

Although he chose to remain in the ranks of the general practitioners, he was a surgeon of great competence. His judgment was sound and his knowledge very wide, for he somehow found time for extensive reading. This and his vast experience in general practice made him a mine of information to anyone needing his help, and in particular to his fellow practitioners at the hospital. He died in middle life, while still at the height of his powers. The name of Dr. Hepworth will be long remembered in Saffron Walden and in the surrounding villages, for he was one who combined in his personality the finest qualities of the traditional family practitioner with the progressive and scientific outlook of to-day.—A. G. S.

Dr. JAMES J. PATERSON, late medical officer of health for East Berkshire, died from illness in Italy on Oct. 24; he had been appointed to U.N.R.R.A. in June. He studied at the Cardiff Medical School, where he won a scholarship, and entered St. Bartholomew's Hospital as senior science scholar, graduating B.Sc.Lond. in 1903, M.B., B.S. in 1908, and M.D. in State Medicine in 1911. At Bart's he was for a time junior demonstrator in physiology. He entered the public health service as assistant R.M.O. to the Croydon Borough Hospital, then became assistant M.O.H. to the county borough of St. Helens, and moved to Maidenhead in 1911 as M.O.H. for the East Berks United Sanitary Districts, school medical officer for the borough of Maidenhead, and superintendent of the infectious diseases hospital. Dr. Paterson joined the B.M.A. in 1909, was honorary secretary of the Section of Public Health at the Annual Meeting of 1922, and chairman of the Windsor Division in 1928-9. A. T. writes: By the sudden and untimely death of Dr. J. J. Paterson, U.N.R.R.A. has lost an extremely valuable member of its medical staff. Everyone interested in public health work, particularly in its international aspects, knows how much he did to develop and foster it. The conclusion of his long and successful tenure of the post of M.O.H. to East Berkshire would have seemed to most men a fitting moment to retire from active work. Paterson, however, thought otherwise, and was one of the first to volunteer to work on Balkan relief. He survived a strenuous summer in refugee camps in the Middle East, and it was just as he was on the point of leaving Italy for Yugoslavia that he collapsed and died. Ten minutes before his death he had been busily engaged in discussing plans with the other members of the Mission, and seemed as bright and efficient as ever. He died, as he had lived, in harness, and those who knew him are satisfied that he would not have wished it otherwise. Our sympathy goes out to his widow, who, sharing his humanitarian views as she did, gladly spared him for the work on which his heart was set.

The following well-known medical men have recently died: Dr. LAWRENCE JOSEPH RHEA, professor of pathology at McGill University Faculty of Medicine, aged 67; and Dr. FREDERIC ATWOOD BESLEY, a founder member of the American College of Surgeons, aged 76.

Universities and Colleges

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

THIRD M.B., B.S.: ¹2 R. Harrison, ¹2 Margaret E. Hughes, J. C. L. Adams, J. Andrew, E. M. Backett, E. W. Ball, J. A. Barlas, D. W. Barritt, R. G. Bird, J. A. H. Brown, Barbara G. Bull, A. Butterworth, R. D. Calcott, C. M. Carlyle-Gall, H. E. Claremont, A. A. Cochrane, G. N. C. Crawford, R. Creese, J. S. Crowther, R. H. Cutforth, Joan M. B. Davies, J. W. T. Dixon, M. H. N. Dixon, F. G. Domaingue, R. L. M. Ferrari, Barbara W. Gerrard, Muriel M. Gloster, L. W. Godfrey, Susanna Gordon, I. G. Gray, N. H. Gunn, P. J. Hare, H. F. Hills, G. N. Jones, Mary D. G. Jones, Barbara Law, D. Lawrence, G. L. Le Bouvier, T. P. Loke, D. R. Lucas, P. F. M. MacDonald, I. Macdonald, R. I. Meanock, J. B. Mehta, R. Milton, G. Monckton, R. E. Moore, J. A. Oddie, B. W. Orchard, K. Owen, K. W. E. Paine, H. W. Palmer, A. Persey, R. G. Pitman, A. H. Pote, A. G. Quinlan, K. J. Randall, Elizabeth V. Rohr, C. D. Routh, P. J. L. Sequeira, K. E. D. Shuttleworth, L. S. Simons, J. A. Sindell, C. H. Smith, W. H. R. Smith, Y. G. Sofer, Zena Stanley, S. J. Steel, B. S. Sweetman, J. M. Tanner, R. C. W. Thompson, Mary Townsend, D. O. Trounce, C. H. Walker, Muriel C. Waterfall, Jean M. Watson, P. West, D. R. Wilkie, P. A. T. Wood, E. A. Wright, Betty C. Zoob, M. Zoob.

¹ With honours. ² Distinction in obstetrics and gynaecology.

SOCIETY OF APOTHECARIES OF LONDON

At a recent meeting of the Court of Assistants, with Dr. J. P. Hedley, Master, presiding, an illuminated address was presented to Sir Stanley Woodward upon the completion of three years as Master of the Society. Surg. Rear-Adm. C. P. G. Wakley delivered a lecture in the hall on "War Surgery in 1944" in place of Col. Elliott Cutler, who was unable to lecture owing to military duties.

The diploma of the Society was granted M. J. Blunt, D. A. Cox, D. I. T. Edwards, E. D. C. Jones, R. A. Leeming, I. A. Nazroo, D. T. H. Paine, E. F. Roberts; and the diploma of Mastery of Midwifery to J. N. I. Emblin, A. Rothbaum, J. W. H. Simpson.

Medical Notes in Parliament

Tuberculosis and Health Services in Nigeria

In a reply on Nov. 8 Col. STANLEY reported that detailed statistics of the incidence of tuberculosis in Nigeria as a whole were not available, but the position gave cause for concern. Facilities for the treatment of tuberculosis, and indeed medical facilities as a whole, obviously needed to be widely extended, but the expansion of the activities of the medical department had inevitably been limited during the war by the staff shortage. This had been accentuated by releases for military service, by invalidings, and by recruitment difficulties. In Nigeria as an essential preliminary towards preparing a comprehensive tuberculosis prevention scheme the Nigerian Government made provision for the establishment of a Tuberculosis Investigation and Survey Unit under the charge of a tuberculosis officer. The unit would include a mobile mass radiography section. The survey would start as soon as staff and equipment could be obtained. When these had been completed it would be possible to prepare for the needs of the country as a whole. Steps were also being taken to appoint a venereologist to take charge of a campaign against venereal disease. Venereal disease clinics would be opened in Lagos and elsewhere as soon as facilities were available. Meanwhile treatment for tuberculosis, venereal disease, and pneumonia was available to the public at existing hospitals and clinics. Expansion of general medical facilities would form an important part of the post-war development programme for Nigeria.

In one part of his reply Col. Stanley said that Government medical officers in Nigeria provided their own transport, but were eligible for assistance in the form of an advance of salary towards the purchase of motor vehicles. Maintenance and mileage allowances were paid. He was not aware of any difficulties.

Industrial Injury Insurance

Sir DAVID MAXWELL-FYFE resumed the debate on Nov. 9. He said there was an absence from the present system of provisions for medical and post-medical rehabilitation. All agreed that must be changed. The present scheme proposed grants for maintenance in hospitals, treatment, and constant attendance. Medical treatment and rehabilitation of the injured workman and post-war rehabilitation and training would be provided as part of the general medical and post-hospital rehabilitation services organized by the Ministry of Health and the Ministry of Labour. There would be a duty on the Ministry of Social Insurance to co-ordinate these activities with those of the Department, to assure free information, and to see the best services were provided for rehabilitation and training. The House had seen light work used as a method of stopping compensation. That was wrong and destroyed what work could do to restore and rehabilitate. The Government's proposals eliminated the idea of deciding how far a workman had recovered his earning capacity. They eliminated the grievance that an increase in earning capacity resulted in an automatic reduction in pension. Many M.P.s had seen the mental harm which that system caused in the past. The proposals also removed the suspicion that the workman would be pressed to undertake unsuitable work, with the result that he hesitated about rehabilitation and his recovery was retarded. The Government system gave a workman a right to his pension whatever work he did. It also met to some extent the complaint that there was no compensation for mutilation and disfigurement except in strict relation to earning capacity. By the system proposed, the workman would notify the pensions officer of the accident and would send the certificate of the doctor who had examined him for the injury. There would be confirmation from the employer, or, if there was a dispute, an appeal to the local appeal tribunal. When the Bill was drafted the Government would bear in mind the allocation of onus of proof. Clear working instructions would cover the vast majority of cases. When the change came from allowance to pension the question of disability would go to a medical board, against whose decision there could be an appeal to the local appeal tribunal, with the same chairman but with medical instead of ordinary members. That procedure would get rid of one-man decisions by a medical referee as was now done under Section 19 of the Act. He suggested that the words "arising out of and in the course of" employment should be retained when drafting the new Bill. Interpretation of those words had changed in favour of the workman.

Mr. BOWLES cited the case of a workman who had twice got dermatitis at a factory when unloading machinery which arrived covered with oil. This man had great difficulty in

The Services

Cpts. L. J. Calvert, D. G. Cameron, C. B. Caswell, and R. C. Mellow, R.C.A.M.C., have been awarded the M.C., and Major (Temp. Lieut.-Col.) E. J. Selby, O.B.E., R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished services in Italy.

Capt. S. Gopalakrishnan, Lieut. (Temp. Capt.) C. J. Pinto, Lieut. (Acting Capt.) C. S. Rao, and Subadar H. M. Yaqub, I.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in Burma.

Capt. J. P. Irwin, R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished services in the field.

The Efficiency Decoration of the Territorial Army has been conferred upon Col. R. I. Poston, Lieut.-Col. (Temp. Col.) J. P. J. Jenkins, Lieut.-Col. (Acting Col.) I. G. W. Hill, and Majors (Temp. Lieut.-Cols.) N. Capstaff, W. M. Evans, M.C., A. J. King, and H. S. Ward, O.B.E., R.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Killed in Western Europe.—Lieut. David Michael de Reuda Winsor, M.C., R.A.M.C.

Died.—War Subs. Capt. Ian William Barclay, R.A.M.C.

Died of wounds.—Capt. Philip Augustus Robinson, R.A.M.C.

Wounded.—War Subs. Cpts. A. Anderson, T. G. Gray, D. R. Hughes, G. P. Mitchell, and H. B. S. Warren, R.A.M.C.

Wounded or injured.—Temp. Surg. Lieuts. R. C. Carr, J. P. W. Grant, B. H. Hand, and E. V. Mackay, R.N.V.R.

Missing, presumed killed.—Temp. Surg. Lieut. Horace Edward Dunning Gale, R.N.V.R.

Missing presumed lost from Japanese transport.—Capt. Matthew Joseph McNamara, A.A.M.C.

Reported missing, now prisoner of war.—Major T. R. B. Courtney, R.A.M.C.

Previously reported missing at Arnhem, now known to be a prisoner of war.—Capt. R. E. Bonham Carter, R.A.M.C.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* there was a general increase in the notifications of infectious diseases. There were 925 more cases of measles than last week, 162 more of whooping-cough, 64 more of dysentery, and 63 more of acute pneumonia.

The rises in whooping-cough and acute pneumonia notifications were greatest in Lancashire, 88 and 35 respectively more than last week, and this county had the greatest fall—47 fewer cases—in scarlet fever. Notifications of diphtheria fell by 24 in Cheshire, and by 13 in Lancashire, but rose in Staffordshire by 12, and in Warwickshire by 14.

Measles is still rising in incidence in the north. Increases over last week's totals were as follows: Lancashire 450, Warwickshire 218, Staffordshire 92, Southampton 51; the only drop of any size was in Devonshire, where 73 fewer cases occurred. Lancashire had 36% of the measles notifications for the country. The 2,055 cases recorded made the largest weekly total in the country since the end of 1942, when 2,096 cases were notified, this number being only 14% of the total for the country.

The notifications of dysentery rose to 320. The principal centres of infection remain unchanged. The largest returns were London 64 (Wandsworth 29); Lancashire 57 (Prestwich M.B. 17, Prescott 15); Middlesex 27 (Sunbury-on-Thames U.D. 20); Glamorganshire 19 (Cardiff C.B. 17); Essex 17; Gloucestershire 14; Cheshire 12.

In *Scotland* notifications for acute primary pneumonia rose by 42, measles by 38, diphtheria by 29, and dysentery by 10. Glasgow had 11 more cases of dysentery than last week, and Aberdeen County 8.

In *Eire* the incidence of measles again fell, only 11 cases being reported. The incidence of diphtheria remained unchanged at the relatively high level of 123.

In *Northern Ireland* the most notable feature of the returns was the increase of 62 in the notifications of measles; 200 cases were reported in Belfast C.B. during the week.

Week Ending November 18

The returns of infectious diseases in *England and Wales* during the week included: scarlet fever 2,335, whooping-cough 1,410, diphtheria 619, measles 6,001, acute pneumonia 626, cerebrospinal fever 45, dysentery 217, paratyphoid 18, typhoid 7, acute poliomyelitis 12.

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. 11.

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 ..	37	3	12	3	—	41	4	24	2	1
Deaths	—	—	1	—	—	—	—	—	—	—
Diphtheria	642	14	198	123	26	819	50	181	117	48
Deaths	12	—	5	4	—	13	1	3	5	—
Dysentery	320	64	100	—	—	158	35	87	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	1	—	2	—	—	1	—	—	1	—
Deaths	—	—	—	—	—	—	—	—	—	—
Erysipelas	—	—	41	15	2	—	—	53	5	1
Deaths	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	—	—	—	35	—	—	—	—	20	—
Deaths	41	3	14	13	1	64	7	11	15	2
Measles*	5,752	57	345	11	207	557	50	67	56	2
Deaths	6	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	66	4	14	1	—	89	6	22	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	3	—	1 (B)	—	—	4	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenza† Deaths (from influenza)	583	30	9	3	7	781	48	45	—	7
Deaths	25	2	1	—	—	46	6	20	3	1
Pneumonia, primary ..	—	—	221	18	—	—	—	259	12	—
Deaths	—	22	—	15	9	—	37	—	4	12
Polio-encephalitis, acute	2	1	—	—	—	2	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	13	—	1	2	—	20	4	1	3	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal fever	—	1	12	—	1	—	2	26	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia‡ ..	161	2	13	2	1	158	7	11	—	4
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	2,132	46	351	43	80	3,236	246	403	56	87
Deaths	1	—	1	—	—	1	—	—	—	—
Smallpox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhoid fever	4	—	1	9	4	5	—	2	8	2
Deaths	2	—	—	1	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	1	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough* ..	1,297	34	97	16	13	1,902	174	220	21	24
Deaths	2	—	—	1	—	7	—	2	1	—
Deaths (0-1 year) ..	290	26	53	46	23	316	37	67	32	22
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths)	4,338	598	627	220	153	4,368	695	638	200	126
Annual death rate (per 1,000 persons living) ..	—	—	14.4	14.3	§	—	—	14.4	13.1	§
Live births	6,414	552	888	383	256	5,836	697	861	353	245
Annual rate per 1,000 persons living ..	—	—	18.1	24.8	§	—	—	17.6	23.2	§
Stillbirths	209	15	30	—	—	199	23	35	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	33	—	—	—	—	39	—	—

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

† 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.