

effect of adrenaline in reducing swelling seems to support this view of his, as does also its success in the associated condition of giant urticaria and angioneurotic oedema. His theory was that, by stabilizing the vasomotor mechanism, asthma in a large percentage of cases, particularly if the blood pressure was high, could be completely stopped; and that, moreover, when the vasomotor system had been stabilized the usual irritants no longer produced an attack. His method of treatment was to cauterize *lightly* certain asthmogenic spots on the mucous membrane of the nasal septum. By this means he obtained striking results over many years, and earned the gratitude of innumerable patients. He particularly emphasized the fact that the cauterization must be extremely light—a point overlooked by many who attempted to carry out his treatment.

Like his father, he was a pioneer. He was interested in every new advance in medical science, and kept in touch with modern thought. He was one of the oldest members of the B.M.A., one of the earliest presidents of the Queensland Branch, which he helped to found, and he was on the Central Ethical Committee for many years in London and on three occasions a member of Council. In his life he was almost selfless. He literally spent it in helping others. On his 81st birthday, two days before he died, he was still seeing patients. He was twice married, and is survived by two daughters and a son who is also an ear, nose, and throat surgeon.

J. J. A.

W. KNOWSLEY SIBLEY, M.D.

We regret to announce the death of Dr. W. K. Sibley, consulting physician to the St. John's Hospital for Diseases of the Skin.

Walter Knowsley Sibley, the eldest son of the late Mr. S. W. Sibley, F.R.C.S., was born in 1862. He was educated at University College School and Pembroke College, Cambridge, where he took a degree in natural sciences. He received his medical training at the Middlesex Hospital, qualifying in 1886. He took the M.D.Camb. and the M.R.C.P. in 1891. He was house-surgeon at the Middlesex, and house-physician at the Brompton Hospital. At one time Sibley was lecturer to the London School of Dermatology and physician to the North-West London Hospital. He held office in many medical societies, being at one time chairman of the Westminster Division of the Metropolitan Counties Branch of the B.M.A. Among his publications were *The Treatment of Diseases of the Skin*, and articles in various medical journals on the same subject. "He was," a colleague writes, "a friendly, popular, and congenial colleague, a vivid and energetic personality; and to the end was keenly interested in all that appertained to his special subject. A keen tennis player, he played regularly at his club until well past his seventieth year."

We regret to announce the death on August 18 at Douglas, Isle of Man, of Dr. CHARLES SATCHELL PANTIN, O.B.E., consulting surgeon to Noble's Isle of Man Hospital and surgeon to the Governor's Household. Dr. Pantin studied medicine at Guy's Hospital, graduated M.B., B.S.Lond. in 1892, and took the M.D. and F.R.C.S. in 1894, after serving as house-surgeon at Guy's and house-physician and house-surgeon at the Victoria Hospital for Children, Chelsea. In September, 1896, he was appointed the first assistant honorary surgeon to Noble's Hospital under a new rule of the committee, and in 1906 he became full surgeon. During his long period of service on the visiting staff of the hospital Dr. Pantin established himself firmly in the affections and goodwill of his colleagues and the community, and no medical man in the island stood higher in the esteem of Manx people. He joined the B.M.A. in 1906, was elected president of the Isle of Man Branch of the Association last year, and had been acting honorary secretary of the Isle of Man Medical Society. During the last war he worked as surgeon to the Fargo Military Hospital. In 1936 his public services were rewarded by appointment as an Officer of the Order of the British Empire. Two of his five children entered the medical profession—Dr. Dorothy Pantin and Dr. Charles Guy Pantin.

The following well known medical men have died abroad: Dr. ARCHIBALD JOHNSTON BUIST, emeritus professor of gynaecology at the Medical College of Charleston, aged 71; Prof. CARL HEGLER, director of the St. George's General Hospital and extraordinary professor of internal medicine at Hamburg, aged 66; and Geh. San. Rat. Prof. HERMANN WEBER, formerly director of the Medical Department of the Lazarus Hospital, Berlin, aged 78; Dr. ERNST EDENS, the eminent cardiologist and professor of internal medicine at Düsseldorf, aged 68; Prof. FRANZ LINKE, director of the Institute for Meteorology and Geophysics at Frankfurt University, one of the leading German bioclimatologists; Dr. ENRIQUE A. BOERD, professor of obstetrics at the University of Buenos Aires; and Dr. MAXIMO M. CASTEIGTS and Dr. ARTURO MO, of Buenos Aires.

The Services

Squad. Ldr. Ernest Reginald Brown, R.A.F.V.R., has been appointed O.B.E. (Military Division), and Corporal George Greenwood, R.A.F.V.R., has been awarded the B.E.M. (Military Division). The citation in the *London Gazette* reads as follows:

"In February, 1944, a Mosquito aircraft crashed and caught fire when approaching to land. The pilot was killed instantly, but the observer was alive, and rescue parties tried in turn to extricate him from the blazing wreckage. Party after party failed, and each attempt became more difficult owing to the increasing heat of the fire in the cockpit area of the wreckage. Eventually Squad. Ldr. Brown, the station medical officer, and Corporal Greenwood made a final and desperate effort as the situation had become critical because the supplies of foam were exhausted temporarily and the fire remained unchecked for some minutes. If their effort failed it was clear that immediate amputation of the observer's leg was the only way by which he could be released. Displaying extreme courage, Squad. Ldr. Brown and Corporal Greenwood withstood the intense heat of the flames and, by the skilful use of the tools at their disposal, succeeded in breaking away the wreckage which was trapping the observer's leg. They then removed the airman to the ambulance. While first aid was being rendered, Squad. Ldr. Brown returned to the wreckage to make certain that the pilot was not alive. This officer and airman displayed outstanding courage and determination."

CASUALTIES IN THE MEDICAL SERVICES

Squad. Ldr. JOHN HENRY PERCIVAL GAUVAIN, M.B., B.Ch., was killed on Aug. 14 in a flying accident. He was born in August, 1915, studied medicine at Cambridge and St. Bartholomew's, qualified in 1939, and was appointed to a commission in the Medical Branch of the R.A.F.V.R. on Sept. 27, 1939. At the date of his death he was serving over-seas.

Reported missing.—Surg. Lieut. C. J. S. Green, R.N.V.R.

DEATHS IN THE SERVICES

Major-Gen. GODFREY TATE, C.I.E., I.M.S., died on July 29 after a varied and distinguished career at the age of 71. He was educated in Belfast and at Trinity College, Dublin, where he graduated in medicine in 1896. In 1898 he took a good place in the entrance examination for the I.M.S., and during his early military service he was medical officer to an Indian cavalry regiment. He saw active service in China in 1900 and on the N.W. Frontier in 1908, with medals for each campaign. In 1913-16 he held the important post of surgeon to the Commander-in-Chief, India, and was civil surgeon in Simla during the next five years. In 1920 he was appointed professor of midwifery and gynaecology at the Lahore Medical College, where he found scope for his surgical abilities. On reaching the administrative grade he was successively Chief Medical Officer, N.W. Frontier Province, Acting Inspector-General of Civil Hospitals, Punjab, and Surgeon-General with the Government of Bengal, when he was promoted to the rank of major-gen. and was awarded the C.I.E. In these posts he proved to be an able and popular administrator, and in 1926 he was appointed to be an Honorary Surgeon to the Viceroy. His high qualities led to his being appointed in 1931 to be Governor and Medical Superintendent, King Edward VII Convalescent Home, Osborne, the first such appointment of a medical service officer other than those of the R.A.M.C., and he held the post with distinction for five years. He was also devoted to hunting, shooting, and golf. He will be missed by his many friends; his wife survives to mourn his loss.

Universities and Colleges

MCGILL UNIVERSITY, MONTREAL

A diploma course in tropical medicine is offered for the first time during the session 1944-5. Its object is to train medical graduates to deal with medical problems which may be met in tropical areas. The course is divided into several units, each consisting of approximately three months' work. Three units are required to qualify for the diploma. In this way the course will meet the needs of individuals with different previous training. A unit of three months in parasitology and tropical medicine is compulsory for all. Students who have recently graduated will be offered training in the out-patient departments of the hospitals associated with the University, and in the child welfare clinics. They will also have an opportunity to receive three months of practical experience in an approved hospital in the Tropics. This training will satisfy the requirements of a fifth year of professional training for students who wish to take the examinations of the Dominion Council. The course is also suggested as a refresher course for medical graduates who have been

working in the Tropics, and who wish to take advanced work in parasitology and other branches related to tropical hygiene.

Unit I.—The course in tropical medicine and parasitology is a basic one, covering bacteriology, parasitology, and medical entomology as applied to tropical medicine and includes an introduction to nutrition and hygiene as applied to the Tropics, as well as a systematic review of tropical diseases. Ten weeks of this course are given at the Institute of Parasitology at Macdonald College, Ste. Anne de Bellevue. Special prominence is given to laboratory work.

Unit II.—The course in the care of ambulatory patients is arranged to give supervised experience in the important diseases common to tropical and temperate climates. Disease will be considered in its various aspects as a community problem. Syphilis, dermatology, tuberculosis, child welfare, paediatrics, and haematology will be stressed.

Unit III.—Facilities have been arranged for clinical experience in the Tropics, under experienced supervision. The facilities of the Demerara Bauxite Company have been made available, and other opportunities will also be arranged in the Caribbean area.

The fee for the complete course will be \$250,000. Units of the course may be taken consecutively or separately as desired. Inquiries should be sent to the Secretary of the Faculty of Medicine, McGill University, Montreal, Canada.

UNIVERSITY OF LONDON

KINGS' COLLEGE HOSPITAL MEDICAL SCHOOL

Awards have been made as follows:

Burney Yeo Scholarships: R. C. Read, G. W. C. Johnson, N. Tate. *Raymond Gooch Scholarships:* C. S. C. Roberts, K. J. M. Carruthers. *Epsom College Scholarship:* Norman Lees. *Anatomy and Physiology Scholarship:* Divided between Daphne Baker and A. N. Husain. *Pathology Exhibition:* P. H. A. Sneath. *Science Scholarship:* G. E. Langley.

WESTMINSTER HOSPITAL MEDICAL SCHOOL

An examination for an Entrance Scholarship in Anatomy and Physiology will be held on Sept. 19 and 20. The examination consists of a paper of three hours in both subjects. Candidates should apply to the Secretary of Westminster Hospital Medical School, 17, Horseferry Road, London, S.W.1, for further particulars not later than Sept. 5.

UNIVERSITY OF BIRMINGHAM

A course of six lectures for industrial medical officers and others will be held at the Medical School, Hospitals Centre, Birmingham, 15, on the undermentioned dates, at 4 p.m. in the Physiology Lecture Theatre:—Sept. 11 and 12: "Industrial Dermatitis," Dr. E. Baylis Ash and Dr. Cranston Walker; Sept. 18 and 19: "Problems of Vision and Colour Vision," Prof. H. Hartridge, M.D., F.R.S.; Sept. 25 and 26: "Deafness: its Disabilities, Causes, Prevention, and Alleviation," Mr. C. S. Hallpike. The fee for the course is £1 1s., payable in advance to the Secretary of the University, Edmund Street, Birmingham. Nurses engaged in industry are invited to join the course at a fee of 5s.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* during the week there was a big drop in the incidence of the common infectious diseases: notifications of measles, scarlet fever, whooping-cough, and diphtheria fell by 359, 326, 324, and 43 respectively. The decrease in scarlet fever and whooping-cough was general throughout the country, the number of notifications of scarlet fever being the lowest since the beginning of 1942. The greatest fall in the incidence of measles was in Lancashire, with 83 fewer cases. In contrast to the remainder of the country the south-western counties and Wales had a slight increase in measles, the notifications rising from 319 to 366. Eight of the 12 cases of typhoid were notified in Gloucestershire (Gloucestershire C.B. 3, Gloucester R.D. 5).

The notifications of dysentery were the lowest during the present year. The only fresh outbreak of any size was Hertfordshire 18 (Ware R.D. 15), the other big centres of infection being Lancashire with 30 cases, London 19, and Glamorganshire, Cardiff C.B. 12.

In *Scotland* there was a small general fall in the incidence of infectious diseases. Notifications of cerebrospinal fever exceeded the preceding week's low total by 10. There were 40 fewer cases of dysentery; Edinburgh and Glasgow, with 21 and 24 cases, were still the chief centres of infection.

In *Eire* only 14 cases of measles were recorded, compared with 83 in the preceding week. Twenty-three cases of typhoid were notified, 10 from Dublin C.B., the remainder being isolated cases dispersed throughout the country; this is the second large outbreak of typhoid in Eire during recent months.

Week Ending August 19

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,068, whooping-cough 1,603, diphtheria 398, measles 1,606, acute pneumonia 345, cerebrospinal fever 34, dysentery 248, paratyphoid 5, typhoid 8.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Aug 12.

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	1944					1943 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	52	4	25	1	—	46	—	23	1	3
Deaths	—	1	—	—	—	—	—	—	—	—
Diphtheria	428	18	103	64	16	491	28	151	59	24
Deaths	8	1	—	1	—	16	1	2	3	—
Dysentery	127	19	78	—	—	149	20	100	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	2	—	—	—	—	2	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	33	9	2	—	—	36	8	4
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	70	4	14	43	4	39	5	10	137	16
Deaths	—	—	—	15	—	—	—	—	24	—
Measles*	1,795	36	45	14	29	1,476	100	19	18	6
Deaths	2	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	67	1	19	—	—	108	7	21	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	8	1	6†	1(B)	—	6	1	2	—	1
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal†	356	10	2	—	3	346	23	2	—	1
Deaths (from influenza)	8	—	—	—	—	7	—	—	—	—
Pneumonia, primary ..	—	—	117	16	—	—	—	120	16	—
Deaths	—	20	—	4	5	—	12	—	7	13
Polio-encephalitis, acute	3	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	12	—	9	—	2	11	—	—	—	—
Deaths	—	—	—	—	—	—	1	—	—	—
Puerperal fever	—	2	9	—	—	—	3	13	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia§ ..	143	6	14	1	—	118	11	7	2	2
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,084	22	169	26	27	1,558	155	221	32	42
Deaths	1	—	—	—	1	3	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	12	—	2	23	4	10	—	3	3	—
Deaths	—	—	—	1	1	—	—	—	1	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough* ..	1,444	61	64	30	13	1,855	137	57	21	33
Deaths	14	4	2	2	—	13	1	4	—	1
Deaths (0-1 year) ..	328	28	50	28	18	278	29	50	56	38
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding still-births)	3,972	646	499	153	106	3,562	513	495	169	112
Annual death rate (per 1,000 persons living) ..	—	—	11.5	9.9	†	—	—	11.2	11.1	†
Live births	6,175	491	854	278	248	6,027	783	873	371	263
Annual rate per 1,000 persons living ..	—	—	17.4	18.0	†	—	—	17.8	24.4	†
Stillbirths	197	20	39	—	—	184	20	35	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	44	—	—	—	—	35	—	—

* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Paratyphoid A 1, B 5.

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

§ Includes puerperal fever for England and Wales and Eire.

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