Lieut.-Gen. Sicé, who recently visited France, as a delegate for the Free French social services and representative of the French Red Cross Society, to investigate conditions in Normandy, Brittany, and Anjou, has reported that, while the inhabitants of the rural districts have not suffered too severely from war conditions, the plight of adults and children in towns and cities is serious. He found no sign of epidemics, but the general level of health was not good, especially in Normandy. Substantial medical supplies had been sent for the immediate use of children and sick persons, but one of the chief difficulties was that no great ports were available in France. Lorries loaded up in this country were taken on board ship and disembarked without unloading, so that they could drive straight away after landing. General Sicé paid a tribute to the British Red Cross organization for what it had already done, but added that milk, condensed milk, and fats or halibut and cod-liver oil were required for children who had long been almost completely deprived of fats, and also meat extracts for anaemic children. The child mortality was very much higher than in normal times, especially as a result of tuberculosis.

The use of dried milk in combating gastro-enteritis, which has become prevalent among young children in Glasgow, is advised by Sir Alexander Macgregor, M.O.H. for the city. Where liquid milk is given to babies, mothers are advised to boil it first.

The Services

Fl. Lieut. Alfred George Spencer, R.A.F.V.R., and Flying Officer Albert Arthur, R.A.F.V.R., have been awarded the George Medal. The citation in the *London Gazette* reads as follows:

One day in February, 1944, an aircraft, carrying a 500-lb. bomb and incendiaries, crashed near a Royal Air Force station and immediately caught fire. Flying Officer Arthur, a gunnery instructor, was soon on the scene, and despite the great heat and exploding ammunition, he attempted to rescue the crew. Shortly afterwards he was joined by Fl. Lieut. Spencer, the station medical officer. The wreckage was blazing from end to end, and several times these officers were compelled to break off their rescue attempts. Flying Officer Arthur entered the burning aircraft no less than four times, with a handkerchief tied round his nose and mouth. At the fourth attempt he was driven back by the heat and flames, his eyebrows being burnt off and his right trouser leg and pocket burnt. Fl. Lieut. Spencer stayed close at hand and searched in the wreckage for possible survivors. It was not until the bombs were red hot and Fl. Lieut. Spencer was certain that the crew must be dead from the heat that these officers abandoned their efforts. They then warned the fire party to withdraw and cleared the area of spectators just before the 500-lb. bomb exploded. Although the attempts of these officers to rescue the crew were in vain, they displayed high courage and a complete disregard of their own safety.

CASUALTIES IN THE MEDICAL SERVICES

Capt. EDWARD NEIL WHITLEY, R.A.M.C., who was wounded in Normandy in June and died at a hospital in England on Aug. 29, aged 26, studied for the medical profession at Cambridge and at the London Hospital, qualifying M.R.C.S., L.R.C.P. in 1942; in November of that year he joined the R.A.M.C. as a temporary lieutenant, after serving as receiving-room officer at the London Hospital.

Killed in action in Normandy while attending wounded.—Capt. R. J. D. Carrick, R.A.M.C.

Died of wounds.—War Subs. Lieut. T. Notman, R.A.M.C.

Wounded.—Temp. Col. R. D. Cameron, M.C.; Temp. Lieut.-Col. G. C. Dansey-Browning; Temp. Major M. F. X. Slattery; Capt. W. J. Morrissey; War Subs. Capts. W. N. Calder, W. F. Caldwell, S. Conlan, J. Cowan, T. S. Jones, T. S. Maw, W. H. P. Minto, J. Morrison, J. G. Mott, G. M. Sinclair, and A. Young; Lieuts. I. G. D. Bell and W. G. Harding, R.A.M.C.

Universities and Colleges

UNIVERSITY OF EDINBURGH

The Nuffield Provincial Hospitals Trust, on the recommendation of its Scottish Advisory Committee, has made a grant in aid of further research in neonatal and infant problems, to be carried out by the Department of Child Life and Health of Edinburgh University at the Simpson Maternity Pavilion. The research will be directed by Prof. Charles M'Neil and the experiment will be under the auspices of the University and the Royal Infirmary of Edinburgh.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Faculty held on Sept. 4, the President, Dr. James H. MacDonald, in the chair, the following was admitted a Fellow of Faculty *qua* Physician: R. Y. Keers, M.D. R. Mailer, M.D., F.R.C.S.Ed., was admitted a Fellow of Faculty *qua* Surgeon.

Letters, Notes, and Answers

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ANY QUESTIONS?

Sensitivity to Sulphonamides

Q.—*Is there any way of desensitizing a patient who is hypersensitive to sulphathiazole? One gramme of the drug causes irritation of the hands, round the edges of the lips, and round the anal margin, with the formation of an urticarial rash on the dorsum of the hands. Sulphapyridine causes a similar reaction.*

A.—It is not really possible to give a safe answer to this question as experience has been so limited. The available literature was reviewed in the *Lancet*, 1944, **1**, 406, and the *Journal*, 1944, **2**, 248. It is shown that desensitization to the sulphonamides has been brought about by oral administration of the drug to which the patient is sensitive, beginning treatment with a small amount—e.g., 0.1 g. b.d.—and rapidly stepping up the dose—e.g., to 1.0 g. five times a day on the 8th and 9th days. The procedure seems hazardous in view of the risk of exfoliative dermatitis and other complications. Desensitization might more safely be begun by the injection of blood serum from a donor who has been taking sulphathiazole for five days. Such serum contains an antigen which causes an allergic type of response after intradermal injection in sensitive individuals. The initial dose would be 0.05 c.cm. It is not known whether this technique has actually been put into practice. Neither of these procedures can be strongly recommended now that penicillin is becoming available and sulphonamides are presumably no longer indispensable. Nothing is to be gained by trying other sulphonamides as the patient is almost certainly sensitive to the sulphanilic acid radicle, which is common to the whole group.

Tubercle Bacilli in Junket

Q.—*A patient tells me it is a well-known fact that in the process of making junket any tubercle bacilli in the milk will be destroyed, but I can find no reference to this in the literature. I should like authoritative information on the subject.*

A.—We know of no evidence to support this statement. Observations on Cheddar cheese made from infected raw milk have shown that tubercle bacilli may survive for several weeks. In cheese-making, in which both an acid-producing "starter" and rennet are used, the acidity reached is considerably higher than in the preparation of junket, in which rennet alone is used. If it is assumed that the acid is mainly responsible for the gradual destruction of tubercle bacilli in cheese—at any rate in the early stages of ripening—it is difficult to understand why junket should prove more active in this respect than cheese. This statement might be classed with other "well-known facts," such as that junket cannot be made from pasteurized milk, which are known to be cherished fallacies.

Ingrowing Toenail

Q.—*What is the best palliative treatment for ingrowing toenail? When should one decide that removal of the nail is necessary?*

A.—There are several palliative methods of treatment for ingrowing toenail which are adopted in home treatment. The best-known are cutting a V-shaped wedge from the free edge of the nail as far back as possible towards its root (rather hard on the socks), scraping or filing the centre of the nail so that it can arch upwards and thus relieve some of the pressure on the lateral grooves, or applying a small piece of thin metal foil under the lateral nail edge and bringing it out over the rolled-over fold of skin. A most important point is to determine whether there is a spicule (splinter) of nail growing forwards in the lateral groove due to the difficulty of cutting the nail right out to its hidden lateral margin. This spicule must always be removed, for it is a common cause of pain and produces a portal of entry for infection. None of these measures is more than palliative. If the nail causes repeated trouble and disability there should be no hesitation in advising radical surgical