

## THE JOURNAL'S CENTENARY

## MESSAGES OF CONGRATULATION

*Since the publication last week of the Centennial Number of the British Medical Journal we have been gratified to receive further messages celebrating the occasion.*

**Sir Cuthbert Wallace, Bt., F.R.C.S., President of the London and Counties Medical Protection Society :**

The London and Counties Medical Protection Society sends its congratulations and good wishes to you and all those associated with you on the production of the Centenary Number of the *British Medical Journal*. Never, surely, has any journal published its centenary number in such stirring though tragic times. Certainly no editor could have been faced with your difficulties. The mere presence of this special number is a tribute to you and previous editors who have so firmly established the *British Medical Journal* as a national medical institution. The Council of this Society has at all times been grateful to you and your predecessors for the publication of news as to the Society's activities and willingness in giving space to articles of interest to our members and to the medical profession generally.

**Dr. W. N. Goldsmith, Editor of the "British Journal of Dermatology and Syphilis" :**

I offer you, on behalf of this journal, my warmest congratulations on the occasion of your centenary, and wish your excellent paper continued success in the future.

**Mr. Bryan J. Wood, Editor of the "British Dental Journal" :**

May I offer you the congratulations of the *British Dental Journal* on the occasion of the centenary of the *B.M.J.*, together with my own regrets that the circumstances of the times make it impossible for so important an event to be celebrated appropriately. May I also add my congratulations on the manner in which you continue to overcome the present difficulties of producing the *Journal* regularly and punctually.

**Mr. W. McAdam Eccles, M.S., F.R.C.S. :**

At 8.15 a.m. to-day (Friday, October 4) there arrived by post my copy of the *British Medical Journal*. Smart work that! To be out to time would be good, but in the war conditions to continue to publish one day ahead of date of issue is surely a very great effort on the part of everyone concerned with the production, and also of the G.P.O. in delivery. I am sure every reader would desire to thank you and your staff for the "punctuality."

**Sir John Weir, G.C.V.O. :**

I have just opened my Centenary Number, and would like to add my congratulations to the many you have already received. You are worthily upholding the traditions of the past, and we are extremely grateful to you. Whoever wrote the leading article on page 455 is to be congratulated and thanked.

**Miss J. Elise Gordon, Editor of the "Nursing Mirror" :**

I send, on behalf of the readers and staff of the *Nursing Mirror*, sincere congratulations and best wishes for your second century. Nurses generally, as well as we on this paper, have cause to appreciate the generosity and friendly co-operation of the medical profession. As for the *British Medical Journal* itself, we look forward with eagerness every Friday to seeing its familiar grey cover, certain that we shall find inside it many things to stimulate us to fresh ideas for our own readers.

## Local News

## ENGLAND AND WALES

## The Tuberculous Recruit : New Regulations

To ensure so far as possible that medical boards are made aware of a recruit's previous history of tuberculosis new regulations have been issued by the Ministry of Health for the duration of the war to be known as the Public Health (Tuberculosis) Regulations, 1940. These require medical officers of health to supply the local offices of the Ministry of Labour and National Service with certain particulars of all males of ages to be specified from time to time who are registered as having suffered or as suffering from tuberculosis. The information is to be given on Form T.147, which is set out in the Schedule to the Regulations, and copies of which are being sent to all medical officers of health. Particulars are to be supplied at once of any males to whom these Regulations apply who were born in the years 1920 and 1921 or between the years 1900 and 1907 inclusive. The circular accompanying the Regulations states that the Ministry of Labour intends to ask every examinee before a medical board to sign a declaration that he has not at any time suffered from tuberculosis. Copies of the Regulations may be obtained from His Majesty's Stationery Office, price 1d.

## Leeds Hospital Extensions

Extensions to St. James's Municipal General Hospital, Leeds, were opened last week by the Lord Mayor of Leeds, deputizing for the Minister of Health, who was kept in London by his official duties. The extensions, costing well over £140,000, comprise additions to the staff home, a new series of buildings including two operation theatres, x-ray and massage and electrotherapeutic departments, a nurses training school, a detached pathological unit, and additions to the admission block and nurses' quarters. They were described at the opening ceremony by Lord Harlech, Regional Commissioner for Civil Defence, as "one more milestone in the part which Leeds has played in the history of medicine and surgery." Lord Harlech proposed thanks to the Lord Mayor and to Alderman Sir George Martin, chairman of the Corporation Health Committee, who presided. Others to whom the thanks of the city were publicly offered were the architects, contractors, advisers, corporation departments, and the Ministry of Health; and Sir George Martin paid tribute to Dr. John Dick, medical superintendent of St. James's Hospital, for his help throughout the planning and building of the extensions, which will greatly improve the facilities provided by this large institution of 1,300 beds.

## Yorkshire Blood Transfusion Service

The part which the University of Leeds is taking in the national war effort, particularly in aiding the blood transfusion service, was described by the Vice-Chancellor (Mr. B. Mouat Jones) in his address at a recent Congregation held in the Medical School, when degrees were conferred. The Vice-Chancellor said that the end of a year of war found the University Medical School flourishing academically, while vigorously maintaining a steady and practical war effort. After outlining the important duties undertaken by students and staff in civil defence, he spoke of the establishment by the Ministry of Health of a Regional Centre for blood transfusion. He recalled that recent discoveries had made it possible to store blood in the form of liquid or dried plasma for an indefinite period, whereas whole blood could be kept for a few weeks at the most. Plasma had many other advantages over whole blood, and its preparation was a task for a well-equipped laboratory staffed by skilled workers. Members of the University staff had been given leave to undertake that national service. The laboratory would provide plasma for all the hospitals and casualty clearing stations of the East and West Ridings of Yorkshire, as well as large stocks to meet the needs of the Fighting Forces at home and abroad. In the near future an appeal for new blood donors would be made.

## Medico-Legal

### USE OF THE TITLE "DOCTOR"

Two summonses heard by the Bournemouth magistrates last August raised the interesting question whether a practitioner who is a doctor of medicine but not registered in this country may call himself "doctor." In 1931 the General Medical Council ordered the registrar to erase from the *Medical Register* the name of Anthony Alexander Martin. Mr. Martin was at that time registered as possessing the English Conjoint qualification and the degrees of doctor of medicine and bachelor of surgery of London University. The two Royal Colleges withdrew their diplomas, but the university did not withdraw its degrees, and had in law no power to do so. The Medical Defence Union took out the two summonses complaining that by calling himself "Dr. Martin" and using the letters M.D. the defendant had infringed the Medical Act, 1858. Counsel for the Union said that in October, 1939, there had appeared in the *Bournemouth Daily Echo* an advertisement for the Institute of Glandular Treatment, Majestic Chambers, Westover Road, Bournemouth. Mr. Martin was employed by that institute at a salary and a weekly commission and was described as a medical supervisor employed to make diagnosis. In the circumstances, the Union said, he was masquerading as a medical practitioner. Counsel produced two documents, one to the matron of a nursing home in Glasgow asking her to give a patient injections and beginning "I, Dr. Martin"; and the other a receipt signed "A. Martin, M.D." A detective-sergeant said that Mr. Martin had told him that he was an M.D. and B.S. of London University and an M.R.C.S. and L.R.C.P., and that he had come off the *Register* in 1931. Another witness said that she had been examined by Mr. Martin at the institute and had paid him a fee. Mr. Martin, in a statement to the Bench, maintained that he had never said or implied that he was on the *Register*, and that he was entitled to use his degree of M.D. and to practise; he had never misled the public; the Medical Defence Union were always trying to "get at" the institute, and he had been put up as a target. The Union relied chiefly on the decision of the Divisional Court in *Jutson v. Barrow*.<sup>1</sup> In that case the practitioner had called himself a manipulative surgeon, and the Lord Chief Justice said that Sect. 40 of the Medical Act was twofold: it first prohibited the use of a number of commonly used titles, and then prohibited the use of any description implying that the holder was registered or recognized by law. The Act, he said, does not describe the intent of the user of a title but only the effect of the use. Its object is to prevent a person not on the *Medical Register* from using a title suggesting that he is on the *Register*. The magistrates agreed with this view of the law, and fined the defendant £5 on each of the two charges with £16 11s. costs.

<sup>1</sup> *British Medical Journal*, 1935, 2, 879.

## Universities and Colleges

### UNIVERSITY OF LEEDS

To express the debt that he owed to his mother the late Lord Moynihan endowed a lectureship at the University of Leeds in her memory. The first Moynihan Memorial Lecture was given in the Riley-Smith Hall of the University on October 3, the seventy-fifth anniversary of the birth of the great surgeon. The lecturer, Surgeon Rear-Admiral Gordon Gordon-Taylor, senior surgeon to the Middlesex Hospital, chose for his subject "The Moynihan Tradition."

### ROYAL COLLEGE OF SURGEONS OF ENGLAND Museum Demonstrations

A course of museum demonstrations in the theatre of the College begins to-day (Friday, October 11), when Mr. C. E. Shattock will discuss tumours of bone. He will speak again on tumours of the kidney on October 14. On October 18 and 25 and November 1 Dr. A. J. E. Cave will discuss anatomical specimens, and on October 28 Mr. R. Davies-Colley will demonstrate specimens illustrating inflammation of bone. All the demonstrations begin at 3 p.m., and are open to advanced students and medical practitioners.

## Medical Notes in Parliament

When the House of Commons met on October 8 Mr. Churchill surveyed the course of the war for the previous month. He said the improved methods of shelter adopted in the great built-up areas had reduced the air-raid casualties below the estimates which had been made. When Great Britain entered the war hospital arrangements had been on the basis of 250,000 casualties merely as a first provision, whereas from the beginning up to October 5 there had been, as the result of air bombing, about 8,500 killed and 13,000 wounded. Since heavy raiding began on September 7 the figures of killed and seriously wounded had declined from over 6,000 in the first week to under 3,000 in the last of the four weeks. Destruction of property had, however, been very considerable. They must try in the shortest possible time to have shelters with sleeping bunks for everyone in the areas liable to constant attack. Nation-wide compulsory insurance would be introduced by Sir Kingsley Wood against damage by the enemy to house, place of business, household effects, and personal possessions. Mr. Eden would soon announce improvements in the allowances for the dependants of the Fighting Services to secure proper nourishment and care of the wives and children of the fighting men.

### Air-raid Shelters and Public Health

Captain ELLISTON asked on October 8 if it was intended to appoint to the committee now investigating public health considerations in reference to air-raid shelters one or more municipal officials. Mr. HERBERT MORRISON replied that a committee had been appointed, under the chairmanship of Lord Horder, to keep these matters under review. The committee consulted a number of local government officials in the course of their first inquiries and would continue to do so.

On the same date Mr. SORESENSEN inquired what steps had been taken to secure effective ventilators, disinfection, heating, and other amenities in public air-raid shelters. Mr. MORRISON said vigorous action had been and would continue to be taken to secure that every practicable improvement was made without delay; Admiral Sir Edward Evans, one of the Regional Commissioners for London, had been charged with the special duty of expediting and co-ordinating action in this matter within the London Region.

Sir ROBERT YOUNG asked whether Mr. Morrison knew of the insanitary conditions of air-raid shelters in many country districts and the risks to health and physical strength owing to the absence of some method of seating whereby expectant mothers and mothers with young children had to stand for hours during an air raid. Mr. MORRISON answered that he had asked local authorities to take urgent action to improve the amenities in shelters.

Mr. CHURCHILL announced that the House would on October 9 debate air-raid problems.

## The Services

### NAVAL AWARDS

Surgeon Commander Alexander William Gunn, M.V.O., R.N. (H.M.S. *Resolution*) has been mentioned in dispatches for services in Norway.

The D.S.C. has been awarded to Temporary Surgeon Lieut. (now Temporary Surgeon Lieut.-Commander) William Burnet Douglas Miller, R.N.V.R., for gallantry and devotion to duty in operations in Norway.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL NAVY

Surgeon Lieut. THOMAS IVOR DAVID, R.N.V.R., has been reported as "Missing, Presumed Killed," while serving in

H.M.S. *Dundee*. He was educated at St. Thomas's Hospital and took the M.R.C.S., L.R.C.P. in 1937. After qualifying he held the posts of resident surgeon and anaesthetist in the nose, ear, and throat department at St. Thomas's, and of senior house-surgeon, casualty officer, and resident anaesthetist at the Kent and Sussex Hospital, Tunbridge Wells. His home was at Southgate, London.

#### ROYAL ARMY MEDICAL CORPS

The name of Captain RUPERT WELPLY, R.A.M.C., is included in an Army Council list of casualties, published on October 2, as "Killed." From St. Bartholomew's Hospital he qualified M.R.C.S., L.R.C.P. in 1938. He had been commissioned as lieutenant in the 85th Brigade, R.A., in 1936, and in 1938 transferred to the R.A.M.C., being promoted captain last February.

#### DEATHS IN THE SERVICES

Surgeon HENRY MALLINS, Bengal Medical Service (ret.), died at Farnham on September 30, aged 89. He was educated at Trinity College, Dublin, where he gained a medical scholarship in 1870, and graduated M.B., M.Ch. in 1872. Entering the I.M.S. as assistant surgeon in the same year he became surgeon in 1873, when the rank of assistant surgeon was abolished, and resigned his commission in 1874. He served at Suppri, India (mentioned in dispatches); with the Khyber column, 1878-80; and was present at the actions of Ali Musjid and Futehabad (medal and clasp). He was also present at the operations against villages in 1878. For his work he received the thanks of the Government of India. After leaving India he was for many years in practice in England. He was an elder brother of Lieut.-Colonel C. Mallins, Madras Medical Service (ret.).

### EPIDEMIOLOGICAL NOTES

#### Infectious Diseases for the Week

The figures for the principal notifiable diseases in England and Wales for the week under review are higher than they were in the corresponding week last year, when, however, the incidence of infectious diseases was particularly low. Though exact data are not available it is probable that there are at present more children in densely populated areas than at this time last year, and the effect of the herding of non-immunes in both public and private shelters must be considered as likely to lead to a further increase. Nevertheless, despite the appearance of these diseases in epidemic form in reception areas and in rural districts generally, the position remains more favourable than in the year immediately before the outbreak of war—that is, 1938—with the exceptions of cerebrospinal and enteric fevers. The figures for diphtheria, scarlet fever, and pneumonia are lower than the median values for the preceding nine years, but that for enteric fever is slightly more than double the corresponding median value.

In Scotland the increased incidence of infectious diseases this year is relatively greater than in England and Wales, the only exceptions being primary pneumonia, notifications of which are practically the same for both years, and scarlet fever, the incidence of which is lower than in the previous two years. Measles is at present the most prevalent infectious disease in Scotland, and more than one-half the cases were in Glasgow—216 out of 405—during the week. Notifications in Port Glasgow were 35, Kirkcaldy 33, Greenock 31, Paisley 29, Aberdeen 20, Edinburgh 14, and in the only county affected, Lanark, 14. The two deaths recorded were in Glasgow and Edinburgh. Diphtheria was more evenly distributed among counties and burghs, forty-one of the fifty-five being involved, compared with twelve by measles. Areas most heavily attacked were the burghs of Glasgow 136, Dundee 31, Edinburgh 27, Paisley 15, Aberdeen 13, and the county of Lanark 19. Of the 16 deaths 11 were in Glasgow, 2 in Edinburgh, and 1 each in Dundee, Coatbridge, and Hamilton. The cases of typhoid fever were in the counties of Dumfries 2, Ross and Cromarty 1, and of paratyphoid B fever in the counties of Roxburgh 8, Ayr, Midlothian, and Orkney 1 each, and in the burghs of Ayr 4 and Glasgow 2. Acute poliomyelitis was distributed over the counties of East Lothian 2, Aberdeen, Fife, and Inverness 1 each, and the burghs of Glasgow 2, Greenock 2, and Edinburgh 1.

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### INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended September 14, 1940.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1940					1939 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	122	2	37	2	5	15	2	9	—	—
Deaths ..		5	6				2	2		
Diphtheria ..	1,027	28	348	31	30	823	36	179	32	11
Deaths ..	41	1	16	2	2	28	1	2	1	—
Dysentery ..	33	5	63	—	—	34	2	20	—	—
Deaths ..										
Encephalitis lethargica, acute ..	4	—	—	—	—	3	—	—	—	—
Deaths ..			1					1		
Enteric (typhoid and paratyphoid) fever ..	93	1	20	12	1	77	2	7	3	7
Deaths ..						3				
Erysipelas ..		7	58	3	7			59	2	3
Deaths ..										
Infective enteritis or diarrhoea under 2 years ..										
Deaths ..	62	3	13	17	11	48	4	19	11	13
Measles* ..	6,179	78	405	19	—	2	—	7	—	4
Deaths ..	14	—	2	1	—					
Ophthalmia neonatorum ..	91	1	19	—	—	64	3	22	—	1
Deaths ..										
Pneumonia, influenza† (from influenza) ..	440	13	2	—	4	266	14	4	—	2
Deaths ..	9	—	—	—	—	10	—	3	—	—
Pneumonia, primary ..			105	9	—			103	5	—
Deaths ..				1	5				7	2
Polio-encephalitis, acute ..	6	—	—	—	—	2	—	—	—	—
Deaths ..										
Poliomyelitis, acute ..	47	—	10	—	—	29	8	1	1	1
Deaths ..										
Puerperal fever ..	3	3	13	1	—	3	3	15	3	1
Deaths ..										
Puerperal pyrexia ..	113	3	17	—	2	150	9	16	—	1
Deaths ..										
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..										
Scarlet fever ..	1,384	47	157	31	27	1,139	32	191	45	58
Deaths ..	2	—	—	—	1	3	—	—	—	—
Small-pox ..	—	—	—	—	—	—	—	—	—	—
Deaths ..										
Typhus fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..										
Whooping-cough* ..	1,106	8	111	2	13	6	2	13	1	5
Deaths ..	7	1	1		1					
Deaths (0-1 year) ..	328	50	53	25	24	251	26	67	39	16
Infant mortality rate (per 1,000 live births) ..										
Deaths (excluding stillbirths) ..	5,228	1,450	544	154	120	4,017	607	562	153	123
Annual death rate (per 1,000 persons living) ..			11.0	10.3	10.5			11.4	10.3	10.8
Live births ..	5,438	665	878	327	219	6,015	845	829	324	216
Annual rate per 1,000 persons living ..			17.8	21.8	19.2			16.8	21.8	19.0
Stillbirths ..	207	20	45	—	—	233	22	35	—	—
Rate per 1,000 total births (including stillborn) ..			49					41		

\* Made notifiable generally on November 1, 1939.

† Includes primary form in figures for England and Wales, London (administrative county), and Northern Ireland.

‡ Since January 1, 1940, figures for London (b) have been for deaths from all forms of pneumonia; the corresponding figures for 1939 relate to deaths from lobar pneumonia only.