a whole suffers from gross under-production and under-consumption of drugs. The Therapeutic Requirements Committee has, therefore, compiled a list of drugs whose production within the British Empire should be encouraged. In some cases this must be a long-term policy, but this is obviously no time for short views.

Acid tartaric	Ipecacuanha
*Agar	Jaborandi
*Benzoin	Krameria
Balsam of tolu	Lobelia
Calumba	*Menthol (synthetic or natural)
*Camphor (synthetic or natural)	Almond oil
Cantharides (mylabris)	Oil of anise (star anise)
*Cascara sagrada	Oil of cade
*Cinchona	Oil of chenopodium
Chrysarobin	Oil of lemon
Coca	Oil of peppermint
*Creosote	*Oil of turpentine and colophony
*Datura	Psyllium seeds
Derris	Rhubarb (*Rheum palmatum*)
Ephedrine (synthetic or natural)	*Santonin
Ergot	*Squill
Gentian	Storax
Glycyrrhiza	*Thymol (synthetic or natural)
Hamamelis	*Tragacanth
Hyoscyamus muticus	

* These drugs are regarded as of special importance.

HEALTH IN REST CENTRES AND AIR-RAID SHELTERS

Sir Arthur MacNalty, with officers of the Ministry of Health and representatives of the Ministry of Home Security and the Department of Health for Scotland, met the medical officers of health of the metropolitan boroughs at the Ministry on October 10 to discuss measures for the prevention of epidemic and other diseases in rest centres and air-raid shelters. Lord Horder and Dr. Daley of the London County Council were present and took part in the discussion. Sir George Chrystal, who was in the chair, explained that the primary responsibility for the control and management of shelters belonged to the Ministry of Home Security, but the Ministry of Health had a great interest in and responsibility for matters affecting public health. Lord Horder's Committee had made recommendations which were necessarily in general terms.

Referring to rest centres, Dr. Daley stated that the London County Council was providing doctors and nurses, sick bays, and drugs at the centres on behalf of the Ministry of Health. The beds available for the chronic sick had been for various reasons greatly reduced, but hospital provision was being made for such persons. People were staying too long in the rest centres, and it was agreed by the meeting that local authorities should be pressed to expedite the provision of billets and the emergency repairs to houses.

The meeting considered that it was not practicable to prevent persons suffering from infectious disease from entering shelters, and a suggestion for some form of cursory inspection at the entrance was discussed but rejected. The real solution consisted in reducing the numbers using the shelters by evacuation of the population to less crowded parts of the country. There was some difference of opinion whether the provision of bunks would necessarily mean a reduction in the number of persons using the shelters. Various suggestions put forward in a report by Dr. Maitland Radford (St. Pancras) were received with approval, and it was stated that the question of payment for the medical and nursing work involved was under urgent consideration by the Ministry of Home Security. The desirability of compulsory inoculation against diphtheria and typhoid was discussed. It was agreed that it would be difficult to arrange for a doctor to be in continuous attendance in the shelters, with the exception possibly of very large ones, but some scheme should be worked out in each borough that would ensure that the services of a doctor were available for cases which could not be dealt with by nursing and first-aid personnel. Dr. Fenton described the operation of such a scheme in Kensington. Other facilities which, it was considered, should be provided were Red Cross nurses with training in home nursing and space for sick bays. The presence of nasopharyngitis was referred to, and scabies of a septic type was recorded from one area. It was stated that Lord Horder's Committee was considering the question of disinfection and disinfestation with the aid of expert committees of the Medical Research Council, and that the Ministry of Home Security would shortly issue a code of good conduct by-laws for shelters.

NATIONAL FOOD EDUCATION CAMPAIGN

The Ministry of Health has circularized welfare authorities in England urging them to give their utmost support to the food education movement which the Ministries of Food and Education inaugurated last April. That movement, known as the National Food Education Campaign, has for its object, as was pointed out in the *Journal* at the time (April 13, p. 627), the promotion of sound nutrition as well as care and economy in the use of unrationed foods and the reduction in imported supplies. It has been conducted through the medium of broadcast talks, Press advertisements, and classes in wartime catering and cookery organized by local education authorities. The Minister of Health now considers that the personal contacts made by medical officers and health visitors through their ordinary duties afford special opportunities for imparting knowledge of food and nutrition. While it is recognized that instruction in diet forms a considerable part of the advice already given to mothers in clinics, welfare authorities are asked to intensify this work and bring it into line with the National Food Education Campaign, which will be so directed as to encourage the use from time to time of those foods which are plentiful and economy in those which are scarce. The circular points out that particulars of classes, which can be obtained through the education authority or local food office, can usefully be shown in clinics and centres, and welfare officers can take a more active part in the campaign by giving simple demonstrations and talks on nutrition in clinics, in the mothers' homes, or in clubs. Here we would remind medical officers, and indeed all welfare workers, of the advice and help to be gained from a study of the booklet entitled *The Doctors Tell You What to Eat in Wartime*, which was first published in June.[1] This is an attractively printed booklet, which discusses in an easily assimilable form all the different foods with special reference to the protective foods, and contains advice on such important matters as safe milk and the vitamin content of the commoner articles of diet. Full particulars of the supplementary services which the Ministry of Food has organized, such as a film library, a panel of speakers for local meetings, bills, leaflets, etc., can be obtained from the Food Education Division, Ministry of Food, Colwyn Bay, N. Wales.

[1] Obtainable from the British Medical Association, Tavistock Square, W.C.1, or any bookseller, price 3d.

Local News

SOUTH AFRICA

The Health of Capetown

Capetown is an interesting city from the public health point of view, because its population of 315,000 is almost equally divided between Europeans and non-Europeans, the latter consisting chiefly of the mixed race known as "Cape coloured," largely the descendants of slaves of earlier days. The latest annual report of the medical officer of health, Dr. Shadick Higgins, gives the birth rate for the Europeans as 18.1 and for the non-Europeans as 46.69 per 1,000 population. The death rate for the Europeans is 10.12 and for the non-Europeans 21.68 per 1,000 population. From the broad statistical point of view, taking the last twenty-five years, the birth rate of the European population has sharply declined, that of the non-European population has remained constant, and the death rates of both populations have been lowered. Infant mortality has been reduced by more than one-half for both Europeans and non-Europeans, but it remains three times as great for the latter as for the former. The principal causes of mortality for the Europeans are diseases of the heart and arteries, cancer, and tuberculosis, in that order; and for the non-Europeans, tuberculosis, bronchitis and

pneumonia, and diseases of the heart and arteries. Among Europeans the death rate for males was 38.1% greater than the death rate for females, the corresponding figure among the non-Europeans being 15.8%. Thirteen maternity and child welfare centres are maintained in Capetown, with fifty-six medical (or dental) sessions a week. Notifications of and deaths from enteric fever have shown an almost consistent decline among both Europeans and non-Europeans, and in the year under review the figures were the lowest on record. The non-European mortality rate from bronchitis and pneumonia is six times that of the European, and that this is not merely the result of a difference in age constitution is shown by the fact that in children under 1 year the non-European mortality from these diseases is four and a half times as great as the European. Capetown is concerned over its relatively large incidence of venereal diseases. The number of new cases during the year was 3,800, or 12 per 1,000 of the population, contrasting with 8.5 per 1,000 for Johannesburg, and with smaller figures for English and Scottish cities. There were five times more non-European cases of syphilis than European.

Correspondence

Débridement

SIR,—It would be unfortunate if arguments based on history or etymology were to succeed in removing the word "débridement" from its present useful place in the vocabulary of war surgery. Mr. William Mackenzie (October 12, p. 503) tells us what it meant to Desault and Larrey and what it means in French; Desault and Larrey are dead, and the word is now as English as "lavage" and "tourniquet." Mr. Reginald T. Payne (October 12, p. 503) says that it is now used so loosely in surgical papers as to have little exact meaning. I should rather say that it is just because it has come to represent in one word a series of technical steps whose description would otherwise take a paragraph that it must be kept for that purpose. As one who learned his surgery in the last war I should say that "débridement" was given its present meaning by the French surgeons of that period, and adopted to describe the same procedures by British writers. I tried to put my interpretation of that meaning into the *Lancet War Primer*:

> "The prophylactic excision of contaminated wounds, often called débridement, consists, in theory at any rate, of the excision of the whole wound track and of all damaged and devitalized structures round it, the removal of blood clot, dirt, and foreign material, and the complete arrest of haemorrhage from the excised surfaces" (p. 60).

Trueta (*Treatment of War Wounds and Fractures*, p. 25) writes: "The removal of all foreign matter, the excision of all the tissues immediately surrounding the wound, including devitalized soft parts in the vicinity, and the opening up of cellular spaces—is known technically as débridement." Hamilton Bailey, as quoted by Mr. Mackenzie, seems to hold similar views; Mercer and Jolly describe the same surgical toilet of war wounds without calling it débridement. It is to this series of steps most surgeons would attach the word to-day, and I cannot see that we gain anything, and fear that we may lose much, by taking it from them.

Language is a sensitive and living medium, always growing and changing, always adapting itself to the spirit of a people and the needs of a time. New words come and old words acquire new meanings. If they are clearer, more beautiful, or more striking than those they displace, if they say more with greater economy, they survive, and the old word and the old meaning become obsolete. To employ them after they have disappeared is either pedantic or meaningless. The writer of the collect for the seventeenth Sunday after Trinity uses the word "prevent" to mean "go before"; but if I used it in that sense to-day, remarking to my anaesthetist that his administrations had "prevented" my operation, I should be misunderstood.

It is difficult to see that "surgical revision"—Mr. Payne's choice—can replace "débridement." Revision essentially means doing again something that has already been done, and suggests critical assessment rather than operative procedure. "Surgical revision" is applicable to cramming classes for the final examination, to a ward round of surgical cases, possibly to the final overhaul of a wound at the end of débridement, but not to débridement itself. Please let us keep "débridement." It may be bad history and bad French, but as surgical jargon it cannot very well be spared or replaced.—I am, etc.,

London, W.1, Oct. 17. W. H. OGILVIE.

Spread of Disease in Shelters

SIR,—With the advent of the epidemic season and the risks, among others, of acute respiratory infections the winter campaign which is to be waged—as Mr. Ritchie Calder puts it in an admirable article in the *New Statesman and Nation* to-day—by the doctors on the Home Front becomes quite as significant as the active warfare waged by the Services. An epidemic of influenza and its sequelae become even more alarming under the unfavourable conditions of crowded shelters, whether public or private.

My own experience confirms Dr. P. L. T. Bennett's observations (October 12, p. 502) on the prevailing practice of many tuberculous patients who seek refuge in Anderson or public shelters. In thickly populated districts, such as the East End of London, presumably healthy subjects, including mothers and children, run the grave risk of contact with advanced and open cases of lung tuberculosis, although previously such diseased cases have been able to secure some measure of segregation from other members of their family and the community at large. It might be suggested that all tuberculous patients should, in their own interest and that of the public health, be accommodated in sanatoria, or, better still, in colonies similar to Papworth; but while this may be ideal in theory it is impossible in practice at the present time. Even in peacetime the problem of the advanced tuberculous subject has never been properly solved, and his compulsory isolation has not been achieved. A certain number who have already had institutional treatment and are endeavouring to continue with the sanatorium regime have wisely evacuated to the country. Whether rural areas can cater for special forms of treatment is problematical, but at any rate such cases as have evacuated do lessen to some extent the tuberculosis problem in congested and dangerous areas.

There still remains, however, the comparatively large group of tuberculous subjects, some of them obliged to continue their work, others bound by family ties; and, further, there are the numerous advanced cases unable to gain admission to special hospitals in the London area and with no definite place in rural areas to which they can be evacuated. During an epidemic of influenza and acute respiratory infections the danger of such cases to themselves and others will be increased to such an ominous degree that the spread of the tubercle bacillus becomes a weapon no less deadly than bombing itself.

The timely report of Lord Horder's shelter committee would appear to render a solution of the control of tuberculosis in shelters somewhat less unattainable. The medical and sanitary arrangements are to come under the control of the local medical officer of health, and the introduction of season tickets should enable doctors in charge of large shelters to insist on an initial general health examination (access to the public health records and school health files should assist in this). There should, furthermore, be periodic health examinations for the renewal of the season ticket, and doubtful cases should be referred to a consultant in the same way as recruits are referred by the recruiting board. In this connexion mass miniature screen photography, which has aroused a lively discussion in your *Journal* in respect of the examination of recruits, would prove an invaluable aid in detecting macroscopic pulmonary disease. So far as tuberculosis cases are concerned the names of all patients notified in a given area would naturally be available to the examining doctor from the records of the medical officer of health. In this way is should be possible: (*a*) to demand the compulsory isolation by ambulance service of all advanced cases to special institutions in the country; (*b*) to secure institutional treatment of early cases of pulmonary tuberculosis; (*c*) to evacuate all known infective cases not engaged on essential work to safe areas where it will be possible to maintain the necessary hygienic routine and discipline; and (*d*) to arrange for those quiescent tuberculous subjects engaged on essential services special shelter facilities. The cost of all such services would

a day, including practical work, and an examination of the flimsiest nature held on the fifth day. In a number of cases the level of intelligence of personnel was extremely low. Yet these men are expected not only to attend to every type of casualty from cut finger to fractured spine, but to make rapid decisions on the extent of the injuries and disposal of casualties with the aid of a subdued torchlight. The fault in this case lies not with the men but with the authorities, who were concerned only with numbers engaged and not with efficiency.

By all means let us have a committee representative of all bodies concerned and capable of cutting through all red tape and forgetting petty jealousies and pride. Such a committee could give us a syllabus and set a standard which, while not being impossibly high, would at least eliminate those candidates who "on qualification" become a menace to the community.—I am, etc.,

S. SMITH,
London, E.9, Oct. 14. Examiner and Lecturer in First Aid, L.C.C.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

In Congregation on October 18 the Senate, on the recommendation of the General Board, appointed Dr. R. A. McCance, Reader in Medicine, to act as Head of the Department of Medicine during the absence of the Regius Professor of Physic (Prof. J. A. Ryle) upon national service.

Part I of the Final M.B. Examination (Surgery, Midwifery, and Gynaecology) will begin on Tuesday, December 10, and Part II (Principles and Practice of Physic, Pathology, and Pharmacology) on December 11.

UNIVERSITY OF GLASGOW

At a graduation ceremony held on October 19 the following medical degrees were conferred:

M.D.—*L. D. W. Scott, R. Cameron.

CH.M.—E. W. Grahame.

M.B., CH.B.—‡R. B. Wilson, ‡A. J. Hird, ‡A. J. V. Cameron, ‡E. McC. McGirr, ‡H. Conway, †Isobel M. Marshall, †J. Hood, †A. W. Sloan, †E. A. Turner, †D. McD. Kenny, †Jean A. Paton, †G. H. Anderson, †J. B. Morrison, †R. A. Shanks, †J. Hamilton, J. Allan, H. Barron, D. Baxter, T. Y. Bennie, C. G. Blakeley, A. I. Bowie, W. N. Boyd, R. H. Bremner, J. C. Brown, J. H. Brown, J. Bruce, L. G. Bruce, J. R. Bryson, A. S. Burns, G. W. Burns, Agnes U. Campbell, G. MacL. Clark, A. B. Cormick, Margaret G. Cranmer (Mrs. A. J. Maclaren), Margaret C. S. Crocket, A. S. Crockett, A. P. J. Curran, R. M. Currie, R. J. Cuthbert, J. J. Docherty, J. Dolan, A. Donaldson, J. A. Donaldson, N. A. Douglas, J. D. Dow, Gertrude F. Drummond, Mary M. Dunn, J. P. Erskine, J. A. Evans, H. A. Fleming, G. W. Forrest, R. C. K. Foulis, R. Freeland, H. L. Gardner, Emilie E. Guthmann, L. A. Hardie, J. R. Hewett, J. Hutchison, J. M. King, J. L. Kirk, Annie D. Lindsay, J. Livingstone, J. W. Logan, D. MacAulay, J. H. McBeath, D. M. McClure, Helen H. McDonald, T. C. MacDonald, T. B. S. McDougall, J. C. W. MacFarlane, R. G. MacFarlane, G. P. McGowan, J. I. McGrouther, R. McInroy, J. W. McKendrick, J. McKerrigan, N. L. MacLeod, J. A. McNicol, D. Macrae, Mary S. Martin, D. M. Milne, I. W. Monie, M. J. Morton, Agnes G. Munro, I. P. Munro, W. L. Munro, Sophia E. M. Murray, A. Paterson, J. E. A. Paterson, Agnes C. Pope, H. Prentice, Anne R. Renfrew, S. Renfrew, A. S. Rennie, J. A. Ritchie, A. D. Robertson, J. F. Robertson, M. K. Rose, D. N. Ross, J. Savage, J. Scott, W. Scott, W. E. Scott, D. S. Service, E. M. Sewell, T. B. Shirkey, A. J. Sinclair, J. C. Skelley, A. C. Smith, J. M. Smith, T. Smith, P. Sullivan, Esther M. Swinnerton, G. C. Taylor, M. Taylor, W. A. S. Thom, J. M. Thomson, W. F. Tyrrell, H. D. Wallace, P. Wardlaw, A. C. Warnock, R. S. Weetch, J. C. R. Weir, W. F. White, A. B. Wilson, G. G. Wiseman, J. A. Young.

* With high commendation. † With commendation. ‡ With honours.

James Wilson Chambers gained the Brunton Memorial Prize as the most distinguished graduate in medicine of the year 1940.

The West of Scotland R.A.M.C. Memorial Prize was awarded to Robert Baird Wilson as the candidate with the highest aggregate marks in surgery, medicine, and midwifery in the Final M.B., Ch.B. examinations held during 1940.

The Macewen Medal in Surgery was awarded to Alister James Victor Cameron as the candidate who obtained the highest aggregate marks in surgery in the Final M.B., Ch.B. examinations held during 1940.

The Stockman Medal was awarded to Robert Baird Wilson as the candidate who obtained the highest aggregate of marks in the professional examinations in materia medica and therapeutics and medicine (written, oral, and clinical), excluding paediatrics, in 1940.

The John W. Weir Prize was awarded to James Wilson Chambers as the candidate who obtained the highest aggregate number of marks in midwifery and diseases of women in the final degree examinations in medicine held in 1940.

UNIVERSITY OF ST. ANDREWS

On October 11 Dr. Margaret Fairley was inducted to the chair of midwifery in the University. She is the first woman to be appointed to the professorate of a Scottish university.

The degree of M.B., Ch.B. was conferred on Donald Macleod Douglas, with honours for his thesis; and the Diploma in Public Health was conferred on James Roberts.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Arris and Gale Lectures

Professor John Beattie delivered two of a course of four Arris and Gale Lectures at the Royal Society of Medicine (1, Wimpole Street, W.) on October 21 and 23, when he spoke on haemorrhage. The remaining two lectures will be delivered by Professor Beattie on Wednesday, October 30, and Tuesday, November 5, at 3 p.m. each day, when he will discuss fluid therapy. The lectures are open to medical practitioners and advanced students.

Museum Demonstrations

The series of museum demonstrations, announced in this column on October 12 (p. 510), have been cancelled.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on October 15, with Dr. H. M. Traquair, President, in the chair, the following, having passed the requisite examinations, were admitted Fellows:

S. Aptekar, J. J. Commerell, L. G. Cruickshank, G. F. Dommisse, B. W. Goldstone, J. Ll. Griffith, S. P. Gupta, Kathleen M. D. Harding, R. N. Houlding, C. L. O. Macalister, K. C. McKeown, A. I. Macpherson, C. R. Palfreyman, A. R. Parkes, L. H. A. Phillips, J. L. D. Scott, H. O. Smith, W. J. Watt, A. W. Wilkinson, M. O. Youssef.

At the annual meeting of the Royal College of Surgeons of Edinburgh, held on October 16, the following officers were elected for the ensuing year:

President, Dr. H. M. Traquair. *Vice-President*, Mr. W. J. Stuart. *Secretary and Treasurer*, Mr. J. W. Struthers. *Representative on the General Medical Council*, Mr. Alex. Miles. *Convener of Museum Committee*, Mr. W. Quarry Wood. *Librarian*, Dr. Douglas Guthrie.

The Services

ROYAL NAVY

Mentions in Dispatches

The following medical officers have been mentioned in dispatches: Temporary Surgeon Lieut. David William Pugh, D.S.C., R.N.V.R., for coolness and courage in adversity, and Acting Temporary Surgeon Lieut. Timothy Blair MacLean, R.C.N.V.R. (H.M.C.S. *Fraser*), for good services when H.M.C.S. *Fraser* was lost.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

Prisoners of War

Major George Bromley Matthews, R.A.M.C.
Captain Hugh Dickie, R.A.M.C.
Captain John Robert Odell, R.A.M.C.
Lieut. Denis Westgarth Lacey, R.A.M.C.
Lieut. William Mathieson Macleod, R.A.M.C.
Lieut. Archibald Taylor Smith, R.A.M.C.
Lieut. Ian Osborne Bradford Spencer, R.A.M.C.