100 to 104 in rate during the spasm. The rectal temperature was 100.4° F. There was no marked sweating of the face.

After removing the face-piece I gave chloroform, about 1/2 to 1 drachm, very cautiously in drops on a mask until the house-surgeon, Mr. Freeman, prepared 5 c.cm. of pentothal sodium. He injected 4 c.cm. as soon as possible into a vein and immediately the convulsions ceased. He gave a further 1 c.cm. after a few minutes' interval. The operation was then completed. The patient left the table with both pupils widely dilated but with normal shallow respirations.

On reaching the ward the respiration became very shallow, almost Cheyne-Stokes at intervals. On the suggestion of the house-physician, Dr. Gladstone, I gave oxygen with 5% CO_2. This after a time improved the breathing, and at long intervals the patient made a deep inspiration. All this time the pupils remained dilated, but they gradually became smaller. The pulse varied in volume but kept regular. Artificial respiration seemed to help in dispelling cyanosis while it lasted, but gradually the colour became normal after more O plus CO_2. I saw the patient about one hour later, when there was slight conjunctival reflex, but she was still unconscious. Three hours later consciousness had returned and the patient smiled and could talk.

The premedication was omnopon grain 1/3, scopolamine grain 1/150, an hour before operation.

The cases I have seen have all occurred in hot weather; fortunately none of them has been fatal.—I am, etc.,

Willesden, June 23. C. LEONARD TRAYLEN.

SIR,—Mr. Charles Wells (June 21, p. 945) has described a case of novocain convulsions in a letter concerning "ether" convulsions. This is unfortunate because novocain convulsions are no mystery, although it seems to be insufficiently known that cocaine and all its derivatives convulse as certainly as does strychnine. On the other hand, "ether" convulsions are a great mystery still, for how are we to explain convulsions produced by a large dose of a narcotic drug?

Hyperthermia is an attractive theory, and I may be forgiven for possibly overstressing it, because it is so reasonable and so kind to keep the feverish patient cool during an operation in a heat wave. With a high temperature from a septic appendix it is not wise for the child to wear thick bed socks, be covered with blankets and mackintoshes, and to be deprived of all sweating defences by atropine.

It is of the utmost importance that the rectal temperature of all these cases be taken. As the fits are easily controlled by evipan intravenously, the abdomen should be sewn up and the rectal temperature taken when all is quiet. If it is high—and I think it is invariably—then steps can be taken to reduce it and to cool the carotid blood to stop cerebral damage and possibly a return of fits when the evipan has worn off. The fortunate thing is that evipan or pentothal is good for all fits except those due to uraemia.—I am, etc.,

A. DICKSON WRIGHT, M.S., F.R.C.S.

London, W.1, June 30.

Treatment of Gonorrhoea

SIR,—The emphasis laid on the treatment of gonorrhoea by sulphapyridine when two articles deal with that disease in the same issue of the *Journal* (June 28) is liable to create a somewhat wrong idea as to the value of the treatment.

Major MacKenna's article (p. 958) deals with gonorrhoea in men specially selected for healthy physique, and it is well known that the healthier the man the shorter is the life of the gonococcus in his system. Secondly, these men are in a position to report at once and have a rest from their daily arduous duties. Thirdly, they are at once put on an alkaline dietary. In spite of all the costly treatment outlined by Major MacKenna the relapse rate is as high as 5%.

In Dr. James Sommerville's report (p. 961) the relapses were as high as 6.66%, and complications occurred in 1.66%, while toxic symptoms occurred in 13%. These results are in striking contrast with those of Major MacKenna, but they are very instructive and therefore of value. Dr. Sommerville speaks only of alcohol as interfering with successful treatment, but he does not give any reasons why this should be. Alcohol, as is well known, tends to increase the patient's *p*H, which in Major MacKenna's patients was countered by the alkaline dietary. The part played by an increased *p*H in delaying recovery of all diseases is of great importance and deserves the serious attention of the medical profession. The predisposition of persons to tuberculosis and acute rheumatism depends on whether their *p*H is increased or not, and it is hardly necessary to say that gonorrhoea in tuberculous patients is not "cured" in three days, while the tendency to complications is intensified very considerably. Good treatment can be successful only by helping the patient's constitution to re-right itself.—I am, etc.,

Swansea, June 28. G. ARBOUR STEPHENS.

Anatomical Nomenclature

SIR,—Please allow me to suggest that it would be well for authors of medical and (particularly) surgical textbooks who, as most of them did, learnt their anatomy with the students of the last generation, to bear in mind that, wisely or unwisely, anatomical nomenclature has now largely been changed.

Studying Mr. Hamilton Bailey's excellent *Emergency Surgery*, I came across the term "cave of Retzius," for which, wishing to confirm my memory of its identity, I searched in vain the text and index of Gray's *Anatomy*, latest edition. Correspondence with the editor of the latter showed that he strongly disapproved of the retention of personal names in anatomy, and preferred the new term "retropubic pad of fat," which, of course, signifies not the "cave" but its contents. Many other examples of the same nature might be quoted. Apart from the confusion thus caused to those who, like myself, learned their anatomy twenty-five or so years ago, it seems to me (if I may venture to express an opinion) a great pity that, by the elimination of proper names, the historical aspect of anatomy should disappear. I challenge any medical man to read Fielding Garrison's *History of Medicine* without acquiring a renewed and even thrilled interest in his profession.

Meanwhile I would suggest that authors using old names should add the new ones in parentheses.—I am, etc.,

May 20. JOHN S. MEIGHAN, M.B., Ch.B., B.Sc., Surgeon Lieut. R.N.V.R.

Universities and Colleges

UNIVERSITY OF OXFORD

The Weldon Memorial Prize for 1941 has been awarded to Julia Bell, M.A., F.R.C.P., Honorary Galton Research Fellow of University College, London, and member of the scientific staff of the Medical Research Council.

UNIVERSITY OF CAMBRIDGE

Owen Lydon Wade (Emmanuel College) has been awarded the Marmaduke Shield Scholarship in Human Anatomy, of the annual value of £100.

UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—F. C. Deller.

M.B., CH.B.—[1] [3] [4] N. B. Jones, [2] [4] B. B. Evans, [2] [3] N. O. K. Gibbon. *Part III:* Katharine E. Ainsworth, G. M. Ardran, W. W. Aslett, Aileen M. Barry, W. H. Berry, R. S. Cook, R. T. Davies, J. A. Donnellan, C. V. Donnelly, B. K. Ellenbogen, J. J. Ennitt, H. E. D. Flack, H. W. Forshaw, G. L. Gamble, A. J. Goldman, H. R. Gray, J. J. Hargadon, I. J. Harris, J. H. Hughes, Lillie L. Jackson, Katie H. Jones, Mair E. Jones, W. J. Jones, Mary Jordan, A. C. Kirby, C. A. Kovachich, C. C. Laird, T. E. Lamb, D. Leslie, T. B. McMurray, M. Makin, Lucy D. Meyrick, E. L. Moore, J. Moorhouse, P. P. Newman, J. A. B. Nicholson, J. D. F. Norman, C. N. Partington, D. E. Paterson, H. C. Percy-Hughes, G. H. Pimblett, Joan E. M. Potts, A. G. Rickards, F. S. Rickards, M. Rosenthal, C. N. Samuell, G. D. Scarrow, G. L. Shatwell, J. M. Swithinbank, W. G. Taaffe, E. Walker, C. W. Walton, A. S. Whitehead, J. K. Wilson, J. Winter, F. J. Zacharias. *Part I:* Mary A. R. Allan, A. S. Beadel, R. A. Blyth, W. G. Canning, J. F. Ferguson, E. N. Hugh-Jones, E. D. G. Kirkwood, Jean C. Miller, E. W. Parry, J. S. Redfern, [5] J. V. Shepheard, [5] G. H. Thomas, K. B. Thomas, Doreen M. Watt. *Passed in Separate Subject:* F. E. D. Griffiths (Pharmacology and General Therapeutics). *Part II:* G. W. Gibbs, F. E. D. Griffiths, R. B. McConnell.

[1] First-class honours. [2] Second-class honours. [3] Distinction in surgery. [4] Distinction in obstetrics and gynaecology. [5] Distinction in pharmacology and general therapeutics.

UNIVERSITY OF MANCHESTER

The following candidates have been approved at the examinations indicated:

M.D.—P. R. Evans (by thesis), J. A. Hobson (by examination).

M.B., CH.B.—E. P. Abson, R. G. Balf, J. Ball, E. A. Cachia, D. M. Coates, B. O. Dowdell, B. I. Eames, Jeanne M. Edwards, E. Feinmann, A. Glass, J. C. Greenwood, P. G. Griffiths, E. G. Hall, Frances A. Hepburn, Margaret Jacques, R. P. Jepson, Susanne M. Lempert, D. C. Little, F. S. Mooney, T. E. Parry, *S. S. Rose, J. Thompson, Vera Waine, F. R. Wilde, †L. Wise, B. Wolman, P. B. Woolley. *Part I (Forensic Medicine and Hygiene and Preventive Medicine):* ‡Alice Akred, G. Ashe, A. N. Ashworth, Shirley G. Barrett, Pauline Blockey, H. Bolton, H. A. Boydell, D. M. Brierley, W. E. Broughton, Kathleen M. Brown, P. Cliff, J. G. Coburn, D. G. Crawshaw, Betty J. Dakin, Sheila Egan, D. Eglin, C. J. L. Elsdon, Nora F. M. Falk, S. Falk, A. I. Goodman, S. Grace, R. Greenwood, N. Harris, K. Heap, Mary W. P. Huddart, Esther Jackson, W. H. Lonsdale, R. L. Lunt, C. W. Marsden, R. W. T. Mason, Ann L. Pinson, Ethel J. Samuel, Eileen T. Sloane, H. F. Smith, O. C. Sugden, D. Sutton, M. Swerdlow, R. H. Townshend, Margaret Wade, A. E. Wall, H. C. Warrington, J. Whewell, J. K. Wright.

* Second-class honours. † Distinction in medicine.
‡ Distinction in forensic medicine.

UNIVERSITY OF ST. ANDREWS

At a graduation ceremony on June 27 the following medical degrees were conferred:

M.D.—R. Y. Dunlop, Jean L. Hallum.

M.B., CH.B.—*Nancy Young, *K. G. Lowe, *A. W. K. Main, *E. L. McQuitty, *Laeticia J. W. Douglas, *Anne M. Wood, *Gwendoline M Sturrock, Mary O. Adams, Margaret C. Barnet, Elizabeth S. Bayne, S. C. Chatterji, F. E. Clynick, A. Everard, Joyce M. Fleming, R. S. Flynn, J. O. Forfar, Philippa E. Gaffikin, Sheila Graham, J. S. Law, A. MacKenzie, R. S. MacKenzie, A. MacLean, F. A. Macrae, J. M. S. Manson, N. Paton, J. M. Robertson, Kathleen Robertson, Constance F. Ross (*née* Reed), A. E. D. Sanjana, Agnes G. Swales (*née* Brough), K. A. Swales, A. K. Tulloch.

The William Low prize for the most distinguished student was awarded equally to Nancy Young and K. G. Lowe.

* With commendation.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Election to the Council

On July 3 four Fellows were elected into the Council to fill the vacancies caused by the retirement in rotation of Professor A. H. Burgess, Mr. H. S. Souttar, and Mr. V. Zachary Cope, and by the death of Mr. R. C. Elmslie. The result of the poll was as follows:

	Votes
ARTHUR HENRY BURGESS (Manchester)	608
HENRY SESSIONS SOUTTAR (The London Hospital)	604
VINCENT ZACHARY COPE (St. Mary's Hospital)	528
ERNEST FREDERICK FINCH (Sheffield)	492
Philip Henry Mitchiner (St. Thomas's Hospital)	480
Sir Harold Delf Gillies (St. Bartholomew's Hospital)	467
Reginald Martin Vick (St. Bartholomew's Hospital)	429

In all 1,097 Fellows voted; in addition seven votes were found to be invalid. Professor Burgess, Mr. Souttar, and Mr. Cope are all elected for the full period of eight years, and Mr. Finch acts as substitute member for the late Mr. Elmslie until July, 1946.

SOCIETY OF APOTHECARIES OF LONDON

The following candidates have passed in the subjects indicated:

SURGERY.—J. A. Dodds, M. El Badri, D. A. Ogden.

MEDICINE, PATHOLOGY, AND FORENSIC MEDICINE.—G. R. Boyes, D. A. Ogden.

MIDWIFERY.—D. A. Ogden, J. M. Macdonald, J. Mason, Le R. D. Miller.

The diploma of the Society has been granted to D. A. Ogden.

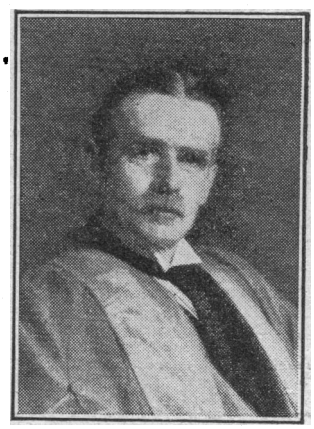
Three additional Sigmund Freud fellowships for psychoanalytical training have been announced by the Boston Psychoanalytical Institute. The fellowships will begin in September, 1941, and are open to graduates of recognized medical schools who have had at least one year's work in general hospital training and two years' work in psychiatry.

Obituary

SIR FREDERIC STILL, K.C.V.O., M.D., F.R.C.P., LL.D.

Physician Extraordinary to the King; Emeritus Professor of Diseases of Children, King's College, London

George Frederic Still was born in London in February, 1868. From Merchant Taylors' School he went up to Caius College, Cambridge, and thence to Guy's Hospital. At Cambridge he gained first-class honours in the Classical Tripos and was Winchester Prizeman. At Guy's he was house-physician in 1894 after taking the M.B., B.Ch. degrees, and in the same year won the Murchison Scholarship of the Royal College of Physicians of London. Early in his career Still decided to specialize in medical diseases of childhood, and he was appointed assistant physician at the Hospital for Sick Children, Great Ormond Street. In 1896 he was awarded the Cambridge M.D. for his thesis on "A Special Form of Joint Disease met with in Children." The substance of this appeared in the first edition of Allbutt's *System of Medicine*, 1897, Vol. III. It was a short article of five pages, but it introduced to the medical world a form of disease previously unrecognizable which became known, as it is to-day, as Still's disease. He defined the condition as a chronic progressive enlargement of joints associated with enlargement of lymphatic glands and spleen, coming on before the second dentition.



In 1899 Dr. Still was appointed physician for diseases of children at King's College Hospital, the first hospital with a medical school to establish a special department for diseases of children, and in 1906 King's College, London, made him its first professor of diseases of children. At the Royal College of Physicians, of which he became a Fellow in 1901, Still was Goulstonian Lecturer (1902), Lumleian Lecturer (1918), FitzPatrick Lecturer (1928 and 1929), and Censor (1932-3). For three years he was the chairman of the Medical Board at King's and a valued member of the committee of management of the hospital. In 1905 he joined Sir James Goodhart in preparing the fifth edition of his former chief's well-known *Diseases of Children* and continued as co-editor until 1909, when he published on his own account a textbook, *Common Diseases of Children*. This was based on lectures he had given at King's College and Great Ormond Street Hospitals, with considerable additions. His theme was the everyday and the commonplace diseases which bulk most largely at a children's hospital and in the routine work of the private practitioner. The book, being very practical, met with immediate success and reached a fifth edition in 1927. He contributed to Allbutt and Rolleston's *System of Medicine*, 1907, Vol. III, an article on congenital hypertrophy of the pylorus. It was a concise and clear consideration of a disease first described by Samuel Gee, which, thanks in part to his own observation, was being recognized much more often than in earlier years. In 1919 he contributed to the Osler Birthday Volumes an article on "Some Seventeenth Century Writings on Diseases of Children," in which he paid tribute to the value of books by Francis Glisson and Walter Harris, physician to Charles II, and Thomas Sydenham's work on

LONG-OVERDUE MEASURE

In the debate which followed, Mr. BEVERLEY BAXTER, speaking as a member of the Committee of 1937, said that although the Bill looked very innocent and constructive, it had a tendency to place monopoly powers in the hands of the British Medical Association, which was a very reactionary institution. There was a tendency to ban things too much. He would rather have a system of inquiry into and judgment on the efficacy of the various remedies. Mr. J. GRIFFITHS said that the only way to prevent the exploitation of the poor was by providing a real State Medical Service.

Prof. HILL extended a warm welcome to the Bill, which, he said, was long overdue. We had been too respectful and tolerant of vested interests in the past, which had exploited the sick and suffering, and it was time we realized that *laisser faire* in this matter led to cruel scandals. He complimented the Minister of Health on his courage in bringing in the Bill. Mr. H. STRAUSS said that the Bill would still permit the kind of advertisement designed to produce a sense of ill-health. The best way to stop these advertisements would be to have distinguished doctors broadcasting on the value to be placed on the advertising of some kinds of medicine.

Sir ERNEST GRAHAM-LITTLE supported the Bill, but regretted that so little was proposed to be done by it. A larger quantity of medicines was consumed by the people of this country than anywhere else in the world. It was not good that persons should dose themselves without check. One reason for the immense increase in the use of medicines was the power of the Press. He did not think that the proposal for restricting advertisements of medicines went far enough.

Mr. R. T. DAVIES said that the Bill did not deal with advertisements of surgical appliances, such as aids for the deaf, which were often sold at high prices. He asked if the word "advertisement" covered speeches by quacks in the market-places as well as the printed word.

STATE REGISTER OF PROPRIETARY MEDICINES

Mr. WAKEFIELD urged that the Bill did not go far enough in the control of proprietary medicines, but hoped that it was only a beginning. Many persons, he said, felt that the State should take a greater responsibility for the proprietary medicines now offered for sale. The goal to be aimed at should be, if a medicine were valuable and the claim made for it reasonable, the State should authorize its sale. If the medicine were banned it should be on the responsibility of the State entirely to prohibit the sale. That would mean the introduction of a State register of proprietary medicines.

Sir FRANCIS FREMANTLE expressed regret that it had not been found possible to include advertisements of surgical appliances in the Bill. The Bill made a beginning in the stopping of fraud and would help toward the promotion of truth in the application and use of medicines. He regretted that the Bill did not compel disclosure of the quantity of the component parts of the preparations. The gibes which had been made against the British Medical Association were most unfair and unjust. He expressed the hope that in a few years' time a useful amending measure would evolve from the experience gained by the working of this Bill. It was ridiculous to describe the Bill as hasty legislation. Captain ELLISTON said he hoped to put forward amendments in committee for the enforcement of its provisions. The quantity as well as the nature of the substances in any preparation ought to be disclosed.

Miss HORSBRUGH, replying to the debate, denied that the Bill prejudiced the little man compared with his bigger competitor. Herbalists, if they were not carrying out the law, would be shut down after the Bill had passed. The only difference would be that they, like other people, would be compelled to put the ingredients of the mixtures they sold on the bottles or packets. No impediment would be placed on the sale of such drugs as insulin; the object of the Bill was not to prevent things being sold but to let the public know what they were buying. The Bill did not profess to deal with advertisements as a whole, but only certain classes of advertisements. The fact that the ingredients of a remedy had to be disclosed would, in many cases, stop what might be a ramp.

The Bill was read a second time.

The Milk Situation

In the House of Lords on July 1 Lord TEVIOT called attention to the present agricultural policy of the Government, especially in regard to the best treatment of the land to produce the maximum quantity of healthy food.

Lord DAWSON said that the present consumption of milk was probably greater than at any other period. It had contributed in no small measure to the good health of the people, notwithstanding the rationing of staple foods and the inevitable wear and tear of the times. While the consumption was increasing, however, the production of milk was decreasing. We wanted to prevent illness and maintain health, and for that milk was necessary. Last winter we were fortunate in the matter of epidemic illness, but we could not be sure that we should have equally good fortune in the coming winter. We must, therefore, maintain our dairy herds at almost any cost. We could curtail meat and even cheese so long as there was sufficient milk. Milk was the keystone of the nutritional arch, and if we interfered with that keystone we should weaken the whole fabric.

The problem of milk production was concerned with winter feed for dairy cattle. If food production was to be maintained in the coming winter, dairy cattle must have priority of home-grown feeding stuffs and the balance which they needed above these must be obtained by importing feeding stuffs. The only alternative, if we could not do something to stop the diminishing production of milk by giving real priority to dairy herds, was to reduce the consumption of milk in this country. That would, however, inevitably entail risks in the coming winter and might even be fraught with danger. He hoped that a compulsory system of milk rationing, with all its attendant evils, could yet be avoided.

The Services

BIRTHDAY MEDICAL HONOURS

The names of the following members of the medical profession in the Services appear in the Birthday Honours List in a *Supplement* to the *London Gazette* published on July 1.

K.B.E. (Military Division)

HAROLD EDWARD WHITTINGHAM, C.B.E., M.B., Ch.B., F.R.C.P., Air Marshal, Royal Air Force. Honorary Physician to the King. Director-General of Medical Services, Air Ministry.

C.B. (Military Division)

CYRIL VERITY GRIFFITHS, D.S.O., M.R.C.S., L.R.C.P. Surgeon Rear-Admiral, R.N. Honorary Physician to the King. Deputy Medical Director-General, Admiralty.

ROBERT CECIL PRIEST, M.D., F.R.C.P. Major-General, late R.A.M.C. Honorary Physician to the King. Consulting Physician to the British Army and Professor of Tropical Medicine, Royal Army Medical College.

O.B.E. (Military Division)

ABANI MOHAN CHAUDHURI, M.B., F.R.C.S. Major, I.M.S.

EDWARD CAWDRON CORDEAUX, D.S.O., M.B., B.S. Acting Captain, R.N.

RONALD GRANT DINGWALL, M.B., Ch.B. Surgeon Lieutenant-Commander, R.N.

WILLIAM RALSTON DUNCAN HAMILTON, M.B., Ch.B. Major (Temporary Lieutenant-Colonel), R.A.M.C.

THOMAS MADILL, M.B., B.Ch. Surgeon Commander, R.N.

M.B.E. (Military Division)

GEORGE JAMESON CARR, M.B. Lieutenant (Temporary Major), R.A.M.C.

Mentions in Dispatches

Surgeon Lieutenant John Fawcett Hughes, R.N., Surgeon Lieutenant Frederick Bagot, R.N.V.R., Surgeon Lieutenant Robert Lewis Ferguson, R.N.V.R., Temporary Surgeon Lieutenant Richard Constant Ponder, R.N.V.R., and Temporary Surgeon Lieutenant John Heaton Simpson, R.N.V.R., have been mentioned in dispatches for good services in the last six months or more of war.

R.A.F. AWARD

The King has awarded the Air Force Cross to Flight Lieutenant William Kilpatrick Stewart, R.A.F.V.R.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

Temporary Major HUGH EMRYS BONNELL lost his life by enemy action in May at the age of 35. He was educated at the University College of South Wales and Monmouthshire and at King's College Hospital, qualifying M.R.C.S., L.R.C.P. in 1931. He was chiefly interested in pathology and held appointments in this specialty at King's College Hospital, Manchester Royal Infirmary, and the Royal East Sussex Hospital, Hastings, before becoming pathologist to the East Ham Memorial Hospital and consulting pathologist to the Runwell Hospital, Wickford.

Prisoner of War

Captain Eric Davey Trounce Lewis.

EPIDEMIOLOGICAL NOTES

Infectious Diseases for the Week

Enteric fever and dysentery, which in recent weeks have been on the increase in England and Wales and in Scotland, have declined in both countries during the week under review. Cerebrospinal fever has increased slightly and, in England and Wales, diphtheria and whooping-cough to a greater extent. Acute poliomyelitis, which tends to appear in June, is less than one-half as frequent as in the corresponding week of 1940.

Cerebrospinal Fever

For the second week in succession the incidence of cerebrospinal fever has exceeded that of the corresponding period of last year; it is present in over two-thirds of the administrative areas of England and Wales, but only in five were more than 9 cases notified—namely, Lancaster 34 (Blackpool 2, Liverpool 11, Manchester 2, Rochdale 2, Nelson M.B. 3, Whiston R.D. 2, and 1 each in Bolton, Oldham, Southport C.B., Ashton-under-Lyne M.B., Brierfield U.D., Denton, Fulwood U.D., Heywood M.B., Huyton with Roby U.D., Leigh M.B. and Poulton le Fylde U.D., Warrington R.D.); Yorks, West Riding 21 (Sheffield 8, Huddersfield 2, Leeds C.B. 2, and 1 each in Barnsley, Bradford, Rotherham C.B. and R.D., Wakefield, York, Adwick-le-Street U.D., Brighouse M.B., Harrogate M.B., Swinton U.D., Sedbergh R.D.); London 13 (Bethnal Green and Hammersmith 2 each, Camberwell, Fulham, Holborn, Islington, Lambeth, Lewisham, St. Pancras, Poplar, Stepney 1 each); Gloucester 12 (Bristol 8, Gloucester C.B. 1, R.D. 1, Cheltenham 2); Middlesex 12 (Enfield U.D. and Hornsey M.B. 2 each, and 1 each in Feltham U.D., Friern Barnet U.D., Hayes and Harlington U.D., Hendon M.B., Tottenham M.B., Twickenham M.B., and Wembley M.B.); Glamorgan 10 (Cardiff 2, Swansea 1, Caerphilly U.D. 1, Gelligaer U.D. 1, Neath M.B. 2, Ogmore and Garw U.D. 1, Pontardawe U.D. 2). In Scotland fifteen counties or burghs were affected, chiefly, Glasgow 15, Edinburgh 7, and Ayr county 5.

Dysentery and Enteric Fever

Dysentery appeared in England and Wales in eighteen areas and enteric fever in twenty-six, as against twenty-one and twenty-five respectively in the previous week. The former was fairly widely distributed in Lancaster. The paratyphoid fever epidemic in Birmingham and surrounding district, referred to in these columns last week, continues. In Lancaster the 32 dysentery cases notified occurred in Blackburn 4, Liverpool 1, St. Helens 3, Lancaster M.B. 1, Blackburn R.D. 10, Preston R.D. 3, Warrington R.D. and Whiston R.D. 5 each. More than one-half the cases of enteric fever notified in the whole country belong to the Birmingham outbreak—namely, Warwick 43 (Birmingham 24, Coventry 5, Solihull U.D. 11, Sutton Coldfield M.B. 2, Meriden R.D. 1); Worcester 11, all in Bewdley M.B.; Stafford 6 (Smethwick 3, Stoke-on-Trent, Aldridge U.D., and Lichfield M.B. 1 each). The only other counties affected to any extent were Leicestershire 12 (Leicester 8, Barrow-upon-Soar R.D. 2, Billesdon R.D. 2), and Somerset 12 (Taunton 8, and 1 each in Wellington U.D., Bathavon R.D., Chard R.D., and Long Ashton R.D.). In Scotland there were 25 cases of paratyphoid B fever, of which 13 were in Dundee; and 5 of typhoid (3 in Glasgow and one each in Angus county and Ayr burgh).

No. 24

INFECTIOUS DISEASES AND VITAL STATISTICS

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

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	1941 (a)	(b)	(c)	(d)	(e)	1940 (Corresponding Week) (a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	236	13	42	2	10	232	11	62	1	7
Deaths		—	4				2	5		
Diphtheria	853	36	200	21	29	698	40	206	35	32
Deaths	26	1	5	1	—	12	—	9	1	2
Dysentery	97	8	43	—	—	24	1	31	—	—
Deaths			—	—	—			—	—	—
Encephalitis lethargica, acute	3	1	—		—	—	—	—		—
Deaths		—	—				—	2		
Enteric (typhoid and paratyphoid) fever	146	4	26	3	4	77	4	6	6	1
Deaths	—	—	—	—	—	1	—	—	—	—
Erysipelas		—	41	8	3		18	29	1	1
Deaths							1	—		
Infective enteritis or diarrhoea under 2 years										
Deaths	28	1	4	4	1	43	7	11	7	8
Measles	11,145	324	112		12	9,210	23	1,877		61
Deaths	9	2	—	1	—	6	—	4	3	2
Ophthalmia neonatorum	81	6	23		—	90	11	32		—
Deaths										
Pneumonia, influenzal*	804	33	2	—	2	551	20	2	4	8
Deaths (from influenza)	19	2	2	—	1	11	2	1	—	—
Pneumonia, primary		28	195	8			20	179	6	
Deaths				7	8				11	12
Polio-encephalitis, acute	1	—				1	—			
Deaths		—					—			
Poliomyelitis, acute	5	1	—	2	2	11	—	1	—	1
Deaths		—	—				—	—		
Puerperal fever	1	1	7	2	1	3	3	10	1	—
Deaths							—			
Puerperal pyrexia	109	11	16		2	161	12	13		—
Deaths										
Relapsing fever	—	—			—	—	—			—
Deaths										
Scarlet fever	973	30	131	49	27	888	28	105	37	57
Deaths	1	—	—	—	—	—	—	—	1	—
Small-pox	—	—	—		—	—	—	—		—
Deaths				—	—			—	—	—
Typhus	—	—	—	—	—	—	—	—	—	—
Deaths				—	—			—	—	—
Whooping-cough	4,764	140	339		5	744	7	74		18
Deaths	19	2	10	2	—	3	—	1	—	—
Deaths (0–1 year)	299	21	77	28	15	281	27	61	28	26
Infant mortality rate (per 1,000 live births)										
Deaths (excluding still-births)	4,210	515	638	204	152†	4,333	706	605	170	153
Annual death rate per 1,000 persons living			13.9	13.5	—			12.2	11.3	13.4
Live births	5,158	396	904	362	184	6,149	915	909	365	260
Annual rate per 1,000 persons living			18.4	24.0	—			18.4	24.4	22.8
Stillbirths	194	10	34			229	42	31		
Rate per 1,000 total births (including stillborn)			36					33		

* Includes primary form in figures for England and Wales, London (administrative county), and Northern Ireland. † Owing to evacuation schemes and other movements of population, the birth and death rates have had to be omitted for Northern Ireland.