

I deduce that increased tension in the finger, and not any histological damage to the nerve endings, is the main cause of loss of sensation. As I have no book with me at sea which discusses this point I can—until I am contradicted—amuse myself with the idea that this observation is original.—I am, etc.,

April 15.

M. C. ANDREWS,
Surgeon Lieut.-Commander, R.N.V.R.

Ergotoxine in Shock

SIR,—With reference to the article on recent air-raid casualties by Dr. Margaret Ball and Mr. George Quist (February 22, p. 273), in which they report that "the results of the treatment of severe shock by replacement of fluid with blood and plasma were disappointing," I beg to suggest the trial, as an additional measure, of intramuscular injections of ergotoxine aethanosulphate 1/120 to 1/60 grain in this condition. Since these doses are regularly used in obstetric practice and in the treatment of migraine they may be employed without fear.

Ergotoxine is an inhibitor of sympathetic overactivity, and has been successfully used by Hassan and Mahommed (*Lancet*, 1940, 1, 1001) as an antidote to scorpion toxin, part of which is a strong stimulant of the sympathetic nervous system. Since we have no recognized drug at present with which to combat shock, the trial of ergotoxine in therapeutic doses in this condition is fully justified.—I am, etc.,

Capetown, April 6.

J. WALKER TOMB, M.D.

Whither Welfare?

SIR,—The article on "Whither Welfare?" (May 10, p. 719) deserves most careful attention. The argument of Dr. Cicely Williams that more can be done to prevent disease than by any other method through the sensible teaching of home hygiene and right diet is put forward most convincingly and cannot be gainsaid. The practitioner treats disease but does not prevent it, and the medical research worker seeks for methods for immunization against or cure of disease, but the well-trained welfare worker, by teaching in the home, goes to the root of the whole matter, and, adequately supported, can stop disease appearing. How little the Medical Research Council realized this was shown by the fact that after my retirement it abolished the Department of Applied Physiology at the National Institute of Medical Research.—I am, etc.,

Chalfont St. Peter, May 11.

LEONARD HILL.

New British Summer Time: A Criticism

SIR,—May I inquire whether certain disadvantages of the new summer time have been sufficiently considered from the medical standpoint? Speaking for my own district (the North-West), when any large-scale aerial attack has been made the alert has usually been sounded about one hour after black-out time, and I find that most people who do not regularly sleep in shelters have been in the habit of waiting up until this "danger" time has passed before retiring. If we consider the week before the advent of the new system we find that people were retiring about 10.30 p.m.; to-day we find that they are waiting up until 11.30 p.m. or midnight before they consider it safe to retire, and before the longest day arrives the "safe" time will be 12.30 to 1 a.m. So that, even if no raid develops, large masses of the population are missing a substantial proportion of their sleep; in the event of a raid the position is worse, since when the raiders depart (at present 4 a.m. to 4.30 a.m.) these people are left with only three to three and a half hours sleep.

Under the original British Summer Time these people would have retired one hour earlier, and after a long raid would have had an extra hour in which to sleep. I would go even further and suggest that it would be better to have turned the clock one hour backwards to G.M.T. (since the visitations of the Luftwaffe are independent of our own chronometric manipulations). This would time the raids to begin and end earlier, with obvious sleep-saving advantages at either end. From this point of view I venture the opinion that any advantages offered by the new British Summer Time are more than counterbalanced by the impairment of working efficiency through the needless loss of sleep it entails.—I am, etc.,

May 9.

LESLIE BALLON.

Universities and Colleges

UNIVERSITY OF SHEFFIELD

The University Council made the following appointments on May 9: *Assistant Lecturer in Mental Diseases*: F. J. S. Esher, M.B., Ch.B., D.P.M. *Junior Demonstrator in Anatomy*: M. Laird, M.B., Ch.B. *Part-time Demonstrator in Anatomy*: Mrs. Mildred John, M.R.C.S., L.R.C.P.

The Council accepted the resignation of Dr. F. E. E. Schneider of the post of assistant lecturer in mental diseases with regret and thanked him for his services to the University.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the Royal College of Surgeons of England, held on May 8, with Sir Hugh Lett, President, in the chair, Mr. J. W. Walker and Mr. T. Harrison Butler were admitted to the Fellowship.

Mr. John Basil Hume was elected a Member of the Court of Examiners.

It was decided that the amount of the Cartwright Prize should be increased from £85 to £100.

The President was appointed, *ex officio*, a member of the Governing Body of the British Postgraduate Medical School for one year.

Diplomas

Diplomas of Membership were granted to the 171 successful candidates named in the report of the meeting of the Royal College of Physicians of London, published in the *Journal of May 3* (p. 694) and to the following:—

N. Alders, V. R. Arulanandom, J. L. Ballantyne, P. L. N. Ba'ly, M. Bates, R. I. S. Bayliss, A. B. Black, E. M. Cheffins, D. R. Christie, Doris Critchley, Aileen M. Dickens, A. Fessler, J. H. Fodden, H. A. Hashemian, M. Hewitt, M. H. W. Holloway, J. S. Johnstone, Anne E. E. Jordan, J. M. Joshua, H. H. Kennedy, A. Klidjian, Padma Kumar, K. R. Llewellyn, T. P. Mann, J. H. G. Morris, M. Roth, Melicent E. Salmon, J. M. W. Sedgwick, Eleanor M. Singer, C. C. K. Smith, J. G. Stubbs, H. Williams, J. A. Williams, Jean K. M. C. Wilson, R. B. Zachary.

Medical Notes in Parliament

Milk Certificates

MR. GROVES contended on May 7 that the form of certificate for additional supplies of milk to persons suffering from certain diseases was objectionable, in that a doctor was required to certify the precise disease from which the person in need of the additional supply of milk was suffering, and that the certificate had to be handed to the local dairyman, thereby making him and also his employees aware of information which should be strictly confidential. Major LLOYD-GEORGE said the views of the British Medical Association on this procedure had recently been received and were under consideration.

Alien Doctors in Pioneer Corps.—MR. ERNEST BROWN told Mr. George Strauss on May 8 that the services of alien doctors in the Pioneer Corps were considered for employment in hospitals and institutions equally with others of allied or enemy nationality through the machinery set up by the Central Medical War Committee. Capt. Margesson had given instructions that every facility was to be afforded for their attendance at interviews with employing authorities and for their discharge from the Corps when employment was obtained.

Civil Nursing Reserve Call-up.—On May 8 Mr. GEORGE STRAUSS, in view of the shortage of trained nurses, asked what was the policy of the Government in calling up for service those who have registered their names, at the outbreak of war, on the Civil Nursing Reserve. Mr. BROWN replied that to utilize the services of any trained nurse member of the Civil Nursing Reserve not already in employment he had recently extended the scope of the Reserve to cover almost every type of hospital, including certain special hospitals where the shortage of nurses was acute. Where a trained nurse offered whole-time service without reservation as to place regional Nursing Officers could ordinarily post her without difficulty. This could not always be arranged, however, where the member's offer was restricted either to part-time service or to service in a particular locality or in some other way. Such members were now being approached and asked to offer service not subject to these limitations. The use to be made of their services would depend on the replies.