

expected response, four answered with "blood" and gave an abnormal record showing strong pre-existing tendencies. This explains, also, why so few of the men with war neuroses among soldiers returned from France (whom I had the privilege of examining at a Military Emergency Hospital last year) gave the reaction, for they were, in the words of Sutherland, merely "neuroses in war."

Normal Child's Unconscious Reaction to Bombing

We are, therefore, dealing with an upset not so much of an abnormal as of an essentially normal personality in these children, and one that is different from that due to the exigencies of evacuation. It need hardly be mentioned that any air-raid shock supervening upon a neurotic or otherwise abnormal personality will produce more severe symptoms than in a "normal" one. The child's reaction to the raid or raids is essentially unconscious. In the majority of cases he tends to make light of his experiences, denies having been frightened, and behaves in that casual manner characteristic of an adult. Nor is the severity of experience any criterion. In one case the boy had (according to his own statement) slept through the whole raid in his bed; but the realization next day of the nearness of death served sufficiently as a shock to upset him. In another case the experience of a mine explosion in his neighbourhood acted as the cause. In none of these cases was there a "war neurosis" in the true sense; nor did the Rorschach test suggest such a diagnosis. The behaviour of the boy toward aircraft noises appeared quite rational, and only those with neurotic trends showed any flinching at sudden noises.

On the other hand these children are no longer what they used to be. It is obvious that the effects of their inner experiences appear much more clearly when the strain of an evacuation is added to them. What parents and teachers at home could not spot bursts out unmistakably when the child is among critical strangers. In the several thousand evacuated school children I had occasion to study, the difference between the "bombed" and the "un-bombed" child revealed itself blatantly on putting a few questions. It may be that the children from the Plymouth and Bristol dock area are of a tougher fibre than the London evacuees. But their inability to fit into billets, the excessive number of difficulties between hosts and children, the bad school reports, and the unruly behaviour of the majority of these children cannot be explained on those grounds alone. Most of the evacuated London children have almost to be fetched home by force; most of the Plymouth and Bristol evacuees *want* to return home. Among an adult world that has been shaken in its foundations the world of the parents offers still more security than that of strangers. For the child, as mentioned before, is not aware that it has been upset by the raid experience, or it would not return to the danger zone so readily.

The prognosis, in our at present limited experience, appears to be good for all cases not complicated by neurotic trends. Removed from the billet, where the problem of "what to do in my free time" creates the main trouble, they tend to become exemplary pupils in the hostel—actually a residential school. Psychotherapeutic interference is unnecessary, and the routine and the discipline of a happy life among other boys remove all strain in a short time. But as it is impossible to provide such schools for the thousands of children who may become sufferers from air-raid shock during the coming winter because their parents are too short-sighted to profit by the evacuation scheme, every effort should be made to enforce the scheme while there is yet time.

A. Lesser and L. R. Kaufman (*Surg. Gynec. Obstet.*, 1941, 73, 163) state that in 15 out of 132 patients operated on with a pre-operative diagnosis of acute appendicitis, the diagnosis was erroneous, the true condition being acute salpingo-oophoritis, acute inflammation of chest conditions, pleural or abdominal tuberculosis, pyelitis, mesenteric adenitis, and acute rheumatic fever. In the 15 cases the sedimentation rate was constantly elevated or high, whereas in more than 90 cases in which the diagnosis of acute appendicitis was confirmed the sedimentation rate was normal. These findings confirm the importance of the blood sedimentation rate in the diagnosis of acute appendicitis.

GALLANTRY IN CIVIL DEFENCE

A *Supplement* to the *London Gazette* dated October 17 announces the award of the M.B.E. (Civil Division) to Dr. DONALD MORTON DUNN, house officer, London Chest Hospital, and the B.E.M. (Civil Division) to Miss DAISY JEROME, probationer nurse, London Chest Hospital. The announcement reads as follows: "The London Chest Hospital was severely damaged by enemy action. There were heavy falls of masonry in one wing, and two elderly women, both seriously ill, were trapped. These and the patients of an adjacent ward, some of whom he had to carry single-handed, were taken to safety by Dr. Dunn. Nurse Jerome, who was injured while attending to a patient at the moment of the explosion, helped in the rescue work. Later she was knocked over and rendered unconscious for a short period, but on recovery she returned to the ward and continued to assist Dr. Dunn until all the patients were evacuated. Dr. Dunn and Nurse Jerome showed courage and great devotion to duty."

The names of Dr. Arthur Thomas Miles Myres, resident medical officer, London Chest Hospital, Dr. Gustav Susman Noris, civil defence mobile unit, Islington, and Dr. Lewis Aubrey Westwood, medical officer in charge, London Chest Hospital, have been brought to notice for brave conduct in civil defence.

Local News

ENGLAND AND WALES

Post-war Hospital Policy

Speaking at Oxford at a meeting of the Regionalization Council of the Nuffield Provincial Hospitals Trust, Mr. W. M. Goodenough, chairman of the Trust, said that in both municipal and voluntary hospital circles the liveliest interest had been aroused by the statement on post-war hospital policy which was made on October 9 in the House of Commons by the Minister of Health.¹ If he read this statement correctly it would appear that the Minister envisaged the development after the war of a comprehensive hospital service which would be available for all persons in need of treatment. That service was to be based on extended responsibilities to be laid on the public health authorities and on the development of the partnership between those authorities and the voluntary hospitals, which would be placed on a more regular footing than heretofore. This policy, he had no hesitation in saying, was one which both local authorities and voluntary hospitals would welcome and support with enthusiasm. Indeed, it was largely identical with that which the Nuffield Trust had endeavoured to promote to the best of its ability. It was clearly based upon the complete reconciliation and the utilization to the best advantage of those bodies, both statutory and voluntary, on which the present hospital services depended. Mr. Goodenough believed that if full regard was given to all parties concerned, if, in fact, the idea of a "partnership," of which the Minister had so wisely spoken, was made a real one, the policy would be generally acclaimed and would find willing acceptance from all quarters. It was in this way that a truly national hospitals policy would be achieved.

After "Coventry"

The heavy air raid on Coventry in the middle of last November gives the theme to the annual report of the medical officer of health, Dr. A. Massey. The number of casualties is not given. Drainage and water communications suffered much, and in view of the possibility of a typhoid outbreak the city lived "on the edge of a volcano" for a few weeks. Its escape was due to the immediate application of all preventive measures and the co-operation of good citizens. In the three weeks following the November raid 17,000 persons, or about 10% of the population remaining in the city, were immunized against typhoid by inoculation. Universal boiling of drinking water and milk and the chlorination of the public water supply were obvious preventive measures from the first. Conditions of severe raiding introduced urgent sanitation problems; measures for the disposal of excrement after heavy damage to sewers and drains

¹ *British Medical Journal*, October 18, p. 565.