

pecially designed premises could they get class-rooms of a size that would ensure sufficient air space for each child, cross-ventilation, and floors which could be easily cleaned. Special measures for control of enteritis included adequate washing arrangements for the children, with individual towels and plenty of space between each towel and face-cloth; metal receptacles for soiled napkins; and enough chamber-pots to allow time for cleansing them before use by the next child. Ventilation, temperature, and lighting of the children's lavatories were important to maintain dry floors and reasonable comfort so that toilet could be carried out leisurely and thoroughly. The entrance to the kitchen should be as far away as possible from the lavatories, and all staff should wash their hands as a routine before entering the kitchen to prepare meals. Preparation of infants' feeds should be carried out in a special milk room away from the kitchen and by one member of the staff only. A refrigerator was desirable, if not essential, in every nursery. Food should be delivered daily, and the keeping of food left over—such as gravies, minced meat, etc.—should be avoided. It was preferable to do laundry work on the premises for all children, but in any case adequate facilities were required for washing and sterilizing soiled napkins. Close daily contact between parents and a responsible member of the staff was important in revealing diarrhoea at home, etc. Prompt notification of abnormal stools and immediate isolation of a suspect should be followed by adequate bacteriological investigation. Given these conditions, the dangers of enteritis were not such as to make him fear nursery provision in peacetime for children over 2 years of age. But he was convinced for other reasons that infants should be housed in separate premises, where the crèche could be combined with cot accommodation for healthy children requiring special supervision in feeding difficulties.

Dr. A. T. W. POWELL said he had had 100 cases of Sonne dysentery in his day nurseries, including outbreaks in prefabricated premises. He did not favour closure as a means of limiting spread of infection, but thought that all procedures in the w.c. and washing accommodation needed close supervision. The problem of infection would have to be overcome, as we had to contemplate continuing some daytime nurseries.

The Services

The main building of the Royal Victoria Hospital, Netley, which for 18 months has been occupied by the U.S. Army Medical Services, was returned to the British Army medical authorities on July 19. Brig.-Gen. Charles B. Spruit formally handed the hospital back to Lieut.-Gen. Sir Alexander Hood, Director-General, A.M.S., who in reply said: "We of the British Army Medical Services would like our American friends to have a tangible token to remind them of their stay here, and I therefore present to the United States Medical Services the key of the hospital. I hope it will remind them not only of Netley, but also of the fact that our Services, which have so long been mutually supporting one another, are for all time united."

The *London Gazette* has announced the appointment as M.B.E. (Military Division) of Fl. Lieut. FRANK WILSON LAURIE, R.A.F.V.R. The citation reads as follows:

a One night in December, 1944, in bad weather, a Lancaster aircraft crashed and caught fire outside an airfield boundary. Fl. Lieut. LAURIE, the station medical officer, went to the assistance of the injured crew. He arrived when the worst of the flames had subsided but there was some danger from the fire which was still burning. Working under appalling conditions among the wreckage, in rain and deep mud, he rendered first aid. The mud prevented ambulances approaching the crash and thus delayed the removal of the injured. Some of the crew undoubtedly owe their lives to this officer's prompt and skilful attention. After taking the injured to station sick quarters, Fl. Lieut. LAURIE, although very tired, tended them for a further 12 hours. In January, 1945, two Lancaster aircraft, both carrying long delay-action bombs, crashed at dawn within a few minutes of one another. Fl. Lieut. LAURIE assisted the crew from the first wrecked aircraft, which did not catch fire, rendering first aid as necessary and ignoring the potential danger of bombs exploding. He then turned his attention to the second aircraft. This had caught fire on hitting the ground and two explosions of bombs had already occurred. After seeing one survivor into an ambulance he went among the wreckage to search for other survivors. He was fully aware that there was a considerable danger that further bombs might explode while he was so engaged. Fl. Lieut. LAURIE has set a fine example of gallantry and devotion to duty and has done much to maintain the morale of air crews.

CASUALTIES IN THE MEDICAL SERVICES

Lost his life as a result of an air crash in East Africa.—Major John Andrew Farrell, R.A.M.C.

Wounded.—War Subs. Capt. S. F. M. Cressall and A. M. Gwynn, R.A.M.C.

Correspondence

Penicillin in Bacterial Endocarditis

SIR,—Since the announcement made in these columns on Feb. 17 (p. 232) of the formation of centres to investigate the therapeutic value of penicillin in bacterial endocarditis 81 patients have received one or more courses of treatment. The results indicate that penicillin can exert a remarkable influence on the course of this disease, but it is also clear that certain systems of dosage are not only ineffective but likely to be harmful.

The first series of patients was divided into three groups; all were given a total of 5 million units, but the duration of treatment was varied as shown in Table I.

TABLE I

	1 million Units a Day for 5 Days	0.5 million Units a Day for 10 Days	0.25 million Units a Day for 20 Days
No. of patients	19	15	12
Relapsed or died	95%	66%	33%
Average duration of "follow-up" of patients without relapse	123 days	110 days	83 days

These results show that even massive doses given for a comparatively short period are usually ineffective. Two other methods of treatment were therefore adopted. In one the daily dose varied from 0.1 to 0.5 million units according to the sensitivity of the infecting organism to penicillin, treatment being continued for 28 days; and in the second group all patients were given 0.5 million units a day for from 21 to 28 days. The results were as follows:

TABLE II

	Dose Regulated according to Sensitivity of Organism	0.5 million Units a Day for 21 to 28 Days
No. of patients	27	19
Relapsed or died	37%	26%
Average duration of "follow-up" of patients without relapse	72 days	75 days

These results do not indicate, as might be supposed, that the sensitivity of the infecting organism is of little significance; they only show that in some cases 0.5 million units a day gives better results than a smaller dose. It is hoped that the next series of patients to be investigated will indicate the significance of the sensitivity of the organism and the optimum daily dose.

The purpose of this letter is to encourage practitioners and consultants to refer patients as soon as a diagnosis is established to the centres listed below. Although the transfer of patients to these hospitals may be inconvenient, there are several reasons why it is desirable. Short courses of penicillin usually only result in harmful delay and may also increase the resistance of the organism to penicillin. These centres have become acquainted with the practical difficulties involved in the prolonged administration of penicillin. The results already obtained also show that conclusions drawn from the treatment of small numbers of patients suffering from this uncommon disease may be entirely fallacious: a co-ordinated effort is more likely to establish the effective dose and the value of such adjuvants as heparin.

The centres which have been established and the persons to whom patients should be referred are as follows:

Belfast.—The Secretary, Belfast Penicillin Clinical Trials Committee, Queen's University Institute of Pathology, Grosvenor Road, Belfast.

Birmingham.—Prof. K. D. Wilkinson, Queen Elizabeth Hospital, Edgbaston, Birmingham, 15.

Bristol.—Prof. C. Bruce Perry, Department of Medicine, Canynge Hall, Whatley Road, Bristol, 8.

Cardiff.—Prof. J. B. Duguid, The Welsh National School of Medicine, Cardiff.

Edinburgh.—Dr. A. R. Gilchrist, Royal Infirmary, Edinburgh.

Glasgow.—Prof. J. W. McNee, or Dr. W. R. Snodgrass, Western Infirmary, Glasgow.

PROFESSOR ACHARD

Prof. Emile Charles Achard, the news of whose death on August 7, 1944, was delayed by the war, was born on July 24, 1860, in Paris, where he received his medical education, being a fellow student with the eminent surgeon Prof. Hartmann, who is still with us. He qualified at the Paris Faculty of Medicine in 1887 with a thesis on hysterical apoplexy. In 1910 he was appointed professor of general pathology and therapeutics, and in 1919 professor of clinical medicine. He was successively attached to the Beaujon and Cochin Hospitals in Paris. He held many other appointments at home and abroad, of which the most important were member of the Institut, Commander of the Legion of Honour, and general secretary of the Académie de Médecine. In 1937 he was elected Honorary Foreign Fellow of the Royal Society of Medicine, having been elected honorary member of the Clinical Section in 1933. He was also member of the Royal Academy of Rome, and had conferred on him the Order of the Crown of Italy.

Achard was a prolific writer. Besides many articles in Brouardel and Gilbert's *System of Medicine*, he was the author of works on typhoid fever, encephalitis lethargica, and oedema in Bright's disease, which was translated into English, on diseases of the blood, nervous system, kidneys, and suprarenals. He was also co-editor of *Archives de Médecine Expérimentale et d'Anatomie Pathologique*.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Marmaduke Sheild Scholarships have been awarded to D. Bulmer, of Peterhouse, and R. P. Holmes, of Trinity College.

During the month of June titles of the degrees of M.B., B.Chir. were conferred by diploma on S. M. Martin, of Girton College.

UNIVERSITY OF LONDON

The title of Reader in Bacteriology in the University has been conferred on John Cecil Cruickshank, M.B., Ch.B.Ed., in respect of the post now held by him at the London School of Hygiene and Tropical Medicine.

The degree of D.Sc. has been conferred on A. C. Frazer, an internal student at St. Mary's Hospital Medical School.

UNIVERSITY OF SHEFFIELD

At a meeting held on July 13 the University Council received with regret the resignation of Dr. C. Gray Imrie, F.R.C.P., of the post of lecturer in physiology, and of Dr. J. MacA. Croll as lecturer in bacteriology, and accorded them its thanks for their services to the University.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Moynihan Lecture will be delivered at the College (Lincoln's Inn Fields, W.C.) by Prof. Willem Noordenbos, Hon. F.R.C.S., professor of surgery in the University of Amsterdam, on Wednesday, Aug. 1, at 5 p.m. Fellows and Members of the College are invited to attend. Students and others, who are not Fellows or Members of the College, will be admitted on presenting their private visiting cards. Tea will be served before the lecture.

At a meeting of the Council of the Royal College of Surgeons of England, held on July 12, Sir Alfred Webb-Johnson was re-elected President, and Mr. C. Max Page and Major-Gen. W. H. Ogilvie were elected Vice-Presidents.

Prof. W. E. Le Gros Clark, F.R.S., was elected a Hunterian Professor for 1945.

The following appointments were made for 1946:

Hunterian Professors.—Mr. Ivor Lewis, one lecture on the Surgical Treatment of Carcinoma of the Oesophagus with Special Reference to a New Operation for Growths of the Middle Third; Mr. D. Hamilton MacLeod, one lecture on Endometriosis—a Surgical Problem; Lieut.-Col. B. W. Rycroft, R.A.M.C., one lecture on War Wounds of the Eye and their Modern Treatment; Lieut.-Col. A. L. d'Abreu, O.B.E., R.A.M.C., one lecture on War Surgery of the Chest; Wing Cmdr. W. D. Coltart, A.A.F., one lecture on Fractures and Dislocations of the Astragalus; Lieut.-Col. D. S. P. Wilson, R.A.M.C., one lecture on Missile and Traumatic Injuries of the Urethra and their Treatment; Major C. H. Gray, R.A.M.C., one lecture on Sciatica; Mr. S. H. Wass, one lecture on the Odontomes and Other Affections of the Jaws: their Pathology, Diagnosis, and Treatment; Mr. J. D. Fergusson, one lecture on Original Observations on Carcinoma of the Prostate treated with

Oestrogens, based on a Study of Serial Perurethral Biopsies performed over Periods of from Six Months to Two and a Half Years during Continued Oestrogen Therapy; Mr. John Charnley, one lecture on the Conservative Treatment of Fractures of the Femoral Shaft; Major P. W. Clarkson, R.A.M.C., one lecture on the Treatment of Face and Jaw Casualties; Capt. C. G. Rob, M.C., R.A.M.C., one lecture on the Diagnosis of Abdominal Trauma in Warfare.

Arris and Gale Lectures.—Profs. O. G. Edhölms and H. Barcroft, two lectures on the Circulation in Human Skeletal Muscle; Mr. Norman L. Capener, one lecture on Physiological Rest.

Erasmus Wilson Demonstrators.—Six demonstrations on the pathological contents of the Museum, one by Mr. L. E. C. Norbury, O.B.E., two by Col. R. Davies-Colley, C.M.G., A.M.S., and one by Mr. T. M. Tyrrell, with ophthalmic pathological material. There are two vacancies.

Arnott Demonstrator.—Prof. A. J. E. Cave, six demonstrations on the contents of the Museum, to be combined with professorial lectures.

Beginning in the autumn of this year there will be a lecture in the College every Thursday at 5 p.m.

Subject to a satisfactory scheme being submitted, it was decided to seek power by Charter at a future date to institute a special Final Fellowship examination in oto-laryngological subjects. It was also decided to hold an additional Primary Examination for the Fellowship in January, 1946.

Sir Frank Colyer was reappointed Honorary Curator of the Odontological Collection; Dr. F. S. Cooksey was elected an additional examiner for Part II of the Diploma in Physical Medicine during the current collegiate year; and Mrs. H. P. Herbert was reappointed a Leverhulme Research Scholar.

It was decided to recognize the post of resident surgical officer at the Royal Infirmary, Oldham, for the six-months surgical practice required of candidates for the Final Fellowship examination.

Diplomas of Membership were granted to R. B. Broughton, R. A. Green, R. Hierons, and H. M. Wotzilka.

Diplomas in Psychological Medicine and in Laryngology and Otology were granted jointly with the Royal College of Physicians of London to the following successful candidates:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—J. A. Ainslie, W. H. Craike, J. F. Edwards, M. C. Hood, J. B. Randall, W. W. Roberts, H. A. Thorne.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—Géza Grünberger, J. L. Insley, A. A. MacGibbon, M. G. Marks, G. S. Midgley, G. H. Vawda, and H. Zalin.

Medical News

A deafness clinic has recently been established at the National Hospital, Queen Square, London, W.C.1. The work of this clinic will be devoted to the investigation and treatment by means of hearing aids and otherwise of deafness in all its forms, excluding those accompanied by active otitis media with ear discharge. Patients are seen, by appointment only, at 9 a.m. or 1.45 p.m. on Mondays, Tuesdays, and Wednesdays. All appointments should be made by application, telephone or letter, to the Deafness Clinic, The National Hospital, Queen Square, London, W.C.1. Terminus 7721.

In view of possible renewed negotiations with the Minister of Health, the Council of the Faculty of Homoeopathy feels that it is important to know the exact location of all physicians practising homoeopathy in the United Kingdom. Those not already in touch with the Faculty of Homoeopathy might contact the honorary secretary immediately at the London Homoeopathic Hospital, Queen Square, W.C.1.

A leave course for doctors of the U.S. and Dominions Forces, arranged by the Faculty of Medicine, University of Edinburgh, and the British Council, was held at Edinburgh from July 16 to 20. The programme included lectures by the professional staff and by Dr. Andrew Davidson, Chief Medical Officer, Department of Health for Scotland, and visits to medical institutions.

Negotiations have been completed between Lord Astor, the National Trust, the Bucks County Council, and various hospital authorities for converting to civilian use the Canadian military hospital on Lord Astor's estate at Cliveden. The hospital, which can accommodate over 700 patients, will be administered by the Bucks County Council. The Cliveden estate was given to the National Trust by Lord Astor in 1942, with an endowment for its upkeep.

At a meeting of the Hertfordshire County Council on July 23 reference was made to a proposal of the authorities of St. Bartholomew's Hospital to build a new hospital in the Watford area at a cost of about £1,000,000. The new hospital would probably have some 600 beds, and would include a medical school staffed by highly experienced consultant physicians and surgeons. The council appointed a committee to conduct negotiations with representatives of the hospital.