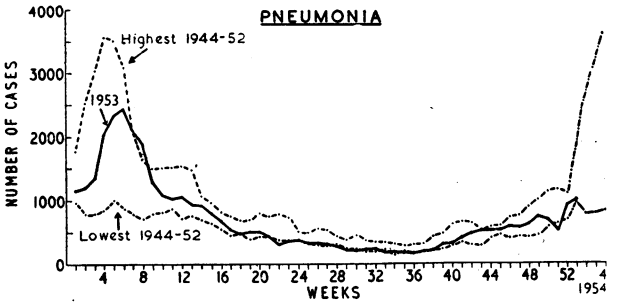

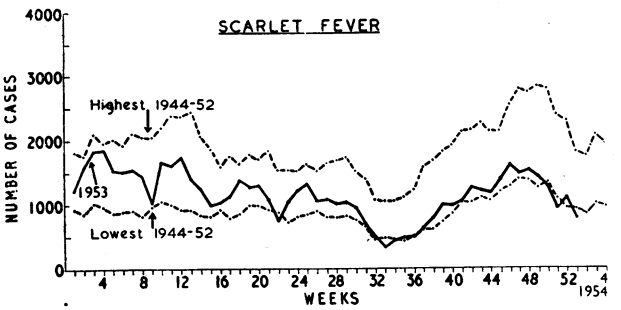

Infectious Diseases

Infectious diseases were less prevalent in England and Wales during the week ending January 9. The decreases in the number of notifications included 319 for scarlet fever, from 1,111 to 792; 193 for measles, from 1,327 to 1,134; and 128 for whooping-cough, from 2,284 to 2,156.

A decline in the incidence of scarlet fever occurred in most areas of the country. The largest falls were 67 in Lancashire, from 163 to 96, and 33 in Yorkshire West Riding, from 145 to 112. The largest variations in the returns of measles were an increase of 47 in Lancashire, from 299 to 346, and a decrease of 82 in Staffordshire, from 222 to 140. 21 cases of diphtheria were notified, being 8 fewer than in the preceding week. The chief feature of the returns of diphtheria was a fall in Lancashire from 10 to 2. The largest fluctuations in the trends of whooping-cough were a rise of 43 in Lancashire, from 219 to 262, and falls of 51 in Warwickshire, from 183 to 132, and 35 in Essex, from 142 to 107.

44 cases of acute poliomyelitis were notified during the week. These were 5 fewer for paralytic and 4 fewer for non-paralytic cases than in the preceding week. The largest returns were London 6, Gloucestershire 6 (Bristol C.B. 3), Lancashire 5, and Essex 4.

322 cases of dysentery, 18 fewer than in the previous week, were reported. The chief centres of infection were London 75 (Shoreditch 20, Finsbury 18, Islington 13), Yorkshire West Riding 48 (Leeds C.B. 16, Bradford C.B. 13), Lancashire 37 (Bolton C.B. 18), Essex 20 (Ilford M.B. 13), Norfolk 19 (Norwich C.B. 19), Durham 17, and Leicestershire 17 (Leicester C.B. 17).

Week Ending January 16

The notifications of infectious diseases in England and Wales during the week included scarlet fever 915, whooping-cough 2,366, diphtheria 21, measles 1,150, dysentery 378, acute poliomyelitis 40, paratyphoid fever 4, and typhoid fever 4.

The Services

Brigadier J. Huston, late R.A.M.C., has been appointed Honorary Surgeon to the Queen, in succession to Major-General A. G. Harsant, C.B., O.B.E., late R.A.M.C., who has retired.

Medical News

Cortisone and A.C.T.H. for Blood Disorders.—The Ministry of Health has now added acquired haemolytic anaemia and thrombocytopenic purpura to the list of "obligatory conditions" for which cortisone and A.C.T.H. will be made freely available through special centres at designated hospitals. This step has been taken on the advice of the Medical Research Council, the reports of whose Panel on the Haematological Applications of A.C.T.H. and Cortisone were published in the *Journal* (1952, **1**, 1261; 1953, **2**, 1400). Last August adrenal deficiency, pituitary deficiency, systemic forms of lupus erythematosus, polyarteritis nodosa, pemphigus, exfoliative dermatitis, and sarcoidosis were named by the Ministry as conditions falling into the "obligatory maintenance" category (see *Journal*, August 29, 1953, p. 518).

Interlingua.—In an attempt to break through language barriers, the January issue of *Blood* prints summaries of its original articles in what is described as a "new supranational language," Interlingua, as well as in English. In an editorial Dr. William Dameshek, the editor-in-chief, commends this venture to the readers of *Blood* and to the scientific world at large. Recognizing that "standard average European" is for all practical purposes the language of science, the inventors of Interlingua have gone to Italian, French, English, Spanish, and Portuguese, and have attempted to extract and synthesize all the elements common in them into a logical, readily understandable language. To give an idea of their success, the Interlingua summary of an article on "The Effect of A.C.T.H. in Periodic (Cyclic) Neutropenia" is printed below:

Un caso de neutropenia periodic de un duration de vinti annos es presentate. Administration intravenose de ACTH esseva empleate in le spero de facer abortar o de prevenir le cyclos neutropenic. Nulle effecto in altiar le conto total de leucocytas o neutrophilas esseva constatate, e le cyclos neutropenic non poteva esser prevenite per medio de ACTH. Un frappante absentia de febre, stomatitis, e altere manifestationes secundari esseva notate durante le periodos de therapia a ACTH. Etiam le conditiones governante le tractamento hormonic de tal casos es discutite.

Dr. Dameshek adds that as Interlingua develops words derived from German, Russian, and the various Oriental languages will be incorporated in it.

Travelling Fellowships.—The Medical Research Council invites applications for the following Travelling Fellowships for the academic year 1954–5:

Rockefeller Travelling Fellowships in Medicine.—These Fellowships are provided from a fund with which the Council has been entrusted by the Rockefeller Foundation of New York. They are intended for graduates resident in this country who have had some training in research work in clinical medicine or surgery, or in some other branch of medical science, and who are likely to profit by a period of work at a centre in the United States or elsewhere abroad, before taking up positions for higher teaching or research in the United Kingdom. Fellowships tenable in the United States will normally carry a maintenance allowance at the rate of $2,700 per annum for a single Fellow and $3,600 per annum for a married Fellow. Provision will also be made for travelling and other approved expenses.

Eli Lilly Travelling Fellowships in Medicine.—These Fellowships, tenable in the United States, will be provided from a special fund placed at the disposal of the Council by Eli Lilly and Company, U.S.A. Four Fellowships will be available for the academic year 1954–5, and the awards will in general be made on terms and conditions similar to those attaching to the Rockefeller Travelling Fellowships in Medicine.

Dorothy Temple Cross Research Fellowships in Tuberculosis.—These Fellowships are awarded by the Council from a special endowment of which it is the trustee. The

MANCHESTER MEDICAL SOCIETY: SECTION OF MEDICINE.—At Large Anatomy Theatre, Manchester University, 4.30 p.m., Dr. W. H. Trethowan: Psychopathological Reactions to A.C.T.H. and Cortisone.
MIDLAND MEDICAL SOCIETY.—At Birmingham Medical Institute, 8.15 p.m., Dr. T. L. Hardy: Functional Disorders of the Colon.

Thursday, February 4

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Professor A. A. Miles: Reactions to Bacterial Invasion.
FACULTY OF HOMOEOPATHY.—5 p.m., Drs. W. Lees Templeton, L. R. Twentyman, E. K. Ledermann, C. O. Kennedy, and N. J. Pratt: Reports on Research.
●INSTITUTE OF CHILD HEALTH.—5.30 p.m., Mrs. J. M. Williams: Prevention of Backwardness at School.
LONDON UNIVERSITY.—(1) At School of Pharmacy, 5.30 p.m., Special University Lecture in Pharmacy by Professor J. H. Gaddum, F.R.S.: Discoveries in Pharmacology. (2) At Senate House, 5.30 p.m., Special University Lecture by Air Marshal Sir Harold Whittingham: Medical Science and Problems of Flying.
MANCHESTER MEDICAL SOCIETY: SECTION OF ANAESTHETICS.—At Medical School, Manchester University, 8 p.m., Dr. E. A. Pask: James Brown.
OXFORD UNIVERSITY.—At Southfield School, Glanville Road, Cowley Road, Oxford, 8 p.m., Dr. A. G. M. Weddell: Science and Medicine.
ROYAL COLLEGE OF SURGEONS OF ENGLAND AND INSTITUTE OF LARYNGOLOGY AND OTOLOGY.—At Royal College of Surgeons of England, 5.30 p.m., Professor G. Hadfield: Co-carcinogenesis.
ST. ANDREWS UNIVERSITY.—At Physiology Department, Dundee, 5 p.m., Dr. J. N. Morris: Epidemiological Approaches to Coronary Disease.
ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—5 p.m., psychiatry demonstration by Sir Paul Mallinson.
UNIVERSITY COLLEGE LONDON: DEPARTMENT OF PHARMACOLOGY.—At Physiology Theatre, 5.30 p.m., Public Lecture by Professor F. Bergel, Ph.D., D.Sc.: Some Chemical Aspects of Abnormal Growth.

Friday, February 5

INSTITUTE OF CARDIOLOGY.—9.30 a.m., Dr. S. J. Sarnoff (Harvard): Haemodynamic Effects of a New Sympathomimetic Amine, Aramine, and the Rationale for its Use in the Hypotension and Low Cardiac Output of Myocardial Infarction.
INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. H. W. Gordon: Benign New Growths.
INSTITUTE OF NEUROLOGY.—5 p.m., Professor H. Gastaut (Marseilles): So-called "Psychomotor" and "Temporal" Epilepsy.
LONDON UNIVERSITY.—At School of Pharmacy, 5.30 p.m., special university lecture in pharmacy by Professor J. H. Gaddum, F.R.S.: Discoveries in Pharmacology.
POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Mr. J. E. Richardson: Unusual Presentation of Common Gastric Disorders.
ROYAL MEDICAL SOCIETY, Edinburgh.—8 p.m., Dissertation by Mr. D. Q. Sutherland: Mind over Matter.
WHIPPS CROSS HOSPITAL MEDICAL SOCIETY.—8.30 p.m., Dr. Hugh Ramsay: Tuberculosis Services, Yesterday and To-day.

Saturday, February 6

KENT PAEDIATRIC SOCIETY.—At Royal Star Hotel, Maidstone, 2.15 p.m., discussion by Mr. R. H. Percival and Dr. P. N. Swift: Circumcision.
MIDLAND TUBERCULOSIS SOCIETY.—At Birmingham Chest Clinic, Mr. P. R. Allison: Some Diseases at the Lower End of the Oesophagus.

APPOINTMENTS

EAST ANGLIAN REGIONAL HOSPITAL BOARD.—G. L. Davies, M.R.C.S., L.R.C.P., D.P.M., Assistant Psychiatrist, Ipswich Child Psychiatry Clinic; W. Boyd, M.B., Ch.B., Senior Registrar in Mental Deficiency and Child Psychiatry, Little Plumstead Hospital; W. P. D. Green, M.B., B.S., Senior Medical Registrar, East Suffolk and Ipswich Hospital; K. W. Baruch, M.B., Ch.B., Anaesthetic Registrar, West Suffolk General Hospital; J. A. Reynolds, M.R.C.S., L.R.C.P. and T. K. Thorlakson, M.D., F.R.C.S., Surgical Registrars, East Suffolk and Ipswich Hospital; E. A. Burkitt, M.R.C.S., L.R.C.P., D.P.M., Assistant Psychiatrist, Hellesdon Hospital, Norwich.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Arndt.—On January 15, 1954, at Queen Charlotte's Hospital, London, W., to Frances (formerly Ondatje), M.B., B.S., D.Obst.R.C.O.G., wife of Reverend George Arndt, a daughter—Theonie Frances.
Gibb.—On January 3, 1954, at St. Bartholomew's Hospital, London, E.C., to Mary (formerly Feetham), wife of William Eric Gibb, D.M., F.R.C.P., a son.
Griffiths.—On December 18, 1953, at King's College Hospital, London, S.E., to Barbara (formerly Grand), wife of Dr. Glyn I. T. Griffiths, a second daughter—Caroline Barbara.
Levis.—On December 31, 1953, at the Central Middlesex Hospital, London, N.W., to Renée (formerly Anderson), wife of R. D. Levis, M.B., D.A., a daughter—Julia Alison.
Rutherfoord.—On January 19, 1954, at 192, Staines Road, Bedfont, Middlesex, to Tess (formerly Tomlinson), wife of Dr. G. T. Rutherfoord, a son.
Williams.—On December 21, 1953, in Nairobi, Kenya, to Philippa Gaffikin, M.B., Ch.B., wife of John G. Williams, a daughter.

DEATHS

Clarke.—On January 9, 1954, at 74, Earlham Green Lane, Norwich, Norfolk, Andrew Campbell Clarke, M.B.E., M.D., aged 79.
Corcoran.—On January 1, 1954, at 48, Queen's Gate, London, S.W., Gerald Corcoran, L.R.C.P. &S.I.&L.M., D.P.H., formerly of Southsea, Hants.
Crerar.—On January 7, 1954, at The Whin, Snape, Suffolk, John William Crerar, M.B., F.R.C.S.Ed., of Maryport, Cumberland, aged 86.
Davies.—On January 2, 1954, at 113, Fox Lane, Palmer's Green, London, N., Sidney Richard Eccles Davies, M.R.C.S., L.R.C.P., D.P.H.
Lloyd.—On December 22, 1953, at 4, Overdale, Ashtead, Surrey, Richard Harte Lloyd, M.R.C.S., L.R.C.P., Colonel, late R.A.M.C., retired.
Rentzsch.—On December 27, 1953, at St. Lawrence's Hospital, Bodmin, Cornwall, Sigismund Henry Rentzsch, M.R.C.S., L.R.C.P., aged 87.
Roberts.—On January 1, 1954, at his home, Garth, Fairfield Avenue, Rhyl, Flints, Aneurin Evan Roberts, M.B., B.S., D.P.H.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Mouth-breathing

Q.—*Is there any effective treatment for re-establishing nose-breathing in children who have had tonsils and adenoids removed and in whom there is no nasal obstruction? Is diastolization still used for this?*

A.—Defective nose-breathing in a child may be due to a cause within the nasal cavity itself, to excessive lymphoid tissue in the post-nasal space (adenoids), or to habit.

It is customary to attribute any nasal symptoms in a child to adenoids, just as it is usual to attribute such symptoms in an adult to "catarrh." In both cases a proper examination of the nose after a careful history has been taken should be the rule. In not a few instances it will be found that the nasal obstruction is variable, possibly being worse in the morning on rising, and then an allergic cause should be considered. If the possibility of allergy has been excluded, and enlarged tonsils and adenoids have been removed, and the nasal airway seems clear, then the possibility of habit must be considered. Children who have of necessity been habitual mouth-breathers acquire a pattern of mouth-breathing which is continued even when the nasal airway has been restored. For these, breathing exercises are needed.

In some there may be a dental malformation which requires correction, and in very persistent mouth-breathers who have a good nasal airway it may be necessary to prescribe an obturator for wearing at night.

Diastolization is not generally practised now, though at one time it was popular in some children's clinics.

Anticoagulant Therapy at Sea

Q.—*I sometimes have to treat cases of coronary occlusion while at sea, where no elaborate laboratory facilities are available. Should anticoagulants be used in these circumstances? If so, which are advised, how should they be given, and what is the minimum essential laboratory control?*

A.—None of the anticoagulants which act by depressing the liver function should be used without laboratory facilities for measuring the prothrombin time from day to day: this applies to dicoumarol, ethyl biscoumacetate ("tromexan"), and "dindevan." Heparin, however, may be used safely without laboratory tests, and may be given in doses of 12,500 units twice daily, intramuscularly or intravenously. Intramuscular heparin is usually painful, and is best combined with 1 ml. of 2% procaine. Heparin is supplied in ampoules of 25,000 units per ml., or in a weak strength of 5,000 units per ml. The injections should be given with the least trauma possible; severe bruising at the site of the injection occurs sometimes despite precautions, but it is very rarely serious. At sea, the clotting time could easily enough be measured if there was any doubt about dosage, but the test would vary considerably according to the time it was done after the injection. One should aim at keeping the clotting time between two and three times normal. Protamine sulphate should be available so that the heparin could at once be neutralized if spontaneous haemorrhage occurred. It should be given intravenously in a dose of about 100 mg., repeated if necessary. One milligram of protamine neutralizes approximately 1 mg. of heparin. Anticoagulant treatment, if used at all, should be continued for three weeks at a minimum.