expected response, four answered with "blood" and gave an abnormal record showing strong pre-existing tendencies. This explains, also, why so few of the men with war neuroses among soldiers returned from France (whom I had the privilege of examining at a Military Emergency Hospital last year) gave the reaction, for they were, in the words of Sutherland, merely "neuroses in war."

Normal Child's Unconscious Reaction to Bombing

We are, therefore, dealing with an upset not so much of an abnormal as of an essentially normal personality in these children, and one that is different from that due to the exigencies of evacuation. It need hardly be mentioned that any air-raid shock supervening upon a neurotic or otherwise abnormal personality will produce more severe symptoms than in a "normal" one. The child's reaction to the raid or raids is essentially unconscious. In the majority of cases he tends to make light of his experiences, denies having been frightened, and behaves in that casual manner characteristic of an adult. Nor is the severity of experience any criterion. In one case the boy had (according to his own statement) slept through the whole raid in his bed; but the realization next day of the nearness of death served sufficiently as a shock to upset him. In another case the experience of a mine explosion in his neighbourhood acted as the cause. In none of these cases was there a "war neurosis" in the true sense; nor did the Rorschach test suggest such a diagnosis. The behaviour of the boy toward aircraft noises appeared quite rational, and only those with neurotic trends showed any flinching at sudden noises.

On the other hand these children are no longer what they used to be. It is obvious that the effects of their inner experiences appear much more clearly when the strain of an evacuation is added to them. What parents and teachers at home could not spot bursts out unmistakably when the child is among critical strangers. In the several thousand evacuated school children I had occasion to study, the difference between the "bombed" and the "un-bombed" child revealed itself blatantly on putting a few questions. It may be that the children from the Plymouth and Bristol dock area are of a tougher fibre than the London evacuees. But their inability to fit into billets, the excessive number of difficulties between hosts and children, the bad school reports, and the unruly behaviour of the majority of these children cannot be explained on those grounds alone. Most of the evacuated London children have almost to be fetched home by force; most of the Plymouth and Bristol evacuees *want* to return home. Among an adult world that has been shaken in its foundations the world of the parents offers still more security than that of strangers. For the child, as mentioned before, is not aware that it has been upset by the raid experience, or it would not return to the danger zone so readily.

The prognosis, in our at present limited experience, appears to be good for all cases not complicated by neurotic trends. Removed from the billet, where the problem of "what to do in my free time" creates the main trouble, they tend to become exemplary pupils in the hostel—actually a residential school. Psychotherapeutic interference is unnecessary, and the routine and the discipline of a happy life among other boys remove all strain in a short time. But as it is impossible to provide such schools for the thousands of children who may become sufferers from air-raid shock during the coming winter because their parents are too short-sighted to profit by the evacuation scheme, every effort should be made to enforce the scheme while there is yet time.

A. Lesser and L. R. Kaufman (*Surg. Gynec. Obstet.*, 1941, **73**, 163) state that in 15 out of 132 patients operated on with a pre-operative diagnosis of acute appendicitis, the diagnosis was erroneous, the true condition being acute salpingo-oophoritis, acute inflammation of chest conditions, pleural or abdominal tuberculosis, pyelitis, mesenteric adenitis, and acute rheumatic fever. In the 15 cases the sedimentation rate was constantly elevated or high, whereas in more than 90 cases in which the diagnosis of acute appendicitis was confirmed the sedimentation rate was normal. These findings confirm the importance of the blood sedimentation rate in the diagnosis of acute appendicitis.

GALLANTRY IN CIVIL DEFENCE

A *Supplement* to the *London Gazette* dated October 17 announces the award of the M.B.E. (Civil Division) to Dr. DONALD MORTON DUNN, house officer, London Chest Hospital, and the B.E.M. (Civil Division) to Miss DAISY JEROME, probationer nurse, London Chest Hospital. The announcement reads as follows: "The London Chest Hospital was severely damaged by enemy action. There were heavy falls of masonry in one wing, and two elderly women, both seriously ill, were trapped. These and the patients of an adjacent ward, some of whom he had to carry single-handed, were taken to safety by Dr. Dunn. Nurse Jerome, who was injured while attending to a patient at the moment of the explosion, helped in the rescue work. Later she was knocked over and rendered unconscious for a short period, but on recovery she returned to the ward and continued to assist Dr. Dunn until all the patients were evacuated. Dr. Dunn and Nurse Jerome showed courage and great devotion to duty."

The names of Dr. Arthur Thomas Miles Myres, resident medical officer, London Chest Hospital, Dr. Gustav Susman Noris, civil defence mobile unit, Islington, and Dr. Lewis Aubrey Westwood, medical officer in charge, London Chest Hospital, have been brought to notice for brave conduct in civil defence.

Local News

ENGLAND AND WALES

Post-war Hospital Policy

Speaking at Oxford at a meeting of the Regionalization Council of the Nuffield Provincial Hospitals Trust, Mr. W. M. Goodenough, chairman of the Trust, said that in both municipal and voluntary hospital circles the liveliest interest had been aroused by the statement on post-war hospital policy which was made on October 9 in the House of Commons by the Minister of Health.[1] If he read this statement correctly it would appear that the Minister envisaged the development after the war of a comprehensive hospital service which would be available for all persons in need of treatment. That service was to be based on extended responsibilities to be laid on the public health authorities and on the development of the partnership between those authorities and the voluntary hospitals, which would be placed on a more regular footing than heretofore. This policy, he had no hesitation in saying, was one which both local authorities and voluntary hospitals would welcome and support with enthusiasm. Indeed, it was largely identical with that which the Nuffield Trust had endeavoured to promote to the best of its ability. It was clearly based upon the complete reconciliation and the utilization to the best advantage of those bodies, both statutory and voluntary, on which the present hospital services depended. Mr. Goodenough believed that if full regard was given to all parties concerned, if, in fact, the idea of a "partnership," of which the Minister had so wisely spoken, was made a real one, the policy would be generally acclaimed and would find willing acceptance from all quarters. It was in this way that a truly national hospitals policy would be achieved.

After "Coventry"

The heavy air raid on Coventry in the middle of last November gives the theme to the annual report of the medical officer of health, Dr. A. Massey. The number of casualties is not given. Drainage and water communications suffered much, and in view of the possibility of a typhoid outbreak the city lived "on the edge of a volcano" for a few weeks. Its escape was due to the immediate application of all preventive measures and the co-operation of good citizens. In the three weeks following the November raid 17,000 persons, or about 10% of the population remaining in the city, were immunized against typhoid by inoculation. Universal boiling of drinking water and milk and the chlorination of the public water supply were obvious preventive measures from the first. Conditions of severe raiding introduced urgent sanitation problems; measures for the disposal of excrement after heavy damage to sewers and drains

[1] *British Medical Journal*, October 18, p. 565.

have been an important task of the sanitary inspectors and members of the city engineer's department. On the subject of shelters the medical officer of health says that so far early misgivings have proved unwarranted. After two winters of blackout conditions and shelter life the physical and mental health of the community, while not inviting complacency, has been maintained at a satisfactory level. A local scheme is in operation whereby medical and nursing attention is available at all the larger public shelters. The death rate in Coventry in 1940 was the highest since 1938, but the figure, of course, includes air-raid fatalities; without these it would presumably be round about the average for the last ten years. Coventry looks ahead and finds that the raid damage, which was to some extent in areas that would have been subject to slum clearance measures, has given the opportunity for post-war planning on healthy lines.

The Hospital for Sick Children

Some of the wards, fortunately empty, of the Hospital for Sick Children in Great Ormond Street suffered in an early air raid, the damage amounting to many thousands of pounds. The hospital, however, has continued its dual work as a casualty clearing station and a children's hospital. Urgent cases are still received and treated at the hospital, but all others have been transferred to the sector hospital at Hemel Hempstead, which, staffed by doctors and nurses from Great Ormond Street, has kept in being the tradition of the old hospital, now in its ninetieth year. The evacuation of children from London, however, has deprived many parents and doctors alike of the hospital out-patient facilities. It was felt that this deficiency could be met satisfactorily only by the establishment of out-patient clinics in the areas to which the children had been evacuated or to which they could conveniently be taken. Watford was chosen as the first centre, and, aided by the Peace Memorial Hospital there, the clinic has been a great success. In the annual report just issued the hospital chairman, Lord Southwood, states that notwithstanding many difficulties the year 1940 closed with a small surplus, and the rebuilding fund received many substantial gifts, with the result that the overdraft has been reduced by £41,000.

The Health of Brighton

Brighton as a restricted area has never endured such obscurity since it became a fashionable resort at the end of the eighteenth century, but it still houses a civilian population of 150.000, and the medical officer of health, Dr. Rutherford Cramb, in his annual report states that the general standard of health has been remarkably maintained. There is no evidence of deterioration in the standard of nutrition, nor has the morale of the people been undermined by enemy action. It is interesting to compare the vital statistics of Brighton for 1940, the first complete year of the war, with those for the comparable year of 1915. The birth rate in 1915 was 16.87; in 1940 it was 12.48, a considerable drop even on the figure for 1939. The death rate in 1915 was 16.20 and in 1940 it was 13.90, and the infant mortality rate for the two years was respectively 97 and 69 per 1,000 births. Measles became epidemic in 1940, but the type was mild, and the number of deaths out of 2,675 known cases was only 3. Considerable use was made of measles convalescent serum either to prevent or to attenuate an attack in contacts. The medical officer of health considers that so far as infectious diseases were concerned the year was weathered very well, especially having in mind the apprehension and anxiety with which the use of air-raid shelters was regarded. In speaking of the casualty services, which acquitted themselves well on the many occasions when they were demanded, the medical officer records his appreciation of the valuable work done by medical officers of the stationary and mobile first-aid posts and the personnel attached thereto during raids. All the members of the whole-time staff of the various departments, including the school medical service, continue to do tours of duty covering each twenty-four hours at the control centre for civil defence. They also act as designated medical officers, and are sent to give emergency treatment to casualties at the scene of the incident. In addition six private practitioners have volunteered their services for this important work, and also attend as incident medical officers. A note is made of scabious and verminous cases; 105 Brightonians and 118 evacuees were treated for scabies at the sanatorium. The position is not one of any severity, but energetic measures are being taken to maintain the gradual improvement observed in the borough each year before the outbreak of war. The report embodies that of the school medical service, and some interesting figures are given as to the results of medical inspection and treatment of the several thousands of children evacuated to Brighton from London and Croydon. A clinic for these children was opened in the spring of 1940, at which 1,423 children made 4,588 attendances.

The Blinded in War

St. Dunstan's, which now has its war hospital and training centre at Church Stretton, is repeating in this war the service for the blinded which it first undertook in 1915. Up to the end of March it had received 101 blinded men and women, 86 of them from the Services or home defence organizations, and 15 civilians. Of those in the Services category 45 have recovered useful vision, enabling them to return to civil or military life, at least temporarily, and 41 remain at St. Dunstan's for appropriate treatment, training, and after-care. Of the civilians, a few have recovered some useful vision, but the majority have been transferred for hospital treatment to their local authorities or to the National Institute for the Blind. Sir Ian Fraser, chairman of the executive council, in the twenty-sixth annual report of St. Dunstan's, makes the comment that those who have been blinded in this war seem to have a more serious and thoughtful outlook than their equally afflicted predecessors a generation ago. "We thought we did pretty well when we came back from France or Flanders or Gallipoli and found our way around in a new world of darkness, but we have been surprised at the speed with which the new St. Dunstaners are learning to be blind. . . . They do not shuffle along with a tapping stick like the proverbial blind man of ancient times, but walk erect and fearlessly and try to look and behave as normally as possible." He adds that recovery of sight is impossible for many, but recovery from blindness is the rule. They learn to "see" their way about by touch, hearing, and smell, and by the sense of location and obstacle which soon develops. St. Dunstan's, in consultation with the Dominions and with the Viceroy of India, is planning for the care of Dominion and Indian blinded men, and in South Africa a nucleus of a training centre has been created for men of the Forces evacuated from the Middle East.

SCOTLAND

Post-war Hospital Policy in Scotland

Mr. James Johnston, Secretary of State for Scotland, on October 18 opened the Ayrshire Central County Hospital at Eglinton, Irvine, which, built at a cost of £400,000, is designed to treat in one section infectious diseases, tuberculosis, and venereal diseases, and in the other section maternity cases. Mr. Johnston declared that the aim of the Government in its plans for post-war hospital service was to ensure appropriate treatment for every person in need of it. The Government proposed to develop the hospital service in a kind of partnership among the various hospital authorities, and wished to see the greatest co-operation between voluntary hospitals and local government bodies. One question of special importance was the future of the new hospitals built for the E.M.S. and at present under the direct administration of the Department of Health. He thought that in Scotland these hospitals would bring to an end the shortage of hospital beds which had existed for many years. In the meantime much was being done to reduce waiting-lists. Under an arrangement agreed with the British Hospitals Association some months ago about 1,300 patients from the waiting-lists of voluntary hospitals had been treated in emergency hospital beds. Plans were being worked out, and for many parts of Scotland would be ready within the next few days, for the treatment of patients on waiting-lists who were suffering from gynaecological and ear, nose, and throat conditions. Mr. Johnston also referred to nurses' salaries, a question under consideration by the Committee of Inquiry into Scottish Nursing, of which Lord Craigmyle was chairman. Even before the committee reported the Government had promised an interim grant to pay higher salaries. It was hoped that this committee of inquiry would be the precursor of a Whitley Council for the nursing profession.

Polish Hospital in Edinburgh

On October 17 Lord Rosebery opened the Paderewski Hospital in Edinburgh in the presence of General Sikorski, Prime Minister of Poland. The hospital has been established in a building with eighty beds. It has examination wards, a radiographic department, and a dental clinic, all furnished with modern equipment; it also has the use of the operating theatre in the Western General Hospital, in whose grounds it is situated, and two surgical wards each containing twenty beds. The primary purpose of the Paderewski Hospital is to accommodate Polish civilians, members of the families of officers and men of the Polish Forces, and it is staffed for the most part by Polish doctors and nurses. Teaching facilities will be available for students of the Polish Faculty of Medicine, Edinburgh. Prof. Jurasz, Dean of the Faculty, spoke of the valuable help given to the project by friends in America, and thanked the University and Corporation of Edinburgh, the Public Health Department of the city, and the Department of Health for Scotland for their ready co-operation.

INDIA

Health Conditions in Northern India

A severe Indian famine and the measures taken to deal with it are described in the last report of the Punjab Public Health Department. An intense and prolonged famine visited the Hissar district, to the north-west of Delhi (population 900,000). In the early part of 1939 a nutritional investigation in the famine areas of Hissar showed that vitamin A was present in quite inadequate quantities in the diets of the families taken, and vitamins C and D were absent altogether. Arrangements were made for fresh vegetables to be available for distribution by relief workers, and all persons found with signs of A and D vitamin deficiency were treated with cod-liver oil. A rapid deterioration in the health of the district took place during the closing months of 1939, and scurvy made its appearance. The district was then divided into a series of fifty health circles, each in charge of a medical officer, and special treatment centres were established to which the acutely ill were evacuated. Arrangements were also made for regular visiting of sick in the villages. The most specific preventive measure adopted to check the development of deficiency disease was the introduction of germinated grain as a prophylactic and of the Indian gooseberry (*amla*) for the treatment of acute scurvy. Germinated wheat or millet was issued freely to the extent of one ounce twice a week to each individual, and by the middle of February, 1940, more than 200,000 were taking this protective food regularly. During the first six months of 1940 the number of deaths was 15,504, compared with 21,337 during the corresponding period of 1939, and there was a marked decline in admissions to hospital and treatment centres. The Director of Public Health thinks it justifiable to conclude that, thanks to the specific preventive measures introduced, the major epidemic and deficiency diseases have been brought under control, but lesser degrees of malnutrition were still prevalent in the middle of 1940, resistance to disease in general was low, and health conditions extremely unstable.

The Director of Public Health of the United Provinces has also issued a report for 1939. It records a great improvement in the cholera position. The number of deaths from cholera in that year was 27,732, as compared with over 70,000 the year before. Out of 442 towns in the Provinces, 278 were entirely free from cholera, and the deaths in 109 others did not exceed 10. A question considerably debated is that of prohibiting people who have not been inoculated against cholera from visiting the larger *melas* or fairs. It is pointed out that, although there is always some cholera in the United Provinces every year, there has almost always been a widespread epidemic in the years (about every fourth year) in which *melas* bringing together large gatherings of pilgrims have been held at Hardwar and Allahabad. The cause of the widespread epidemics is believed to be the importation of the disease from endemic areas of Bengal, Bihar, Orissa, and other places. Of the other principal diseases, plague showed an increased mortality (21,662 deaths, as against 13,436), and the deaths from small-pox rose from 4,411 in 1938 to 10,205 in 1939. The greatest killing disease, however, is malaria, which was reported in epidemic form from sixteen districts, including 2,250 villages. Vigorous malaria investigations and anti-malaria schemes for rural areas are being pursued. The quinine and cinchona distributed during the year from public sources (without counting private purchases from chemists) amounted to 8,843 pounds. There is an improvement in infant mortality in the United Provinces, the figure being 139.45 per 1,000 births. There are now 317 maternity centres in the United Provinces. Excellent work is done by Red Cross workers in promoting maternity and child welfare.

Correspondence

Medical Education

SIR,—From the interesting correspondence on medical education it is evident that one great problem concerns the gap which is said to exist between physiology and clinical medicine. The suggestion was made that teachers of physiology should use clinical cases to demonstrate certain facts, but Prof. R. J. S. McDowall (October 11, p. 524) gave reasons why this method failed. A better plan, in my opinion, is to bring students into hospital during their third year. Some years ago I began this in the Birmingham Medical School, and now on Saturday mornings these students come to hospital and are taken for part of the time by a physician and for part by a surgeon. The students appear to be keenly interested, and no doubt feel some thrill in at last coming into contact with patients. Patients are seen in their normal setting; there is no embarrassment on either side; and patients can be shown who are too ill to be moved to the physiology department and yet are of great value in illustrating physiological facts.

To give a concrete example. A woman with congestive heart failure was shown to a class of about forty third-year students. They were asked to look at the patient and tell me what they observed. I was told that the patient was short of breath, was propped up, was cyanosed, and that the legs were swollen. They overlooked the distended jugular veins and the fact that she had a cough and some sputum which was slightly blood-stained. Some of the students were asked to count and describe the pulse, pitting of the legs was produced, and the enlarged liver was demonstrated. Dyspnoea, the outstanding symptom, was then discussed. It was explained that dyspnoea was a subjective phenomenon, something the patient complained of, and what they noticed was that the breathing was hurried, rather deeper than usual but not forcible, and that the breathlessness was increased when the patient lay down or exerted herself. What is the cause of physiological dyspnoea? That led to a discussion of basal metabolism, the effect of exercise and of anoxaemia, and so to pathological dyspnoea, the kinds of anoxaemia, the reduction of vital capacity, the cause of cyanosis, and the application of this knowledge to explain why this particular patient was short of breath. Why were the legs swollen? How much fluid must be exuded before oedema is apparent? How does oedema in this case differ from that in a renal case? How is venous pressure estimated? What signs does the patient show of increased venous pressure? Why is the pressure raised in this patient? Finally we arrived at the fundamental problem of heart failure. What is the normal output of the heart at rest and on exertion? What do we mean by the cardiac reserve? Does the heart fail because of increased work or weakness of the muscle? If the latter, why did this patient's heart fail?

The students were asked to think things out for themselves so far as possible. Intelligent answers were obtained, and they were pleased to show off their knowledge of such things as basal metabolism, the normal output of the heart, the amount of reduced haemoglobin necessary for cyanosis to appear, and

regard to the tuberculosis services, it was necessary to make the preparations they did for the casualties that had not yet occurred. In doing so they had had to limit somewhat the number of beds. He had that matter under attention, and beds had been released, but they were up against the problem not only of beds but of nurses, and they were giving urgent attention to that. He was aware of the shortage of domestic staff which existed, not merely in regard to tuberculosis, but in all the hospitals. He was sure that the authorities responsible for carrying out in this vital field the duty imposed on them by Parliament would not merely continue but would intensify their efforts to deal with contacts.

With regard to his recent statement, it was true, as Mr. Messer had said, that in the E.M.S. the London Sector Officer was from a voluntary hospital. In fairness to those who devised this organization, it must be added that each officer had two deputies, one for the voluntary hospitals in the Sector and one for the municipal hospitals. In each Sector also there was a voluntary and a municipal lay sector officer, and a voluntary and a municipal matron. This duality was also in force at headquarters. At the Ministry of Health, under the Director of the E.M.S. concerned with the London Region, there was a deputy drawn from the municipal side and one from the voluntary side.

People who would like to abolish voluntary hospitals had expressed their views in the debate that day. On the other hand, there had been a gratifying indication that the House understood that they could have confidence in the democratic representatives who would come into the discussions and make these schemes after a survey. He had deliberately used the word "partnership" to describe the intended relationship between the voluntary and municipal hospitals. So far as he and his administration were concerned, they would take the guidance of Sir Francis Fremantle and other members who had spoken, and would not cease to look for opportunities in war to find an additional service which might continue when the war was won and they could carry on the great improvements that were in progress when it began.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a Congregation held on October 17 the following medical and surgical degrees were conferred:

M.B., B.CHIR.—J. S. Johnstone, D. E. Marmion, D. S. Cadman, J. M. Stansfeld, Rees Jenkins, I. G. Wickes, R. C. Southern, O. L. Scarborough.

M.B.—J. R. Griffith, W. S. Nutt.

UNIVERSITY OF WALES

WELSH NATIONAL SCHOOL OF MEDICINE

The following candidates have satisfied the examiners at the examinations indicated:

M.B., B.CH.—*Hygiene*: M. S. Berkovitz, T. W. Brokovski, J. E. Crane, J. D. P. David, Sadie M. Davies, Megan B. Evans, E. H. Horton, H. J. Houghton, M. E. Humphreys, Dorothy M. Hyde, R. T. James, A. E. Jones, E. R. Jones, J. H. Joseph, Gwyneth M. Lewis, *W. C. D. Lovett, Flora Macaulay, B. F. Martin, T. F. McCarthy, *D. McCracken, Tessie Phillips, Annie M. Rees, *R. D. Richards, Dorothy Roberts, D. Shiers, A. K. Toufeeq, D. G. Tutton, H. G. Williams, S. E. Williams.

D.P.H.—*Part II:* D. T. Thomas.

* With distinction.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Lectures

The Moynihan Lecture on "The Ileo-gastric Syndrome" will be delivered by Mr. L. R. Braithwaite before the Royal College of Surgeons of England at the Royal Society of Medicine (1, Wimpole Street, W.) on Tuesday, November 4, at 2.30 p.m.

Dr. W. E. Gye, F.R.S., will deliver two Imperial Cancer Research Fund lectures before the Royal College of Surgeons of England at the Royal Society of Medicine on Thursdays, November 6 and 13, at 3.30 p.m. The subject of his first lecture is "Cancer of the Breast" and the second "Filterable Tumours."

On Wednesday, November 26, at 2.30 p.m., Dr. A. P. Cawadias will deliver the Thomas Vicary Lecture on "Hermaphroditism" before the Royal College of Surgeons of England at the Royal Society of Medicine.

The lectures are open to medical practitioners and advanced students, as well as to Fellows and Members of the College.

Prophit Research Studentship

A candidate will shortly be nominated by the Council of the Royal College of Surgeons of England for a Prophit Studentship in Cancer Research. The studentship will not exceed the annual value of £500, with an allowance not exceeding £200 for expenses of travelling, and will be for one year in the first instance, but renewable at the discretion of the special trustees on the nomination of the Council of the College. Students may be male or female. Applications, giving a statement of the proposed research and accompanied by a recommendation from a member of the staff of the applicant's medical school or university, should be sent to the Secretary, Royal College of Surgeons of England, Lincoln's Inn Fields, W.C.2, before November 22.

The Services

ARMY AWARD

The M.C. has been awarded to Lieut. Kenneth Cameron Powys Thomson, E.A.A.M.C. (attached King's African Rifles), in recognition of gallant and distinguished services in the Middle East.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL ARMY MEDICAL CORPS

The death was announced in October in the Middle East of Major ROLAND NEVILLE-JONES. He was educated at the University of Birmingham, where he graduated M.B., Ch.B. in 1934. He took the M.R.C.S., L.R.C.P. in the same year and the D.A. of the English Colleges in 1936. After holding hospital posts at Birmingham, including those of junior medical officer at St. Chad's Hospital, senior resident anaesthetist and house-physician at Queen's Hospital, and house-surgeon at the General Hospital, he settled in practice at Purley, Surrey, in 1936. He entered the R.A.M.C. as lieutenant early last year. He leaves a widow.

Prisoners of War

Temporary Major John Malcolm Fosbrooke.
Lieut. Richard Maurice Solomon.

Missing at Sea

Captain Ernest John Frank Hinde.

ROYAL AIR FORCE

Acting Squadron Leader JAMES RUSSELL MCWHIRTER, who was killed in a motor accident on August 31 while serving in the Canal Zone, was born on December 5, 1909. He received his medical education at Queen's University, Belfast, graduating M.B., B.Ch., B.A.O. in 1934. After holding house appointments at the Royal Infirmary, Bristol, St. Luke's Hospital, Chelsea, and the Archway Hospital, Highgate, he was granted a short-service commission in the R.A.F. on May 3, 1937, was promoted to flight lieutenant in 1938, and recently to acting squadron leader. For two years he served at various flying training schools and qualified as a pilot in 1939. Early in 1940 he was posted to the Middle East Command and shortly afterwards was transferred to the Reserve on completion of initial service on the Active List and remained employed as a Reserve Officer.

DEATHS IN THE SERVICES

Lieut.-Colonel HUGH ALLAN DAVIDSON, D.S.O., R.A.M.C. (ret.), died in a nursing home at Aberdeen on October 12, aged 63. He was born at Kennethmont, Aberdeenshire, on May 28, 1878, and was educated at the University of Aberdeen, where he graduated M.B., Ch.B. in 1900. He took the D.P.H. three years later. Entering the R.A.M.C. as lieutenant in November, 1900, he became lieutenant-colonel in 1918, and retired in 1920. He served throughout the war of 1914-18, was twice mentioned in dispatches, and received the D.S.O. and clasp, and the Croix de Guerre.