



Infectious Diseases

The largest variations in the notifications of infectious diseases in England and Wales during the week ending November 14 were increases of 235 for whooping-cough, from 2,175 to 2,410, and 213 for scarlet fever, from 1,187 to 1,400, and a decrease of 214 for measles, from 1,030 to 816.

The largest rises in the incidence of scarlet fever were 46 in Lancashire, from 165 to 211, and 38 in London, from 58 to 96. The largest fluctuations in the local returns of whooping-cough were rises of 76 in Yorkshire West Riding, from 195 to 271, 55 in Kent, from 43 to 98, and 55 in Norfolk, from 43 to 98, and falls of 49 in Staffordshire, from 125 to 76, and 33 in Surrey, from 91 to 58. The largest decreases in the number of notifications of measles were 79 in Cumberland, from 128 to 49, and 79 in Lancashire, from 248 to 169, while the largest increase was 34 in Staffordshire, from 88 to 122. 26 cases of diphtheria were notified during the week, being 8 more than in the previous week. The chief feature of the returns was a rise in Staffordshire from 5 to 13. 7 of the 13 cases were notified in Coseley U.D., where 7 cases were notified a fortnight earlier.

95 cases of acute poliomyelitis were notified. These were 6 more for paralytic and 5 fewer for non-paralytic cases than in the preceding week. The largest returns were Yorkshire West Riding 12, Lancashire 11, Dorsetshire 7 (Wimborne and Cranborne R.D. 5), London 5, and Lincolnshire 5.

Notifications of dysentery numbered 370, and were 12 more than in the preceding week. The chief centres of infection were Yorkshire West Riding 98 (Bradford C.B. 60, Halifax C.B. 17), Yorkshire North Riding 18 (Middlesbrough C.B. 18), Lancashire 54 (Manchester C.B. 11, Bolton C.B. 9), London 47 (Islington 8), Middlesex 25 (Willesden M.B. 9), Warwickshire 17 (Birmingham C.B. 17), and Leicestershire 11 (Leicester C.B. 11).

In Scotland 105 cases of dysentery were notified in Glasgow and 37 in Edinburgh.

Week Ending November 21

The notifications of infectious diseases in England and Wales during the week included scarlet fever 1,613, whooping-cough 2,510, diphtheria 28, measles 793, dysentery 362, acute poliomyelitis 88, paratyphoid fever 9, and typhoid fever 2.

The Services

Surgeon-Commander Robert M. Coplans, R.A.N., Officer in Charge of the Royal Australian Naval School of Air Medicine and Naval Specialist in Hygiene, has been appointed Honorary Physician to the Governor-General of Australia.

Colonel P. R. Hawe, T.D., R.A.M.C., T.A., has been appointed Honorary Colonel of a Territorial Army Unit, in succession to Colonel J. P. Clarke, T.D., R.A.M.C., T.A., whose tenure has expired.

Medical News

Royal Society.—Last Monday Dr. E. D. Adrian, O.M., delivered his presidential address to the Royal Society. The great volume of scientific publication nowadays made it difficult for him, he said, to pick out any one discovery for particular mention. "There has been great activity in many lines, but for the time being we seem to have passed the stage of really startling discoveries." In the most promising fields the general line of advance could be foreseen for a few years at least. It would be safe to expect, for instance, valuable developments in the fields of synthetic chemistry and in our understanding of the structure of proteins, the nature of viruses, and the action of enzymes. "But we are well prepared for them: they will not startle us unless they show some fault in the accepted theories." Dr. Adrian then spoke of some of the difficulties created by the rapid expansion of science. On the one hand, boundaries between different scientific disciplines were becoming blurred; on the other, new specialist groups were arising. Long ago it had passed the competence of one mind to keep the enormous territory of science in focus. At the close of his address Dr. Adrian alluded to the physical basis of memory. "We must start each morning with our brain structure modified by what happened to it the day before," he said. It was now possible to examine the reactions of a single nerve cell by thrusting a microelectrode into it, and the changes produced by repeated activity were being studied. However, the storage process might well involve a chemical as well as a physical reorganization. Evidence was accumulating that the transmission of signals from one cell to another depended on the release from the cell terminals of stimulating molecules and their rapid destruction by enzymes.

Scientific Exhibition.—At the B.M.A. Annual Meeting next year in Glasgow there will again be a scientific exhibition, open from July 5 to 9. This event proved very popular at the meetings at Dublin and Cardiff. To the exhibitor it offers unique opportunities of discussing his work with colleagues from at home and abroad. Medical research and current medical practice and techniques are suitable subjects for exhibition. Space is limited, so potential exhibitors are advised to apply for stands as soon as possible, and certainly not later than December 31. Full information and application forms can be obtained from the Secretary, British Medical Association, B.M.A. House, Tavistock Square, London, W.C.1.

Air Attendants.—The St. John Ambulance Brigade can provide air attendants for patients travelling by air both in Britain and abroad. The attendants are qualified in air duties and emergency midwifery in addition to first aid and nursing. The service is voluntary, and the only payment is the attendant's fare and reasonable out-of-pocket expenses. All attendants are fully insured. At present this service is limited to British European Airways, but it is hoped to extend it soon to other air corporations. Applications for attendants should be made to the Officer in charge of Register, St. John Ambulance Brigade Headquarters, 8, Grosvenor Crescent, London, S.W.1 (telephone, Sloane 9861). If special equipment is likely to be required the doctor should give warning of this beforehand.

Anglo-French Exchange Bursaries.—Applications are now invited for the bursaries which will be awarded in 1954 to young British doctors under the exchange scheme arranged by the French Embassy in London between the Institut National d'Hygiène in Paris and the Ciba Foundation in London. The value of the French grants is 60,000 francs a month, tax free, and they will be awarded for periods of two to four months to doctors who wish to obtain clinical experience or carry out medical research in France. Since the aim of the exchange is to spread in each country knowledge of achievements, outlook, and methods on the other side of the Channel, preference will normally go to candi-

House-physician; Joan M. Wagner, M.B., B.Ch., M.R.C.P., and Joyce B. Burke, M.D., M.R.C.P., D.Obst.R.C.O.G., D.C.H., Whole-time Assistant Medical Registrars.

LIVERPOOL REGIONAL HOSPITAL BOARD.—E. F. B. Cadman, M.D., M.R.C.P., D.C.H., Part-time Visiting Consultant Physician to Hospitals in Southport Area; A. G. McCarey, M.D., D.M.R.D., Dip.Rad., Consultant Radiologist to East Liverpool Area; J. H. E. Carmichael, M.D., D.M.R.D., Dip. Rad., Assistant Radiologist to East Liverpool Area.

LONDON TRANSPORT: DEPARTMENT OF THE CHIEF MEDICAL OFFICER.—J. L. Fyfe, M.B., Ch.B., D.I.H., Senior Medical Officer; D. M. Evans, M.B., B.Chir., Medical Officer in charge of North-east Division Medical Centre, Manor House; C. E. Sefton Myers, M.R.C.S., L.R.C.P., Medical Officer at North-east Division Medical Centre.

LYCETT, C. D. L., M.D., D.P.H., County Medical Officer of Health and Principal School Medical Officer, Wiltshire County Council.

MCGOVERN, JAMES, M.B., Ch.B., D.P.H., Assistant County Medical Officer for Shropshire and Medical Officer of Health for the Ellesmere Urban and Rural, Wem Urban and Rural, and Whitchurch Urban Districts.

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—M. Klein, M.D., D.O.M.S., Part-time Ophthalmic Surgeon (Consultant), London Jewish Hospital; J. H. Dixon, M.B., B.Chir., D.A., Part-time Anaesthetist (Consultant), Black Notley and Broomfield Hospitals; D. Zuck, M.B., Ch.B., D.A., F.F.A.R.C.S., Full-time Anaesthetist (Consultant), Chase Farm Hospital and Group; Helen M. Mayer, M.R.C.S., L.R.C.P., M.R.C.O.G., Part-time Gynaecologist (Consultant), Mildmay Mission Hospital; S. F. Hans, M.D., F.R.C.S., M.R.C.O.G., Part-time Obstetrician and Gynaecologist (Consultant), Epping Group of Hospitals; B. Cohen, M.B., Ch.B., F.R.C.S., D.L.O., Part-time Ear, Nose, and Throat Surgeon (Consultant), North Middlesex Hospital; H. S. A. Henry, M.B., B.Ch., F.R.C.S.I., D.P.H., D.L.O., Part-time Ear, Nose, and Throat Surgeon (Consultant), Queen Mary's Hospital for the East End; H. J. M. Stratton, F.R.C.S.Ed., D.L.O., Part-time Ear, Nose, and Throat Surgeon (Consultant), Bethnal Green Hospital; D. C. Arnott, M.B., B.S., D.C.H., D.Phys.Med., Part-time Physician in Physical Medicine (Consultant), Harold Wood and Brentwood District.

O'NEILL, THOMAS, M.D., M.Ch., F.R.C.S., Surgeon, Sir Patrick Dun's Hospital, Dublin.

PLEWS, WILLIAM R., L.R.C.P.&S.Ed., L.R.F.P.&S.Glas., D.P.H., D.Obst.R.C.O.G., Depute Medical Officer of Health and Depute Port Medical Officer, Burgh of Greenock.

SCADDING, F. H., M.D., M.R.C.P., Assistant General Physician on Consultant Staff of Middlesex Hospital.

SIMPSON, RONALD G., M.D., M.R.C.P., Physician Consultant in Geriatrics for Perth and Perthshire District of Scotland, Eastern Regional Hospital Board (Scotland).

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Clements.—On November 21, 1953, at Poole, Dorset, to Sheila Mayer, wife of Dr. P. W. Clements, a daughter—Gillian Jane.

Gribble.—On November 28, 1953, at The London Hospital, London, E., to Mary (formerly Watkins), wife of Michael Gribble, B.M., B.Ch., a son—Julian de Gruchy.

Murley.—On November 30, 1953, at Cobden Hill House, Radlett, Herts, to Daphne (formerly Garrod), wife of Reginald S. Murley, M.S., F.R.C.S., a sister for Susan, Jennifer, David, and Gavin—Hilary.

MARRIAGES

Bird—Bateman.—On November 21, 1953, at Christ Church, Fulwood, Sheffield, Julian Davis Bird, M.B., Ch.B., D.A., to Nora Bateman, S.R.N., S.C.M.

Bowie—Whitfield.—On November 20, 1953, in London, William Wilson Bowie, M.B., Ch.B., D.Obst.R.C.O.G., to Enid Mary Whitfield, M.B., Ch.B., D.C.H.

DEATHS

Arthur.—On November 17, 1953, at Llandrindod Wells, Radnorshire, William Daniel Arthur, M.B.E., M.R.C.S., L.R.C.P., Colonel, late R.A.M.C., retired, of Llandaff, Cardiff.

Beetham.—On November 20, 1953, in hospital, Herbert William Beetham, L.R.C.P.&S.Ed., L.R.F.P.S., of 6, Lidgett Park Road, Leeds, Yorks, aged 46.

Ealand.—On November 11, 1953, Ralph Martin Ealand, M.R.C.S., L.R.C.P., late of Batheaston, Somerset.

Ellison.—On November 6, 1953, at the Grove Hospital, Tooting, London, S.W., Joseph Bramhall Ellison, M.D., D.P.H.

Hartley.—On November 6, 1953, at his home, 71, Lichfield Road, Sutton Coldfield, War, George Cleverdon Hartley, M.C., M.B., Ch.B., husband of Alice Muriel Hartley, M.B., Ch.B., formerly of Erdington, Birmingham, aged 66.

Hatch.—On November 16, 1953, Herbert Lincoln Hatch, M.B., B.S., D.P.H., of Pinner, Middlesex.

Henderson.—On November 14, 1953, at Bexhill-on-Sea, Sussex, Henry John Henderson, M.C., M.B., B.S., formerly of Amersham, Bucks.

Johnson.—On November 17, 1953, at Nearfield House, Bawtry, Yorks, Frederick Johnson, O.B.E., M.B., Ch.B., aged 77.

Latham.—On November 3, 1953, at 8, Ravenslea Road, Wandsworth Common, London, S.W., Donald Victor Latham, M.D., M.A.O., D.Obst.R.C.O.G., late of Grahamstown, South Africa, and Dar-es-Salaam, Tanganyika Territory, aged 56.

Lee.—On November 17, 1953, at 8, Glebe Road, Worthing, Sussex, Clifford Harry Lee, M.R.C.S., L.R.C.P., aged 57.

Macpherson.—On November 14, 1953, Charles Wattie Macpherson, M.B., Ch.B., of 277, Bramhall Lane South, Bramhall, Cheshire.

Nicholson.—On November 10, 1953, at Fairings, Finchampstead, Berks, Frederick Dering Nicholson, M.D.

Poole.—On November 11, 1953, at his home, 29, Balcombe Road, Horley, Surrey, Arthur Henry Poole, M.D., aged 86.

Prins.—On October 30, 1953, at his home, 315, Sheen Road, Richmond, Surrey, Lorenz Arthur Prins, I.S.O., L.R.C.P.&S.Ed., formerly of Colombo, Ceylon.

Robson.—On November 10, 1953, at Dar-es-Salaam, Tanganyika Territory, Thomas William Robson, M.R.C.S., L.R.C.P., formerly of Hazel Grove, Cheshire, aged 37.

Stone.—On November 9, 1953, at 30, Foxley Hill Road, Purley, Surrey, Ernest Richard Stone, M.B., B.Ch., D.T.M.

Woodwright.—On November 13, 1953, at his home, The Grove, Branksome Park, Bournemouth, Hants, William Henry Edward Woodwright, F.R.C.S.I., Lieutenant-Colonel, I.M.S., retired.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Frequent Defaecation

Q.—A 40-year-old married man complains of symptoms which point to an unusually sensitive colon. Certain foods and drinks cause distressingly frequent defaecation. Among these are oatmeal, yeast extracts, malt, treacle, beer, and stout. These articles of diet do not in ordinary quantities produce loose stools, but they cause him to have anything from eight to twelve apparently normal motions a day. The complaint has troubled him since about the age of 18 years. What is the explanation of these symptoms?

A.—The symptomatology described might have either a psychological or an organic basis. In either case, the simplest and best treatment would seem to be the avoidance of the offending articles of diet, provided that this does not lead to nutritional inadequacy. If it should be found impracticable, or deleterious to health, to restrict the diet in the way required, fuller investigation of the case is essential. If an organic basis can be clearly demonstrated—such as protein allergy, or inadequate digestion or absorption of some food material—appropriate corrective treatment should be instituted. If, however, no organic basis can be found, the advisability of psychotherapy must be considered.

When dietary restriction is practised, it is a good thing to examine the actual food intake quantitatively and in some detail; any likely deficiencies can then be corrected by appropriate supplementation.

Von Recklinghausen's Disease

Q.—Have there been any recent advances in the treatment of von Recklinghausen's disease? Is it possible to form any estimate of the likely rate of progression in an individual case?

A.—There have been no recent advances in the treatment of generalized neurofibromatosis (von Recklinghausen's disease). There are no special features which enable an estimate of the progression of the disease to be made.

Sedimentation Rate in Subacute Rheumatism

Q.—How reliable is the erythrocyte sedimentation rate as an index of activity in subacute rheumatism?

A.—The erythrocyte sedimentation rate is a valuable index of activity in subacute rheumatic fever, but, like all laboratory tests, it is not as reliable as clinical signs. It is seldom normal in the presence of physical signs. It may, however, be abnormally raised in the absence of clinical signs of rheumatic activity. In those circumstances it should be regarded as indicating a subclinical inflammatory process. Since in rheumatic fever the heart should be rested until all activity has subsided, it would be unwise to allow such patients to get up until the sedimentation rate has been within normal limits for at least 2–4 weeks, depending on whether the heart has previously been damaged. If there has been carditis in the acute attack, 4 weeks of bed rest, or sometimes even longer, is indicated after the erythrocyte sedimentation rate has become normal. The only exception to this generalization is in older girls, aged 14–20. In this age group sedimentation rates may remain high (say, 20–30 mm. per hour) for prolonged periods, often increasing at the menses, without any physical signs of activity or any adverse effects after letting the patient get up. It should be remembered that the erythrocyte sedimentation rate is a non-specific response and depends upon the presence in the body somewhere of an inflammatory process or tissue destruction, both of which lead to increased fibrinogen in