Local News

SOUTH AFRICA

Public Health in South Africa

The report of the Department of Public Health, Union of South Africa, for the year ended June 30, 1939, states that enteric fever occurred over a wide area in the Cape Western Province, where the disease appears to be endemic. In many rural districts water supplies are unsatisfactory, and people frequently have no option but to drink polluted water. Enteric fever also headed the list of preventable diseases in Natal. The total number of cases reported during the year throughout the Union was 3,558, of which 986 were in Europeans. An extensive outbreak of African relapsing fever among natives employed on a mine near Postmasburg points to the possibility of widespread occurrence of this disease within the Union. The infection is conveyed to man by the nocturnal bites of the tampan tick, which breeds and hides in the cracks and crevices of dwellings. These ticks, which can live for two years without food, remain infective all their lives, and can transmit the infection to their offspring. The species is widely distributed throughout South Africa, having been recorded from every province except the Free State. It frequents hot, dry, sandy localities. In the Postmasburg outbreak there were some 1,800 cases, with a mortality rate of about 9 per cent. Incidence was highest during the summer months, and at one period over 15 per cent. of the native labourers were invalided. Hundreds of tampans were found in the brick walls and clay floors of the compound sleeping quarters. The report stresses the importance of "building out the tick" by means of a smooth-surface concrete finish to all floors and walls. A large number of cases of small-pox—408 with three deaths—represents a continuation of the epidemic which began in June, 1937. In spite of previous extensive vaccination campaigns it was discovered that many communities in the more remote and inaccessible districts of Northern Transvaal had not been vaccinated. Two cases of sleeping sickness were reported. One was in a male native from Maun, Northern Bechuanaland, who came to seek work on the mines. The other was in a European woman, reported at Pretoria; she also had developed the condition while at Maun. The trypanosome resembles *T. rhodesiense* in morphology and pathogenicity, and flies obtained from the Maun area have been identified as *Glossina morsitans*. The occurrence of human trypanosomiasis in this area is a matter of concern to the Union, for there is a traffic of natives from Bechuanaland seeking work, and also, in the reverse direction, of European shooting parties visiting the protectorate.

Health in the Rand Mines

A highly satisfactory account of the health of the native miner on the Rand is given in a report for which Dr. A. J. Orenstein of Johannesburg, a vice-president of the British Medical Association, is responsible. The report is that of the Health Department of the Central Mining, Rand Mines Group, for 1939. This group of companies administers fourteen gold mines stretching across fifty miles or more of the Witwatersrand, and employs an average of over 100,000 natives. The health of the natives is in the charge of the chief medical officer, Dr. Orenstein, and sixteen other whole-time medical officers. Nine of the gold mines, as also a colliery which the group administers, have fully equipped hospitals, the total cost of which last year was £143,000, and the daily average number of in-patients 1,463. The other five mines have dressing stations from which cases are cleared. In 1939 the number of shifts lost owing to illness was 229,420, and the number lost owing to accidents 269,727. Taking illness and accidents together, the average number of shifts lost per native in the year was just under five. The cases of sickness among these 100,000 natives numbered 28,122, and of deaths from disease 332—a case mortality rate of 1.18%. The death rate shows an improvement on the previous year, primarily due to a reduction in the number of deaths from pneumonia, enteric fevers, and meningococcal cerebrospinal meningitis. The morbidity from pneumonia was the lowest since 1922, and the death rate the lowest ever recorded. Towards the end of 1938 sulphapyridine was introduced into the hospitals of the group as a routine therapeutic agent for pneumonia, and it is believed that this drug has contributed greatly towards reducing the death rate. But both the incidence of pneumonia and the death rate had been falling for some time before the introduction of this drug, and as there is a possibility that the virulence of the pneumococcus (as also that of the meningococcus and perhaps of other organisms) is at present decreasing, it is considered important not to take too optimistic a view of the control of pneumonia by drugs of the sulphonamide group until these preparations have been tried out on more virulent strains.

Another low record has been attained in pulmonary tuberculosis among the native miners. The number of cases of this disease notified during the year was 217, and of deaths 30. The death rate was lower than it has ever been, but the morbidity rate showed a slight decrease, probably due to the introduction of a more rigid periodical examination of the natives. Silicosis remains at about the same level, with 78 cases and 4 deaths. Apparently it is not a very significant cause of morbidity in this mining field. The influenza rates have also fallen steadily, and there was a marked improvement in the morbidity and mortality from meningococcal cerebrospinal meningitis.

The accidents at the mines, including those arising actually during employment and those not so arising, numbered 24,357, and the deaths from accidents numbered 285. Among the accidents are included 29 cases of heat stroke, with 12 deaths. It is well known how the high temperature of the lower levels coupled with humidity of the air increases the liability to heat stroke, and it is a tribute to the mining engineers that in these deep mines the air-conditioning arrangements should have been such as to reduce heat stroke to so small a figure. The deaths from accidents arising out of employment numbered 205, and those from accidents not arising out of employment 80, the latter being due mostly to road or railway casualties or to homicide. Homicide, notwithstanding some social improvements, continues to be fairly frequent, accounting for 35 of the 80 deaths. The incidence rate of accidents in the mines themselves is the lowest, and the death rate from accidents almost the lowest, ever recorded in this group of mining concerns.

ENGLAND AND WALES

Hospital Regionalization in West Midlands

A largely attended meeting of representatives of voluntary hospitals in the West Midlands was held recently at Wolverhampton, when Mr. S. P. Richardson, chairman of the Provincial Hospitals Regionalization Committee of the Nuffield Trust, outlined the action taken by the British Hospitals Association to give shape to the regionalization proposals of the Sankey Commission. He said that the progress so far made in various parts of the country was most encouraging. Regionalization should enable the voluntary hospitals in the provinces to play an effective part, in association with the local authorities, in building up a co-ordinated hospital system which would provide an efficient and comprehensive service for the community. Alderman W. Hyde, secretary to the Nuffield Trust, said that one of the objectives of the Trust was to create a central fund for the provincial voluntary hospitals which would serve purposes similar to those undertaken in London by King Edward's Fund. The Trust hoped to co-operate with that Fund in all matters of common interest to voluntary hospitals in London and the provinces. The Trust would not ordinarily make grants to individual hospitals except on the recommendation of approved regional organizations. The co-ordination in hospital services contemplated by the Trust extended to contributory schemes, which should be invited to co-operate in the work of divisional and regional councils, though there was no suggestion that only one contributory scheme should be operative in each area. At the same time it was desirable to eliminate unnecessary competition between schemes and for different schemes to reach agreement in regard to rates of contribution and payments to hospitals. The Nuffield Trust, he added, had come into

existence at an opportune time. In view of the far-reaching social and economic changes which the war would produce, the moment was ripe for increased co-operation between local authorities and voluntary hospitals, and the community would gain immeasurably from the increased efficiency which would follow a co-ordinated hospital service. The meeting approved a proposal that a committee be appointed to confer with local authorities and to formulate a constitution for a West Midlands Regional Council, the committee to consist of the chairman of the Birmingham Hospitals Council (Mr. Sydney Vernon), the chairman of the Royal Hospital, Wolverhampton, and the house governors of the Coventry and Warwickshire Hospital, the Royal Infirmary, Stoke-on-Trent, and the Royal Hospital, Wolverhampton. The proposals of the committee will be submitted to a conference representing hospitals in the region.

The Cassel Hospital in Wartime

No assessment can be made as yet of the extent of the functional nervous disorder provoked by the first phase of the war, but a little illumination is derived from the report of the medical director (Dr. C. H. Rogerson) of the Cassel Hospital at Penshurst, Kent. The hospital deals only with a small community; it has sixty occupied beds. The medical director says that very few patients have been received whose breakdown could be attributed to the war. In one patient a fear of air raids, superimposed upon claustrophobia which dated back many years, precipitated a breakdown, and there were others in whom the added uncertainty of war conditions contributed to their undoing. But the great majority presented themselves on account of problems in no way different from those of peacetime. On the other hand, as against the casualties produced by war, its stimulating effect upon a number of individuals has to be recorded. War gave a great many patients much to think about besides their own symptoms, and also something to do for other people which seemed worth while. Altogether, to judge from this little community, the outbreak of war was less disturbing than the crisis of 1938, perhaps because by the autumn of 1939 a psychological preparedness for war had been established. Of 146 patients (who had been suffering principally from anxiety states, depressive states, and hysteria) discharged during 1939, seventy were regarded as much improved on discharge and forty-seven as improved.

Correspondence

Wounds from Bomb Fragments

SIR,—No useful purpose is served at present by the publication of letters such as that of Mr. Hugh C. Wilson (July 13, p. 66), and harm may result. I do not wish to belittle the value of such observations; they should be encouraged. But there is a real danger that erroneous conclusions may be drawn from such limited experience, if not by the author, by others lacking experience of bomb wounds and seeking guidance.

It must be obvious to any who give the matter thought that the injuries resulting from aerial attack, especially in built-up areas, are very varied. The suggestion that bomb-splinter wounds may be sterilized by the heat of the splinter, if accepted, is likely to lead to neglect of débridement, and at present there is no justification whatever for such a course. Bomb-splinter wounds become infected like any other projectile wounds and develop gas gangrene if conditions are favourable. It may be that some types of wound are less dangerous than others, as has been found for the traverse bullet wound, but as yet we have no knowledge of such a difference. There are a great many factors determining the nature of injury produced by bombs—the size of the bomb, the thickness of its casing, the distance from explosion, being some of the more obvious. Bomb splinters have a high velocity, which at fifty feet from the explosion may be 2,500 to 5,000 feet per second, and the gross range may be as much as 1,200 yards.

The only safe way of dealing with splinter wounds is to regard every one as serious and to remember that with the most trivial entry wounds extensive damage to deep structures may occur. Quite small fragments penetrate body cavities, and the damage caused may not be apparent at first, and the victim may imagine that he has sustained nothing but a scratch. No part of the body is immune to bomb-splinter wounds, and it is by no means the rule that the legs escape. The trajectory of the splinters is determined by many factors, especially the type of fuse and the amount of penetration before burst. It so happens that in my limited experience wounds below the knee have been common.

While it is undesirable that observations liable to give rise to erroneous conclusions should be given publicity, it is most important that data on bomb wounds should be collected as quickly as possible. A committee on war wounds has been set up by the Medical Research Council, and I suggest that all surgeons who think they have useful observations to record should send them to this committee, which may be able to issue recommendations when enough data are available. It is likely that experience of air raid casualties will be both varied and scattered, and without some pooling of knowledge gained little progress in the treatment of these injuries will be made.—I am, etc.,

Watford, Herts, July 16. ROBIN PILCHER.

SIR,—Attention is drawn by Mr. Hugh C. Wilson (July 13, p. 66) to the occurrence of small splinter wounds as a result of aerial-bomb explosions. Wounds of similar type, which are now being encountered as a result of air raids on England, appear to have formed a large percentage of the casualties that occurred in Flanders and France. Their particular and novel characteristic, as Mr. Wilson points out, is that tissue destruction is out of all proportion to the size of the splinters which cause the wounds. As a basis for work on measures of counteraction, it is hoped to have definite information about the frequency and distribution of these wounds and about the circumstances attending their infliction as soon as a survey which is at present being conducted for the Research and Experiments Branch of the Ministry of Home Security is completed.

It may be useful at this stage, however, to amplify and amend certain statements made by Mr. Wilson about the actual processes concerned in this type of wounding. The splinters are produced by the fragmentation of small and large high-explosive aerial bombs and of trench-mortar bombs. The fragmentation of the casing is very extensive, and the splinters are of every size. Even at close range—for example, 25 feet and less—many of the fragments may be as small as a pin-head. The velocity at which the missiles travel may be far greater than that of ordinary shrapnel or shell fragments, and greater, too, than that of rifle and machine-gun bullets. The damage in wounds caused by shell-case fragments or shrapnel is mainly due to destruction in the actual path of the missile. The projectile moves relatively slowly through the body, destroying and displacing the actual tissue with which it comes into contact. The type of wound produced by small fragments from bombs, on the other hand, is essentially dependent on the high velocities at which they travel (3,000 feet per second or more). Whatever their shape, missiles travelling at these velocities produce very violent effects in all soft media—for example, clay or flesh. But the velocity at which they travel is not due to their shape, as suggested by Mr. Wilson, nor is their violent destructive effect due to any rotary movement to which they may be subject. Velocity is due to the explosive charge behind them, and destructive effect, as indicated by C. Cranz and K. Becker,[1] to the momentum imparted to the soft medium by the high-velocity projectile forcing it to move away from the track, and thus producing an effect similar to that of an internal explosion. This effect, which explains the damage that occurs in the neighbourhood of the actual track of the splinter, is not seriously altered by any peculiarities of shape or by any rotation, as is indicated by the neat holes which such projectiles make in hard wood, where the rotary effect, if it existed, would be most marked.

As is pointed out in the first volume of the *Official Medical History*[2] of the 1914–18 war, the striking power of a missile is largely dependent on its kinetic energy, which varies directly as the mass and as the square of the velocity for the

conference dinners, and was a member of the Public Medical Services Subcommittee of the B.M.A. during the past seven years. In 1929–30 Dr. Panting held office as Chairman of the South-West Essex Division. He was a most unselfish worker for the Association, and his fellow members looked upon him as the "father" of the local profession.

A colleague, "J. L. M. B.," writes: Metropolitan Essex has recently suffered a great loss in the death of Dr. Charles H. Panting of Leytonstone. Since he qualified forty-five years ago he had been a staunch supporter of the B.M.A. and had taken a very active part in its activities, both business and social. He was a member of the Insurance Acts Committee for over twenty years and was one of the original members of the Essex Panel Committee. He was also a "founding" member of the Essex Public Medical Service in 1923 and had been on the executive committee of that body since then. Medical politics were, in company with music, his two hobbies, and we in the S.W. Essex Division and elsewhere will greatly miss his jovial personality and the well-remembered boisterous laugh.

S. G. H. MOORE, M.D.,

Formerly M.O.H. for Huddersfield

We regret to announce the death, from injuries received in an accidental fall, of Dr. Samson George Haydock Moore, who before his retirement had been medical officer of health for the county borough of Huddersfield for twenty-nine years.

Born in 1866, he studied medicine at Liverpool and graduated M.B., Ch.B. of Victoria University in 1890, proceeding M.D. in 1905. He obtained the D.P.H. of the English Colleges in 1895 and the M.R.C.P.Lond. in 1929. For some years before taking up his appointment at Huddersfield in 1901 he was assistant medical officer for the Port of Liverpool. Dr. Moore was an acknowledged authority on maternal welfare and the control of infant mortality, and was a member of the Council of the International Union for the Protection of Infants. He delivered the Milroy Lecture before the Royal College of Physicians of London in 1916 and gave Chadwick Public Lectures in 1917 and 1923. His book on infant mortality reached a fourth edition, and he published also *Vital Statistics in Relation to the Work of Officers of the Public Health Service*, and was joint author of *Abbreviated Life Table for Liverpool*. He was a past president of the West Riding of Yorkshire Branch of the Society of Medical Officers of Health, and when the British Medical Association met at Cardiff in 1928 he was vice-president of the Section of Public Health.

SIDNEY H. FAIRBAIRN, M.D., D.C.M.

On July 14 Dr. Sidney Fairbairn of South Kensington died suddenly at the age of 68. He was educated at Trinity College, Cambridge, and St. George's Hospital, and had in several respects a most unusual career. Gifted with brains very much beyond the average, he enjoyed a private inheritance which removed him from the temptation to use them in pursuit of scholarships, prizes, or other academic distinctions. Though keenly interested in his chosen profession, he did not allow it to fill by any means all of his energies; and he obtained registration several years later than he could have done, because he took up hobbies which reduced the time he could give to medical studies. Bookbinding was one of these: it was said that he deserted his medical studies entirely for six months in order to go through a training in this handicraft. Cabinet-making was another, and at this he was really first-class—so much so that the British Museum purchased a number of the products from his workshop. When the South African War broke out in 1899, Sidney Nathan (as he then was—for he changed his name by deed poll afterwards) felt he must take a hand. Instead of enlisting in the Yeomanry, as those of his contemporaries who felt the same mostly did, he booked a first-class passage on a liner to Capetown. For some reason—possibly insufficiently expert horsemanship—he failed to obtain admission to the mounted regiments which were being recruited there, so enlisted as a private in the Cape Volunteer Medical Staff Corps. Here he found himself allotted to a stretcher the other end of which was carried by an ex-pugilist from Whitechapel. Presently the pair of them found themselves at Sanna's Post in the Orange Free State, where Q Battery of the R.H.A. was ambushed by the Boers and lost heavily. Fairbairn and his companion brought in a number of the wounded under heavy fire, and escaped unscratched: they were both awarded the D.C.M. After that Fairbairn got dysentery, was discharged, and returned to London, where he applied himself diligently to medicine and soon took his degrees. He then held house appointments at St. George's Hospital, and by the time he started practice in South Kensington he had a first-rate knowledge of medicine and surgery, as might be expected from his abilities once he devoted them to his profession. He served in the war of 1914–18 as a captain in the R.A.M.C. Some years ago he began to suffer from gout, recurrent attacks of which, and of other illnesses, compelled him to retire from work in middle age. He could always speak of his health troubles with a whimsical humour, and his intellect remained as bright as ever. He leaves a widow and family.

We regret to announce the death on July 21 at Little Haywood, near Stafford, of Dr. JOHN MENTON, bacteriologist and pathologist for Staffordshire, a post to which he was appointed twenty years ago. He was born in Dublin in 1886 and studied medicine at the School of the Royal College of Surgeons in Ireland, qualifying as L.R.C.P. & S.I. in 1909. His early appointments were those of ophthalmic and aural house-surgeon at the General Infirmary at Leeds and assistant medical officer to the Leeds City Fever Hospital. During the last war he served as officer in charge of the Medical Division of No. 7 General Hospital in France with a temporary commission in the R.A.M.C. While holding his public appointment at Stafford Dr. Menton published a number of papers on bacteriological subjects in the *British Medical Journal* and elsewhere. He took a leading part in the formation of the Mid-Staffordshire Medical Society in 1932, and held office as its honorary secretary until last year. He joined the British Medical Association in 1921, and was a member of the Pathological Society of Great Britain and of the Society for the Study of Venereal Disease.

Universities and Colleges

UNIVERSITY OF OXFORD

The Theodore Williams Scholarship in Anatomy, 1940–1, has been awarded to D. J. C. Cunningham, Worcester College. N. G. Heatley has been appointed Philip Walker Student in Pathology for two years from October 1, 1940.

UNIVERSITY OF CAMBRIDGE

The following candidates have been approved at the examination indicated:

DIPLOMA IN MEDICAL RADIOLOGY AND ELECTROLOGY—*Part II*: J. C. Davidson, J. L. Feuchtwanger, J. L. Freer, J. J. Hurley, J. Lumb, J. Malin.

UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated:

M.S.—*Branch I (Surgery)*: L. E. Jones.

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—G. A. Macadie, E. Millington, W. J. Rees, M. A. Stewart, T. A. Watson. *Part I*: D. Andrew, J. J. Richmond.

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following scholarships have been awarded for 1940:

St. Dunstan's Medical Exhibition: J. M. Gilbert. *A. M. Bird Entrance Scholarship*: J. V. Macdonald. *Bostock Scholarship for Women*: R. C. J. James. *Mabel Sharman Crawford Scholarship*: G. Klatzkin. *Sir Owen Roberts Memorial Scholarship*: S. B. Gadsden. *School Jubilee Bursary*: M. H. Stanfield. *Lieut. Edmund Lewis (R.A.F.) and Lieut. Alan Lewis (R.N.A.S.) Memorial Scholarship*: C. E. Sandford. *Alfred Langton Scholarship*: E. M. Jenman. *Ellen Walker Bursary*: I. M. Sarner. *Flora Murray Bursary*: B. D. Owens. *Emma Beilby Bursaries*: H. Davidson and I. G. Little. *John Byron Bursary*: B. C. Mulvany. *A. M. Bird Postgraduate Scholarship in Pathology*: Miss J. M. Drury-White, M.B., B.S.

UNIVERSITY OF SHEFFIELD

The University Council has placed on record its deep appreciation of the distinguished services given by Prof. S. R. Milner, D.Sc., F.R.S., during the nineteen years of his occupancy of the chair of physics, from which he is now retiring, and the previous twenty-one years of his membership of the staff. During the last war he gave valuable services to the R.A.M.C. in *x*-ray work at the 3rd Northern General Hospital. In 1917 he became acting professor and in 1921 succeeded to the chair.

UNIVERSITY OF EDINBURGH

A graduation ceremony was held on July 17, when the following degrees and diplomas were conferred:

M.D.—[1] [4]W. E. Baumann, [3]J. F. Birrell, [2] [4]K. N. A. Herdman, Major, R.A.M.C., [3] [4]T. A. H. Munro, [3] [4]R. L. de C. H. Saunders, [4]G. F. F. Sinclair, Surgeon Lieutenant, R.N.V.R., Georgina M. H. Somerville, [3]D. Stevenson, Flying Officer, R.A.F.V.R., Marguerite Stewart, H. P. Tait, [1]S. Thomson, A. Watt.

M.B., CH.B.—E. Akwei, J. T. Aldren, H. C. Allan, J. C. Andrews, G. A. W. Angus, [5]G. H. Armitage, T. G. Band, A. K. Bannister, I. R. C. Batchelor, R. W. Black, M. D. F. Bowen, D. C. B. Bramwell, J. H. F. Brotherston, L. R. Brown, J. G. Burgess, J. D. Byrne, F. R. M. Calder, G. A. S. Carmichael, Cecilia F. G. Chadwick, A. M. Christie, A. C. Craig, M. Cram, Margaret C. Crear, J. D. Cruikshank, R. H. Cuthbert, W. B. Dawson, G. Dempster, G. F. H. Drayson, R. G. Drummond, Lois V. Dunn, Frances M. Earle, [4]Mahlo J. Ellis, H. V. L. Finlay, M. D. L. Finlay, C. W. Fleischmann, Margery E. Forrest, A. Franklin, H. R. L. Fraser, C. E. Friskney, C. C. Gardner, I. W. S. Gibb, G. A. F. R. Gibson, I. E. W. Gilmour, D. H. Girdwood, L. S. Glass, Jessie M. L. Goodbrand, N. S. Gordon, J. R. Gray, E. G. Hales, A. C. Hamer, T. B. Harrison, R. W. S. Harvey, A. Henderson, N. W. Horne, H. D. Hunter, Helen M. Innes, D. J. M'I. Irvine, J. W. Jackson, Margaret E. Jackson, J. Johnston, G. H. Kilgour, Margaret S. B. Langton, A. Lawrence, W. Leckie, [4]D. H. Le Messurier, L. Lloyd-Evans, C. M. Logan, J. B. Lowe, I. W. I. M'Adam, I. Macalister, Olive B. M'Ausland, Mary B. M'Culloch, J. R. M'Gregor, Isobel P. Mackenzie, W. H. Mackenzie, T. Macleod, R. L. M'Millan, Betty E. A. Magill, W. R. Marshall, Eleanor C. L. Mears (*née* Loudon), K. P. G. Mears, F. S. Melville, G. R. Millar, H. C. Miller, Joyce B. Mole, Mabel E. Morris, Minna B. C. Munro, D. S. Murray, J. G. Napier, M. C. Nath, C. Odamtten-Easmon, G. A. Olmstead, Margaret H. Peill, R. Percy-Lancaster, D. B. Ray, A. E. Ritchie, A. Robertson, A. I. G. Robertson, J. D. Robertson, Marion K. Robertson, W. D. Roden, H. D. Ross, Margaret L. Ross, [4]Helen M. Rossiter (*née* Randell), H. L. Roxburgh, T. B. Russell, J. Scott, Kathleen A. Scott, C. J. Slight, J. R. Smith, A. M. Stewart, H. A. Stewart, R. Stewart, G. A. C. Summers, F. F. Temple, J. M. Terris, W. T. Thom, I. S. D. Thomson, W. M. Thomson, W. D. G. Troup, H. M. Urquhart, J. I. Walker, J. Wallace, Doreen G. Warnock, A. G. M. Watt, H. M. Weaver, [5]G. M. Wilson, G. T. T. Wishart, A. E. S. Wood, H. A. Young, J. B. Yule.

B.Sc. PATHOLOGY, *Second Class.*—[1] [3]W. I. Leslie, M.B., Ch.B.

D.P.H.—[4]Barbara U. Barnetson, [4]A. E. A. Cordin, [4]Agnes D. Ferguson, [4]J. P. A. Halcrow, [4]Margaret J. Honeywill, A. F. Maccabe, [4]Beryl G. Petrie, [4]T. W. Robson, [4]P. E. F. Routley, [4]G. I. Shaw.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—G. A. Burfield, Elizabeth Gemmell, A. S. King, H. B. A. Macfie, I. F. Mackenzie, V. V. Muir, G. H. A. Soysa, F. E. Stock.

DIPLOMA IN PSYCHIATRY.—[1]R. S. Wilson.

DIPLOMA IN MEDICAL RADIOLOGY.—Muriel I. R. Ap Thomas, [4]D. H. Cummack, [4]R. Morrison, [4]R. Saffley, [4]D. Stenhouse, [4]A. N. Stirling, [4]W. C. Swanson, [4]A. P. Thomson.

[1] Awarded gold medal for thesis. [2] Highly commended for thesis. [3] Commended for thesis. [4] *In absentia.* [5] Passed with honours.

The following prizes were presented:

Maclagan Prize in Forensic Medicine: W. H. Cormack. *Cameron Prize in Practical Therapeutics:* Prof. E. C. Dodds, M.D., D.Sc., F.R.C.P., in recognition of his work on synthetic oestrogens. *Ettles Scholarship and Leslie Gold Medal, Royal Victoria Hospital Tuberculosis Trust Medal, Sir Robert Jones Prize in Orthopaedic Surgery, and Stark Scholarship in Clinical Medicine:* G. M. Wilson. *Scottish Association for Medical Education of Women Prize, Buchanan Scholarship in Midwifery and Gynaecology, and Dorothy Gilfillan Memorial Prize:* Helen M. Innes. *Mouat Scholarship in the Practice of Physic:* N. W. Horne. *James Scott Scholarship in Midwifery and Gynaecology:* Margaret H. Peill. *Beaney Prize in Anatomy and Surgery:* W. B. Dawson. *Keith Memorial Prize in Systematic Surgery:* A. K. Bannister. *Annandale Medal in Clinical Surgery:* Frances M. Earle. *Murdoch Brown Medal in Clinical Medicine:* G. M. Wilson; *prox. acc.,* G. H. Armitage. *Wightman Prize in Clinical Medicine:* G. H. Armitage. *Pattison Prize in Clinical Surgery:* G. A. C. Summers. *Sir Humphry Rolleston Prize:* W. M. Thomson. *Vans Dunlop Scholarship in Pathology and Surgery:* A. J. M. Drennan. *Francis Mitchell Caird Prize:* D. L. C. Bingham. *Gunning Victoria Jubilee Prize in Obstetrics and Gynaecology:* A. I. S. Macpherson. *Gunning Victoria Jubilee Prize in Pathology:* W. Forbes. *Gunning Victoria Jubilee Prize in Radiology:* R. Morrison. *Lewis Cameron Undergraduate Prize in Bacteriology:* K. A. Mannan and J. N. Swanson (equal). *Maclagan Prize in Forensic Medicine:* A. G. C. Neill. *Cunningham Memorial Medal and Prize in Anatomy:* T. S. Matheson. *Whiteside Bruce Bursary:* Mary A. J. T. Douglas. *Vans Dunlop Prize in Botany and Zoology:* R. J. M. M'Cormack.

An address was delivered to the new graduates by the Promotor, Professor J. C. Brash.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following candidates have been approved at the examinations indicated:

M.D.—G. W. M. Elliott, R. Nelson.

FINAL MEDICAL EXAMINATION.—*Medicine, M.B.:* †D. W. Montgomery, †E. C. J. Millar, †C. P. Clancy-Gore †W. E. O'C. C. Powell, †Lois J. Macaulay, †M. A. Majekodunmi, †G. H. Blennerhassett, †F. G. M. Ross, †W. Houston, J. T. Hanna, H. K. Bourns, Edna G. Merrick, J. Nash, M. D. Leitch, J. M. Taylor, Caroline A. McEvett, L. T. Kelly, S. D. Reid, A. E. Tinkler, W. Badner, J. Moore, D. S. M. Enraght-Moony, Isabel M. Woodhouse, D. O. Hicks, R. St. C. Mooney, L. Solomon, Margaret Sutcliffe, L. C. Jacobson, G. W. E. Little, J. D. Dennehy, Kathleen M. Patterson, R. W. Carey, S. O. O. Franklin, Margaret L. Campbell, E. G. W. Lynch, N. M. Smith, H. FitzGibbon, G. Tattersall, E. P. Hill, M. Steinberg, J. C. Watson, H. T. Hutchinson *Surgery, B.Ch.:* *W. E. O'C. C. Powell, *D. W. Montgomery, †H. K. Bourns, †Alice G. Pike, †E. C. J. Millar, †C. P. Clancy-Gore, Yvonne O. Mallet, L. Solomon, D. L. Harbinson, R. St.C. Mooney, S. D. Reid, W. Houston, Isabel M. Woodhouse, S. F. H. Haughton, M. D. Leitch, J. I. Stafford, W. F. Rogers, F. G. M. Ross, J. M. Taylor, K. T. Acton, J. D. Dennehy, D. S. M. Enraght-Moony, A. E. Tinkler, J. R. C. Holmes, L. T. Kelly, J. Nash, R. J. Balfe, Olga Bloom, E. P. Hill, J. Moore, S. O. O. Franklin, E. G. R. Butler, Margaret L. Campbell, G. W. E. Little, Margaret Sutcliffe J. H. Acton, J. M. Slattery, Phoebina Eakins. *Midwifery, B.A.O.:* W. Badner, J. T. Hanna, I. Shribman, Yvonne O. Mallet, J. P. Condon, S. Smullen, Olga Bloom, H. B. C. Houston, C. D. MacCarthy, W. J. Thompson, I. T. Wolpe, E. G. R. Butler, M. Polansky.

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—†A. El S. el Minabbawy, N. Hirschman.

D.P.H.—*Part I:* Leila V. Finegan. *Part II:* *O. F. Warner, *C. F. O'Reilly, †P. A. McNally, P. J. Mullaney, D. K. Sundaresan, C. G. Reilly.

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—*Part I:* †C. B. Robinson.

* With first-class honours † With second-class honours.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College, held on July 16, with the President, Dr. Alexander Goodall, in the chair, Dr. Joseph Primrose Leckie (Edinburgh) and Dr. John McMichael (London) were introduced and took their seats as Fellows of the College. Dr. Thomas Anderson (Glasgow) and Dr. Robert Freeland Barbour (Bristol) were elected Fellows of the College.

The Services

NAVAL MEDICAL COMPASSIONATE FUND

At the quarterly meeting of the directors of the Naval Medical Compassionate Fund, held on July 19, with Surgeon Vice-Admiral Sir Percival Nicholls, Medical Director-General of the Navy, in the chair, the sum of £116 10s. was distributed among the several applicants.

B.E.F. AWARDS

Military Cross

Lieut. William Thom Macdonald, R.A.M.C.

On June 1, after having spent the night at La Panne tending numerous casualties under continuous shell fire, Lieut. Macdonald received instructions to embark wounded on to a beached paddle steamer at Bray les Dunes. Realizing that the stranded steamer presented an easy target from the air he decided to place the wounded on a lifeboat and row them out to sea. The lifeboat was overfull, and in getting it away he injured his left arm. They were not far away when a direct hit was seen to take place on the paddle ship, and she burst into flames. Three successive bombing and machine-gun attacks were made on the small boat, but without success.

CASUALTIES IN THE MEDICAL SERVICES

Captain JAMES MORRISSEY, R.A.M.C., has been reported as killed in action in France. He was educated at the University of Liverpool, where he graduated M.B., Ch.B. in 1925. He took the D.C.O.G. in 1935. After filling the posts of resident casualty officer at the Royal Southern Hospital, Liverpool, and resident medical officer at the Smithdown Road Institution, he went into practice at Bradford, where he was honorary surgeon to the Bradford Special Constabulary until he joined the R.A.M.C. early in the present war. Captain Morrissey leaves a widow. He joined the British Medical Association in 1927.

The name of Lieut. THOMAS HENRY INGRAM POTTS, R.A.M.C., is included in an Army Council list of officers who have died, published on July 20. Dr. Potts was educated at Sheffield and St. Mary's Hospital and qualified M.R.C.S., L.R.C.P. in 1923. Before the war he was in practice at Chadwell Heath and was formerly a medical officer in the West African Medical Service.

Wounded

Lieut.-Colonel Alexander Richard Barlas, R.A.M.C.
Major Thomas Dawson Masson Martin, R.A.M.C.
Captain Alfred Joseph Head, R.A.M.C.
Captain William Henry Hyde Joseph de Wolfe De Wytt, R.A.M.C.
Lieut. Gerald Dison, R.A.M.C.
Lieut. Francis John Hebbert, R.A.M.C.
Lieut. Lorenzo Vance Macdonald, R.A.M.C.
Lieut. Robert Montgomery Maxwell, R.A.M.C.
Lieut. Joseph Michael Moran, R.A.M.C.
Lieut. Richard Butler Quinn, R.A.M.C.
Lieut. Gilbert Arnold Wilthew, R.A.M.C.

Wounded and Missing

Captain John George Lawson, R.A.M.C.

Prisoner of War

Lieut. William Smalley Holden, R.A.M.C.

DEATHS IN THE SERVICES

Colonel WRIGHT MITCHELL, O.B.E., A.M.S. (ret.), died at Penmaenmawr on June 21, aged 58. He was born on April 1, 1882, and was educated at Trinity College, Dublin, where he graduated M.B., B.Ch., B.A.O. in 1904. After filling the posts of medical and surgical resident at Mercer's Hospital, Dublin, and senior house-surgeon at Bootle Borough Hospital, he entered the R.A.M.C. as lieutenant on July 30, 1906, became major on July 30, 1918, and acting lieutenant-colonel before the end of the war of 1914–18, retiring with the rank of colonel in 1929. He served throughout the war of 1914–18: was twice mentioned in dispatches in 1918, and received the O.B.E.

Medical Notes in Parliament

The new Budget introduced by Sir Kingsley Wood on July 23 raises the standard rate of income tax to 8s. 6d. in the £ for the whole year 1940–1. The first £165 of taxable income will be taxed at 5s. in the £. No changes are made in the family allowances. Income tax on all wages and salaries is to be deducted at the source. The beer duty is increased by 1d. a pint, the tobacco duty by 2s. a pound, the excise on light wines by 2s. a gallon and on heavy wines by 4s. British wines will pay 5s. a gallon. No change is made in the duties on spirits, petrol, tea, coffee, and sugar. The purchase tax is re-introduced with modifications. Toilet preparations, including cosmetics, and furniture are among the goods which will pay at the rate of 24% on the retail prices. Clothing, boots, medicines and drugs, other than those exempted, newspapers, periodicals, and books will be taxed at 12% on the retail prices.

On July 17 votes were agreed to for the Department of Agriculture for Scotland and the Department of Health for Scotland. The latter, for £2,795,513, included the grant-in-aid of the Highlands and Islands Medical Service.

The Colonial Development and Welfare Act received the Royal Assent on July 17.

The House of Commons on July 17 carried without debate outstanding financial votes for 1940, including those for Broadmoor Criminal Lunatic Asylum, the Ministry of Health, the Board of Control, the Board of Control for Scotland, the War Services of the Ministry of Health and the Department of Health for Scotland, and the Medical Services for the Navy, Army, and Air Force.

Mr. Churchill announced on July 18 that at monthly intervals the general total of air raid casualties would be announced to Parliament and published in the Press. Air raid casualties would also be posted locally at a town hall or other convenient centre, but reproduction of these figures in the Press would be forbidden.

Compulsory Physical Training

Viscount SAMUEL drew attention in the House of Lords on July 17 to the provision of facilities for physical training. He said the National Fitness Campaign seemed to have faded away, but local authorities had taken up with energy and enthusiasm another movement under the National Youth Committee. Under war conditions there was special need for youth movements and physical training. The dearth of teachers and leaders was the most important matter, and therefore there could be no question of compulsion at this moment.

Viscount DAWSON said good nutrition and physical education must go hand in hand. Nutrition in this country was going steadily forward, and malnutrition was not always due to inability to get food. Physical education had been neglected and the educated classes had cold-shouldered it. There was tremendous leeway to make up, though in physical training the girls were considerably ahead of the boys. Because of the progressive system of physical education for the children in schools under the Board of Education children up to the end of school age had improved in physique. The majority of the schools he visited showed good nutrition, but at 14 the adolescents were left to drift and their bodies deteriorated. Youths with flat-feet were often depressed in their attitude toward life. Both defects could be cured by physical training. The Physical Fitness Council failed because it had no power to enforce a policy throughout the country. No scheme would avail unless there was compulsion behind it. Let the Government appoint a director of physical training with full and, if necessary, compulsory powers to direct physical training from 14 years of age upwards. The director should maintain liaison between the Board of Education and the War Office and also with the Minister of Labour. Youths in training would require supplementary feeding. Milk was the solution of that.

Viscount HAMPDEN said a scheme had lately been brought forward by the Central Council for Recreative Physical Training, helped by the Football Association and in co-operation with the Navy, Army, Air Force, Board of Education, Ministry of Labour, and Ministry of Home Security. In under three weeks 140 training centres had been started. The Central Council was grant-aided by the Board of Education in respect of the group 14 to 20.

Viscount CLIFDEN said too much emphasis should not be put upon the deterioration between 14 and 20. The results of medical boards for the Army in the present war were testimony to the results of improved physical training in the last twenty years. There remained upwards of 2,000,000 boys and girls to be dealt with in any national scheme of physical training. He was sure the President of the Board of Education and the Secretary for War would note Lord Dawson's suggestion for some unified direction of physical training through co-operation between their Departments. The Board of Education had nutrition in schools under consideration, and in the next week or so would make a full review of the subject with suggestions for better meals and the provision of milk for the duration of the war. All the large voluntary organizations for physical training had agreed to open their doors to all comers.

The Nation's Food: Vitamin B_1 for White Bread

Speaking on July 18 on the Estimates for the Ministry of Food, Mr. BOOTHBY said he did not expect any further substantial increase in the landed price of food imports. It was desirable that home production of foodstuffs should give priority to milk and aim at increased output of potatoes. During the last war consumption of fresh milk fell. The Ministry was determined to prevent that happening in this war. It might be able to increase the rations of tea and sugar and perhaps even of fats during the winter, but the public must face increases in the prices of potatoes, milk, eggs, and home-produced beef and mutton. The manufacture of white flour had been continued because most consumers preferred white bread and because the keeping qualities of white flour were greater than those of wholemeal flour. White flour lacked the vitamin content of wholemeal flour. They intended to overcome that difficulty by fortifying white flour with vitamin B_1, and had also decided to introduce into the loaf a small quantity of calcium salt. It would be months before the supply of vitamin B_1 sufficed to fortify the entire bread supply. When that time came the public would be given a choice of fortified white bread or of wholemeal bread at the same time. This, in conjunction with the national milk scheme, would have a permanent beneficial effect on the health of the people. The process of adding vitamin B_1 was not more expensive than deriving it straight from wheat. The decision to fortify white bread had been taken on a report by the Scientific Food Committee under Sir William Bragg.

Sir ERNEST GRAHAM-LITTLE said that the vital statistics showed the benefit to the nation when Lord Rhondda, as Food Controller, listened in 1917 to the scientists of the Royal Society, who had previously been disregarded. The health of the nation was better during the last period of the great war than it had ever been before. The new science of vitamins was not then ignored. Vitamin B was the most important of these ingredients in the dietary of a great community. Its deficiency led to lassitude, absence of initiative,