

expectant mothers. Every possible method was still being used, and the percentage of take-up of the various welfare foods remained much the same and had sometimes increased.

Student Nurses' Call-up

Mr. R. J. MELLISH asked the Minister of Labour on December 8 whether he proposed to exempt from national service all those employed as student nurses in mental hospitals, in view of the shortage of mental hospital staff. Mr. HAROLD WATKINSON, the Parliamentary Secretary, replied "No," but the call-up of such students could be deferred until they had completed their training.

Rejections

The numbers of men called up for national service, and the numbers rejected on medical grounds, in the past five years, it was stated by the Parliamentary Secretary, Ministry of Labour, on December 1, have been: 1948—150,900 (rejected, 27,750); 1949—166,600 (rejected, 36,370); 1950—174,200 (rejected, 47,314); 1951—168,651 (rejected, 43,856); 1952—170,384 (rejected, 42,829).

Hospital Service Reserve

Mr. IAIN MACLEOD, Minister of Health, announced on December 3 that the Queen had been graciously pleased to assume the title of Head of the National Hospital Service Reserve in the United Kingdom, thus extending to that Reserve the honour already conferred upon the Civil Defence Corps.

Universities and Colleges

UNIVERSITY OF OXFORD

The Theodore Williams Scholarship in Physiology has been awarded to Roger James Robinson, scholar of Balliol College, and Kenneth Bryson Roberts (Lincoln College) has been re-elected to the Philip Walker Studentship in Pathology for two years from October 1, 1953.

UNIVERSITY OF CAMBRIDGE

Dr. B. H. G. Hayward has been elected into a second John Lucas Walker Studentship for one year from June 1, 1952, and into the same studentship for two years from June 1, 1953.

In Congregation on October 17 the degrees of M.B., B.Chir. were conferred on G. G. K. Parsons.

UNIVERSITY OF ST. ANDREWS

At a Graduation Ceremonial held on October 9 the degree of M.D. (with commendation) was conferred upon J. A. Gillespie.

UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN CLINICAL PATHOLOGY.—P. B. Adamson, J. D. Arneaud, L. R. Chapman, S. K. Chopra, B. R. Davis, N. U. C. Godfrey, W. F. Hunter, S. Jatinandana, N. C. March, Mary Ralston, W. A. Russell, M. P. K. Shoobridge, J. C. Squires.

EXTERNAL DIPLOMA IN CLINICAL PATHOLOGY.—M. C. Berenbaum, M. Datta, H. J. Woodliff.

The following candidates at the London School of Hygiene and Tropical Medicine have been approved at the examinations indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN PUBLIC HEALTH.—P. P. M. Browne, J. Clearkin, K. A. Rahman, J. T. Subramaniam, D. R. Thomson, D. Ungar.

ACADEMIC POSTGRADUATE DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—P. Sirivorasarn.

UNIVERSITY OF WALES

The Council of the Welsh National School of Medicine has appointed Cecil Wilfred Dickens Lewis, M.Ch., F.R.C.S., who is at present Lecturer in Surgery, to be Senior Lecturer in Surgery at the School.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending November 28 (No. 47) and corresponding week 1952.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1953					1952				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	16	2	12	0	2	41	4	13	0	1
Dysentery	399	64	159	5	1	158	29	57	0	
Encephalitis, acute	1	0	1	0		3	0	0	1	
Enteric fever:										
Typhoid	2	0	0	0		3	0	0	2	1
Paratyphoid ..	3	0	0	0		8	1	0	0	
Food-poisoning ..	121	12		0		77	17		0	
Infective enteritis or diarrhoea under 2 years				25	17				6	18
Measles*	875	20	31	12	74	12,130	1129	174	24	178
Meningococcal infection	32	4	13	4	2	28	1	16	0	3
Ophthalmia neonatorum	26	3	7	0		35	2	10	0	
Pneumonia†	557	36	156	9	1	519	46	341	3	
Poliomyelitis, acute:										
Paralytic	50	4	13	3	7	62	3	6	1	2
Non-paralytic ..	27	3				21	2			
Puerperal fever§ ..	211	48	20	3	1	227	36	11	3	1
Scarlet fever	1,484	75	286	48	59	2,226	188	370	38	83
Tuberculosis:										
Respiratory			157	20				134	31	
Non-respiratory ..			19	4				36	12	
Whooping-cough ..	2,608	114	366	50	49	1,854	108	97	36	96

DEATHS in Great Towns	1953					1952				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	0	0	0	0	0	0	0		0	0
Dysentery	0	0	1	0		0	0		0	
Encephalitis, acute ..		0			1		0			0
Enteric fever	0	0	0	0		0	0		0	
Infective enteritis or diarrhoea under 2 years	7	0	3	0	1	7	0	2	0	0
Influenza	6	1	1	0	0	11	1		0	1
Measles		0	0	0	0		0		0	0
Meningococcal infection		0	0				1			
Pneumonia	236	45	20	4	2	190	31		9	6
Poliomyelitis, acute	0	0			0	5	0			0
Scarlet fever		1	0	0	0		0		0	0
Tuberculosis:										
Respiratory	104	13	16	0	4	133	18	15	4	2
Non-respiratory ..										
Whooping-cough ..	2	0	0	0	0	1	0		0	0
Deaths 0-1 year ..	194	25	23	2	11	206	18	33	10	11
Deaths (excluding stillbirths) ..	5,036	790	541	95	141	5,302	753	569	112	137
LIVE BIRTHS	6,802	1022	782	202	389	6,701	955	715	207	323
STILLBIRTHS	175	19	18			183	17	20		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.

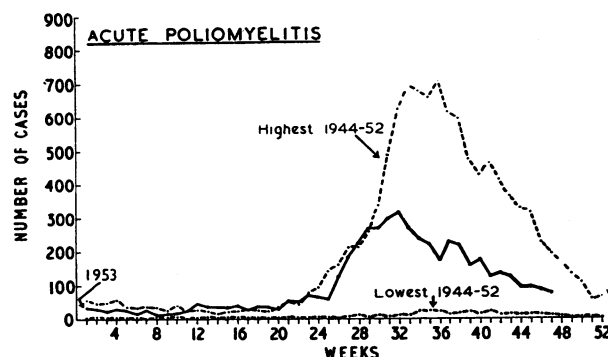
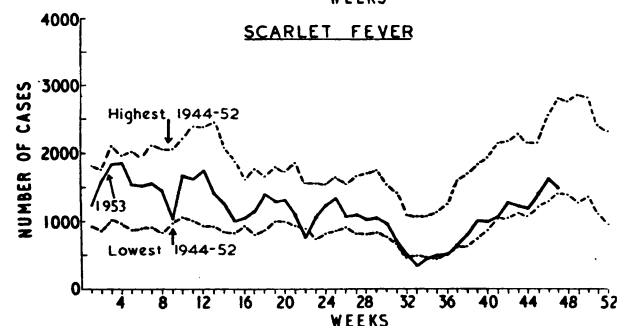
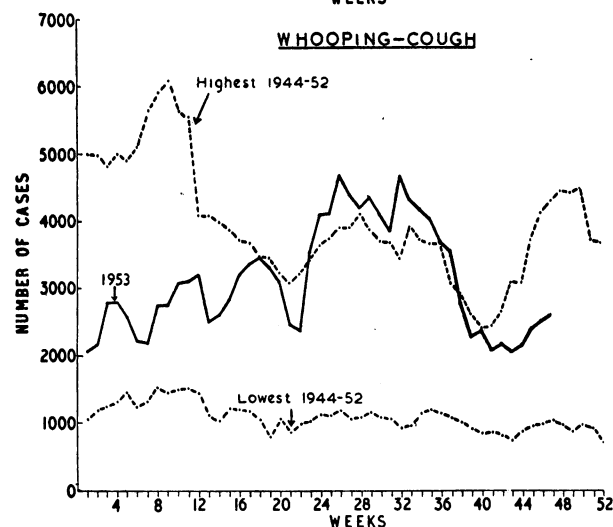
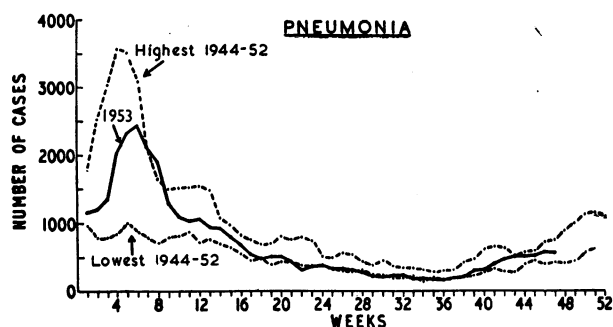
Vital Statistics

Northern Ireland—Second Quarter

According to the Registrar-General's return of vital statistics for the quarter ending June 30 the birth rate was 22.9 per 1,000 population, an increase of 0.7 over the rate for the same period of 1952. The general death rate was at 10.8 per 1,000 of the population as compared with 10.7 for the corresponding period of 1952, but it is 0.4 below the average rate for the second quarters of the previous five years. The infant mortality rate of 37 per 1,000 live births was the lowest ever recorded for the June quarter, as was the death rate from tuberculosis (0.22 per 1,000 population).

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the nine years 1944-52 are shown thus -----, the figures for 1953 thus ————. Except for the curves showing notifications in 1953, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



Infectious Diseases

An increase of 98 in the number of notifications of whooping-cough, from 2,510 to 2,608, and 82 for measles, from 793 to 875, and a decrease of 129 for scarlet fever, from 1,613 to 1,484, were reported in England and Wales during the week ending November 28.

The largest variations in the trends of whooping-cough were a decrease of 49 in the number of notifications in Lancashire, from 276 to 227, and a rise of 33 in Essex, from 153 to 186. The largest rises in the incidence of measles were 59 in Norfolk, from 16 to 75, due to an outbreak of 65 cases in Norwich C.B., and 32 in Southampton County, from 6 to 38, due to an outbreak in Southampton C.B. with 21 notifications. The only large variation in the trends of scarlet fever was a fall of 32 in Middlesex, from 84 to 52. 16 cases of diphtheria were notified, 12 fewer than in the preceding week. The chief feature of the returns was a fall in Birmingham C.B. from 7 to 3. 5 cases were notified in Staffordshire. In Scotland 12 cases of diphtheria were notified; of these 9 were reported from Glasgow.

During the week 77 cases of acute poliomyelitis were notified. These were 4 fewer for paralytic and 7 fewer for non-paralytic cases than in the preceding week. The largest returns were Somersetshire 12 (Wincanton R.D. 7); Lancashire 8, London 7, Dorsetshire 6 (Poole M.B. 3, Wimborne and Cranborne R.D. 3), Staffordshire 5, Warwickshire 5, and Yorkshire West Riding 5.

399 cases of dysentery were notified, being 37 more than in the previous week. The largest centres of infection were Yorkshire West Riding 73 (Bradford C.B. 45), London 64 (Islington 12, Southwark 17), Lancashire 52 (Manchester C.B. 15, Bolton C.B. 14), Norfolk 42 (Norwich C.B. 42), Essex 35 (Braintree R.D. 14, Colchester M.B. 11), and Middlesex 34 (Willesden M.B. 34).

Week Ending December 5

The notifications of infectious diseases in England and Wales during the week included scarlet fever 1,549, whooping-cough 2,595, diphtheria 13, measles 886, dysentery 445, acute poliomyelitis 65, paratyphoid fever 1, and typhoid fever 3.

The Services

A Supplement to the *London Gazette* has announced the following awards:

Second Clasp to the Army Emergency Reserve Decoration.—Major W. H. Valentine, O.B.E., R.A.M.C.

First Clasp to the Army Emergency Reserve Decoration.—Major (Honorary Lieutenant-Colonel) A. W. Davidson, M.C., and Major R. L. Sadler (retired).

Army Emergency Reserve Decoration.—Major C. M. Fraser (retired).

The names of Captains E. D. Mackie and C. L. Tutty, R.A.M.C., appear in a list of those mentioned in dispatches in recognition of gallant and distinguished services in Korea during the period July 1 to 27, 1953.

APPOINTMENTS

ANDERSON, T., M.B., Ch.B., D.P.H., County Medical Officer of Health and Principal School Medical Officer, Oxfordshire.

BODMAN, R. I., M.B., Ch.B., D.A., Anaesthetist (Consultant Grade), St. Peter's, St. Paul's, and St. Philip's Hospitals, London.

BROWN, H. MORROW, M.D., M.R.C.P.Ed., Consultant Chest Physician, South Derbyshire Area.

DONALDSON, RAYMOND JOSEPH, M.B., B.Ch., D.P.H., Deputy Medical Officer of Health for the City of Stoke-on-Trent.

ESSEX-CATER, A. J., M.R.C.S., L.R.C.P., D.P.H., D.C.H., F.R.A.I., Deputy Medical Officer of Health, Swansea County Borough.

EVANS, W. G., M.B., B.Chir., D.P.H., Medical Officer of Health for Scarborough Borough, Scarborough Rural District, and Scalby Urban District; Assistant County Medical Officer, North Riding County Council; and Divisional School Medical Officer.

GIBSON, J. BAIRD, M.B., Ch.B., D.A., Consultant Anaesthetist, Alnwick and Wansbeck, Hospital Management Committee.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—R. N. Twistington Higgins, M.B., B.Chir., Part-time Registrar to the Department of Psychological Medicine; S. M. Singh, M.B., B.S., House-surgeon to Orthopaedic and Plastic Departments; C. H. MacD. Walker, M.D., M.R.C.P.Ed., D.C.H., Senior Medical Registrar to Thoracic Unit; E. D. R. Campbell, B.M., B.Ch., Part-time Registrar to Department of Physical Medicine; Teresa M. Coyle, M.B., B.Ch., D.O., Part-time Senior Registrar to Ophthalmic Department; A. L. Jeanes, M.B., B.S., Registrar to Department of Clinical Pathology; E. P. G. Michell, M.B., B.Chir., M.R.C.P., D.C.H.; I. S. Wallman, M.B., B.S., M.R.A.C.P., and Joan Angus, M.B., Ch.B., M.R.C.P., House-physicians; A. F. Ferguson, M.B., Ch.B., F.R.C.S., and Anne M. Calder, M.B., Ch.B., F.R.C.S.Ed., House-surgeons; Mary F. Thomson, M.B., Ch.B., Assistant Resident Medical Officer, Tadworth.

LIVERPOOL REGIONAL HOSPITAL BOARD.—R. B. Taylor, M.R.C.S., L.R.C.P., D.P.M., Whole-time Consultant Psychiatrist to Rainhill Hospital; T. P. Smith, M.R.C.S., L.R.C.P., D.P.M., Assistant Psychiatrist to Ormskirk and Southport areas; F. G. Anderson, M.B., Ch.B., D.M.R.D., Assistant Radiologist to Aintree and Walton Hospitals; Lucy M. B. Nelson, M.B., B.S., M.R.C.P., Assistant Chest Physician.

MANCHESTER REGIONAL HOSPITAL BOARD.—Betty Hargreaves, M.B., Ch.B., M.R.C.O.G., Consultant Obstetrician and Gynaecologist, Wigan and Leigh Hospital Centre; J. D. Glynn, L.R.C.P.&S.I., D.P.M., Assistant Psychiatrist, Whittingham Hospital.

MASON, S. JOAN, M.B., B.Ch., D.O.M.S., Assistant Ophthalmic Surgeon for Newport and East Monmouthshire, North Monmouthshire and Rhymney and Sirhowy Valleys Hospital Management Committee.

MILNE, JOHN COUTTS, M.B., Ch.B., D.P.H., D.T.M.&H., Assistant County Medical Officer and District Medical Officer of Health for Wells Urban District Council and Docking and Walsingham Rural District Councils, Norfolk.

MOORHOUSE, DOREEN, M.B., Ch.B., Resident Medical Officer, the General Infirmary at Leeds.

NORTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—W. W. Bridgen, M.D., F.R.C.P., Consultant Senior Cardiologist, Special Unit for Research into Juvenile Rheumatism, at Canadian Red Cross Memorial Hospital, Herta Graz, M.D., D.P.M., Consultant Child Psychiatrist at Portman Clinic. R. W. Rowan, M.D., M.R.C.P., Assistant Chest Physician, (S.H.M.O.), Edgware, Ealing and Harrow Chest Clinics. R. D. Young, M.B., Ch.B., M.R.C.P.Ed., Assistant Chest Physician (S.H.M.O.), Bedford Chest Clinic.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—L. V. Martin, M.B., B.S., D.A., Consultant Anaesthetist in North Gloucestershire Clinical Area; S. Muscat, M.D., D.Obst.R.C.O.G., Registrar in Obstetrics and Gynaecology to Bath Group of Hospitals; D. R. Richard, B.M., B.Ch., Surgical Registrar at Weston-super-Mare General Hospital; E. J. Sanders, M.B., Ch.B., Surgical Registrar at Cheltenham General Hospital; C. D. R. Pengelly, M.B., Ch.B., M.R.C.P.Ed., Senior Medical Registrar to West Cornwall Clinical Area.

ZWIEFACH, E., M.D., F.R.C.S., D.L.O., Consultant Ear, Nose, and Throat Surgeon, West Middlesex Hospital.

BIRTHS, MARRIAGES, AND DEATHS

DEATHS

Ashby.—On December 1, 1953, at the Mercy Home, Cork, William Joseph Ashby, M.D., of Ashgates, Hettfield Park, Cork, Eire.

Burt.—On December 1, 1953, at Pinderfields Hospital, Wakefield, Hutchison Burt, M.B., Ch.B., D.P.M., of Greenbank, Bar Lane, Wakefield, Yorks, aged 49.

Campbell.—On December 8, 1953, at the Windmill House, Ramsey, Essex, Samuel Marcus Dill Campbell, M.B., Ch.B., aged 77.

Cochrane.—On December 7, 1953, at home, Pinner, Middlesex, Thomas Cochrane, M.B., C.M., late of Peking, China, aged 87.

Greenwood.—On December 1, 1953, at his home, Birch House, Droylsden Road, Newton Heath, Manchester, Archer Greenwood, M.B., Ch.B.

Schofield.—On December 1, 1953, at Vine Cottage, Guildford, Surrey, Arthur Reginald Schofield, M.B., Surgeon Rear-Admiral, R.N., retired.

Sutton.—On November 27, 1953, at The Old Cottage, Long Melford, Suffolk, William Henry Arthur Douglas Sutton, O.B.E., L.R.C.P.&S.Ed., L.R.F.P.S., Colonel, late R.A.M.C., retired, aged 63.

Walker.—On November 29, 1953, Arthur Samuel Walker, M.D., D.P.H., of Middlesbrough, Yorks.

Warnock.—On December 4, 1953, in a nursing-home, Oxford, James Warnock, O.B.E., M.D., of Pull Croft, Sutton Courtenay, Berks, formerly of Chapel Allerton, Leeds, Yorks, aged 74.

Williams.—On November 27, 1953, in a nursing-home, Kirkby Lonsdale, Westmorland, Richard Geoffrey Williams, M.R.C.S., L.R.C.P., J.P., of Burrow, Carnforth, Lancs, aged 77.

Wilson.—On December 1, 1953, at Moorcroft, West Moors, Dorset, Arthur Harold Wilson, L.R.C.P.&S.Ed., L.R.F.P.S., D.P.H., formerly of East Wilt, aged 78.

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.

Telling about Adoption

Q.—*What is the right age to tell a child that he has been adopted? How should it be done? How should the matter be broached if the telling has been delayed, for instance until the child is 10 or 12 years old?*

A.—The essential requirement is that at no time in the life of the child should there have been concealment of the fact of his adoption, or any untruth told about it. If this is observed, he will have become aware of the fact, without any surprise or shock, at the earliest age when the information would have any meaning for him. At some time he will have asked whether Aunt Jane is Mother's sister, or have made some similar inquiry, when, as part of an explanation that Aunt Jane is a courtesy aunt, he can be told of his adoption. In the same way, when questions are asked about how children are born, he could be told that Mother and the mother who bore him are different persons.

If the child has reached the age of 10 or 12 without being told, then the sooner he is told the better, with the minimum of fuss, though some formality will now scarcely be avoidable. A frank confession, with the statement that it was thought best to keep the truth from him till now, seems called for.

Persistent Laryngitis and Tracheitis

Q.—*What is the best treatment for persistent laryngitis and tracheitis?*

A.—First of all it must be clearly established by mirror laryngoscopy that there is no growth or paralysis of the larynx to account for the symptoms. When these causes have been excluded it is advisable to inquire into the state of the upper and lower respiratory tracts, as acute or chronic disease in the sinuses or lungs can perpetuate laryngitis or tracheitis.

Though tobacco rarely by itself causes irritation or infection of the respiratory tract, it can and does aggravate any inflammation of the mucosa lining the respiratory tract. Therefore, in any stubborn case of laryngitis and tracheitis it will be necessary to abandon tobacco. Avoidance of dusty, smoke-laden, or stuffy and over-heated atmospheres is also advisable. Local treatment can include any simple antiseptic throat lozenges in which may be incorporated a local analgesic such as benzocaine. The troublesome night cough can often be allayed by a hot drink, and inhalation of steam with Friar's balsam just before retiring may prevent it. In more stubborn cases a course of inhalations with a vaporizing attachment on an oxygen cylinder may be tried.

Inverted Nipples

Q.—*What is the best treatment for inverted nipples? Is the local inunction of oestrogen ointment effective?*

A.—Oestrogen ointment tends to develop the nipple and to make it more supple, and might help in the treatment of inverted nipples. In addition, however, during the second half of pregnancy some mechanical treatment is necessary, and this may take the form of daily digital manipulation or of periodic suction by an electric pump. One of the best lines of treatment, with or without the above measures, is to instruct the patient to wear "Waller"-type glass or plastic nipple-shields regularly.