

## Local News

### ENGLAND AND WALES

#### Great Ormond Street Hospital for Sick Children

The recent opening by the King and Queen of the rebuilt and reconstructed Children's Hospital recalls that this institution was the first and for some years the only children's hospital in the United Kingdom, serving as a model for the other children's hospitals subsequently established. The new building has risen chiefly on the site of the former garden. It has seven stories constructed to accommodate 326 patients, including wards for thirty-six private patients, three operating theatres, and various laboratories, kitchens, and the other departments required by a modern hospital. What is left of the old hospital is at present housing the out-patient department, which is now also being reconstructed. The eighty-sixth annual report of the Board of Management covers the calendar year 1937, and a short history of the hospital can be obtained from the secretary. Generous response to the rebuilding fund appeal has enabled the progress of the work to be accelerated, but it is announced that a further £250,000 is still required. In spite of the work of reconstruction the number of in-patients treated during 1937 exceeded that in 1936. The weekly average cost of in-patients increased somewhat, mainly owing to improvements in the dietary and the higher cost of surgical and dispensary supplies. The figures for the branch hospital at Tadworth Court were much the same as in the previous year, the work of the recovery section and the convalescent pavilion permitting continuity of treatment and medical research which would otherwise have been unobtainable. All appointments to the honorary and salaried medical staffs are now equally available to men and women. Although a larger staff is now employed, no additional expense has been incurred, thanks to the adoption of a new scheme suggested by the medical committee. In the medical report it is remarked that the appointment two years ago of a resident anaesthetic registrar has secured the keeping of accurate records of this important section of hospital work. Last year nearly 8,000 general anaesthetics were administered, and premedication has proved of great value in this connexion; of the patients receiving an anaesthetic in the in-patient department approximately one-third were relieved of all apprehension by this modern procedure. Prolonged desensitization against asthma was found to render the attacks less frequent and milder, though it did not prevent their occurrence. A new protective serum against scarlet fever was tried in one of the surgical wards with great success, the amount of injected material being very much smaller than any hitherto used. There was a great decrease in the number of children attending the department for venereal diseases, and since such a decline has been reported all over the country it is obvious that the intensive work in such clinics in past years has yielded valuable results and that these diseases are being controlled.

#### Birmingham Health Report

The report for 1937 of the medical officer of health for the City of Birmingham records a slight rise in the death rate, largely owing to the prevalence of influenzal conditions in the spring. On the other hand, the infant mortality at sixty per thousand has never been lower in the city, although equalled in 1930, while the maternal mortality also shows a gratifying reduction, especially satisfactory as evidencing a diminution in septic conditions in child-birth. The Birmingham birth rate shows a slight rise for the fourth year in succession, but this coincides with the highest illegitimate birth rate for ten years, attributable, so the report suggests, to the more general use of contraceptives regarded as certain preventives of the result

of licence. During the year under review a municipal salaried midwifery service was established in accordance with the requirements of the Midwives Act, 1936. Following a number of compulsory and voluntary retirements the midwives available for the city at the end of the year totalled 158. Of these ninety-nine were city midwives, forty-seven independent, and twelve working under the Maternity and Queen's Hospitals. The emergency service for the domiciliary treatment of obstetric shock and haemorrhage was used for eight cases during 1937. All these patients recovered, and the consultants concerned expressed favourable opinions of the value of this service. Under the Public Health Committee's scheme general practitioners called in consultants for eighty-one obstetric and twenty-six puerperal cases.

### SCOTLAND

#### Hospital Co-operation

In an address at the opening recently at Girvan of the annual Congress of the Royal Sanitary Association of Scotland, Dr. James M. Mackintosh, Chief Medical Officer of the Department of Health for Scotland, emphasized the necessity for co-operation between the voluntary and the statutory hospitals. He said that 1938 marked an important centenary in public health; before 1838 no Act of direct sanitary intention had been placed on the Statute Book. The increased interest in public health stood out as a feature of progress in the twentieth century. But the full implications of the modern doctrine of personal health had not yet been realized. Physical fitness alone was a barren ideal, and must be linked with some idea of what was to be done with the body when it was made fit. A re-examination of the whole educational system was necessary with a view to giving health education a central place. No scheme of medical services could be successful until there was a complete working arrangement between the voluntary and the statutory hospitals. With a wise use of existing resources the inadequacy of hospital accommodation would be relatively small. The principle of regional co-operation had been tried with considerable success in Aberdeen, and there was evidence of tentative schemes elsewhere. Co-operation had failed not because of lack of money or opportunity but because of lack of faith. There was a hesitation to take the necessary action because it would interfere with long-established practices.

On the second day of the congress, Dr. W. G. Clark, medical officer of health for Edinburgh, dealt with some aspects of public health policy. Regionalization, he said, was an important matter at the present time, for local public health organizations were generally too small to deal with exceptional circumstances such as outbreaks of infectious disease. When public health measures were regionally administered, consulting staffs were available, large hospitals of 400 to 500 beds were more economically equipped, and in the event of an epidemic the whole resources of the region were at the disposal of the locality involved. Such schemes could only be carried out when a large centre was included, and it was doubtful if any area of less than 100,000 population could afford to maintain what was now regarded as a complete health service. With regard to infectious disease, he urged that a central register of carriers should be prepared and kept by the Department of Health.

#### Hospital Extensions

At the opening of an extension to Galashiels Hospital, which has cost £25,000, Sir John Fraser of Edinburgh University said that voluntary hospitals were encountering difficulties in obtaining sufficient money to maintain the usual standard of efficiency and at the same time to make necessary extensions. The problem of hospital adminis-

tration had been discussed for several generations. The treatment of patients in small country hospitals not only relieved suffering locally but afforded opportunity for a corresponding number of patients to be treated in the hospitals of the larger centres. The importance of this type of assistance was not sufficiently recognized, and if it could be made more general it would go far to solve difficulties of the larger hospitals. Illness was often more easily borne in the quietness of a country town than in a big city, and he believed that this factor would be increasingly taken into consideration in the hospitals of the future. The extension provides a new wing with a public ward and several private rooms, and in addition there is a new operating theatre, laundry, and kitchen, and an up-to-date x-ray installation. The hospital, which previously accommodated fourteen patients, has now thirty-one beds.

An auxiliary hospital to the Dumfries and Galloway Royal Infirmary, which has been provided at a cost of £18,000, was opened by the Earl and Countess of Mansfield on November 3. The Earl of Mansfield explained that this addition, the Grove Convalescent Home, would provide accommodation for fifty-five patients, and that the directors also contemplated an extension to the infirmary, but there had been delay in the latter scheme owing to negotiations with local authorities, who desired to reserve for their own needs some seventy beds in the institution.

## Correspondence

### Treatment of G.P.I.

SIR,—Dr. B. H. Shaw's letter in your issue of October 29 (p. 917) quotes some figures purporting to show the results of different methods of fever therapy in G.P.I. Statistical evidence readily lends itself to misinterpretation. I would stress the fact that clinical recovery is not an accurate criterion of the efficacy of any type of treatment. It seems unlikely, having regard to the histopathology of the disease, that therapy does more than destroy the syphilitic infection whereby, although inflammatory changes may resolve, degenerative changes persist. Thus the resultant clinical picture will depend on the degree of degeneration present before treatment is begun. Investigations carried out here have led us to the conclusion that the production of a normal cerebrospinal fluid is a more reliable gauge of the success of treatment than that of "clinical recovery." As regards the recovery figures quoted, it should be pointed out that the Board of Control figures relate to mental hospital admissions, many of the patients being already far advanced cases, whereas Neymann's figures refer to general hospitals as well as mental hospitals.

Regarding the mortality rate of malaria therapy, I would like to quote from the records of patients treated here between June, 1937, and June, 1938; this time period was selected purely at random, and may therefore be regarded as a sample of our general results. During this time 107 men and fifty-six women were admitted suffering from G.P.I., and of these 100 men and forty-five women were treated by malaria. Among the women no deaths occurred either during the course of malaria or within a few weeks after; of the men three deaths could be directly attributed to malaria; one of these developed severe cardiac asthma during fever and died from heart failure. At necropsy a plaque was found at the beginning of the left coronary artery, although the aorta itself was relatively healthy and careful examination of the heart

during life revealed no abnormality; seven others died within two to three weeks following termination of malaria. It might therefore be argued that malaria was also responsible for their deaths, but in four the disease was well advanced before therapy was undertaken. Of the remaining three the cause of death was respectively appendix abscess, lobar pneumonia, and generalized boils. This death rate is little if any higher than that quoted by Neymann, and having regard to the very small number of cases left untreated it can on these figures be argued that malaria therapy is as safe as electropyræxia. Of the eighteen untreated cases seven were men, of whom two were treated with tryparsamide—one on account of his age and uncompensated cardiac condition and the second because of his emaciated condition; one died within five days of admission and four within six weeks. Of the eleven women, one died five days after admission, seven within four weeks, and three within three months.

Among cases treated successfully by malaria have been patients with aortic and mitral disease, diabetes, Huntington's chorea, and many cases of syphilitic aortitis.

As the treatment of G.P.I. by electropyræxia is of relatively recent origin, I can hardly agree with Dr. Shaw that "an authoritative comparison with other methods of treatment is *long overdue*." (The italics are mine.) It is not my purpose to decry the value of electropyræxia, but I am convinced that malaria therapy is still one of the most successful therapeutic agents in the treatment of neurosyphilis and is far from being the dangerous procedure it is implied to be in Dr. Shaw's letter.—I am, etc.,

Horton Hospital, Epsom, Nov. 1.

W. D. NICOL.

### Social Pathology

SIR,—Dr. A. J. Brock in his letter to the *Journal* of October 8 (p. 762) raises the question, "Is our nation becoming less healthy?" This is a very important question, because, as Dr. Brock notes, the future existence of the British peoples depends not only on a knowledge of the correct answer but also on action based upon this knowledge. What answer we give depends on the meaning we attach to the word "health." For example, we may consider national health in terms of height, weight, longevity, and freedom from devastating epidemics. Accordingly, when official statistics indicate that people are becoming taller and plumper, are living longer, and are free from severe outbreaks of infectious disease, we assert that the nation is becoming healthier. However, we must not forget that this assertion of improving health is really an inference based on an assumption, the assumption being that the needs of living men and women are exactly comparable to the needs of livestock—namely, suitable food, shelter, air, light, and physical exercise. In the past all "public health" measures and most "social" ones have been based on this essentially veterinary assumption. Indeed, it was inevitable that this should be so, because these needs are so obviously basic ones. Improvement in national livestock health has been effected therefore—at least in part—by a growing knowledge of the nature of these needs and by the application of measures directed against environmental factors which frustrate or deny the fulfilment of these basic animal needs. In practice this has been achieved by "public health" action in respect of impure or inadequate diet, improper housing, defective drainage, insufficient exercise, etc.

There is, however, another way of regarding health, and this is based on a different assumption. It includes the veterinary assumption, but regards it as partial and inade-

unable to provide a sufficiency of gas masks, not only masks for patients but duty masks for the staffs. His interpretation of the Government instructions on gas protection in hospitals was that in a hospital, with the constant traffic of patients in and out, it was impracticable to have complete gas protection. They were advised that special accommodation and gas-proof rooms should be made for cardiac and other chest cases and for the protection of food. They were told that there would be officers from the local mortuary who would deal with the dead. When they asked the local authorities what arrangements they had made for the dead, the reply was that the authorities had no instructions and no information, and no intention, unless instructed, of dealing with the situation. That was an instance of the lack of co-ordination between Government Departments and between the central and local governments.

As regards the special hospital in Vincent Square, originally it was to be a Grade "A" hospital for infants; later, after they were fully equipped to deal with children who might be injured, they were told that this Infants Hospital was to be transformed at once into an adult casualty clearing station. They set about the change, and in a week the hospital was ready to receive, instead of 100 infants, 175 adults. He informed the Ministry of Health that the hospital had operating instruments only for infants and no surgical instruments for adults. He asked where they could get the latter, and how the expense would be borne. The Ministry said it had no instruments and could not help the hospital to get them, and that if the hospital bought them they would not get any grant from the State if there was no war. Thus the hospital was asked to take the whole of the risk, and it took it.

Then there was the question whether men and women should be treated in the same hospital. This was not simple when dealing with casualties resulting from air raids, which would be either gas or surgical casualties. In the ordinary way men went to the men's wards and women to the women's wards, but in a casualty clearing station, with a constant flow of casualties coming in and going out to the base hospitals, that could not be done, and both would have to remain for a time in the out-patient department. The Home Office said that men and women would have to be separated, but he doubted whether this was practicable in the same hospital. Another point was how were casualties to be directed to the various hospitals. It was essential that first-aid stations and hospitals should be under the same general and central direction and administration. It had so far been arranged, on the whole, that no medical officer should be attached to first-aid stations, whereas it was imperative that there should be a medical man in charge of each. It would be impossible for the hospitals to cope with the inrush of casualties unless these had first been sorted into the more and the less serious cases by some responsible person. He hoped to have an opportunity of discussing with the Minister some of the difficulties with which hospitals were confronted.

Mr. Herbert Morrison's motion was defeated by 355 to 130 and an amendment was carried which, while taking note of existing deficiencies in the system of civilian defence, welcomed the decision of the Government to entrust the system to a Minister appointed for that purpose and to complete with the utmost speed the measures necessary to provide for the country's need. This amendment was carried without a division.

Answering, on November 3, questions about air raid precautions, Mr. GEOFFREY LLOYD said contracts for the manufacture of 45,000,000 civilian respirators had been made. Approximately 4,000,000 civilian respirators had been issued to the metropolitan boroughs and the city of London, and had been distributed to the public. The instructions issued by this country about methods of protection against gas remained unaltered.

### Undulant Fever in Great Britain

Mr. W. S. LIDDALL asked on November 3 the number of human cases of undulant fever arising in Great Britain attributable to bovine infection through milk or meat in each

of the past ten years, and what measures were taken to reduce the risk of human infection by the group of *Brucella* organisms. Dr. ELLIOT, in reply, said undulant fever was not a generally notifiable disease and statistics of its incidence were not available. Estimates had been made by responsible investigators that there might be some 400 or 500 cases per annum in this country. The importance of all measures to ensure the cleanliness and safety of milk in order to avoid risk from this and other milk-borne diseases had frequently been emphasized by the Ministry of Health. Considerable progress in this matter had been made. He had no information to suggest that meat was a source of human infection with this disease.

On the same day Mr. LIDDALL asked what proportion of tested milch cows in Great Britain showed evidence of *Brucella* infection as manifested by agglutination blood tests. Mr. W. S. MORRISON replied that no statistics were available on the proportion of milch cows submitted to the agglutination test which reacted, but the general view was that about 40 per cent. of dairy cows were infected. Where at a routine clinical inspection of a dairy herd, or at a special inspection made following a report from a local authority that suspicion attached to certain milk, a milch cow was found by a veterinary inspector showing clinical signs of the disease, the sale of the milk of such animal was prohibited by Section 5 of the Milk and Dairies (Consolidation) Act, 1915. The problem of contagious abortion in cattle had been under investigation at a number of institutions under the aegis of a committee of the Agricultural Research Council appointed in consultation with the Medical Research Council.

*Insurance Practitioners in England and Wales.*—On January 1, 1937, 16,812 medical practitioners in England and Wales were under agreement with insurance committees. The total amount paid them from national health insurance funds in respect of the year 1937 was £8,050,108.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

A. M. Barrett, M.B., B.Ch., of Pembroke College has been appointed University Demonstrator in Pathology for three years from October 1, 1938.

At a Congregation held on November 4 the following medical degrees were conferred:

M.D.—L. Foulds, D. W. C. Gawne, G. Rocyn-Jones.  
M.B., B.Chir.—\*T. J. Fairbank, \*G. H. Baines, \*T. L. Barbour,  
\*R. I. C. Barford, H. W. Adeney.  
M.B.—\*G. Williams.

The degree of M.A. was conferred on G. D. Channell and F. W. Smith, University Demonstrators in Anatomy.

\* By proxy.

### UNIVERSITY OF LONDON

Ian M. Macgregor has qualified to receive the Academic Postgraduate Diploma in Public Health.

The Senate on October 19 awarded the degree of Ph.D. in Hygiene and Public Health (non-clinical) to S. Mukhopadhyay.

### LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following scholarships have been awarded for 1938-9:  
*Sir Owen Roberts Memorial Scholarship*: Miss M. V. Teichmann. *A. M. Bird Postgraduate Scholarship in Pathology*: Miss N. T. F. Crowley. *Mabel Webb and A. M. Bird Research Scholarship*: Miss M. V. Sudds.

### Lectures

A course of three lectures on "The Pathogenic Trypanosomes of Africa and the Tsetse Flies (*Glossina*) that Convey Them" will be given at the London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., by Dr. H. Lyndhurst Duke on Tuesday, Wednesday, and Thursday, November 15, 16, and 17, at 5.30 p.m. At the first lecture

the chair will be taken by Dr. C. M. Wenyon, F.R.S., director-in-chief of the Wellcome Bureau of Scientific Research. The lectures, which will be illustrated, are addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

#### Studentship

Applications are invited for the Geoffrey E. Duveen Traveling Studentship, of the value of £450, for research in any aspect of oto-rhino-laryngology. The studentship is normally tenable in the first instance for one year, part of which shall be spent in study abroad, in accordance with a scheme to be approved by the Studentship Board, but it may be extended for six months or for one or two years, and during the extended period the student may be allowed to undertake research at the Royal Ear Hospital or some other laboratory approved for the purpose. Full particulars can be obtained from the Academic Registrar, University of London, W.C.1, and prescribed forms of application must reach him not later than December 31.

#### UNIVERSITY OF LIVERPOOL

At a meeting of the University Council, held on November 1, C. V. Harrison, M.D., first assistant in morbid anatomy at the British Postgraduate Medical School, was appointed Senior Lecturer in Pathology from January 1, 1939, in place of Dr. T. F. Hewer, who has been appointed to the Chair of Pathology in the University of Bristol.

#### ROYAL COLLEGE OF PHYSICIANS OF LONDON

At the quarterly comitia of the Royal College of Physicians of London, held on October 27, with the President, Dr. Robert Hutchison, in the chair, Dr. C. M. Hinds Howell, Dr. A. C. D. Firth, Dr. F. E. Tylecote, and Dr. Bernard Hart were elected councillors.

The following Fellows were elected representatives of the College: Dr. H. L. Tidy on the committee of management of the Conjoint Board; Sir Comyns Berkeley on the council of the Central Midwives Board; Dr. John Hay on the court of governors of the University of Liverpool; Sir Stanley Woodward on the Central Council for District Nursing; Sir Arthur MacNalty on the executive committee of the Imperial Cancer Research Fund; and Dr. R. D. Gillespie at the conference of the National Council for Mental Hygiene, January, 1939.

The President announced that Dr. R. E. Smith had been appointed Milroy Lecturer for 1940, his subject to be "Acute Infectious Diseases at School"; that the Jenks Memorial Scholarship had been awarded to John Vesey Aveling, late of Epsom College; and that the first awards of the Linacre Scholarships, recently instituted by the College, had been made to G. M. Scott and T. Stapleton, late of King's School, Canterbury.

#### Membership

The following candidates, having satisfied the Censors' Board, were admitted Members of the College:

Margaret Ball, M.B.Camb., R. Bolton, M.B., W. G. Brander, M.B.Camb., D. G. Freshwater, M.B.Camb., D. M. T. Gairdner, B.M.Oxf., M. Gelfand, M.B. Capetown, F. T. Grey, M.B.Sydney, J. D. Hardy, M.D.Belf., B. G. Haynes, M.B.Sydney, H. B. Hunt, M.D.Birm., N. F. Lilauwala, M.B.Bomb., J. D. Robertson, M.D. St. And., M. Sarwar, M.B.Punjab, S. R. F. Whittaker, M.B.Camb.

#### Licences

Licences to practise were conferred upon the following 139 candidates (including twenty-three women) who have passed the final examination in medicine, surgery, and midwifery of the Conjoint Board, and have complied with the necessary by-laws:

D. C. Arnott, Gladys M. Auchinleck, H. B. Austin, J. C. Ballantyne, A. M. Bennett, W. M. Bennett, E. S. Binns, M. W. Bird, A. N. Blades, F. A. Boggiano, T. W. Branch, Mary Brandon-Jones, R. T. Brooks, D. C. Brown, P. A. K. Brownlee, J. F. Buckmaster, J. A. Burnett, K. C. Burrow, A. Caplin, Phoebe Charlton, P. S. Cheshire, M. M. R. Clarke, A. Conachy, W. H. R. Cook, Patricia G. Gooper, C. C. Coplans, A. W. J. Craft, C. McK. Craig, E. I. Davis, W. W. Deane, Ursula M. Dick, B. Donnelly, M. N. S. Duncan, A. R. P. Ellis, C. J. Evans, G. M. Evans, R. W. Evans, Margery Feachem, T. Fenwick, E. L. V. Fitch, D. S. Foster, J. B. Franklin, Beryl M. Gee, R. C. R. Gethen, Janet D. Gimson, T. Griffiths, Hilda B. Grinyer, H. Haggag, N. J. Haggag, N. H. Halper, P. J. Hardie, R. F. E. Harrington, J. W. S. Harvey, R. J. Healey, R. D. Hearn, F. D. Hindmarsh, E. R. Hodgson Todd, R. O. Holland, J. G. S. Holman, Doris I. E. Huband, E. G. Hudson, J. P. W. Hughes, R. D. S. Jack, H. Jackson, Beryl M. Jagger, J. D. James, J. James, D. H. Jones, D. R. M. Jones, D. H. Jones, M. E. Jones, Ruth

Jones, T. R. Jones, W. A. D. Jones-Roberts, J. B. Joyce, H. G. Kahlenberg, F. K. Khosrawy, Isabella R. Kratt, G. L. Lambert, L. A. Laventhall, G. J. Laws, Mary I. Leasor, K. N. Lloyd, S. C. MacPherson, W. M. Maidlow, G. L. Manson, F. J. C. Matthews, R. Maycock, T. Mendelsohn, Caroline Milne, N. E. Monteuis, Christina O. Moody, G. O. M. Neathy, Sylvia D. Orchard, T. W. B. Osborn, Pearl Pearlman, H. W. Peck, J. F. Perredes, H. C. Perry, Blanche Phillips, R. K. Pilcher, F. Prescott, R. F. Pusey, S. F. Raistrick, A. E. Rampling, H. N. Rees, L. M. Reid, Nora Reid, M. O. Richardson, S. Roberts, S. V. Rush, J. Scholefield, C. A. R. Schultenber, Ida B. S. Scudder, C. C. Shaw, P. Shemilt, L. G. P. Shiers, M. M. Shrinagesh, Margaret E. M. Slater, H. S. C. Smith, E. F. G. Stewart, T. L. Stoaite, H. Stott, W. J. Street, M. Taylor, K. R. Thomas, M. R. Tomlinson, J. D. Wade, R. T. Warren, E. H. S. Weston, F. B. B. Weston, J. B. Wheelwright, J. Whitehead, Gladys E. Wiese, A. A. Williams, G. H. T. Williams, W. W. Wilson, R. L. Witney, J. Zigmund.

#### Diplomas

Diplomas were granted, jointly with the Royal College of Surgeons of England, to the following candidates:

DIPLOMA IN PUBLIC HEALTH.—B. Adak, Joan Butterworth, M. A. K. Durrani, A. B. R. Finn, Lorna M. A. Goulden-Bach, R. D. Gray, A. B. Guild, F. C. Hilton-Sergeant, C. W. C. Karan, H. D. Palmer, H. R. Rishworth, H. L. Settle, H. K. Shahani.

Diplomas in Child Health were granted to the thirty-four candidates whose names were included in the report of the meeting of the Council of the Royal College of Surgeons of England in the *Journal* of October 22 (p. 870).

Dr. Morley Fletcher left England on October 28 for Australia, where he will act as representative of the Royal College of Physicians of London at the opening of the Royal Australasian College of Physicians. The Royal College of Physicians of London is presenting an illuminated address and a replica of its silver wand or caduceus, which was presented to the College by Caius in 1556.

#### ROYAL COLLEGE OF SURGEONS OF ENGLAND

The annual meeting of Fellows and Members will be held at the College in Lincoln's Inn Fields on Thursday, November 17, at 4 p.m., when a report from the Council will be laid before the meeting. Fellows and Members can obtain copies of the report on application to the secretary, and can have their names placed on the list of those to whom it is sent annually. A copy of the agenda will be issued to any Fellow or Member who may apply for one.

#### BRITISH COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At the quarterly meeting of the Council, held on October 29, with the President, Sir Ewen Maclean, in the chair, Denis Valentine Morris (Galway) and William Keverall McIntyre (Tasmania) were elected to the Membership of the College.

Thomas Charles Clare (Leicester) was admitted to the Fellowship.

The following were admitted to the Membership:

Arthur Charles Belfield (New Zealand), \*Phillip Godfrey Chalewood (India), Johannes Cornelius Coetzee (South Africa), \*Gladys Story Cunningham (China), James Bruce Dewar (Edinburgh), \*John Edis-Myers (India), Llewelyn Mervin Edwards (London), Arthur Bryant Evans (London), Agnes Jean Herring (Dundee), Donald Forsyth Lawson (Australia), Thomas Emmet Lennon (Liverpool), Charles Rutherford Morison (Harrigate), Henry Anthony Rippiner (Bradford), Dorothy Anderton Sharpe (London), Pillalalayam Veraswami Venkatswami (India), \*Harry Silvester Waters (India).

\* In absentia.

At the termination of the meeting Mr. G. F. Gibberd assumed the office of honorary secretary and Professor William Fletcher Shaw assumed the office of President. A vote of great appreciation for the services of Sir Ewen Maclean during the past three years as President and during the whole period since the inception of the College was adopted by the Council.

The following candidates for the diploma of the College have satisfied the examiners:

O. G. Bark, Dorothy M. Brook, Isobel Brown, H. Burton, J. J. Cohen, R. R. Foote, G. R. Griffiths, L. Langmore, J. B. F. McKenzie, Agnes M. Mitchell, G. D. Owen, Constance E. Peaker, R. G. Record, E. R. Rees, H. G. Roberts, Una R. Roy, S. A. Scorer, Marjorie Swain, W. G. Swann, J. F. Swan, J. D. Watt, R. H. Vasey, H. S. Wigfield.

#### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the annual meeting of the Royal Faculty of Physicians and Surgeons of Glasgow the following officers were elected: *President*, Dr. John Henderson; *Visitor*, Dr. J. Souttar

McKendrick : *Honorary Treasurer*, Dr. James H. MacDonald : *Honorary Librarian*, Dr. W. R. Snodgrass : *Representative for the General Medical Council*, Mr. G. H. Edington.

### CONJOINT BOARD IN SCOTLAND

The following candidates have been approved at the examination indicated:

DIPLOMA OF L.R.C.P.ED., L.R.C.S.ED., L.R.F.P. AND S.GLAS.—  
C. G. Adams, A. C. B. Allan, M. Y. Anthony, S. A. Antonious,  
R. E. G. Armattoc, S. N. Banerji, G. A. Bell, J. A. Brown,  
R. A. Brown, P. Chatterjee, B. Crawshaw, S. Edelson, Frieda  
Ehrlich, W. V. A. Erskine, H. E. A. Fairweather, N. L. Freund,  
H. S. Friedlander, B. M. Heller, Kate Hermann, B. Hirschson,  
F. J. Hoeningberger, R. B. Hollos, J. K. Houston, T. Shih-Do-Hsu,  
G. S. Kambourian, F. Kreuter, W. Lubansky, J. C. McGrath, J. L.  
Markson, S. T. B. A. Mattar, K. Meyerhof, E. Mintz, S. Mirk, A. G.  
Mohammed, W. Morron, R. D. Oliver, S. Oshinsky, G. Pickar,  
B. Pribram, I. B. Radow, D. Raeside, P. Rosenbaum, J. Schlosser,  
J. M. Silverstein, D. Simenoff, R. Sorkin, Marie H. Stevenson,  
E. S. Sutherland, A. Shapiro, A. Taterka, J. Tolland, A. Waheed,  
B. J. S. Wessels.

## EPIDEMIOLOGICAL NOTES\*

### Acute Poliomyelitis

For the first time in four weeks there has been a decline in the incidence of poliomyelitis in England and Wales—70, compared with 81 in the previous week; in London there were 4 cases as against 11. In Scotland and Ireland the disease also appears to be on the decrease. The counties chiefly affected in England and Wales were: Leicester 8 (Leicester 1, Melton Mowbray 2, Shopshed 3, Melton and Belvoir 2); Gloucester 6 (Bristol 4, Cirencester 1, Nailsworth 1); Lincoln 6 (Scunthorpe 4, Stamford 1, South Kesteven 1); Essex 5 (Tendring 2, and 1 each in Braintree and Bocking, Harwich, Romford); Glamorgan 5 (Cardiff 4, Neath 1); Southampton 5 (Droxford 2, and 1 each in Winchester City, Winchester Rural, Havant and Waterloo); Kent 4 (Bromley 1, Tunbridge Wells 2, Herne Bay 1); London 4 (1 each in Deptford, Fulham, Hackney, and Lewisham); Oxford 3, all in the City of Oxford. The three cases in Scotland occurred in Aberdeen, Edinburgh, and Paisley.

In Germany during the week ended October 15 the number of cases of poliomyelitis rose from 353 to 364; the chief areas affected were: District of Cologne 42 (27), Düsseldorf 16 (13), Swabia 23 (16), Saxony 39 (27), Baden 26 (16), the Saar 12 (7). In Holland during the week ended October 22 the number recorded, 33, was the same as in the preceding week; of these 13 (10) were in the province of South Holland.

### Enteric Fever

Notifications of enteric fever in England and Wales fell from 37 to 19, and in London from 12 to 1. In Scotland, on the other hand, a rise from 4 to 7 was recorded, while in Ireland the figures were identical in both weeks. More than one case was notified in the following counties: Berks 3 (Windsor 2, New Windsor 1); Sussex 3 (Chichester 2, Hastings 1); Salop 2 (1 each in Oswestry and Shrewsbury); Middlesex 2 (1 each in Hendon and Southgate). The London case occurred in the Borough of Hackney. Of the 7 cases reported in Scotland 3 were notified as paratyphoid fever in Lanark County, while 1 case of typhoid fever was notified in Airdrie, Glasgow, and Lanark County. One case of typhoid fever was notified in the County of Midlothian.

### Primary and Influenzal Pneumonia

An appreciable increase is noted in the notifications of primary and influenzal pneumonia in England and Wales (578, compared with 534 in the previous week), in which London shared (65, compared with 45). The counties mainly affected were: Lancaster 94, of which 32 were in Manchester

and 16 in Liverpool; Yorks (West Riding) 70, 24 in Sheffield and 8 in Bradford; Warwick 45, of which 32 were in Birmingham; Durham 41; Stafford 30. Deaths from influenza in the 126 Great Towns fell from 26 to 22; more than one death was reported in London and in Birmingham, the numbers being 4 and 3 respectively.

### Encephalitis Lethargica

The reports furnished to the Health Section of the Secretariat of the League of Nations indicate that there were no major epidemics of encephalitis lethargica in any country in the years 1936-8. During 1936 considerable increases over the mean for the preceding five-year period were observed in Germany and Japan. In the latter country 1,005 deaths from encephalitis lethargica were recorded in 1936. In the United States of America cases rose from 723 in 1936 to 1,068 in 1937; the chief areas affected were: New York State 121; Illinois 104; Missouri 190; Texas 47; California 75.

### Diphtheria and Scarlet Fever

Diphtheria continues to spread in England and Wales—1,432 for the week under review, compared with 1,367 in the preceding week—while a fall was noted in London, from 173 to 153. In Scotland and Eire considerable increases were recorded during the week. The chief centres affected were: Liverpool 59 (57), Manchester 28 (32), Bristol 23 (20), South Shields 21 (19), Leicester 15 (23), Newport 15 (8), Lewisham 14 (13), Poplar 13 (6). Of the 27 deaths from diphtheria in the 126 Great Towns 5 were in London and 2 each in Southport, South Shields, Stanley (Durham), and Birmingham. In Scotland increases were noted in Glasgow 101 (78), Dundee 21 (9), Lanark County 19 (11), and decreases in Aberdeen 14 (18) and Edinburgh 13 (14). There were three deaths, all in Glasgow.

In England and Wales notifications of scarlet fever rose from 1,864 to 2,000, and in London from 159 to 192. The chief centres affected were: Manchester 56 (47), Liverpool 50 (50), Wandsworth 26 (11), Camberwell 24 (10), Stoke-on-Trent 31 (30), Bristol 44 (30), South Shields 23 (15), Leicester 22 (14), West Ham 18 (18). There were two deaths, in London and Leeds.

### Measles and Whooping-cough

One death from measles (in Birmingham) was recorded in the Great Towns. Of the 22 cases of measles notified in London 4 were in Deptford and 3 each in Stepney and Poplar. In Scotland 8 cases were notified, compared with 18 in the preceding week—Glasgow 6 (9), Edinburgh 2 (1). No deaths were reported from any of the sixteen Great Towns.

Of the five deaths from whooping-cough in the 126 Great Towns of England and Wales 1 each occurred in Dagenham, Tottenham, West Ham, Bradford, and Leicester. In London 146 (131) cases of whooping-cough were notified, chiefly in: Kensington 18 (8), Hackney 17 (21), Stepney 14 (9), and Wandsworth 13 (14). In Scotland cases rose from 163 to 178, notably in Glasgow 147 (134), Paisley 10 (6), and Edinburgh 8 (4). There was one death each in Motherwell, Wishaw, and Glasgow.

### Cholera and Plague

During the week under review there were 578 (862) cases of cholera and 282 (433) deaths in the Central Provinces of India, 270 (330) cases and 128 (141) deaths in Bombay Presidency, 218 (223) cases and 97 (104) deaths in the United Provinces. In China 24 (87) cases and 6 (30) deaths were reported in Shanghai and 7 (7) cases and 5 (9) deaths in Hong Kong.

In India during the same week there were 43 (73) cases of plague and 6 (5) deaths in the Central Provinces, 67 (88) cases and 65 (73) deaths in Burma, 11 (25) cases and 8 (11) deaths in Madras Presidency, and 47 (13) cases and 23 (8) deaths in Bombay Presidency.

\* Except where otherwise mentioned, figures in parentheses refer to the week preceding the one under review.

## Obituary

### JOHN MUNRO DUPONT, M.D.

The passing of Dr. John Munro Dupont, who died at his home on October 30, will be greatly regretted in Frome and the surrounding district. He was a son of the late Mr. and Mrs. Dupont of Ampthill, Bedfordshire, and was born in London in 1871. On his father's side he was of French Huguenot extraction: his mother was Scottish. From Bedford College he went to Edinburgh, qualifying in 1901 and taking his M.D. of that University in 1905. Shortly after qualifying he proceeded to South Africa with the R.A.M.C. to take part in the Boer War, and stayed there for nearly two years in the R.A.M.C. after the war was over. He gained the South African medal with four bars. Before starting in general practice he held the appointments of clinical assistant to the Samaritan Hospital for Women, London, resident medical officer to the Royal National Chest Hospital, and resident physician to the City Hospital, Edinburgh. For over thirty years Dr. Dupont practised in Frome, Somerset, where he held the post of honorary medical officer to the Victoria Hospital, an institution in which he took the greatest interest. He was, indeed, the main instigator of the scheme for the extension of the hospital which has since been carried out and was the first chairman of the Extension Committee.

Dr. Dupont joined the British Medical Association in 1904 and was chairman of the Bath Division in 1925, the year in which the Annual Meeting of the Association was held at Bath. He was the first country member to be elected to the Clinical Society of Bath (in 1920). At the outbreak of the great war he was captain in the South-Western Mounted Brigade Field Ambulance, with which unit he served successively on the east coast, at Suvla, and in Egypt, whence he returned to England on account of the death of his wife. Subsequently he acted as medical officer in charge of ambulance trains in France, retiring with the rank of major in 1919. In addition to his post at the Victoria Hospital Dr. Dupont was medical referee for the Ministry of Pensions, medical officer to the Post Office, and medical officer to the Frome Town A.F.C. He was twice married, and leaves a widow, two sons, and a daughter. He was a strong supporter of the Conservative Party and an enthusiastic follower of county cricket.

The following well-known foreign medical men have recently died: Professor RENÉ DU BOIS-REYMOND, for many years director of the University Physiological Institute of Berlin, like his father, and a pioneer in the science of sport, aged 75; Professor PAUL KRIZG, head of the German Hospital in Peking, aged 70; Dr. ARNO LOEWE, a prominent Dresden orthopaedic surgeon; Professor JOHANNES LANGE, director of the university clinic for nervous diseases at Breslau, aged 47; Dr. GEORGE E. DE SCHWEINITZ, an eminent ophthalmologist of Philadelphia, author of a textbook on diseases of the eyes, which passed through numerous editions, and former president of the American Medical Association, aged 79; Hofrat FERDINAND HUEPPE, emeritus professor of hygiene in the German University at Prague, aged 86; Dr. ERNEST SCHULTZE, emeritus professor of psychiatry at Göttingen, aged 73; and Dr. HERMANN GOCHT, for many years professor of orthopaedics at Berlin, aged 69.

## CO-ORDINATION OF MEDICAL SERVICES

### Deputation to Sir Thomas Inskip

A deputation from the Central Emergency Committee of the British Medical Association, together with representatives of the Royal Colleges of Physicians and Surgeons, was received on November 8 by Sir Thomas Inskip, Minister for Co-ordination of Defence, who was accompanied by officials of the Government Departments concerned. The members of the deputation, introduced by Sir Kaye Le Fleming, Chairman of Council of the British Medical Association, were: Dr. H. Guy Dain (Chairman of the Representative Body), Mr. N. Bishop Harman (Treasurer), Sir Alfred Webb Johnson, Dr. Clark Kennedy, Professor R. M. F. Picken, Sir Charles Wilson, Dr. Letitia Fairfield, with Dr. G. C. Anderson and Dr. C. Hill, Secretary and Deputy Secretary of the Association.

The deputation urged the establishment of machinery for the co-ordination of all medical services for the civilian population under a single body, and the co-ordination of the civilian medical organization with that of the Service departments. It also proposed that this machinery of co-ordination should be closely associated with the Central Emergency Committee of the B.M.A. as being representative of all branches of the medical profession.

In reply, the Minister said that he greatly appreciated the assistance given by the British Medical Association, especially in compiling an exhaustive survey of the profession. He expressed himself in sympathy with the principles put forward, and undertook that they would be examined by the Departments concerned. He assured the deputation of his desire to co-operate fully with the profession and to avail himself of their services.

A fuller report of the proceedings will appear next week.

## The Services

The Princess Royal inspected Princess Mary's Royal Air Force Hospital, Halton, on October 29. She opened this hospital eleven years ago, and there were then 204 beds; this number has now been increased to 535. It is one of the most modern of Service hospitals, and has a new x-ray department, an isolation department, several additional wards, and a chapel. Other hospitals for the Royal Air Force are being erected as part of the extension programme. The Royal Air Force Nursing Service was created in June, 1918, and five years later, with the approval of King George V, it was designated "Princess Mary's Royal Air Force Nursing Service." It now includes a matron-in-chief, matrons, senior sisters, sisters, and staff nurses. Foreign service is undertaken in Iraq, Aden, and Palestine. The Princess Royal has previously visited Cranwell Hospital and the R.A.F. hospital at Sarafand in Palestine.

R. F. Schuurmans (*Nederl. Tijdschr. Geneesk.*, 1938, **82**, 4799) records two cases of stricture of the vagina. The first was in a nullipara aged 30, who sought advice for sterility and dyspareunia. She showed the condition of cirrhosis sub-hymenalis described by Halban, which consists of a circular stricture situated beneath the hymen. The second case was that of a woman aged 50, who had a vaginal discharge and certain psychical disturbances connected with the climacteric. Examination revealed the condition described by Labhart as kraurosis fornices vaginae. According to Schuurmans the cause of both these conditions is the same—namely, deficient secretion of follicular hormone associated with chronic trauma.