

the family doctor in each case. Such information will be most valuable to him and will relieve him of essential work which can be done more expertly by the board.

If the whole family is to come under the National Health Insurance system there should be no difficulty in making these board examinations a condition of enrolment in the service. In addition, there is medical inspection for life insurance, medical inspection for the Services (civil and military), the factory service, and so on. The advantages of such initial expert medical inspection are obvious. It supplies the family doctor with the classification of the patient and gives the patient interest in his own health. The subsequent care of each person should be in the hands of the family practitioner, who should have the opportunity of referring a particular case to the board as he considers advisable. From this initial duty of a health centre other spheres will develop in its organization, but I firmly consider the total functions of the health centre should grow up round this preventive work.—I am, etc.,

S. T. BEGGS, M.D., D.P.H.,
M.O.H. Middleton (1921-41).

Morecambe and Heysham.

The Services

The D.S.O. has been awarded to Capt. S. B. Thompson, N.Z.M.C., and the M.C. to Capt. R. D. I. Beggs and R. P. Lawson, R.A.M.C., in recognition of gallant and distinguished services in the Middle East.

Temp. Acting Surg. Lieut.-Cmdr. A. D. Bateman, R.N.V.R., has been appointed O.B.E. (Military Division) for coolness and devotion to duty during an enemy air attack.

Temp. Surg. Lieut. S. Moss, R.N.V.R., has been mentioned in dispatches for skill and endurance.

Temp. Surg. Lieut. R. C. R. Gethen, R.N.V.R., has received a commendation for bravery in an enemy air attack.

The King has approved the award of the George Medal to Flying Officer J. A. Elliott, R.A.F.V.R. The citation in the *London Gazette* dated Dec. 1 reads as follows:

"In May, 1942, a Boston aircraft crashed shortly after taking off from an aerodrome and burst into flames. An airman who was on duty near by hastened to the scene, where he was joined by 5 soldiers. Although the fire was intense and ammunition was exploding in all directions one member of the crew (the air gunner, who was seen to be hanging out of the turret) was dragged from the wreckage by one of the soldiers and then, with the assistance of the remainder of the party, carried on a stretcher to an ambulance which had arrived. The party was returning to the aircraft, which was then being approached by the station engineer officer and F/O Elliott, a medical officer, when a bomb exploded. The engineer officer was thrown to the ground bleeding from the chest. F/O Elliott, although also knocked down, was uninjured and immediately went to the aid of the engineer officer. He gave him morphine, and at the time was fully aware that other bombs were in the aircraft only 3 yards away. A second bomb exploded, which wounded F/O Elliott, but he valiantly attempted to remove his injured comrade. Eventually F/O Elliott was assisted away by one of the soldiers, whilst the remaining men of the party removed the engineer officer, who was found to be dead. Throughout F/O Elliott displayed great determination and complete disregard for his own safety."

CASUALTIES IN THE MEDICAL SERVICES

Surg. Lieut.-Cmdr. DAVID SIMPSON, R.N., who was killed on active service last month, was educated at the University of Liverpool, where he graduated M.B., Ch.B. in 1933. Entering the Royal Navy as surg. lieut. in the following year he was promoted surg. lieut.-cmdr. in 1940. He leaves a widow, a member of Queen Alexandra's Royal Naval Nursing Service Reserve. He was a member of the B.M.A.

Surg. Lieut.-Cmdr. NORMAN ALFRED VERNON, R.N.V.R., is reported "missing, presumed killed" in action in November. He was the elder son of Mr. and Mrs. G. Vernon of East Sheen, and received his professional education at St. Thomas's Hospital, qualifying M.R.C.S., L.R.C.P. in 1931. After holding the post of resident medical officer at Worthing Hospital he settled in practice at Petts Wood in Kent and later at Chislehurst, where he was police surgeon. He entered the R.N.V.R. in 1935 and was promoted surg. lieut.-cmdr. in 1940. He leaves a widow.

War Subs. Capt. GEORGE NOEL BRAHAM, O.B.E., M.C., R.A.M.C., died at Baghdad on Nov. 16. Born at Bath on June 24, 1886, he was educated at Manchester and took the Scottish triple qualification in 1909 and the F.R.C.S.Ed. four years later. He held house posts at Ancoats Hospital and

Monsall Isolation Hospital before moving to Southampton, where he became senior house-surgeon at the Royal South Hants and Southampton Hospital. In the war of 1914-18 he served in the R.A.M.C., attaining the rank of capt., and was awarded the M.C. for "conspicuous gallantry and devotion to duty. He with four others worked continuously under intense fire and succeeded in rescuing several wounded men from an advanced dressing station, which was untenable. He set a fine example of courage and determination throughout." After demobilization he took the post of medical officer at the Civil Hospital, Baghdad, and later became librarian to the Baghdad Medical Society. He was appointed O.B.E. in 1921 for services in Mesopotamia. In 1923 he took the post of Civil Surgeon, Baghdad, and also became senior surgeon to the Royal Hospital in that city and chief surgical specialist to the Iraqi Health Services. In addition he was deputy senior medical officer to the Anglo-Persian Oil Company, becoming the company's consulting surgeon when he moved to Masjidi-Sulaiman in Persia in 1928. In 1924 the King of the Hedjaz conferred upon him the Order of El Nahdi (Third Class) in recognition of valuable services rendered. Mr. Braham returned to England in 1929 and settled in practice at Gosport, where he became honorary medical officer to the local memorial hospital. In 1936 he again went to Baghdad, this time to take up the positions of professor of surgery in the Royal Medical College and head of the surgical unit in the Royal Hospital. He was elected president of the Mesopotamia Branch of the B.M.A. in 1938. Early in 1941 he re-entered the R.A.M.C. as temp. lieut. and was in Lebanon when the Allies entered the country to remove the threat of Axis domination. His contributions to medical literature included four articles in this *Journal*.

Lieut.-Col. WILLIAM PEET HOGG, M.C., I.M.S., died at Poona on Nov. 5. He was born on Feb. 29, 1888, and was educated at the University of Aberdeen, where he graduated M.B., Ch.B. in 1912. He also took the D.T.M.&H. of the London Colleges in 1920. He entered the R.A.M.C. in Oct., 1914, becoming capt. a year later. In 1916 he was appointed capt. in the I.M.S. and became lieut.-col. in 1934. He served in the war of 1914-18, in Iraq 1917-19, was mentioned in dispatches, and was awarded the M.C. and bar. Most of his Indian service was spent in the Political Department, where he was surgeon to the Mewar Agency, Rajputana, and superintendent of hospitals and gaols in that agency and later chief medical officer and inspector-general of prisons, Baluchistan. He had been a member of the B.M.A. since 1923.

Lieut.-Col. SUKUMAR NAG, I.M.S., who is included as "died" in an India Office Casualty List published on Nov. 26, was born on Nov. 13, 1890, and was educated at the University of Calcutta, where he graduated M.B. in 1915. He also took the F.R.C.S.Ed. and the D.T.M.&H. of the English Royal Colleges in 1924. Entering the I.M.S. in 1920 he became lieut.-col. in 1935.

Wounded.—Capt. R. D. I. Beggs, R.A.M.C., War Subs. Capt. P. T. Savage, R.A.M.C.

Missing.—Capt. C. R. Robson, R.A.M.C.

Obituary

We regret to announce the sudden death of Dr. MARY JANET PIRRET of West Cromwell Road, S.W., who had been a member of the B.M.A. from the time of graduation. She was born in Glasgow on June 2, 1878, daughter of the Rev. David Pirret, and from Hillhead High School went to study medicine at Queen Margaret College, Glasgow. She graduated M.B., Ch.B. of Glasgow University in 1901, M.D. in 1906, and took the Cambridge D.P.H. in 1911. Dr. Pirret's first house appointment was at the Mater Infirmorum Hospital, Belfast; she was then in turn house-surgeon to the Clapham Maternity Hospital and to the Chorlton Dispensary, Manchester, and assistant M.O. at the Crichton Royal Institution, Dumfries. In 1911 she was appointed school medical officer for the county of Wigtown. She came to London to undertake part-time public health work under the L.C.C., and had been M.O. for maternity and child welfare for the borough of St. Pancras.

Dr. ANDREW STEWART TINDAL, who died on Nov. 22 at his home in Newlands Road, aged 75, was one of the best-known practitioners in the south side of Glasgow. He graduated M.B., Ch.B. of Glasgow University in 1889, proceeded M.D. in 1892, and was elected a Fellow of the Royal Faculty of Physicians and Surgeons of Glasgow in 1905. After holding house appointments he joined his father in general practice, and later became

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on Nov. 21 the following degrees were conferred:

D.M.—H. W. Davies, T. W. Lloyd (in absence).
B.M., B.Ch.—C. O. Carter.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the annual meeting of the College, held on Dec. 3, Dr. Charles McNeil was re-elected President and Dr. L. H. F. Thatcher, Dr. A. Murray Drennan, Dr. A. Fergus Hewat, Dr. D. M. Lyon, Dr. A. Graham Ritchie, and Dr. A. Rae Gilchrist were elected to form the Council of the College for the ensuing year. Dr. A. Fergus Hewat was nominated Vice-President.

FACULTY OF RADIOLOGISTS

The following candidates have satisfied the Fellowship Board at the examination for the Fellowship of the Faculty: *Radiodiagnosis*.—G. Friedlaender, M.D., D.M.R. *Radiotherapy*.—I. G. Williams, M.B., F.R.C.S., D.M.R.E.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* during the week there was a general rise in the notifications of infectious diseases. There were 1,085 more cases of measles, 91 of whooping-cough, 89 of acute pneumonia, 61 of diphtheria, 34 of scarlet fever, 18 of cerebrospinal fever. The incidence of dysentery fell by 31, and of typhoid by 7.

The rise in measles was fairly general throughout the country, but highest in the North. The counties reporting the largest increases were Derbyshire 229, Cheshire 107, London 118, Durham 100, Leicestershire 77, Lancashire 71.

The incidence of scarlet fever tended to fall in the South, and the only rises of note were those of Lancashire, Yorks West Riding, and Staffordshire, with 51, 47, and 42 more cases than last week.

The notifications of diphtheria were the largest since the beginning of January. During the present year about 40% of the cases have been reported from the three counties of Lancashire, Yorks West Riding, and Durham; during the week reviewed 188, 128, and 107 notifications came from these counties.

The largest increases in whooping-cough were those of Lancashire 54, and Yorks West Riding 42.

The incidence of dysentery has fallen by 60% during the past four weeks, but is still twice as high as during the middle of August. Lancashire, with a rise from 9 to 24 cases, distributed through eight administrative areas, heads the list: 11 further cases were reported from the existing outbreaks in each of the counties of Yorks West Riding and Yorks North Riding. Ten boroughs contributed the 18 cases notified in London.

In *Scotland* there was a mounting incidence of most infectious diseases, chiefly of acute primary pneumonia 61 cases, of diphtheria 49, and of scarlet fever 38. The largest local variation was the increase in the cases of pneumonia in Glasgow from 91 to 137.

In *Eire* poliomyelitis for the fourth consecutive week showed a slight rise; there were 25 cases from sixteen districts.

In *Northern Ireland* about half of the cases of infectious diseases were reported from Belfast, with the exception of whooping-cough, of which 24 of the 25 cases were recorded in Lisnaskea rural district.

Small-pox

Two further cases of small-pox were confirmed in Edinburgh on Nov. 30. The number of persons vaccinated in this city now exceeds 165,000. Another death has occurred from the recent outbreak at Methilhill; this brings the total of small-pox deaths in Fife to 8.

A case of small-pox has been reported from the London borough of Hampstead.

Returns for the Week Ending November 28

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 2,970, whooping-cough 1,263, diphtheria 861, measles 10,649, acute pneumonia 766, cerebrospinal fever 77, dysentery 163, paratyphoid 4, typhoid 13, small-pox 1.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Nov. 21.

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	1942					1941 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	68	—	21	3	3	104	5	28	—	6
Deaths	—	—	4	—	—	—	1	—	—	—
Diphtheria	1,001	49	262	86	29	1,043	34	262	58	37
Deaths	26	3	3	1	—	43	1	6	1	—
Dysentery	117	18	67	—	—	204	12	45	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	2	—	—	—	—	5	—	1	—	—
Deaths	—	1	—	—	—	—	—	—	—	—
Erysipelas	—	—	69	17	2	—	60	9	6	—
Deaths	—	—	—	—	—	—	1	—	—	—
Infective enteritis or diarrhoea under 2 years	57	10	12	62	4	37	3	19	19	7
Deaths	—	—	—	14	—	—	—	—	—	—
Measles	8,816	362	428	38	40	671	50	19	61	4
Deaths	7	1	1	1	1	2	—	—	—	—
Ophthalmia neonatorum	83	4	19	—	1	78	1	11	2	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever	5	2	1	—	—	30	5	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal*	645	36	7	—	12	997	44	14	4	5
Deaths (from influenza)	21	1	1	—	—	38	—	5	2	—
Pneumonia, primary	—	—	226	19	—	—	33	226	17	—
Deaths	—	—	13	—	—	—	—	9	11	—
Polio-encephalitis, acute	1	—	—	—	—	1	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	15	1	1	25	2	21	—	1	6	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal fever	—	3	17	2	—	1	1	15	4	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia	137	4	13	—	—	135	4	10	—	4
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	2,914	166	430	75	66	1,352	36	247	59	44
Deaths	2	—	—	—	1	—	—	—	2	—
Small-pox	—	—	3	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever†	6	—	4	11	4	9	—	1	7	2
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	8	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough	1,246	92	33	79	25	2,066	177	88	57	5
Deaths	9	1	—	2	—	8	2	3	—	—
Deaths (0-1 year)	342	42	65	43	14	338	23	80	40	23
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths)	4,439	710	589	231	124	4,473	618	647	192	137
Annual death rate (per 1,000 persons living)	—	—	13.3	15.4	‡	—	—	14.1	12.7	‡
Live births	5,742	670	705	369	253	4,937	410	770	306	215
Annual rate per 1,000 persons living	—	—	14.6	24.6	‡	—	—	15.7	20.3	‡
Stillbirths	188	21	27	—	—	195	22	34	—	—
Rate per 1,000 total births (including stillborn)	—	—	37	—	—	—	—	42	—	—

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

† Includes paratyphoid A and B for Northern Ireland.

‡ Owing to evacuation schemes and other movements of population, birth and death rates for Northern Ireland are no longer available.