chloroform-and-ether addicated castigators of the subsequent correspondence. May I heartily congratulate the authors of the above papers on their skill, their progressive attitude, and their determination to improve the technique of anaesthesia. *It can be done.*—I am, etc.,

Park Prewett Hospital, Basingstoke. F. BARNETT MALLINSON.

Nursing in the New Health Services

SIR,—Large posters declare the dearth of nursing service. The following remedies, among which "two-tier nursing" is the chief innovation, may commend themselves to the profession.

1. The sole passport required from applicants is a *sense of vocation.* Many young women seem in their element when nursing. They display a spirit of succour which finds a natural expression in tireless tender care and is absolutely reliable and trustworthy. But often, sad to say, this is lacking in hospital and nursing home alike. Is not this to be expected when the authorities put the emphasis on scholastic qualification and make the school certificate a *sine qua non*? Surely the indication is to welcome to the profession all who are "born nurses," whether endowed with scholarly gifts or no, and give them a corresponding training and status.

2. Entrants would then be sorted by their interviewer according to their scholastic standard into those without and those with school certificate. The former would only take a short course and become *assistant nurses,* while most of the latter would, presumably, take the long course and become *fully trained nurses.*

3. Definitions of training.

(a) Assistant Nurse

Although an innovation, this new rank is but equivalent to making a permanent peacetime feature of the "nursing auxiliary." Moreover, to those of us in the know, it is obvious that only by tapping some such additional sources can we recruit the numbers needed to implement proposed reforms like the reduction of the twelve-hour day. After a preliminary dozen demonstrations in first aid and home nursing, their training would be entirely practical. It would consist of twelve months' medical and surgical ward work, culminating in a *viva voce* examination. On passing this, they would obtain the certificate of qualified assistant nurse. During training they would have all their domestic needs free and be paid, say, £25–£50 a year as pocket money.

Status: They would continue in the less exacting hospital services and domiciliary nursing, receiving a salary starting at, say, £100 a year, with five-yearly increments.

(b) Fully Trained Nurse

i. Preliminary course: About six months would be spent in introductory study of elementary anatomy, physiology, hygiene, disease, healing, ward procedures, practical demonstrations, and ending with an examination.

ii. Two years' practical nursing: This would be an entirely practical and clinical course, to which the nurse could devote her undivided energy and enthusiasm, having completed her lectures already. It would include casualty, out-patient, and, mainly, ward work, but exclude theatre, apart from accompanying patients and watching a good variety and number of operations on, say, twenty-five of those she will nurse. Pocket money should be the same as that for the assistant nurse: say, £25–£50 a year and all domestic expenses found —namely, board, lodging, laundry, and uniform. The training would conclude with an examination mainly practical and oral. Their hospital record would, as with assistant nurses, be taken into account by the examiners.

iii. Status and salary. She would have the title of "fully trained nurse" and a salary starting at, say, £150 a year, rising with experience.

(c) Nursing Specialists

Postgraduate training would be required for more responsible or specialized branches of nursing—e.g., to qualify for such posts as ward sister, theatre sister, as well as midwifery, public health, fevers, tutor, etc. Remuneration would be at an appropriately higher rate.

(d) Male Nursing Personnel

Theatre orderlies: It is to be noted that theatre training would become a postgraduate concern in the nursing profession. Only the minority with a bent for the work would take it up as it was not compulsory. A sister would still run the theatre, but the routine work, including the job of clean-nurse, would be handed over to men—male orderlies. They have, by contrast with average women, a natural aptitude for technical and mechanical procedures and have proved a success where, as at the London Hospital, the system has existed for years.

Ward orderlies: In wards also there may well be a limited number of openings for orderlies in the heavier jobs and, particularly, in male urinary work and chronic defaecatory disorders. Now is the opportune time for standardizing male orderlies.

(e) Elimination of Waste on Ancillary Services

The time has come for saving the wastage of nursing personnel on such ancillary posts as laundry, linen, housekeeping, home-sister, etc., wherein nursing training and talent are superfluous and a domestic science qualification is wanted.

The foregoing proposals may appeal to the profession, and, it is hoped, to the General Nursing Council for early consideration. It is most encouraging to find a layman so influential as Lord Auckland pressing, in your issue of May 5 (p. 646), for a higher standard of practical training for nurses.—I am, etc.,

Bristol. A. WILFRID ADAMS.

U.C.H. and Sir William Gowers

SIR,—May I correct your correspondent, Mr. Herbert Brown, who in the *Journal* of May 5 (p. 645) writes: "At the time my hospital training began antiseptic surgery existed in only two London hospitals—University College and King's." Howse (later Sir Henry), to whom I was dresser in 1878, on his appointment as assistant surgeon at Guy's Hospital in 1870 went at once to Edinburgh to study under Lister. When he came back to Guy's he immediately adopted antiseptic methods for his patients there, and his fellow assistant surgeon, Davies-Colley, did the same. In 1874 Howse became full surgeon with sixty beds. Strict Listerism was enforced in all his wards, and by this time the other assistant surgeons at Guy's had adopted antiseptic surgery.—I am, etc.,

Oxford. W. HALE-WHITE.

The Services

Surg. Lieut. M. D. Dawson, R.A.N.R., has been mentioned in dispatches for great devotion to duty and fortitude in the care of the wounded while serving in H.M.A.S. *Australia.*

Surg. Cmdr. E. R. G. Passe and Surg. Lieut.-Cmdr. S. C. Suggit, R.N.V.R., have been awarded the R.N.V.R. Officers' Decoration.

Col. (local Major-Gen.) W. E. Tyndall, C.B.E., M.C., late R.A.M.C., has been appointed a D.M.S., and granted the acting rank of Major-General.

Capt. J. C. Portnuff, R.C.A.M.C., and Capt. S. McClatchie, I.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in Italy.

Capt. C. H. K. Daly, R.A.M.C., and Capts. B. Nair and D. N. Vora, I.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in the field.

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

M.C.—Capts. H. I. C. MacLean and C. H. Watts, R.A.M.C.

Mentioned in Dispatches.—Brig. (Temp.) H. L. Garson, O.B.E., M.C., T.D.; Brig. (Acting) R. H. Lucas, C.B.E., M.C.; Col. (Temp.) B. J. Daunt, O.B.E.; Lieut.-Cols. (Temp.) J. C. Anderson, K. H. Clark, M. de Lacy, T D., A. W. Gardner, J. A. D. Johnston, M.C., H. B. Lee, W. R. Logan, T.D., and H. Sissons; Majors (Temp.) I. Aubrey, M.C., A. W. Box, D. A. G. Brown, T. J. Brownlee, J. A. Elliot, E. E. Evans, M. C. Fulton, M.C., I. C. Gilliland, J. M. Henderson, S. T. Henderson, J. Kerr, J. M. Leggate, W. R. McCrae, W. Michie, R. O. G. Norman, I. D. Paterson, G. F. Petty, S. F. Raistrick, N. L. Russell, L. B. Wevill, and E. G. Wilbraham, M.C.; Capts. I. H. Baum, C. J. Champ, J. Clark, F. W. Dickson, J. P. Gannon, H. L. Gardner, T. Gass, E. G. Hardy, G. F. Houston, R. T. Kiddie, K. Misch, A. B. Robertson, T. H. Sansome, G. D. Scarrow, and A. Young; Lieuts. R. A. Condie and E. J. Rogers, R.A.M.C.

DEATHS IN THE SERVICES

Surg. Rear-Adml. JAMES LAWRENCE SMITH, C.B., R.N.(ret.) died at Waterlooville, Hants, on April 28, aged 83. He graduated M.B., C.M. at the University of Aberdeen in 1883 and entered the Royal Navy in 1884. For his services (Suakim, 1884–5) he received the Egyptian medal with clasp, and the Khedive's bronze star, and he later attended Prince Henry of Battenberg in his last illness. He was promoted fleet surgeon in 1900, deputy surgeon-general in 1912, and surgeon-general in 1916. In the following year he was made an Officer of the Legion of Honour, and he retired in 1919, having then been a member of the B.M.A. for thirty years. Adml. Smith received the M.V.O. in 1898 and was created a Companion of the Bath in 1918.

Silicosis among Slate Miners

Mr. TOM SMITH told Prof. Gruffydd on May 3 that the number of cases of underground workers in slate mines in North Wales certified by the Silicosis Medical Board for total disablement or suspension from the industry since Jan. 1, 1940, when these workers were first covered by the Compensation Scheme, was 85. As figures were only available from the beginning of 1940 and machines were in use before that time it was not possible to say definitely what the effect of machines had been on the incidence of silicosis. Wet drilling or other appropriate methods of allaying dust had now been adopted in place of dry drilling. These and other precautionary measures being taken should in time result in a decreased incidence of the disease.

Returned Prisoners of War

In a reply on May 3 to Sir E. Graham-Little Sir JAMES GRIGG said prisoners of war returning from Germany underwent a full examination by a medical board during their leave. Any who were considered to be unfit for further service would be discharged on medical grounds. Those who were not recommended for discharge reported to a unit at the end of their leave where there were special facilities for examination by medical and other experts. Some prisoners would be sent to physical development centres to improve their physical condition, and the extension of these arrangements would, if necessary, be considered. Moreover the soldier's medical category would be subject to review in the light of his further progress. A returned prisoner would be retained in this country for at least six months, and thereafter he would be sent abroad only if a further medical examination showed that he was fit for this service.

Tuberculous Service Patients

On May 8 Sir LEONARD LYLE asked the Secretary of State for War whether, in view of the increasing number of Service personnel who had contracted tuberculosis during their period of service, and who, in consequence, were discharged from the Service before they could be admitted to sanatoria, he would make a new regulation so that these men should not be discharged until at least eight calendar months had elapsed from the date of their first absence from duty on account of their disability. Sir JAMES GRIGG replied that until civil sanatoria were prepared to accept serving soldiers as patients he could not do what Sir Leonard Lyle wanted. This question was still being pursued.

Replying to further questions, Sir JAMES GRIGG said that these men had to be discharged because civil sanatoria would not take them as military patients. As soon as such sanatoria were prepared to take them as military patients the men could get exactly the same treatment as other soldiers. It was a question whether civil sanatoria could be persuaded to take them not as civil but as military patients. Dr. SUMMERSKILL asked why the Minister was not prepared to establish military sanatoria to remedy this injustice, and Sir JAMES replied that, as Dr. Summerskill ought to know as well as most people, hospital accommodation had been arranged in this war in the main under an emergency hospital system and not a system of a series of military hospitals.

Colonial Medical Students in Britain

Colonel STANLEY on May 9 assured Mr. Sorensen that there was no restriction on the number of West Africans who could apply for training in British medical schools and for training as nurses. Under war conditions, however, training institutions had been obliged to limit the number of Colonial medical students that could be accommodated. In regard to nurses, students had hitherto come to this country only by private arrangement, but steps were being taken to expand facilities for such training here. The number of West African medical students at medical schools in this country was understood to be 76 (including 12 Government scholars). There were also 11 medical students doing preliminary studies. There were believed to be about 10 girls being trained as nurses.

Married Women Doctors in E.M.S.

On May 10 Dr. SUMMERSKILL inquired whether the Minister of Health knew that under the conditions governing appointments in the E.M.S. a married woman doctor could not claim leave with pay on account of childbirth, whereas she was entitled to leave with pay on account of illness or accident; and whether he would take steps to remedy this injustice. Mr. WILLINK said he knew this. Married women enrolled as medical officers in the Emergency Medical Service were subject to the leave conditions applicable to all married women employed in the Civil Service in a temporary capacity. There would be no grounds for making a special exception in favour of E.M.S. officers.

Cost of Public Vaccination

Mr. VIANT asked on May 11 what was the total cost of vaccination carried out during the Glasgow smallpox outbreak of 1942 and of vaccination carried out during the Edinburgh epidemic of the same year. Mr. JOHNSTON replied that from estimates provided by the corporations of Glasgow and Edinburgh the principal items in the cost of vaccination during the smallpox outbreaks in question were:

		£
Glasgow:	Calf lymph, dressings, etc.	5,699
	Vaccination fees	10,469
		16,168
Edinburgh:	Calf lymph, dressings, etc.	5,944
	Vaccination fees	2,994
		8,938

He added that no Government grant was paid towards this expenditure, but lymph to an estimated value of £5,927 (not included in the figures above) was supplied free through the Government Lymph Establishment.

Smallpox at Indian Airfield.—Sir ARCHIBALD SINCLAIR stated on May 2 that recently there had been an outbreak of smallpox in India at an airfield used by transport aircraft. For their own protection and that of others Service personnel were not allowed to proceed by air to this airfield unless they had been vaccinated shortly before. Vaccination was, and remained, voluntary, and no one had been vaccinated against his will.

Hospital Beds.—Mr. ROSTRON DUCKWORTH inquired on May 3 whether, in view of the cessation of enemy air attacks, the beds in hospitals reserved for potential casualties would be at once returned to ordinary civil use.

Mr. WILLINK answered that the beds now reserved in certain hospitals in the Emergency Hospital Scheme were for all classes of patients for whose treatment he was responsible, including Service casualties and sick. No beds were specifically reserved for air-raid casualties.

Medical Advice in Military Detention.—On May 8 Sir JAMES GRIGG informed Mr. Turton that no soldier serving sentence in detention barracks was or had been released from so doing on the certificate of a psychiatrist alone. Medical advice, however, was one of the considerations on which the appropriate military authorities remitted or suspended sentences of detention.

Sickness among Bus Drivers and Conductors.—Statistics furnished to the Ministry of War Transport by the London Passenger Transport Board show during the year 1944 a sickness rate for central buses of 6.4% among drivers, 7.3% among male conductors, and 13.1% among women conductors. For country buses the equivalent figures were 3.3%, 6.2%, and 8.2%. For trams and trolley-buses they were 5.9%, 10.5%, and 17%. For railways under the L.P.T.B. the sickness rate for all operating grades was 6.7%.

Notes in Brief

Disabled men in receipt of 100% pension for total blindness arising out of the present war, including the Navy, Army, R.A.F., and Merchant Navy, number 300; for the last war the number was 1,800.

Mr. Churchill announced on May 10 that a basic petrol ration, freely at the disposal of private owners of motor-cars and motor-cycles, would be introduced in 30 days. An increased allowance would be given to cars and motor-cycles used for professional purposes.

Universities and Colleges

UNIVERSITY OF EDINBURGH

The Sixth Sharpey-Schafer Memorial Lecture, on "The Absorption and Excretion of Water, and the Antidiuretic Hormone," will be delivered by Prof. E. B. Verney, F.R.C.P., F.R.S., on Friday, June 8, at 5 p.m., in the Anatomy Class Room, University New Buildings, Teviot Place, Edinburgh. All interested are invited to attend.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Council has decided to institute monthly subscription dinners in the College for Fellows and Members of the College and members of the specialist associations linked with it through the Joint Secretariat. They will be held on the evening of the Wednesday preceding the second Thursday of the month, and the first of the series has been arranged for Wednesday, June 13. Applications will be dealt with in the order in which they are received and must reach the Secretary of the College in Lincoln's Inn Fields, W.C.2, at least a week before the date of the dinner, accompanied by payment of the inclusive charge of £1 1s. for each dinner. The Council's object is to give those associated with the College opportunities of meeting socially more often. If it is found that the opportunity of dining

in the College is much appreciated arrangements will be made for these dinners to be held at shorter intervals. It is intended in the plans for restoration and development that facilities for lunching and dining in the College shall be greatly increased.

The following candidates were successful in the recent Primary Fellowship Examination conducted by the Royal College of Surgeons of England:

H. M. Bradmore, D. M. Brooks, W. Burnett, Muriel Crouch, M. P. Durham, D. A. W. Edwards, V. G. Griffiths, S. W. G. Hargrove, M. Kaye, L. P. Le Quesne, A. B. McCarten, D. A. Macfarlane, Doreen Nightingale, K. W. E. Paine, A. J. Partridge, R. E. Renaud, J. M. H. Ross, H. O. Thomas, P. C. Watson, Margaret P. Yeoman, J. Zimmermann.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting, held on May 1, with the President, Dr. A. Fergus Hewat, in the chair, Dr. James Ronald (Stirling) was introduced and took his seat as a Fellow of the College. Drs. Cyril Hocken Tewsley, C.M.G. (Auckland, N.Z.), Munir El Gazayerli (Alexandria), Bryce Ramsay Nisbet (Kilmarnock), Albert Arthur Huse (Birmingham), and Ronald Haxton Girdwood (Edinburgh) were elected Fellows of the College.

Prof. J. A. Nixon was appointed Dr. Alexander Black Lecturer for 1945.

ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At a meeting of the President and Fellows of the Royal College of Physicians of Ireland, held on May 4, the following Members were elected Fellows of the College:

Vincent Cornelius Ellis, M.D., James Cyril Gaffney, M.D., Patrick Aloysius McNally, M.D., John Norman Parker Moore, M.D.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the monthly meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, with Mr. William A. Sewell, President, in the chair, Jane Hyslop Merry, M.B., Ch.B., was admitted a Fellow of Faculty *qua* Physician and William Malcolm Gibson, M.B., Ch.B., was admitted a Fellow of Faculty *qua* Surgeon.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* the chief features of the returns were an increase of 122 notifications of measles, and 70 of scarlet fever; dysentery notifications were down by 37.

Diphtheria notifications were maintained at the level of the preceding week; the local variations of note were increases in Staffordshire of 10, and in Worcestershire of 11, and a fall of 18 in Northumberland. There was little change in the returns for whooping-cough. The rise in scarlet fever was mainly due to increases of 60 and 20 notifications in Lancashire and London respectively. The notifications of measles were up in Monmouthshire by 152, Surrey by 134, Derbyshire by 130, Northamptonshire by 208, and in Lancashire by 89; they were down in London by 256, Southampton by 152, Gloucestershire by 140, and in Warwickshire by 118.

There were slightly fewer cases of dysentery. The largest returns were Lancashire 61, Gloucestershire 47, Kent 41, Staffordshire 40, London 32, Yorks West Riding 32, Middlesex 28, Warwickshire 15, Hertfordshire 12, Worcestershire 12, Suffolk 12, Devonshire 11.

In *Scotland* diphtheria was up by 18 cases, scarlet fever by 20, and whooping-cough by 20; there were 96 fewer notifications of measles, and 9 fewer of dysentery. But dysentery increased in Edinburgh from 30 to 53 cases, and in Aberdeen from 21 to 34; the other large returns were Glasgow 44, and Dundee 14.

In *Eire* small decreases were recorded for most of the infectious diseases, the chief exception being a rise of 13 for measles. Eight cases of typhoid were reported from Donegal, Glenties R.D.

In *Northern Ireland* the only changes in the incidence of infectious diseases were a rise in diphtheria of 8, and a fall in measles of 11.

Diphtheria among Canadian Troops

The Canadian National Defence H.Q. announced that an outbreak of diphtheria among Canadian troops on the Western Front reached a peak of 118 cases per 100,000 in January, and had fallen to 35 per 100,000 by March. The outbreak did not reach serious proportions, due to the Canadian Army's policy of compulsory immunization.

Week Ending May 5

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,351, whooping-cough 1,050, diphtheria 504, measles 13,139, acute pneumonia 518, dysentery 469, paratyphoid 7, typhoid 3.

No. 17

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended April 28.

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 (a)	(b)	(c)	(d)	(e)	1944 (Corresponding Week) (a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	56	3	18	3	1	71	14	32	3	1
Deaths		1	1				2	1		
Diphtheria	564	24	126	104	22	628	29	163	91	29
Deaths	7	—	2	2	—	5	—	5	3	1
Dysentery	486	32	188	3	—	218	37	79	—	—
Deaths				—	—				—	—
Encephalitis lethargica, acute	2	—	—	—	—	3	—	—	—	—
Deaths		—					—			
Erysipelas			32	7	1			42	4	4
Deaths		—					—			
Infective enteritis or diarrhoea under 2 years				16					4	
Deaths	43	8	6	4	4	49	12	8	10	4
Measles*	16,023	1058	341	65	23	2,055	207	559	214	19
Deaths	8	1	—	2	—	2	—	—	8	—
Ophthalmia neonatorum	59	5	15	—	—	80	5	17	—	—
Deaths										
Paratyphoid fever	3	—	2 (1A, 1B)	2 (B)	—	4	—	2 (B)	—	1 (B)
Deaths	—	—	1	—	—	—	—	—	—	—
Pneumonia, influenzal†	530	29	3	9	4	711	49	11	10	6
Deaths (from influenza)	12	2	1	—	1	7	—	5	—	—
Pneumonia, primary			174	31				205	30	
Deaths		25		11	10		31		16	17
Polio-encephalitis, acute	—	—				2	—			
Deaths		—					—			
Poliomyelitis, acute	5	—	2	—	—	9	—	1	1	—
Deaths		—					—			
Puerperal fever		1	11		—		5	15		—
Deaths										
Puerperal pyrexia‡	128	13	17	2	1	164	10	27	1	—
Deaths		—					—			
Relapsing fever	—	—			—	—	—			—
Deaths										
Scarlet fever	1,426	71	212	13	34	1,764	120	213	24	66
Deaths	2	—	—	—	—	2	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths				—	—				—	—
Typhoid fever	3	—	—	13	—	9	—	2	6	7
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	1	—	—	—	—	—	—	—	—	—
Deaths				—	—				—	—
Whooping-cough*	1,190	65	201	39	24	2,397	223	241	70	27
Deaths	4	—	3	1	—	16	5	6	5	2
Deaths (0–1 year)	304	40	40	29	23	367	57	61	39	37
Infant mortality rate (per 1,000 live births)										
Deaths (excluding still-births)	4,057	576	536	190	129	4,314	640	565	211	149
Annual death rate (per 1,000 persons living)			12·2	12·3	§			13·0	13·8	§
Live births	6,587	701	906	396	252	7,798	927	1018	638	310
Annual rate per 1,000 persons living			18·1	25·6	§			20·7	—	§
Stillbirths	186	21	30			250	23	38		
Rate per 1,000 total births (including stillborn)			32					36		

* 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.