

Nigerian Medical Service in 1928 he had held the post of honorary refractonist to the Cheltenham Eye, Ear, Nose, and Throat Hospital.

Dr. WALTER EDWARD TURNER died on September 28 in his sixty-sixth year at Eton House, Hanging Langford, near Salisbury. He studied medicine at St. Mary's Hospital, and took the M.R.C.S. and L.R.C.P. diplomas in 1900. Dr. Turner was for many years medical superintendent of the Central Middlesex County Hospital, and in 1932-3 served as chairman of the Willesden Division of the British Medical Association. He retired from his post at the Central Middlesex County Hospital on account of ill-health at the end of 1935, and was succeeded by Dr. H. Carter.

Dr. MARGARET SCORESBY-JACKSON, elder daughter of the late R. E. Scoresby-Jackson, M.D., F.R.S.Ed., died on September 29 at Worthing. She studied for the profession at the London School of Medicine for Women, at University College Hospital, and at the University of Durham College of Medicine, Newcastle-upon-Tyne, and graduated M.B., B.S. at Durham in 1924, proceeding to the M.D. two years later. She had been clinical assistant in the out-patient department at the Bethlem Royal Hospital, with care of mental defective patients, and clinical assistant in the neurological department at Guy's Hospital, and contributed to the *Journal of Mental Science* in 1927 a paper on the fragility of the red blood cells in mental disease. Dr. Scoresby-Jackson was a member of the British Medical Association and the Medical Women's Federation, and a Fellow of the Royal Society of Medicine.

Dr. FRANCIS JOHN RUSSELL died at his home in Lee Road, Blackheath, on September 30. A student of the London Hospital he qualified M.R.C.S., L.R.C.P. in 1905, and was a member of the British Medical Association for most of his professional life. At the close of 1937 he was appointed emergency officer for making the arrangements for war-time service among the medical men of Greenwich and Deptford, and did a considerable amount of clerical and other work in this respect early last year.

Dr. JOHN ALLISON, who died suddenly on October 1, aged 76, at Kettering, Northants, had been a member of the British Medical Association for forty-seven years, and in 1899 was president of the South Midland Branch. Educated at the University of Edinburgh, he took the M.B. and C.M. degrees in 1886, and proceeded M.D. in 1895; in the following year he obtained the diploma of F.R.C.S.Ed., and in 1900 the D.P.H. of the English Conjoint Board. After graduating he served as resident surgeon at the Edinburgh Royal Infirmary, and became a Fellow of the Obstetrical Society of Edinburgh. At Kettering he held for many years the post of medical officer of health to the urban district council and honorary surgeon to the Kettering General Hospital. He held a commission in the R.A.M.C.(T.), and attained the rank of lieutenant-colonel.

The death took place on October 1 at Surbiton of Dr. GEORGE FREDERICK COOPER, formerly of Longcroft, Loughton, at the age of 78. He studied medicine at St. Thomas's Hospital, and after taking the M.R.C.S. and L.R.C.P. diplomas graduated M.B., B.S.Lond., with a gold medal, in 1884. At St. Thomas's he served as house-surgeon and resident accoucheur before making his home in Chile, where he obtained the M.D. degree at Santiago in 1886 and became medical officer to Pisagua Hospital and the Nitrate Railways, Tarapaca. Dr. Cooper joined the British Medical Association in 1885 and remained a member up to the time of his death.

The following well-known foreign medical men have died: Dr. ALBERT BRAULT, honorary physician to the Paris hospitals and member of the Académie de Médecine, aged 88; Dr. VALENTIN CANTHIEAUX, the Belgian urologist; and Dr. FRANCIS HOFFER MCMECHAN, an anaesthetist of Cincinnati, honorary member of the Section of Anaesthetics of the Royal Society of Medicine, and editor of several journals of anaesthesia.

Medical Notes in Parliament

On October 9 Mr. Oliver Stanley presented a Bill to prevent the price of goods of such descriptions as might be specified by the Board of Trade being raised above a basic price by more than an amount referable to increases in certain specified expenses. The Bill was read a first time.

Health of the Evacuated Population

Dr. SUMMERSKILL asked on October 5 whether, in determining a suitable reception area for children in country districts, investigations were made concerning the cleanliness and safety of the local milk supply. Dr. ELLIOT replied that the primary considerations in determining the reception areas had to be those of transport and accommodation. Such consideration as was possible was given to other relevant factors, including any abnormal risks from infectious disease from food and water supplies, as ascertained from public health and other reports.

Dr. ELLIOT told Sir Waldron Smithers on October 5 that his attention had been called to the condition of evacuated children suffering from various diseases, including whooping-cough, impetigo, scarlet fever, and verminous heads. He had drawn the attention of local authorities to the matter in a circular recently issued on public health services in the reception areas. Arrangements were being made for the medical inspection in the evacuating areas of the smaller numbers of school children now being moved under the Government scheme.

In answer to Sir Charles Cayzer, Dr. ELLIOT said he had instructed evacuating local authorities before dispatching any further parties to the reception areas to carry out a medical inspection and, where necessary, the efficient treatment of all children to be included in the parties.

Mr. BUTCHER asked on October 5 whether, in order to alleviate hardship and suffering to unaccompanied children coming from evacuation areas, the Board of Education would authorize medical officers of health in reception areas to provide dental, orthopaedic, and ophthalmic treatment in cases of special need without the consent of the parents. Mr. KENNETH LINDSAY answered that as regards dental treatment the Board was advised that where there was evidence that the child had received such treatment in the past it might be assumed that the parent would agree to further treatment, but that the administration of a general anaesthetic should, if at all possible, be avoided unless the consent of the parent had been obtained. In other dental cases treatment should be limited to emergency treatment. Cases requiring immediate orthopaedic or ophthalmic treatment were likely to be rare, and except in such cases the consent of the parent should be obtained.

Dr. ELLIOT will consider whether in special circumstances, such as when a doctor certifies that it is advisable, facilities can be arranged to enable parents to visit their children in reception areas in cases of illness.

Doctors and First-aid Posts

Sir FRANCIS FREMANTLE asked Dr. Elliot on October 4 if his attention had been drawn to the absence of arrangements for the continuous medical supervision of first-aid posts and for the continued training of the first-aid parties attached to such posts; and what action he proposed to take. Dr. ELLIOT replied that arrangements were made before the outbreak of war whereby a medical officer attached to each first-aid post undertook for an annual fee to conduct the collective training of the personnel of the post under the general supervision of the medical officer of health. These arrangements were still in operation.

Sir FRANCIS FREMANTLE contended that what was now required called for an infinitely greater amount of work than in peace. He said medical officers could not attend without

further remuneration. Dr. ELLIOT remarked that he would later in the week receive some doctors who took part in the organization of first-aid posts.

Doctors released from E.M.S.

Sir FRANCIS FREMANTLE inquired on October 4 whether Dr. Elliot would arrange for medical practitioners now engaged for duty in hospitals wholly or partially empty to be released for civil practice with liability to immediate recall in case of need. Dr. ELLIOT replied that he would do so. Letters had been sent to a number of whole-time members of the Emergency Medical Service offering to release them for civil practice under certain conditions.

Increased Drug Prices

Mr. DAVID ADAMS asserted on October 5 that since the outbreak of war vegetable drugs, essential oils, and medicinal chemicals had doubled and even trebled in price, and that certain of these were being withheld altogether from the market. Mr. OLIVER STANLEY replied that he found there had been substantial increases in the price of a number of goods of this class. Inquiries were being actively pursued, and discussions had been arranged with representatives of the wholesale and retail drug trades.

Proprietary Medicines : Postponement

On October 5 Dr. ELLIOT recalled that Sir John Simon announced on August 4 that it was intended to appoint a committee to examine both the control and the taxation aspects of the proprietary medicines question. Dr. Elliot said that in view of the outbreak of war the appointment of the committee had been postponed. The question of legislation must remain in abeyance.

Paying for Billeting

It was announced in Parliament last week that a proportion of the cost of billeting evacuated school children is to be recovered from parents. The average cost to the Government at present is roughly 9s. a week for each child. Parents or other persons responsible for evacuated children will be asked to pay the full charge of 9s. if they can afford to do so, but the Government recognizes that in many cases there will not be a corresponding relief to the family budget, and they have accordingly fixed a contribution of 6s. a week as the standard charge. Parents who cannot afford to pay as much as 6s. will pay a smaller amount appropriate to their means. The date on which liability to pay starts is fixed for October 28.

Excess Profits Tax and the Professions

In Committee of the House of Commons on the Finance Bill on October 5 Sir HENRY MORRIS-JONES opened a discussion on the clause imposing an Excess Profits Tax. He said there was no reason why any individuals who got an accretion of their income during the war should escape this additional taxation.

Sir JOHN SIMON said there was attractiveness in the argument that this tax should include the professions, but if it were applied to all individuals it would be a third general tax. A person starting in the practice of a profession might find his income at the beginning was materially less than it would become in the course of years of successful practice. There was no justification for treating that man as having made excess profits.

The clause was agreed to and the committee stage was completed.

Institutional Treatment of Tuberculosis

Captain PLUGGE asked what arrangements were being made to continue the treatment of consumptives who had been moved from the institutions in which they were receiving treatment. Dr. ELLIOT replied on October 9 that any consumptive requiring institutional treatment should receive it. Accommodation was available for such treatment. He was investigating the question of releasing certain hospitals and sanatoria from the Emergency Scheme altogether.

School-leaving Age

In the House of Commons on October 9 the Education (Emergency) Bill, which has passed the House of Lords, was read a second time. Mr. KENNETH LINDSAY, who moved the second reading, said that the Bill suspended the raising of the school age from 14 to 15. This would otherwise have taken effect on September 1 last under the Education Act of 1936. In all the evacuation areas and most of the neutral areas schools were still closed. In the reception areas, where the schools were working a double-shift system or some other expedient, there was very great difficulty in providing the sort of education visualized between the ages of 11 and 15 when the legislation was passed. The building operations to meet the requirements of reorganization were held up by the prior claims of the Services and supply departments, and the procedure of granting exemptions also could not possibly be worked at present. After the war the Government would review the whole position. This was a Bill for suspension, and not for repeal.

If compulsory schooling was to finish for the time being at 14, they had done what they could to counteract what was admittedly a step back by setting up a new body called the National Youth Committee, whose declared object was to safeguard the educational and recreational interests of young workers between 14 and 18. That was being done immediately, and might help to remedy some of the conditions, particularly in the evacuation areas. At one place in Surrey the whole dietary of a group of evacuated children had been planned, and included fruit and vegetables on a scale which the children had never seen before. The Department proposed to exploit this situation to the full and to make the most of this period.

The Education (Emergency) (Scotland) Bill, which postpones the raising of the school age in Scotland, was read a second time on the same date.

Milk Grants.—On October 2 Sir REGINALD DORMAN-SMITH informed Brigadier-General Clifton Brown that the Milk Industry Act, 1939, which provided for the payment of quality premiums in respect of tuberculin tested and accredited milk and milk from attested herds, remained in force, and the premiums would accordingly continue to be paid for those categories of milk by the Milk Marketing Board. The premiums were independent of the bonus payable under the Tuberculosis (Attested Herds) Scheme.

Medical Attention for Dependents of Men on Service.—On October 3 Dr. ELLIOT told Mr. Dobbie that medical assistance was available at the cost of Service funds for the wives and families of regular soldiers and certain classes of reservists if they were living at or near a Service station. A similar privilege existed in the R.A.F. Apart from these special provisions the medical services provided for the population generally were, of course, available wherever and whenever they were required.

Dietary of School Children.—Mr. KENNETH LINDSAY remarked on October 5 that there was still scope for considerable improvement in the meals provided for necessitous undernourished school children. It was not the case that the normal present diet consisted of meat, potatoes, and dried vegetables. Under normal conditions fresh fruit was recommended as an essential when planning the dietaries. Local education authorities were advised that each midday meal should include either fresh fruit or fresh vegetables. The inclusion of dishes made with cheese was also recommended.

Gas-and-oxygen for War Wounds.—On October 10 Dr. SUMMERSKILL asked the Secretary of State for War if he would advise the medical staffs of military hospitals that whenever possible they should use gas-and-oxygen analgesia in the dressing of war wounds of a severe character. Mr. HORE-BELISHA replied that he was advised that the medical staff of military hospitals were fully aware of the value of this treatment, and would use it in all appropriate cases.

Inspection of Factories in War Time.—Sir JOHN ANDERSON said on October 5 that the work of the factory inspectors

generally was necessarily abnormal in many respects at the present time, though still closely related to their normal function of watching and advising on the safety, health, and welfare of factory employees. Arrangements were made early in the year for the inspectorate to devote much of their time to assist in the launching of the provisions of the Civil Defence Act as to air raid shelter in factories. It was hoped that this work would shortly be completed. The strength of the inspectorate was being kept under review, and some additional appointments were being made.

Notes in Brief

Through the Swiss Minister in London the German Government has given an assurance that it will abide by the Geneva Protocol of 1925 prohibiting the use of gas and bacteriological methods of war provided that the British Government will also observe the Protocol.

No special provision has been made to attach to the staff of the Ministry of Information persons connected with the medical press. The Minister of Health will be responsible for all publicity necessitated by the work of his Department.

Medical News

As from Monday, October 16, 1939, the Library of the British Medical Association will be open from 9.0 a.m. to 5.0 p.m. (1.0 p.m. Saturday) until further notice.

The Governing Body of the British Postgraduate School at Hammersmith has decided to carry on postgraduate instruction for the present.

The West End Hospital for Nervous Diseases, at its outpatient department (73, Welbeck Street, W.), continues to provide daily clinics at 2 p.m. (Saturdays excepted). The in-patient department (Regent's Park) has been reopened to 50 per cent. of its normal peace-time capacity.

Professor Hartmann, the president, has decided that the Academy of Medicine of Paris will meet every fortnight during the war.

The Medical Benevolent Society for the East and North Ridings of the County of York (including the City of York) held its thirty-first annual meeting on September 27 at the rooms of the York Medical Society. The reports of the honorary treasurer and the honorary secretary were adopted, and the grants sanctioned in previous years were again agreed upon, and in one case increased. Votes of thanks were passed to Dr. C. H. Milburn, the retiring president; to Dr. C. Howard Jackman, the retiring honorary secretary; and to Mr. Herbert Locking, F.C.A. New members were elected and the following officers appointed: president, Mr. B. G. Sandys Belas, Middlesbrough; president-elect, Dr. F. C. Eve, Hull; vice-president, Dr. G. F. Longbottom, Middlesbrough; honorary treasurer, Dr. D. Matheson Mackay, Hull; honorary secretary, Dr. W. W. A. Kelly, York; honorary assistant secretary, Dr. J. D. Burrows, York.

The annual dinner of the West Riding of Yorkshire Edinburgh Graduates Association will not be held this year owing to the war.

The issue for September 23-30 of *Paris Médical*, which is now appearing fortnightly instead of weekly, is devoted to pharmacology, and contains a review of pharmacology in 1939 by Professor M. Tiffeneau.

Poliomyelitis at the present time is on the decline in Sweden: 3,000 cases were notified in 1936, 1,931 in 1937, 1,450 in 1938, and only 69 in the first quarter of 1939, as compared with 155 for the same period of 1938. The disease is more prevalent in the country than in the towns. The age distribution has changed. In 1936 the group most affected was not from 0-5 but from 10-15.

The Bradford Hospital and Convalescent Fund has been compelled to suspend its many winter activities for the time being. Nearly all the usual committee meetings have been postponed, but members are devoting their energies to gaining financial support for the contributory scheme in view of the probable drying up of many sources of ordinary income. The executive committee at its last meeting decided that dependants of contributors who have joined the Royal Navy, the Army, or the R.A.F. should have all the privileges of the scheme without payment of contributions for six months after the contributor's enlistment. After six months those dependants who wish to continue membership may enrol at any depot in the city without observing the usual three months' waiting period.

EPIDEMIOLOGICAL NOTES

Infectious Diseases and Evacuation

Incidence of Infection.—The effect upon the incidence and distribution of the acute infectious diseases of the evacuation of susceptible subjects from densely populated areas to rural districts is becoming more evident as the weeks pass. Little can be said with certainty at this stage on total incidence, as the observed increases in respect of the two principal notifiable diseases—diphtheria and scarlet fever—are no higher than might be expected when schools reopen and the winter months approach. Nor should too much importance be attached to the low incidence of these diseases compared with 1938, since differences as great between consecutive years are by no means uncommon.

The figures for large towns such as London, Manchester, Birmingham, and Liverpool for the week under review show that the principal epidemic diseases have fallen to approximately a quarter of their expected level, presumably on account of the evacuation.

Certain diseases such as enteric and cerebrospinal fevers, in which the attack rate among adults is relatively high, have not undergone any great change; but we may observe that the notifications of enteric for the past four weeks have been 77, 77, 77, and 71; the figures for the corresponding weeks last year were 32, 36, 45, and 27. The rates for puerperal pyrexia in the large towns have also fallen, but not equally, perhaps because of the varying success of particular evacuation schemes.

Susceptibles in Reception Areas.—Mass evacuation has brought in its train problems with which public health authorities in reception areas are only now being faced. Avoidance of spread of infection among the relatively susceptible subjects in rural areas has been sought by providing separate schools or by staggering the hours of school attendance, but there is a limit to the application of these measures, especially with the coming of winter. More success may be anticipated from an intensive immunization campaign, chiefly against diphtheria and to a lesser extent against scarlet fever and whooping-cough. The experience of South Shields may be cited in this connexion. In 1938 there were 598 cases of diphtheria, more than the total for the preceding ten years, with 61 deaths, while in the first nine months of 1939, when immunization was adopted, deaths have fallen to 32 and cases to 409, a large proportion of which were carriers. Among 13,000 children adequately immunized cases have been few and mild and no deaths have been recorded.

Problems of Isolation.—The insufficiency of isolation accommodation in reception areas has afforded opportunities of assessing the merits of home nursing of cases of infectious diseases. The absence of ordinary hygiene and cleanliness in many groups of evacuees, among whom impetigo, scabies, and pediculosis have been rife, has necessitated the provision of additional isolation accommodation in many districts. Local authorities are naturally averse to extensive financial commitments, as the duration and intensity of evacuation remain uncertain.