. The institution of the chair was made possible by a grant from the Trustees of the Nuffield Foundation.

### UNIVERSITY OF EDINBURGH

The Cameron prizes in practical therapeutics for 1945 are to be awarded to Sir Alexander Fleming, in recognition of his discovery of penicillin, and Sir Howard Florey, for his work in making possible the clinical application of penicillin.

## EPIDEMIOLOGICAL NOTES

### Discussion of Table

In *England and Wales* during the week the incidence of measles fell by 1,460, and of acute pneumonia by 243. Notifications for dysentery went up by 33, those for scarlet fever by 31, for diphtheria by 25, and for whooping-cough by 14.

The incidence of diphtheria rose slightly in the south-west and Wales. In spite of the fewer cases of measles reported, several counties showed substantial rises. In the following counties notifications dropped by the numbers indicated: Lancashire 425, Warwickshire 277, Staffordshire 236, Cheshire 221, Glamorganshire 185, London 174, Essex 169; increases were reported as follows: Yorks East Riding 184, Somerset 129, Leicestershire 122, Surrey 90. Five cases of typhoid were reported from Kent, Bridge-Blean R.D.

Dysentery notifications remain high. There were two fresh outbreaks during the week—Oxford C.B. 24, and Southampton, Petersfield R.D. 22. Only 2 cases were reported from Cornwall, where 49 were notified in the preceding week. Other large returns were Lancashire 37, London 33, Middlesex 33, Essex 22, Devonshire 18, Gloucestershire 18, Derbyshire 14, Northumberland 13, Cambridgeshire 12.

In *Scotland* dysentery notifications were 36 higher than last week, scarlet fever 17, whooping-cough 15, and diphtheria 12. The increase in dysentery was due to 16 cases in Stirling County, and a rise in Falkirk from 20 to 42. The largest of the other returns were Glasgow 24, and Edinburgh 21.

In *Eire* diphtheria notifications rose by 25. A fall of 19 cases was recorded for measles, and of 14 for scarlet fever.

In *Northern Ireland* measles notifications fell by 15, but diphtheria rose by 7.

### Week Ending February 24

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,544, whooping-cough 1,539, diphtheria 457, measles 23,216, acute pneumonia 1,118, cerebrospinal fever 76, dysentery 393, paratyphoid 6, typhoid 6. Deaths from influenza in the 126 great towns numbered 51.

## 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. 17.

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	1945					1944 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	73	9	27	7	2	67	1	33	1	3
Deaths .. ..	..	1	1	..	..	..	1	2	..	..
Diphtheria	427	18	129	91	18	689	29	188	158	28
Deaths .. ..	9	—	1	1	1	11	1	4	6	1
Dysentery	357	33	140	1	—	277	61	141	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Encephalitis lethargica, acute	—	—	—	—	—	—	—	1	—	—
Deaths .. ..	..	..	..	..	..	..	1	..	..	..
Erysipelas	—	—	53	10	4	—	—	39	18	2
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Infective enteritis or diarrhoea under 2 years	—	—	—	9	—	—	—	—	6	—
Deaths .. ..	62	8	4	17	9	55	13	9	12	8
Measles*	19,167	640	421	22	116	1,620	226	147	324	1
Deaths .. ..	16	1	1	—	—	1	—	1	1	—
Ophthalmia neonatorum	53	1	16	—	1	88	5	21	1	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Paratyphoid fever	1	—	2(B)	—	—	3	—	2(B)	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Pneumonia, influenzal†	1,206	75	19	12	13	974	46	9	6	5
Deaths (from influenza) .. ..	55	11	8	4	1	38	9	7	1	—
Pneumonia, primary	—	—	317	20	15	—	—	199	23	11
Deaths .. ..	..	47	17	..	..	..	33	21	..	..
Polio-encephalitis, acute	—	—	—	—	—	—	—	—	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Polio-myelitis, acute	1	—	—	—	—	8	—	—	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Puerperal fever	—	2	19	—	—	—	4	10	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Puerperal pyrexia‡	149	5	12	2	1	167	5	14	—	4
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Scarlet fever	1,497	47	197	8	44	2,063	115	216	32	60
Deaths .. ..	2	—	—	—	—	1	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Typhoid fever	11	—	3	5	1	6	—	1	9	1
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths .. ..	..	..	..	..	..	..	..	..	..	..
Whooping-cough*	1,530	76	151	53	12	1,825	173	124	74	17
Deaths .. ..	14	2	2	2	2	9	2	—	1	1
Deaths (0-1 year)	456	39	55	45	44	401	50	61	47	46
Infant mortality rate (per 1,000 live births)	..	..	..	..	..	..	..	..	..	..
Deaths (excluding still-births)	6,014	909	815	276	189	4,984	769	653	259	169
Annual death rate (per 1,000 persons living)	..	..	18.5	17.8	§	..	..	15.0	16.9	§
Live births	6,907	764	835	340	257	6,466	749	910	409	308
Annual rate per 1,000 persons living	..	..	16.7	21.9	§	..	..	18.5	26.7	§
Stillbirths	210	13	28	—	—	226	32	29	—	—
Rate per 1,000 total births (including stillborn)	..	..	32	..	..	..	31	..	..	..

\* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† 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.