

## Local News

### ENGLAND AND WALES

#### Old Epsomians

The sixty-first annual dinner of the Old Epsomian Club was held on December 8, with Mr. S. J. Holford, L.D.S., in the chair. After the loyal toast had been honoured Mr. J. S. Cotman proposed the health of the president in a brief speech in which he referred to the president's athletic achievements and to his eminence as a dental surgeon. In reply Mr. Holford expressed his appreciation at being elected president for the coming year, and entertained the company with reminiscences of his early days at the school. In responding to the toast "Epsomia," the head master, the Rev. A. C. Powell, said he would like to express the gratitude of the school to last year's president, Colonel Crawford, who had proved to be one of their greatest benefactors. He then gave some figures which indicated the increasing success of Epsom College in gaining scholarships at the senior universities. In sport the tradition of the school was also well maintained, especially in rugby. The head master concluded his speech by mentioning the admirable spirit shown by the school during the recent crisis. In welcoming the guests Sir Cosmo Parkinson said he would like to congratulate Dr. Robert Hutchison on his high position as President of the Royal College of Physicians, and he mentioned that Mrs. Hutchison was the only woman member of the College Council at Epsom. He coupled the toast with the names of Dr. Robert Hutchison and Mr. D. C. Barclay, chairman of the College Council. In a brief reply Dr. Hutchison said that it was a privilege for those guests who were not Old Epsomians to be admitted to such a "family gathering" as this evidently was. Epsom, he said, he had always associated with three things: salts, the race-course, and the school. Mr. D. C. Barclay, also responding for the guests, considered that old boys' clubs or societies were an important part of the life of a school.

#### Epsom College: St. Anne's Scholarships

The Council of Epsom College will shortly award several St. Anne's Scholarships for girls. Candidates must be fully 9 years of age and must be orphan daughters of medical men who have been in independent practice in England or Wales for not less than five years. The value of each scholarship is dependent upon the means of the applicant and the locality and fees of the school selected. Forms of application for these vacant scholarships can be obtained from the Secretary of Epsom College, 49, Bedford Square, W.C.1, and must be completed and returned by January 1, 1939.

#### The London Emergency Bed Service

At a meeting of the Council of King Edward's Hospital Fund for London on December 13 the president, the Duke of Kent, opened the proceedings by reading a brief message of encouragement from the King. His Royal Highness in his address referred to the various activities of the Fund, including the emergency crisis distribution; the provident scheme for the middle classes, in which the British Medical Association had given valuable assistance; the promotion of a Bill to exempt voluntary hospitals from the incidence of rates; and the distribution of grants, amounting in all to £305,000, to hospitals.

The chairman of the Voluntary Hospitals Emergency Bed Service Joint Committee, Sir Harold Wernher, presented a report on the provision made by that committee, which was set up last summer to facilitate the admission of acute and emergency cases to voluntary hospitals in London, the King's Fund undertaking to provide the necessary finance and supervisory staff. The Joint Com-

mittee of the King's Fund and the Voluntary Hospitals Committee responsible for the Service consists of Sir Harold Wernher, Lord Luke, Sir Ernest Pooley, Mr. O. N. Chadwyck-Healey, Dr. A. M. H. Gray, Dr. Geoffrey Evans, and Mr. A. J. Gardham. (Articles on the work of the Voluntary Hospitals Emergency Bed Service appeared in the *Journals* of June 4 and June 18, 1938.)

A staff of twelve operators was appointed and given a preliminary training with the help of the hospitals. The Service was opened on June 21. Initially it was open from 8 a.m. to 10 p.m. only while the staff gained experience and confidence in their duties. A full twenty-four-hour service was brought into operation on October 8. The Service telephones every hospital once or twice a day according to a special schedule and receives a report of the number of beds vacant; this report is subdivided into some forty categories according to the sex and medical category attaching to each bed. The number of cases presented by doctors has grown steadily and is still growing week by week. By the end of November 2,800 cases had been dealt with. On no occasion has the Service been unable to find a bed for a genuine emergency, and only in exceptionally difficult cases has it taken more than ten minutes to arrange admission. During this time the necessary data have to be given by the doctor, and he has to decide to which hospital where there is a bed available he would like to send his patient. The hospital has to be telephoned and the bed booked, often an ambulance called, and finally the doctor is telephoned to confirm that all is in order. It is estimated that some 25,000 telephone calls in all have been made, the majority of which are concerned with keeping the record of beds up to date. Over 1,200 doctors have used the Service already, and this number grows daily. Many doctors have written expressing their appreciation, and in some cases stating that the life of the patient has been saved by the rapidity of the admission to hospital. The Service has been asked to arrange ambulances for about one-third of the cases it has handled. The procedure has worked smoothly, and gratitude is expressed to the London Ambulance Service of the London County Council and the Home Ambulance Service of the Order of St. John of Jerusalem and the British Red Cross Society for their co-operation. During the crisis provisional arrangements were made for moving the Service to safer quarters in the basement of a large house in the suburbs, but the move did not actually take place. Since then negotiations have been in progress to arrange for these premises always to be available for the Service should evacuation ever become necessary.

#### A Local Inquiry into Malnutrition

During the year 1938 the Ipswich Committee against Malnutrition has conducted an inquiry into the food resources of more than 100 working-class families, and the results have been made into a pamphlet by Dr. A. M. N. Pringle, who has just retired after thirty-one years' service as M.O.H. for Ipswich. The facts as to family income and expenditure are all carefully tabulated, with the amount available for food set against the B.M.A. minimum. At the end averages are worked out in income groups, with interesting results. It is seen, for instance, that fixed charges (rent, fuel, light, insurances) take a much larger proportion of the smaller incomes; they increase with income, but not to the same extent as food. The average amount per head per week ranges from 4s. 6d. to 7s., though in six cases it is below 3s. Alongside these figures Dr. Pringle gives an interesting summary of the main facts about the effect of nutrition on health and the essentials of a balanced diet, and examines how far these families are able to obtain it. Finally, nineteen food budgets are given in detail, with a comment from the doctor on each one, preceded by general conclusions. Milk is everywhere insufficient, usually very much so indeed; so also are butter, eggs, and cheese. Fruit and green vegetables are only purchased in meagre and insignificant quantities. Protein foods are below standard both in quantity and in quality. Bread is the basic food, and, alas! it is white bread, from which most of the protein and mineral elements have been removed. The results

of this independent investigation bear out the conclusions reached in other areas. Ipswich is a comparatively prosperous town, and the low level of nutrition is possibly not so widespread as in less fortunate places, but it exists there to a larger extent than one would have expected, and the figures show that if the family is not quite small it exists even when the father is in work and earning up to 50s. per week. Copies of the report can be obtained, price 4d. post free, from the secretary, Mrs. Lewis, 41, Brunswick Road, Ipswich, or from the secretary of the London Committee against Malnutrition, 19c, Eagle Street, Holborn, W.C.1.

### Chelsea Clinical Society Dinner

The annual dinner of the Chelsea Clinical Society was held at the Rembrandt Hotel, S.W., on December 6. In proposing the toast of the Society, with which he coupled the name of the president, Sir Eric Maclagan referred to the many doctors he had dined with at different times, most notable among them being Sir Clifford Allbutt. The president of the Society, Mr. Duncan Fitzwilliams, in replying, delighted his listeners by presenting a condensed history of Chelsea. He sketched the careers of the many owners of King Henry's Manor and what was known as "Old More's Manor" (the estate of Sir Thomas More). These houses finally became the property of Sir Hans Sloane, at that time President of the Royal College of Physicians, who owned almost all Chelsea, and whose remarkable collection of coins, fossils, manuscripts, and curios formed the nucleus from which the British Museum was created. Dr. Kenneth Eckenstein, honorary treasurer of the Society, proposed the toast of the guests in a characteristically witty speech. Among the guests were the presidents of the Medical Society of London, the Hunterian Society, and the West London Medico-Chirurgical Society. A reply on their behalf was made by Mr. C. W. Gordon Bryan, the honorary treasurer of the Royal Society of Medicine.

### Human Milk for Delicate Babies

A National Mothers' Milk Bureau will be opened by the National Birthday Trust Fund at the new Queen Charlotte's Hospital on January 1, 1939. The bureau will be under the supervision of the staff of Queen Charlotte's Hospital, but the cost of maintenance will be borne by the National Birthday Trust Fund. The object of the scheme is to make available human milk for delicate babies for whom it has been medically prescribed. The bureau will be provided with the most modern equipment and freezing plant through the generosity of Sir Julien Cahn, chairman of the National Birthday Trust Fund.

### Filming Fracture Work

Now that cinematography has proved its value in medicine we may perhaps have to devote a corner of the *Journal* to "film notes." T. J. Smith and Nephew, Limited, have been at some pains to prepare a film on the functional treatment of fractures, and they claim with justification that it is based on the well-known report on fractures issued by the British Medical Association in 1935. The producers have not entirely concealed their belief that "cellona" plaster bandages are eminently suited to the modern treatment of fractures, but it is fair to say that the film is instructional from first to last. There are about 2,000 feet of 16-millimetre film, and it takes about one and a half hours to show. The four fundamentals of successful fracture treatment—namely, (1) segregation, (2) continuity of supervision, (3) after-care, and (4) unity of control—are covered most admirably in the opening section. Then follow other sections dealing with the treatment of various common fractures, such as Colles's, supracondylar fracture of the humerus, tibia, and fibula, Pott's fracture, crush fracture of a vertebral body, and many others. The film was made at a well-known fracture

clinic, and it is a delight to see portrayed the unhurried efficiency, the thoroughness and care, with which the work is done. It is, perhaps, the one danger of this film that it makes fracture work look so easy. Possibly it is to those who have had long and arduous experience, but the daily price that has to be paid for success is constant vigilance and the most patient attention to detail. Only a few shots show mistakes to be avoided, and rather more warning notices might, perhaps, have been included. As a means of teaching this film has only limited usefulness; as an instructive entertainment it is very good, and as a way of showing just how the thing should be done it is superb. Admitted that there may have been some stage managing (and probably no such admission need be made), this film shows what is actually being done in well-organized fracture clinics, and it is to be hoped that there will soon be more centres that could stand the scrutiny of a candid camera.

## IRELAND

### Irish Medical Reunion in London

The annual autumn meeting of the Irish Medical Schools and Graduates Association was held in the Rembrandt Hotel, London, on December 1, and consisted of a dinner followed by a dance. The president, Mr. Johnston Abraham, and Mrs. Johnston Abraham received the guests, who included Lord and Lady Stopford and the Rev. Canon Hannay and Miss Hannay. Lieutenant-General William P. MacArthur, the Director-General of the Army Medical Services, was present, and received on behalf of Captain J. W. Orr, M.C., R.A.M.C., the Arnott Memorial Medal, which was awarded by the society to Captain Orr for bravery under fire on the Indian Frontier. Sir William de Courcy Wheeler proposed the toast of the guests, to which Lord Stopford replied, and Canon Hannay (George Birmingham) proposed the toast of the association, and referred to the literary gifts of the president, who is the author of *The Surgeon's Log* and *The Night Nurse*. The dance was enjoyed by the members, their wives, families, and guests.

### Honorary Degree for Sir W. Langdon-Brown

The National University of Ireland, on December 8, conferred an LL.D. degree, *honoris causa*, on Sir Walter Langdon-Brown. The degree was conferred by the Chancellor of the University (the Prime Minister, Mr. E. de Valera); and Professor Henry Moore, in an introductory speech, said that while Sir Walter Langdon-Brown's name was familiar to every member of the medical profession through his medical writings and lectures, his reputation was high in literary and scientific circles through his philosophical and scientific works. In addition to holding a leading position as a consulting physician in London he was Emeritus Professor of Physics in Cambridge University.

"He has held the Croonian Lectureship of the Royal College of Physicians of London; and he was the Harveian Orator of the same college. He is the author of several standard textbooks and papers relating to medicine, psychology, and philosophy. His latest book, *Thus We Are Men*, is a masterpiece, wherein, with a purity of English style rarely seen to-day, he discusses life in relation to philosophy and psychology, and in which he shows a deep knowledge of human nature. During the time that he has been attached to this University as Extern Examiner in Medicine his colleagues have grown to appreciate deeply his scholarly attainments."

After the conferring of the degree Sir Walter Langdon-Brown gave a lecture at University College, Dublin, entitled "Medicine—Yesterday, To-day, and To-morrow." It was attended by the Prime Minister, and the President of the College, Dr. D. J. Coffey, was in the chair. There were almost 400 people in the audience and the lecture was applauded for several minutes at its conclusion.

### Ulster Medical Society

At the meeting on November 17 of the Ulster Medical Society, the president, Dr. J. McCloy, in the chair, Professor J. H. Biggart read a paper on diabetes insipidus. After briefly describing the history from the early knowledge of Willis (1674), the discoveries of Claude Bernard, the experimental work of Schafer and Hering, and the clinical observations of Farini and van der Velden, the speaker dealt with recent experimental work and the anatomical findings in eight human cases. In five of these eight cases, he said, pituitrin controlled the polyuria, and in each of these the lesions found were so localized as to interrupt the supra-optic-hypophyseal nervous tract to the pars nervosa, and had destroyed completely this part of the pituitary gland. In two of the cases the damage to this nerve pathway had resulted in marked atrophy of the pars nervosa, suggesting that the pathway had a definite influence on this structure. In three patients the polyuria was not controlled by pituitrin, the lesion involving not only the anterior hypothalamus but extending sufficiently to destroy the nuclei of the tuber cinereum. The syndrome had been experimentally reproduced in fourteen dogs, and the findings in these animals supported the suggestion arrived at from a study of the human material that interruption of the supra-optic-hypophyseal tracts resulted in a cessation of the manufacture of the anti-diuretic hormone. Studies of human cases and experimental material also showed that the anterior pituitary played an important part in the development of the syndrome.

## INDIA

### Madras Ophthalmic Hospital

A triennial report and statistics have been issued for the Government Ophthalmic Hospital, Madras, for the years 1935-7. Plans were drawn up for the construction of new quarters for the nursing staff, an extension and ticket hall for the out-patient department, and a dining hall for patients, at a total estimated amount of 43,000 rupees. There was but little change in the numbers of patients treated during the period under review, and the nature of the diseases treated was much the same as in 1936, some details of which were given in the *British Medical Journal*, 1937, 2, 550. Over 100 medical students were trained in each of the three years. This institution has a wealth of varied clinical material, but its accommodation is at times very severely strained.

### Enteric Fevers in the Armies

A point of special interest in the second volume of the report for 1936 of the Public Health Commissioner with the Government of India is the low incidence of enteric fevers in the armies, which was particularly striking among Indian troops. Part of the reduction among enteric group cases was possibly due to better diagnosis of the mild typhus group cases, but it is added that this factor is inapplicable to the great reduction in both typhoid and paratyphoid A group (Indian) which occurred during that year, while the ratio for typhus fever (Indian) is the same as that for 1934 when the figure for enteric fever incidence was the lowest on record. The number of deaths in both British and Indians from enteric fever was also greatly reduced. There was no corresponding reduction among the civil population but rather an increased incidence, nor have there been any striking changes in the general hygiene of military areas. Growing interest, however, is being taken in child welfare among their families by all Indian units, and many enteric cases were detected which would otherwise have escaped notice, suitable treatment being given at once. Another focus of infection is thus being eliminated. Special note is made of the improvement in the T.A.B. vaccine supplied by the R.A.M. College and the Central Research Institute, Kasauli, during the last few years. In the 1935 report attention was called

to the increasing number of apparently ambulant infections among the fatal typhoid cases. For the total enteric group of fevers the statistics are similar to those of previous years for the various post-inoculation periods, but in the bacteriologically proven cases there was in 1936 a considerable fall in the percentage of cases occurring in the first six months after inoculation, and a definite rise in the twelve to eighteen months period. The results obtained by agglutination tests were again inconclusive in both "H" and "O" agglutination. Comparative tests of Dreyer's technique and that of Felix with standardized T.O. suspensions had not yet yielded sufficient data for definite opinions except that in the great majority much higher titres of "O" agglutination were shown to be present by the second method.

During 1936 the admission ratio for dysentery fell by 4.6 per 1,000, being the lowest for many years, but this was offset by an increase in the admissions for diarrhoea and colitis, leaving a decrease of 1.4 per 1,000 for the whole group of diseases. Reduction also occurred in the admissions for amoebic hepatitis, and only two cases of liver abscess were admitted. Cases were as usual sporadic, and the greatest incidence corresponded with the fly season. It was observed that units arriving recently in stations after train journeys produced small crops of cases. It is reiterated that this group of diseases is, under peace conditions, largely passed on from the insanitary conditions prevailing among the civil community. The striking range of the fly and the absence of any reliable method of producing active immunity against the numerous varieties of dysentery bacilli prevalent among the population of India account mainly for the fact that the admission rate to hospital among British troops in India in 1936 was as high as 42.1 per 1,000, compared with an admission rate of 1.5 per 1,000 for the enteric group of fevers.

### Opium Smoking in India

Brevet Colonel R. N. Chopra and Mr. G. S. Chopra have published in the *Indian Medical Gazette*<sup>1</sup> a series of articles on "The Opium Smoking Habit in India." The history of the custom, which was prevalent in China from the beginning of the seventeenth century, but not in India or Persia until the nineteenth century, is related. Smoking, as opposed to eating, opium has not been largely prevalent in the Dependency except in Assam and Burma. It obtains mostly in the larger towns and among the poorer inhabitants. In 1932-3, 28,448 lb. of opium were consumed in Assam, or 30 lb. per 10,000 of the population. The ratio of smokers to eaters in Assam is 1 to 4. The former are more numerous in the hilly country than in the plains. Addicts are as 1 to 126 in the population, but the number is declining under Government restrictions and registration of smokers. In Burma opium has been in use for 300 years, and in 1933 there were 53,000 opium eaters and smokers in that country. The official view is that opium smoking is a social vice, and Colonel and Mr. Chopra recall the view of the Royal Commission of 1895 that the eating of opium is relatively harmless compared with opium smoking. It is also much cheaper, since it is stated that the effects of smoking 180 grains a day can be obtained by the ingestion of 10 grains. The objective sought after is a state of euphoria, and it is the quest of the poor and miserable as an escape from their surroundings. Smoking is mostly resorted to in company in dens, sometimes with social functions or quasi-religious observances. Opium eating, on the other hand, is practised alone and often furtively; but the habit is more easily cured than is that of smoking. The authors appear to share the official view that a great distinction is to be drawn between the effects of eating opium compared with those of smoking; nevertheless they observe that "no scientific data are available to support the view that smoking of opium is more harmful than eating to the individual addict."

<sup>1</sup> Vol. lxxiii, Nos. 2, 3, and 4 (February, March, and April, 1938).

the most important part of the cancer problem, had been scandalously under-estimated in the scheme.

Sir HENRY MORRIS-JONES urged that general practitioners should be in a position to send any case of which they were in doubt to a hospital, not only for treatment but for investigation. Unless facilities for investigation were coupled with those for treatment there was a danger that the Bill would be weak in this aspect of dealing with the problem. The Minister had made ample provision in the Bill to enable him to consult all those involved, both lay and professional, in such a way that the best advice was secured for the interests of those suffering from cancer. He welcomed the Bill, which was in the right direction.

#### THE GENERAL PRACTITIONER AND THE SCHEME

Sir FRANCIS FREMANTLE said the Minister, to a certain extent, had himself to blame for the fact that there had been such an outcry that the Bill had been produced as if it were a Radium Bill. Although it was called a Cancer Bill, it was recognized everywhere that the reason for the secrecy was the proposed purchase of, or the option to purchase, radium. Therefore that seemed to be the centre of the proposal in the Bill. The lines on which the Minister now recommended the Bill to the House were laid down in a memorandum on the provision of radiotherapeutic departments in general hospitals, issued by the Ministry of Health in March. One paragraph of that memorandum stated that "the effective treatment of cancer now demands the partnership of three highly specialized forms of therapy—surgery, radium, and x rays." In a report of the Medical Research Council, of which he (Sir Francis Fremantle) had an advance copy, there were summarized the reports from all the research centres, and there was a table showing the relative frequency of surgical and radiological treatment in the research centres. By surgical treatment alone 27 per cent. of the cases had been treated; by radiation alone, 31 per cent.; and by x rays alone, 23 per cent. That showed that in the research centres and hospitals the figures were fairly easy as between the three different methods of treatment. That was a reason why the Bill should not be called a Radium Bill, but a Bill for the treatment of cancer in the best up-to-date way.

The general practitioners were the persons to whom people went when they had something wrong with them. Was the Ministry of Health consulting the organizations which represented the general practitioners? It might be that the Ministry was doing that, but he asked for an assurance that the British Medical Association would be consulted, if they had not already been consulted, concerning the terms in which the scheme was to be worked out. The general practitioners ought to be brought into the scheme from the beginning, because it was on them that we must depend. More and more research was needed. One of the greatest things the Minister could do would be to see that provision was made for the proper training of medical men in the latest methods of radium and x-ray treatment. It would be possible and wise to set aside some particular place and to build up a school for training these people.

#### GOVERNMENT REPLY

Mr. BERNAYS, replying to the debate, said it was certainly not the Ministry's intention to press radium on the medical profession. There was no intention in any way to stereotype the method of the treatment of cancer. That was a question for the specialist. If the Minister had announced the introduction of the Bill before he was ready it would have sent up the price of radium. Therefore it was not possible to have prior consultations. What mattered most was the consultations about arrangements which would be made under the Bill, and he gave the fullest assurance that the Minister would keep in the closest touch with the medical profession and those skilled in the newest methods of remedy. The Minister would be willing to consider a conference with expert members of the medical profession if a desire for it were expressed by all the interests concerned.

The Bill was read a second time, and committed to a Committee of the whole House.

## Obituary

The death of Emeritus Professor H. C. J. GRAM on November 14 recalls that method of staining with which his name has been identified among many generations of bacteriologists. He was born in 1853, the son of a professor of law. It was as early as 1884 that he described his method of staining, and it was a source of considerable amusement to him that thenceforth he should be best known to the medical world outside Denmark by this reaction. His first scientific publications dealt with the number and size of the blood corpuscles. He was, however, interested in clinical problems, and one of his studies in this field concerned the clinical reactions of theobromine. In 1891 he was appointed professor of pharmacology, and in the following year he assumed the duties of senior physician to the Frederik Hospital, Copenhagen. In 1900 he was appointed a professor of medicine, and he did not retire from his hospital and professorial appointments till 1923.

An obituary notice of Dr. N. D. BARDSWELL appeared in our last issue at page 1234. The following cable from the Governor of Cyprus has been received by the National Association for the Prevention of Tuberculosis: "I have learnt of Dr. Bardswell's death with deep regret, which will be shared by all classes in Cyprus, where his work and visits have entirely changed public attitude towards tuberculosis in a manner which is of greatest assistance to Government in its campaign against the disease. I should be grateful if sincere condolences could be conveyed to Mrs. Bardswell."

*Correction.*—In the memoir of Professor W. McDougall published last week the word "uncriticizability" was by inadvertence printed "uncriticized ability."

## Universities and Colleges

### UNIVERSITY OF BRISTOL

C. H. G. Price has been approved at the examination for the degree of M.D.

### UNIVERSITY OF SHEFFIELD

At its meeting on December 9 the University Council received the resignations of Dr. Arthur Pool of the post of lecturer in mental diseases and of Mr. A. W. Fawcett of the post of lecturer in surgical pathology. The Council accepted the resignations with regret and thanked Dr. Pool and Mr. Fawcett for their services to the University.

### UNIVERSITY OF WALES

#### WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates for the degrees of M.B., B.Ch. have satisfied the examiners at the examination indicated:

SURGERY.—G. C. D. Evans, R. Tipple.

### NATIONAL UNIVERSITY OF IRELAND

The honorary degree of LL.D. was conferred on Sir Walter Langdon-Brown, Emeritus Professor of Physic in the University of Cambridge, at University College, Dublin, on December 8.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

An ordinary meeting of the Council was held on December 8, with the President, Mr. Hugh Lett, in the chair.

Mr. Seymour Barling was appointed to represent the College on the Court of Governors of Birmingham University, and Mr. L. E. C. Norbury on the Central Council for District Nursing.

It was decided that the following words should be added in parentheses between paragraphs 15 (b) and 15 (c) of the regulations for the Fellowship:

"Provided that the candidate has dissected the entire cadaver, the study of dissected parts either in the dissecting room or in the museum may be included in the sixty weeks."

*Diplomas*

Diplomas of Fellowship were granted to the following thirty-nine candidates:

G. MacI. Housden, M. Gordon, H. J. Croot, D. M. Cooper, I. N. Blusger, R. Sampson Handley, I. H. Griffiths, Margaret M. C. Loudon, B. W. Fickling, E. P. H. Drake, S. R. Chandra, H. R. S. Harley, S. Marinker, V. D. Logue, H. S. Kander, E. H. Hambly, J. K. Bremer, E. S. James, E. A. E. Hedberg, L. Chanock, N. R. Desai, A. W. Douglas, E. E. Dunlop, H. H. Eddey, N. Garber, W. B. Hight, T. G. Lowden, R. I. Mahadevan, Mary H. Mayeur, K. Mazhar, F. H. Mills, A. L. Newson, H. R. C. Norman, J. G. O'Donoghue, R. Orgias, H. Park, E. P. Row, H. Sobhi, G. M. Thomson.

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

J. N. Abelsohn, P. T. Ashby, C. J. Bashall, A. K. Boyle, J. T. H. Butt, W. A. Cobb, T. Dinsdale, Margaret B. Dow, P. G. L. Essex-Lopresti, N. R. James, D. C. R. R. Jenkins, A. Leitch, A. D. Morgan, O. N. Roussel, R. Shaw, A. J. Smith, Una M. Westell.

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

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow, held on December 5, with Dr. John Henderson, president, in the chair, the following were admitted Fellows of Faculty under Chapter III of the regulations:

Duncan McCallum Blair, M.B., Ch.B., D.Sc., John William McNee, M.D., F.R.C.P.

The following were admitted Fellows of Faculty under Chapter II of the regulations:

Prem Datta Bhargava, M.B., B.S., D.T.M. and H., Hugh Cameron McLaren, M.B., Ch.B., Nau Nihal Singh, M.B., B.S., D.T.M., Thomas Ferguson Stewart, M.B., Ch.B., John Wilson, M.B., Ch.B.

## Medical News

The House of the British Medical Association, including the Library, will be closed for the Christmas holiday from 5 p.m. on Friday, December 23, to 9 a.m. on Wednesday, December 28 (Library 10 a.m.). Owing to the holiday the *Journal* for December 24 will go to press on Tuesday, December 20, and all editorial communications and advertisements intended for that issue should reach the Editor and Advertisement Manager respectively by the first post on Monday, December 19, at the latest. Material for the issue of December 31 should reach the Editor or Advertisement Manager by the first post on Friday, December 23.

A meeting of the Royal Microscopical Society will be held at B.M.A. House, Tavistock Square, W.C., on December 21, at 5.30 p.m., when papers will be read by Mr. J. Smiles on "The Application of Annular Oblique Incident Illumination to the Study of Normal and Infected Chorio-allantoic Membrane" and Mr. N. Ingram Hendey on "Some New Species of Diatoms."

The issue of *La Riforma Medica* for October 8 contains an illustrated account of the eleventh International Congress of Surgery, held at Brussels from September 19 to 22, by Professor D. Giordano of Venice.

Dr. Joseph Hogue has been appointed medical director of the New York World's Fair of 1939. The medical exhibits are to illustrate the progress of medicine and of public health and the anatomy of man.

The King has appointed Dr. Edgar Cochrane to be a Member of the Executive Council of the Island of Grenada.

On November 19, his seventieth birthday, Dr. Thomas S. Cullen, professor of gynaecology at Johns Hopkins University, was given a dinner at Baltimore.

The German Chancellor has recently awarded the German Red Cross distinction of the first class to the French physicians, Professor Baumgartner and Dr. Paul, for their treatment of Herr vom Rath, the assassinated Counsellor of the German Embassy in Paris.

## EPIDEMIOLOGICAL NOTES

### Acute Poliomyelitis

There was a slight decrease in the incidence of acute poliomyelitis in England and Wales during the week—37 (39 in the week before)—but in London the figures rose from 7 to 9 in the week under review. The chief counties affected were: London 9 (Wandsworth 3, Battersea, Deptford, Hackney, Lewisham, Stepney, Woolwich 1 each); Gloucestershire 4 (Bristol 4); Southampton 4 (Bournemouth 2, Southampton and Romsey 1 each); Essex 3 (Colchester, Hornchurch, and Ilford 1 each); Leicestershire 3 (Leicester 3). Of the 2 cases of acute poliomyelitis notified in Scotland 1 each occurred in Ayr County and Kirkcaldy.

### Enteric Fever

Notifications of enteric fever in England and Wales rose in the week under review from 21 to 29, while in London they fell from 9 to 8. The chief centres affected were: London 8 (Islington and Shoreditch 2 each, Lambeth, St. Pancras, Stepney, Westminster 1 each); Durham 4 (Sunderland 3, Ryton 1); Essex 4 (West Ham 2, Hornchurch and Thurrock 1 each); Kent 3 (Dartford, Folkestone, and Penge 1 each). Another case of typhoid fever was notified at Shoreditch on Saturday, December 10, making a total at the time of going to press of 26 confirmed cases in the borough and 5 outside the borough, which are probably related to the outbreak. A second death from typhoid fever was reported in Shoreditch on Friday, December 9.

### The Registrar-General's Statistical Review for 1937

In the middle of 1937 the estimated population of England and Wales was 41,031,000—19,705,000 males and 21,326,000 females. A birth-rate of 14.9 per thousand persons living was recorded; this rate was 0.1 above that for 1936, 0.2 above that for 1935, and 0.5 above that for 1933, which was the lowest ever recorded. The highest rates were recorded in Staffordshire (17.4) and Durham (17.1), and the lowest rates in Cardiganshire (11.4) and East Sussex (12.0). The death-rate for the year was 12.4 per thousand persons living: 0.3 above that for 1936 and 0.7 above the rate for 1935; it is the highest rate recorded since 1922 with the exception of that for 1929, when the rate was 13.4. When allowance is made for the fact that the average age is increasing every year the resulting corrected death-rate was 9.3, or 0.1 above that for 1936 and 0.3 above that for 1935, the lowest on record. Over a hundred years the average death-rate was 5.1 at ages 5 to 10 years, 3.0 at ages 10 to 15, and 274.1 for people of 86 years and over.

Deaths from all causes in 1937 were 260,057 males and 249,517 females. Infectious and parasitic diseases accounted for a total of 57,996 deaths, compared with 47,769 in 1936, the lowest on record. At 1.41 per thousand the specific mortality from infectious diseases represented an increase of 0.24 per thousand on that of the previous year. The increase was due mainly to the influenza epidemic in the first quarter of the year, when 8,991 males and 9,644 females died from that disease, compared with 3,176 and 2,881 respectively in the previous year. The measles death-rate per million children under 15 years of age, which up to twenty years ago was seldom below 1,000, reached the low record of 114. The scarlet fever death-rate (31 per million under 15) was the lowest recorded, and the whooping-cough death-rate of 195 was the lowest except in 1935, when the rate was 170. There were 152 deaths from infantile paralysis, compared with 102 in the previous year, while the number of deaths from food poisoning (22 males and 15 females) is the highest in the eleven years in which records are given. A decrease was recorded in the mortality of women due to the accidents of child-birth; a rate of 0.94 from septic causes and 2.19 from other causes per thousand live and stillbirths was recorded, compared with rates of 1.34 and 2.31 respectively in 1936. The mortality of infants under 1 year was 58 per thousand live births and was 1 per thousand greater than that for 1935, the lowest on record.