

Dr. JOHN GILMOUR, who died at Glasgow on July 27, joined his father in practice at Duntocher in 1893, having graduated M.B., C.M. with high commendation at Glasgow University in 1891. He moved to Dalmair in 1901, and established a large practice in the Duntocher, Clydebank, and Dalmair areas. In 1908 he took the F.R.C.S.Ed., and in 1911 the D.P.H. of Cambridge with distinction. He was elected a Fellow of the Royal Faculty of Physicians and Surgeons, Glasgow, in 1930. After many years of successful general practice he was appointed in 1921 to the staff of the then Scottish Board of Health when the Regional Medical Service was started. He was posted to the South-Western Area, with headquarters at Glasgow, and his good work and the high esteem in which he was held did much to establish the new service in the good graces of the profession. He retired from the service in 1936, but on the outbreak of war offered to forgo his leisure in order to enable younger colleagues to take up work directly concerned with the war. He superintended the Clyde Basin experiment designed to provide a consultant service for war workers, and was largely responsible for its success. He was without enemies, and his friendship was highly valued, as was his clinical acumen. Dr. Gilmour, who was awarded the O.B.E. in the New Year Honours List this year, served as a member of the Home Office Commission on the Workmen's Compensation Act and Miners' Nystagmus. He is survived by two daughters and a son, Dr. Alan Gilmour.

One of the longest-lived dispensary doctors in Ireland passed away recently in the person of Dr. JOHN POYNTZ RICE. Educated at Clongowes and Queen's College, Cork, he qualified in Edinburgh in 1883. He was appointed dispensary medical officer for Castleisland in 1889, and this position he held for 50 years, retiring in 1939 to a well-earned rest at his favourite hobbies, gardening and farming. He was an ardent supporter of the Royal Medical Benevolent Fund and had been a member of the B.M.A. for many years.

Dr. D. L. T. MACSHERRY, the only surviving son of Dr. and Mrs. Maurice Macsherry of Edgbaston, Birmingham, was killed by enemy action at sea in April, 1943, aged 26 years. He became a surgeon in the Merchant Navy after qualifying M.R.C.S., L.R.C.P.Lond. in 1942.

The following well-known medical men have died abroad: Dr. LESLIE LAWSON BIGELOW, clinical professor of surgery at the Ohio State University College of Medicine and president of the Ohio Medical Association, aged 62; Dr. ELMER BURKITT FREEMAN, clinical professor of gastro-enterology at the University of Maryland School of Medicine, aged 67; Dr. FRÉDÉRIC GUYOT, one of the founders of the Geneva Society of Oto-rhino-laryngology; Dr. NATHAN LÖWENTHEL, honorary professor of medicine at Lausanne University, aged 87; Prof. HEINRICH ZÖRNIG, formerly professor of pharmacology at the University of Basle and founder of the Basle Pharmaceutical Institute, aged 76; Dr. ANDRÉ TOURNADE, professor of physiology at the University of Algiers from 1920 to 1942, aged 62, whose chief work was connected with the physiology of the suprarenals.

Universities and Colleges

UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated:

M.D.—*Branch I (Medicine)*: A. J. W. Beard, J. V. Davies, P. Fränkel, Frances V. Gardner, Joyce A. Keeping, Frances J. Pounds. *Branch II (Pathology)*: V. H. Bowers, S. D. Elek, J. L. Penistan, R. E. Rewell. *Branch IV (Midwifery and Diseases of Women)*: J. C. Adams. *Branch V (Hygiene)*: C. E. E. Herington, D. P. Holmes, B. A. Thomas. *Branch VI (Tropical Medicine)*: W. J. S. Wilson.

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—H. H. Hermann, D. D. A. Jayamanne, B. Sandler, L. M. Shorvon. *Part I*: M. Sheehan.

UNIVERSITY COLLEGE HOSPITAL MEDICAL SCHOOL

The following scholarships, exhibitions, and prizes have been awarded:

Goldsmid Entrance Scholarships: (1) D. R. Smith, Caius College, Cambridge. (2) Miss P. A. Howard, Newnham College, Cambridge. *Goldsmid Entrance Exhibition*: Miss M. B. Robinson, Lady Margaret Hall, Oxford. *Atchison Scholarship*: Miss Geraldine M. Howard. *Magrath Scholarships*: *Medicine*: A. N. Smith. *Midwifery*: Miss Geraldine M. Howard. *Erichsen Prize*: K. Chitty. *Liston Gold Medal*: P. H. Jones. *Fellowes Gold Medal*: J. S. Crowther. *Fellowes Silver Medal*: H. Kaufman, T. H. Powell. *Wilfred Trotter Medal*: T. H. Richards, G. R. Parry. *Suckling Prize in Obstetrics and Gynaecology*: L. M. Gerlis. *F. T. Roberts Prize in Obstetrics and Gynaecology*: H. E. Thomas.

Medical Notes in Parliament

House of Lords on Government's Milk Policy

In the House of Lords on July 27 Lord ADDISON called attention to certain aspects of food policy, with special reference to milk and milk products, and their cleanliness and safety. He welcomed the White Paper, and said it represented a great step forward. It meant that the State was going to see that this vital food not only became more popular but was also wholesome. Speaking as a member of the medical profession, he said that a great deal of nonsense had been talked about damaging milk by pasteurizing it. He was glad that arrangements were foreshadowed for sterilization or pasteurization as and when it was practicable to do so. It could not be done all over the country at once, and he gathered that the Minister would begin with the larger centres of population. It would need courage and persistence, but he knew of nothing so far as the improvement of diet and nutrition were concerned which had given him more encouragement for many years than this enterprise.

Lord HORDER said that many who had, on medical grounds, urged for some time that steps should be taken along these lines felt on the whole satisfied with the policy outlined in the White Paper. Time, however, was of the essence of the contract, and he was not prepared to agree with Lord Addison that the techniques necessary to implement the Government's policy must necessarily take a very long time. The Minister of Agriculture would be responsible for the production and the Minister of Food for the distribution of clean milk, so as to ensure that the supply of clean milk to the citizen was guaranteed.

Anomaly of "Accredited" Milk

There was, however, one exception to this general sense of satisfaction which medical men and women felt about the safeguards outlined by the Government, and that was the sale of milk from an accredited herd. He believed that much of this milk was not obtained from tuberculin-tested cows. If that were so, why was it not going to be an offence to sell this milk unpasteurized? He hoped that the Government would reconsider this important point. With regard to the Ministry of Agriculture taking over the supervision of the conditions of milk production, it was to be hoped that the local authorities would not be canny in the matter of vigilance for clean milk but would still hold a watching brief for the consumer. The supply of veterinary inspectors would for some time be very limited. The efficient working of the Government's policy would require frequent sampling of milk, especially milk supplied to hospitals, schools, and canteens. That sampling should still be undertaken by local authorities, and should cover bacteriological tests as well as mere tests as to keeping properties.

He denied the statement sometimes made that the medical profession were not unanimous on this matter. There was complete unanimity in the profession on this point as there was on any question in a free country like ours, where a few folk would always take a pleasure in showing their freedom by differing from the great majority. Some three months ago an influential deputation urged on the Minister of Food the need for pasteurization of bulk milk. That deputation included representatives of the three Royal Colleges, the B.M.A., the National Association for the Prevention of Tuberculosis, the Joint Tuberculosis Council, the British Paediatric Association, and the People's League of Health. There was no difference of opinion on the importance of feeding babies with milk, but when we asked what sort of milk we should pour into babies we were faced with the anomaly to which he had referred. There was a note of drama about tuberculosis which tended to lessen the significance of other diseases which were spread by germ-laden milk. He had in mind undulant fever, septic disease processes in considerable number, scarlet fever, diphtheria, and typhoid. It was difficult to assess the number of these septic cases which were attributable to milk. We knew a good deal more exactly how many cases of bovine tuberculosis occurred each year, but the morbidity—i.e., the prevalence—and the mortality of these cases taken together must far outweigh those due to tuberculosis.

Long-term and Short-term Policies

There were two ways, Lord Horder said, of making milk really safe for children and young adults. We could take steps to ensure that the cows that provided the milk were free from disease, and that the processes of collection and distribution were clean and not dirty. The other way was to pasteurize the milk and so sterilize it as to make it safe for human consumption. While he favoured both the long-term

The Ministry of Health announces (Circular 2843) that as from April 1 last the pay of members of the Civil Nursing Reserve is to be as follows: trained nurses in charge of a ward, £140, rising by £10 to £190; other trained nurses, £110, rising by £5 to £140; assistant nurses, £75, rising by £5 to £95; and nursing auxiliaries, £57 10s., rising by £2 10s. to £65. When the nurses are non-resident living-out allowances (in addition to meals on duty and laundry) of £70 for a trained nurse in charge of a ward, £65 to other trained nurses and assistant nurses, and £55 to auxiliaries should be paid. All members of the reserve who are employed in a tuberculosis institution or tuberculosis wards should receive an additional £10 a year and free travel twice a week to the nearest centre of population. The circular, which has been sent to local authorities, voluntary hospitals, and local emergency organizations, also sets out the conditions governing annual and sick leave.

The Minister of Health, addressing the annual conference in London of the National Association for the Prevention of Tuberculosis, said that in 1942, the third year of war, the number of deaths from tuberculosis fell to the record low level of 1938, the last year of peace. The total was less than half the number of deaths in 1918. But the tuberculosis death roll was an index of past rather than present conditions, and the circumstances of war must favour the spread of the disease. It was for this reason that the Government decided to intensify the attack on pulmonary tuberculosis immediately by "opening two new fronts"—mass miniature x-ray photography and special allowances while under treatment for people with dependants. It was estimated that when this scheme of allowances was in full swing the cost to the Exchequer would be about £3,000,000 a year. "In the past," the Minister said, "fear of having to resort to poor relief made many a sufferer go on working until hope of effective treatment faded or disappeared. The new scheme of allowances is not a system of doles or pension, but a weapon put into the hand of the doctor in his fight against tuberculosis, at a stage when he has every chance of beating his enemy."

The Home Service Ambulance Committee of the Order of St. John and British Red Cross Society suggests that, to conserve petrol and tyres, doctors who want patients brought more than forty miles to London should make use of the committee's ambulances which otherwise would return empty to London. Notice by letter two days before the date of the journey should be sent to the Joint Secretaries, Home Service Ambulance Committee, 12, Grosvenor Crescent, S.W.1.

Dr. J. Rawdon Soddy, Colonial Medical Service, is reported missing at sea.

The Services

Cols. (Temp.) A. Bremner, M.C., T.D., D. G. Cheyne, O.B.E., M.C., and E. E. S. Wheatley, D.F.C., R.A.M.C., have been appointed C.B.E. (Military Division) in recognition of gallant and distinguished services in Tunisia.

Lieut.-Col. B. P. Baliga and Major (Temp. Lieut.-Col.) A. Ullah, I.M.S., have been appointed O.B.E. (Military Division) and Capt. (Temp. Majors) J. Hay-Arthur and W. J. F. Young, I.M.S., and Jemadar S. Y. Bhagwat and Asst. Surg. 1st Class L. H. Carr, I.M.D., have been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services in Persia-Iraq.

The following have been mentioned in recognition of gallant and distinguished services in Persia-Iraq: Major-Gen. (Acting) J. G. Gill, D.S.O., O.B.E., M.C., and Brig. (Temp.) C. D. K. Seaver, late R.A.M.C.; Cols. (Temp.) W. M. Cameron, O.B.E., J. J. Magner, M.C., T. H. Sarsfield, and C. Scales, M.C., R.A.M.C.; Lieut.-Col. L. B. Clarke and Majors (Temp. Lieut.-Cols.) W. A. D. Drummond, P. J. Richards, and T. Seager, R.A.M.C.; Capt. (Temp. Major) D. J. Wigginton and Capt. G. A. C. Miller and W. C. Wightman, R.A.M.C.; Col. (Temp.) K. S. Master, M.C., I.M.S.; Majors (Temp. Lieut.-Cols.) B. J. Griffiths and F. C. Jackson, I.M.S.; Majors R. L. Henderson, L. Oswald, and J. R. Vaid, I.M.S.; Capt. (Temp. Majors) R. M. McCullough, F. J. O'Dowd, and J. H. Walters, I.M.S.; Capt. B. Ahmed, S. P. Bhalla, A. Haq, N. A. Kuraishy, S. P. Mukherjee, and S. A. Sheikh, I.M.S.; Subadar-Major B. Ram, I.M.D.; Subadars K. R. Channa, G. C. Pahawal, and S. Ram, and Jemadars J. Subrahmanyam and M. S. Kataria, I.M.D.

CASUALTIES IN THE MEDICAL SERVICES

Wounded.—War Subs. Capt. D. M. Cathie, R.A.M.C.

Prisoners of War.—Major H. J. Anderson, R.A.M.C., Capt. W. R. Grant, R.A.M.C., War Subs. Capt. J. F. Pantridge, R.A.M.C., Major J. A. Reid, R.A.M.C., War Subs. Capt. A. Roy, R.A.M.C.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1.

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ANY QUESTIONS?

Intermittent Claudication

Q.—*I should be grateful for any information that you can give me that is likely to benefit the following case. A male patient of 70 years, who has cramp-like pains, more particularly in the left thigh and calf muscles, is prevented from walking more than a few hundred yards. As he is a farmer this is naturally a great handicap. On examination he is rather a thin subject with no undue amount of arteriosclerosis. His B.P. is normal for his age, and his urine is free from albumin or sugar. Rectal examination shows a slight prostatic hypertrophy but no other abnormality. I presume the condition is one of intermittent claudication, but am at a loss to attribute a cause.*

A.—Yes, this is an example of intermittent claudication, and it is due to arteriosclerotic changes in the arteries to the lower limbs. With such aetiology this occasional accompaniment of age has to be regarded as beyond the power of a doctor to alter in any effective way. If so, the indication is to dwell on the favourable signs and absence of complications noted in your patient, and to prevent him from becoming too much preoccupied with his disability. He must accept it and make all possible arrangements to avoid unnecessary walking—a plan which will be easier when more petrol is available after the war. Warm clothing is needed, and scrupulous care and cleanliness of the skin, so as to avoid the least injury to the legs, that have a restricted blood supply and might not heal readily.

Pillows

Q.—*Are pillows necessary or advisable for the nursing of infants and children with respiratory illnesses such as pneumonia and whooping-cough? Do healthy children up to the age of 5 need pillows?*

A.—This question of pillows seems to be a matter of common sense. Some nursing books recommend that patients with lobar pneumonia be nursed sitting up and with bronchopneumonia lying down, but it has always seemed to me at any age the best position is the one in which it is found that breathing is most efficient and comfortable and in which sleep is most easily secured. The good nurse uses pillows by a process of trial and error to secure these aims. It is impossible to lay down rules for every type of child and illness. Custom plays a part which leads to the second question. Usually a baby has a small pillow and most young children prefer a low pillow. But it is probably immaterial whether a child has one, two, or no pillows so long as sleep is calm and peaceful. Adults vary with their likes and dislikes as regards pillows, and with children it is the same. But the danger of mastoid infection from feeding young children in the recumbent position, and of allowing them to remain lying too long in one position, should be remembered (see article by Mr. P. W. Leathart in the *Journal* of August 7, p. 168).

Aschheim-Zondek Test

Q.—*What reliance can be placed on the Aschheim-Zondek test for pregnancy in the early stages—say after two weeks' amenorrhoea? Can a negative result at this stage be accepted as a definite proof of absence of pregnancy?*

A.—The Aschheim-Zondek test is to be regarded as a test for the presence of live and active chorionic tissue in contact with the maternal circulation rather than for pregnancy. As such it is accurate in 95 to 97% of cases, and there are more false negative than false positive reactions. In pregnancy the test usually becomes positive within one week of a period being missed, but this is by no means constant, and a negative reaction after two weeks'