

Dr. WILLIAM BOASE BENNETT of Aigburth, who died recently in hospital, at the age of 70, was for many years a good general practitioner in the South-end of Liverpool. He was educated in that city and qualified M.R.C.S., L.R.C.P. in 1896. After serving as house-surgeon at the Liverpool Royal Infirmary he went over-seas with the South African Field Force during the Boer war. On returning to Liverpool he settled down in practice and joined the British Medical Association, in whose local affairs he played no small part, particularly in the days of the great battle over the inception of the National Health Insurance Service. Indeed, so keen were his critical powers that his services were sought on many medical committees thereafter, until suffering and ill-health drove him into retirement. His colleagues and former patients recall him as a most upright and unselfish professional man.

We regret to announce the death in London on September 16 of Dr. EDWIN CECIL HARDWICKE, who practised for many years at Woolpit, near Bury St. Edmunds, Suffolk, and was held in the highest regard by a large circle of patients and colleagues. He received his medical education at Cambridge, where he graduated B.A. in 1902, and at St. Mary's Hospital, taking the M.R.C.S. and L.R.C.P. diplomas in 1911 and the Cambridge M.B., B.Ch. degrees in 1913. After qualification Dr. Hardwicke was house-surgeon in turn at St. Peter's Hospital, Covent Garden, and at the Kensington and Fulham General Hospital. Throughout the greater part of the last war he served with a temporary commission in the R.A.M.C. and was for a time on duty at Queen Alexandra's Military Hospital, Millbank. While in general practice at Woolpit he held the posts of medical officer and public vaccinator for the Nos. 2 and 3 Districts of Stow. He joined the British Medical Association twenty-seven years ago and was chairman of the West Suffolk Division in 1928-9.

Widespread sympathy will be felt with Sir Bernard Spilsbury on the death of his second son, PETER BERNARD SPILSBURY, who was killed during the recent bombing of St. Thomas's Hospital. Dr. Spilsbury, who was aged 25, graduated B.M., B.Ch. only a month ago, after studying medicine at Oxford and St. Thomas's. During the past few weeks he had been almost continuously on duty at the hospital, and was awaiting a commission in the R.A.M.C. for the duration of the war.

We regret to announce the death at the age of 61 of Dr. HANS ZINSSER, professor of bacteriology at Harvard University since 1923 and well known for his work on epidemiology, serology, immunology, and particularly typhus, for which, in conjunction with M. Ruiz Castaneda, he made a prophylactic vaccine. His principal publications are *Infection and Resistance to Infectious Diseases* (sixth edition, 1927), *Rats, Lice, and History* (1935), and *Textbook of Bacteriology* (eighth edition, 1939).

The following well-known foreign medical men have died: Dr. SIGARD ADOLPHUS KNOPF, formerly professor of phthisiotherapy at the New York Post-Graduate Medical School, aged 82; Dr. MARTIN WILLIAM PEEK, a founder of the Boston Psychoanalytic Society and editor of the *Psychoanalytic Quarterly*, aged 59; Dr. JOHANNES DE DUSSER DE BARENNE, a leading Dutch physiologist and co-editor of the *Journal of Neurophysiology*; Dr. DAVID GOURFEIN, formerly professor of ophthalmology at Geneva; Prof. MAX CLEOTTA, formerly director of the Pharmacological Institute of Zurich University, aged 72; Dr. GIUSEPPE TUSINI, formerly professor of surgery at Geneva; and Prof. FRITZ HÄRTEL, director of the University Surgical Clinic at Osaka, Japan, from 1922 to 1930, aged 64.

H. J. Normand (*Thèse de Paris*, 1940, No. 157), who records thirteen illustrative cases in patients aged from 19 to 50, states that ocular complications in spirochaetal jaundice are so frequent as to form almost part of the clinical picture. In spite of the predilection of the spirochaete for the optic nerve, iridocyclitis is a frequent complication and may occur at any stage of the disease. It is most frequent, however, during its decline and is often found in convalescence. All stages of the reaction may be found ranging from a simple injection of the ciliary body and hyperaemia of the iris to hypopyon. An important feature of the cyclitis is its chronic and non-inflammatory nature, resembling tuberculous cyclitis. It is generally, however, very mild and always ends in recovery. The treatment is symptomatic for the most part, and arsenical preparations are mainly required.

## Medical Notes in Parliament

On September 18 and 19 the House of Commons debated in secret session the recent air bombardment of the country and the problems which have arisen in London and elsewhere. Sir John Anderson, Mr. Malcolm MacDonald, and Sir John Reith replied to the debate.

### Variations in Nutritional Standards in Tyneside

Mr. DAVID ADAMS asked on September 19 about the discrepancies in the assessment of malnutrition among school children in different Tyneside areas revealed in a recent investigation by Dr. D. M. Goodfellow of Newcastle. Mr. RAMSBOTHAM answered that there were considerable differences in the percentages of under-nourished children found by school medical officers in the various Tyneside areas, though the differences shown by the returns for 1939 were not so great as in the returns for earlier years on which Dr. Goodfellow's criticisms were based. Such variations were to some extent real, and due to differences in the social circumstances of the areas, though in part due to differences in the standards adopted by the school medical officers. Where the returns appeared to indicate that the medical officer's standard differed materially from that usually adopted it was the practice of the Board to arrange for a visit to the area by one of their medical officers to discuss the matter and, if necessary, conduct a sample nutrition survey in a group of schools.

### Psychotherapy at a Liverpool Hospital

Sir ERNEST GRAHAM-LITTLE in a question stated that during and after the last war advances resulting in now well-established therapeutic procedures were made in the psychological treatment of war neuroses; but that at the Royal Southern Hospital, Liverpool, working under the Emergency Medical Service, two medical officers because of the obstruction they encountered in applying these methods had resigned as a protest against the attitude of both the director of the unit concerned and the consultant adviser in neurology of the Ministry. He asked for a full inquiry, and said that otherwise these methods would encounter a setback, psychiatrists would be discouraged from undertaking these posts, and the recovery of patients suffering from these neuroses would be prejudiced. Mr. MACDONALD replied that he knew of the advances made during and after the last war in the treatment of the war neuroses, but was informed that the best method to be adopted in individual cases was still uncertain. He was also informed that there had been differences of opinion between the two medical officers referred to and the director, but his consultant advisers said the methods applied by the director were such as to secure proper facilities for treatment of the Service and civilian patients coming within the emergency scheme. Mr. MacDonald added that he would not be justified in intervening as suggested.

## Universities and Colleges

### UNIVERSITY OF LONDON

The Faculty of Medical Science has been transferred from the University of Glasgow to the Medical School, University of Birmingham, where the Michaelmas term will open on October 9.

### UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—C. L. Davidson (with distinction).

FINAL M.B., CH.B.—Part II: J. Dawson (second-class honours), J. A. Aylwin, N. K. Barber, Katharine M. Barran, Elizabeth Bate, J. H. G. Brodrribb, G. H. Cooper, D. M. Davies, N. S. Daw, Beatrice M. Downie, J. Firth, K. I. Heap, A. G. Hick, G. B. Hirst, T. R. Macleod, J. S. Mather, R. Morley, R. G. Paley, D. L. Shaw, L. M. Sherwood, A. A. Smith, G. Snowden, T. W. Sutherland, R. Varley, M. G. Wilson.

The William Hey Medal has been awarded to R. B. Zachary, and the West Riding Panel Practitioners' Prize to L. Watson.

## The Services

### HONORARY SURGEON TO THE VICEROY

Colonel T. C. Boyd, I.M.S., has been appointed Honorary Surgeon to the Viceroy and Governor-General of India, vice Colonel D. H. Rai, I.M.S., retired.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL NAVY

In an Admiralty casualty list, published on September 18, Probationary Temporary Surgeon Lieut. EDWARD IAN SMITH, R.N.V.R., and Temporary Surgeon Lieut. HAMISH ALEXANDER WALLACE, R.N.V.R., are reported as "Missing, Presumed Killed."

Dr. Smith was educated at the University of Glasgow, where he graduated M.B., Ch.B. in 1934, and immediately joined the British Medical Association. His home was at Milngavie, Glasgow.

Dr. Wallace was educated at Gonville and Caius College, Cambridge, and University College Hospital, qualified M.R.C.S., L.R.C.P. in 1934, and took the Cambridge M.B. in 1937, having gained first-class honours in the Natural Sciences Tripos of 1931. He was house-surgeon at the Royal West Sussex Hospital, Chichester, before settling in London, where he became medical correspondent of the *Daily Mail*.

### EPIDEMIOLOGICAL NOTES

#### Enteric Fever—Hints for G.P.s

Those of our readers who have kept a watchful eye on these notes will have observed that the notifications of enteric fever have, for some weeks past, been far higher than during the corresponding period of last year. In the present emergency it is particularly important that serious outbreaks of this disease should be prevented, or rapidly brought under control, and in November last the Ministry of Health issued a memorandum on typhoid fever which should be consulted by those who desire fuller information on the epidemiological aspects of this disease than can be given in a short note. It may, however, be of some assistance to the practitioner to indicate briefly the steps that should be taken if any suspicious cases occur among his patients.

The main point, which cannot be too strongly stressed, is that every effort should be made to diagnose any case of enteric infection within the first few days, at a time when the clinical symptoms can give rise to little more than suspicion. With the laboratory methods now available it is possible to isolate the causative organism from the blood, or from the faeces, from the earliest onset of symptoms; and both methods of examination should be applied without delay. At the present time, when the disease is of frequent occurrence, it is a sound rule that *cultures of blood and faeces should be examined from any patient who has suffered for three days or more from a fever which is not certainly due to some other cause*. At a later stage it is often possible to obtain confirmatory evidence from an agglutination test, but this method is never so reliable as culture, and cannot give a definite diagnosis during the crucial first few days. Any case remaining undiagnosed until the end of the first week or beginning of the second has during that time been a potential source of infection to other persons.

It may be noted that the present high prevalence of enteric fever is almost entirely of the paratyphoid B variety. It seems to be characteristic of this infection that clinically atypical or ambulant cases are far more numerous than in true typhoid. These ambulant cases, even when suffering no inconvenience themselves, are highly infectious for others. They are, in fact, more dangerous than clinically typical cases, because they pursue their ordinary activities and may have ample opportunities for the contamination of food. A practitioner should, therefore, pay particular attention to any of his patients who may have been in contact with a case of paratyphoid fever, and if careful inquiry elicits any symptom that might be due to such an infection a specimen of faeces should be examined. If any contact of a case is known to be concerned in the handling of food, in the home or still

more in any shop or restaurant, a specimen of faeces should be examined as a precautionary measure, even if no history of illness can be obtained.

Any medical officer of health will usually arrange to have such specimens examined free of charge. In many areas emergency public health laboratories have been established as a war measure by the Medical Research Council acting on behalf of the Ministry of Health. We understand that the pathologists in charge of these laboratories are prepared, where possible, to assist practitioners by collecting the necessary samples without fee, as well as by examining them in the laboratory.

#### Epidemiological Table

Owing presumably to postal delay, the Registrar-General's weekly return for September 7 has not been received at the time of going to press. The epidemiological table could not therefore be completed. It will appear next week.

## Medical News

The Chairman (Lord Luke) and the London Hospitals Street Collections Central Committee have called a meeting to be held at the Leicester Square Theatre, W.C., on Tuesday, October 1, at 11.30 a.m., in connexion with Hospitals Day. The speakers will include Mr. Malcolm MacDonald, Minister of Health, and General Film Distributors, Ltd., have promised to give a short film display.

The in-patient department of St. John's Hospital for Diseases of the Skin has been closed down, but the out-patient department at 5, Lisle Street, Leicester Square, is still functioning, and clinics are being held daily from Monday to Friday from 1 to 3 p.m. The evening clinics are closed until further notice.

The London Cremation Co. Ltd. makes the following announcement: *Golders Green Crematorium*.—Till further notice all arrangements and forms direct to Crematorium, Hoop Lane, N.W.11 (Speedwell 2375-6). *Woking Crematorium*.—Till further notice all arrangements and forms direct to Crematorium, Hermitage Road, Knaphill, Woking, Surrey (Brookwood 2197).

General practitioners are asked to note that arrangements have been made with St. Bartholomew's Hospital for the reception of "emergencies" who would ordinarily have been sent to the City of London Maternity Hospital.

The annual meeting of the British Orthopaedic Association which was to be held in Liverpool on October 25 and 26 is cancelled, but it is hoped to hold the meeting at a later date.

The King and Queen visited the London Hospital early this week on the occasion of the two hundredth anniversary of its foundation. Their Majesties talked to many injured victims of recent air raids, and walked through the four wards set aside for air-raid casualties. The King sent a message of congratulation to the chairman of the hospital on its two hundredth birthday, and expressed his admiration of the way in which the medical staff and nursing services are carrying on in these difficult days in spite of the bombing to which they have been so ruthlessly subjected. The Prime Minister also sent a telegram to the chairman expressing his hope that the hospital will escape future cruel assaults from the enemy.

At its meeting on September 24 the London County Council received a report on the work of the civil defence services during the past few weeks. Tribute was paid to the soundness of the organization and the spirit of its members. The heaviest demands had been made on the London fire service. The ambulance service, including the auxiliary units, had had to transport many air-raid casualties to hospital, and in spite of the black-out the average time taken to reach a casualty was no more than seven minutes from the receipt of the call. Experience had shown the need for expanding the organization for supplying emergency rest and feeding centres for people rendered homeless. The Ministry of Health had removed its previous restrictions upon the extent to which the L.C.C. might provide food or bedding for the homeless. Great help had also been given by voluntary organizations.