

H. F. Humphreys had been re-elected and Professors M. A. Rushton and H. H. Stones elected to the Board.

The Board welcomed members of the Orthodontic Society of Europe, who were shown the Odontological Museum by the Curator, Sir Frank Colyer, and inspected various College treasures.

The first meeting of the Faculty was held, and some 160 Fellows and Licentiates in Dental Surgery of the College attended. The President, Lord Webb-Johnson, gave a historical survey of the College and its association with dental surgery. He pointed out the great opportunity the Faculty had in promoting the art and science of dental surgery, and hoped that in the future dental surgery would look upon the College as its academic and spiritual home. The Dean then gave a short review of the various steps which led up to the forming of the Faculty and the Fellowship in Dental Surgery. The annual report of the Board, which showed that a considerable amount of work had been completed in the first year, was presented by Dr. E. W. Fish. At the conclusion of the meeting Mr. Reginald R. Course was elected to represent the Licentiates in Dental Surgery of the College on the Board.

The following dental surgeons from home and overseas were admitted by the President to the Fellowship in Dental Surgery of the College: Professor Andrew Francis Jackson, Professor Sheldon Friel, Professor J. C. Middleton Shaw, Miss K. C. Smyth, Mr. L. Russell Marsh, and Mr. B. Maxwell Stephens.

The Charles Tomes Lecture was given by Andrew Francis Jackson, D.D.S., professor of orthodontics, Temple University, Philadelphia, on "Growth and Development from the Clinical Aspect of Orthodontics."

In the evening the first anniversary dinner of the Faculty was held in the College, and was attended by some 150 dental surgeons and guests. The toast of "The College" was proposed by Professor Bradlaw, and the President, Lord Webb-Johnson, replied. Professor F. C. Wilkinson, the Vice-Dean, proposed the health of the guests, and Sir Wilson Jameson, Chief Medical Officer of the Ministry of Health, replied, and during the course of his speech referred to the important part which the Faculty would play in the future of dental surgery. The reply to the toast of the guests was also supported by Professor Jackson, who stressed the good relations which existed between this country and the United States from the academic as well as from the political point of view.

#### ROYAL COLLEGE OF PHYSICIANS OF IRELAND

T. St. V. W. Buss was admitted a Member of the College on July 9.

#### ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At a meeting of the Council of the College, held on July 24, Sir William Gilliat was re-elected President of the College. The following officers were also re-elected: *Vice-Presidents*, Sir William Fletcher Shaw and Mr. James M. Wyatt; *Honorary Treasurer*, Mr. Arthur A. Gemmell; *Honorary Secretary*, Mr. Humphrey G. E. Arthure; *Honorary Librarian*, Mr. Frederick W. Roques; *Honorary Curator of the Museum*, Mr. Aleck W. Bourne.

The following were admitted to the Fellowship of the College: F. R. W. Allen, J. B. Dewar, P. J. Kearns, H. R. MacLennan, G. R. Sparrow.

The following were admitted to the Membership of the College: S. G. Aitken, I. C. Barne, W. Barr, F. Benjamin, A. B. Higginson.

The following candidates were elected to the Membership of the College: T. M. Abbas, I. S. R. Bain, Henrietta F. Banting, T. L. S. Baynes, S. Behrman, D. C. A. Bevis, C. C. Bowley, T. St. V. W. Buss, L. W. Cox, T. E. Elliot, P. M. Naidu, Mary E. Egerton, Margaret Fitzherbert, G. McI. Forsyth, H. D. Freeth, G. B. Gibson, J. H. Gibson, A. Graham, A. H. Grenz, Constance A. Grey, H. B. Hattam, C. C. Henneberg, E. Hesselberg, D. W. Higson, J. C. Holman, K. R. Hudson, A. G. Jones, J. B. Joyce, R. A. Irani, W. T. Kenny, G. G. Kerster, R. A. H. Kinch, S. Lask, T. L. T. Lewis, Ethna W. Little, E. L. F. McConnachie, W. Macfarlane, J. M. McKiddie, S. H. Madden, Helen M. Mayer, G. W. H. Millington, F. L. E. Musgrove, C. G. Nairn, J. R. Norris, J. J. F. O'Sullivan, J. H. Patterson, A. C. Pearson, W. H. Peek, S. D. Perchard, D. Prysor-Jones, M. S. Qureshi, E. H. Rees, S. McR. Reid, H. A. Ripman, D. N. S. Robertson, Helen M. Russell, B. W. Sanderson, H. Sayeed, S. A. Siddiki, G. A. Silley, A. A. Smith, T. Smith, G. J. Sophian, Christine M. Stacey, P. C. Steptoe, C. S. N. Swan, R. A. Thatcher, G. S. Thomas, R. G. Whitelaw, P. de S. Wijesekera, R. M. Williams, M. S. Williamson, H. G. Wolskel, P. S. Wright, R. B. Wright.

#### CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the final examination, were admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P.S.Glas., on July 28: Freda M. Addly, A. K. Bain, R. G. Blair, J. A. Brown, D. Bull, E. S. Cohen, Ruby M. Collister, Jessie McI. L. Duce, H. Fishman, A. Freedman, L. I. Freeman, D. Giannini, P. W. Grant, J. Hamilton, T. Hannah, D. P. K. Howie, N. D. Ker, A. Kilpatrick, A. Kwasnik, G. H. Lee, W. Leggat, A. J. Levine, Audrey E. Lewer, D. McN. McCurrach, A. W. D. McIntyre, Jessie K. M. Main, H. M.

Marks, Catherine R. S. Mitchell, Margaret E. Morgan, A. Muir, W. W. Muir, B. Nash, Rosalie A. H. Paul, W. H. Reid, W. J. Reilly, B. Seltzer, A. E. M. Sieger, Eirlys Speck, R. K. Steen, D. F. F. Stephens, J. McC. H. Steven, J. Stewart, Gwyneth Watkins, Margaret L. Watt, Sheila M. Wheeler, G. A. Whitefield, L. Wilkie, Sophia W. Wright.

## Medical Notes in Parliament

### NATIONAL HEALTH SERVICE

#### Younger Specialists

On July 29 Sir ERNEST GRAHAM-LITTLE reported that a large class of younger specialists, including holders of grants under the various grades of the Health Scheme, had not been offered even interim contracts under the Health Service Act and were receiving approximately half the salary which they might expect from the Spens Report recommendations. He added that many of them had been qualified 10 years, were married, had families, and suffered from financial strain. Sir Ernest asked for an assurance that the adjustments would be retrospective and made quickly.

Mr. BEVAN replied that no interim contracts were necessary where, as was usual, holders of junior hospital appointments immediately before July 5 were whole-time officers, because they passed as transferred officers automatically into the employment of the appropriate hospital management committee or board of governors. Any adjustment of their present remuneration (which he knew to be often less than that recommended by the Spens Committee) must await the drawing up of agreed rates with the profession, as in the case of specialists. As soon as agreed rates were evolved he would do his best to see that retrospective adjustments from July 5 were carried out quickly.

#### Attendance at Confinement

Mr. PETER THORNEYCROFT inquired on July 29 whether under the National Health Service Regulations a mother was entitled to the presence of a doctor at her confinement if she desired it; or whether a doctor was entitled to decide that it was not necessary for him to attend in spite of the wish of the mother that he should do so.

Mr. BEVAN answered that a practitioner providing maternity medical services undertook to be present at the confinement if in his opinion it was required or if summoned by the midwife in attendance. In reaching his decision he would no doubt take account of the wishes of the mother.

On the same date Mr. PETER THORNEYCROFT further asked the Minister of Health whether under his regulations a mother could engage the services of a doctor privately and pay his fees for her confinement without losing the nursing and other benefits made available under the National Health Service Act.

Mr. BEVAN indicated that this was so but wished to make it clear that the woman could not pay any fees to a doctor on whose National Health Service list she was entered.

#### Prescribing

Sir THOMAS MOORE asked on July 29 what authority had been delegated to local medical committees to prevent a medical practitioner from prescribing any drug or medicine which he considered necessary for the treatment of an insured patient.

Mr. BEVAN wished it to be quite clear that patients were entitled to all drugs necessary for their proper treatment. Local medical committees had power only to investigate excessive prescribing.

On the same date Mr. RANDALL asked whether Mr. Bevan knew that regulations issued in connexion with the National Health Service concerning the procedure to be adopted for the investigation of excessive prescribing had created considerable feeling among the medical profession. He asked for an assurance that, while such procedure might be necessary to prevent extravagance, it would not be used to restrict the doctors.

Mr. BEVAN replied that this procedure was on similar lines to that which had been in operation for many years under the old National Health Insurance Scheme. He explained that it was aimed exclusively at extravagant prescribing and would certainly not be used to restrict any prescribing necessary for the treatment of the patient.

Mr. BEVAN said in reply to a question by Mr. HARDY that he realized how necessary it was that all the staffs concerned should understand the provisions of the National Health Service Superannuation Scheme. Officers of his Department were available to attend meetings of employees in order to explain the scheme in detail. In response to requests from employee organizations they had already attended a number of such meetings.

**Assistants in N.H.S.**

Sir ERNEST GRAHAM-LITTLE was assured by Mr. BEVAN on July 27 that executive councils had been asked to consent without question to the continued employment in the National Health Service of assistants employed before the appointed day. Mr. Bevan said the remuneration of such assistants was a matter for their principals, but arrangements for grants for trained assistants without previous experience were under discussion with the profession.

**T.T. Milk**

Mr. PIRATIN asked on July 26 to what extent T.T. milk not bottled by the farmer was subsequently kept separate and sold as T.T., and what steps Mr. Strachey took to ensure that such milk was not mixed with non-T.T. milk.

Dr. SUMMERSKILL said that in May, 1948, approximately 27% of the T.T. milk sold by producer-wholesalers in England and Wales was retailed as such. Under the Milk (Special Designations) Regulations T.T. milk sold as such must be kept separate from all other milk and sold to the consumer in sealed containers specially labelled and fitted with overlapping caps. Failure to comply with these conditions could involve dairymen in the revocation or suspension of their licences to sell T.T. milk. She regretted that only 27% was sold as T.T. milk but said that the Ministry could not govern consumer preference.

**EPIDEMIOLOGICAL NOTES**

**Paratyphoid Outbreak**

There has been an outbreak of paratyphoid B infection in Eastbourne. The first patients were admitted to hospital on July 25, and 35 suspected cases had been notified to the medical officer of health up to and including Aug. 2. On that date the source of the infection had not been traced, but investigations were being carried out with the assistance of the Public Health Laboratory Service. Since the illnesses began about the same time, it is thought that the patients, most of whom were children, may have been infected from a common source. There is no evidence at present that ice-cream was to blame.

**Discussion of Table**

In *England and Wales* infectious diseases were more prevalent during the week, and there were increases in the notifications of measles 622, whooping-cough 341, scarlet fever 45, acute pneumonia 37, diphtheria 33, acute poliomyelitis 13, dysentery 11.

A rise in the incidence of measles occurred in every area except in the west-midland and the south-western counties, where decreases in notifications of 146 and 54, respectively, were reported. The largest rises in the incidence of measles were in Yorkshire West Riding 285 and Yorkshire East Riding 124. The fluctuations in the local trends of whooping-cough were in general quite small, and the only large rises in notifications were in Lancashire 64 and Cheshire 55. The only variations of any size in the returns of scarlet fever were an increase of 25 in London and a decrease of 25 in Surrey. The chief features of the returns for diphtheria were rises in Durham 11 and Lancashire 8. In Lancashire 18 of the 42 cases in the county were notified in Liverpool C.B.

An increase in the notifications of dysentery from 5 to 24 was recorded in London (Hampstead 6, Kensington 6). The only other large return for dysentery was 11 in Lancashire. Acute poliomyelitis reverted to the level of a fortnight earlier. The largest numbers of notifications were Lancashire 6 (Manchester C.B. 5), London 5, Essex 4 (Saffron Walden R.D. 2), Middlesex 3, Durham 3, Wiltshire (Swindon M.B.) 2, Staffordshire 2, Yorkshire West Riding 2, Glamorganshire 2.

In *Scotland* an increase of 20 was recorded in the notifications of acute primary pneumonia. There was a decrease in the incidence of scarlet fever 41, measles 13, and dysentery 9. In contrast to the general trend a slight increase in the notifications of scarlet fever occurred in the eastern area.

In *Eire* increases were recorded with returns for whooping-cough 29 and measles 20, and decreases included diarrhoea and enteritis 16 and diphtheria 5. The largest outbreaks of whooping-cough were in Kerry (Kenmare R.D.) 25 and Donegal (Stranorlar R.D.) 15.

In *Northern Ireland* an increase of 25 occurred in the notifications of measles in Belfast C.B.

**Week Ending July 24**

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,747, whooping-cough 3,359, diphtheria 139, measles 8,501, acute pneumonia 385, cerebrospinal fever 25, acute poliomyelitis 39, dysentery 108, paratyphoid 9, and typhoid 13.

**INFECTIOUS DISEASES AND VITAL STATISTICS**

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended July 17.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland. *Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for:* (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland. A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1948					1947 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	25	3	13	—	2	60	1	21	2	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Diphtheria .. ..	183	18	40	14	1	202	21	27	16	5
Deaths .. ..	4	2	1	—	—	1	—	—	—	—
Dysentery .. ..	67	24	25	—	—	56	3	12	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute .. ..	1	—	—	—	—	3	—	1	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Erysipelas .. ..	—	—	21	9	—	—	—	26	5	2
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years .. ..	27	—	5	24	2	60	5	21	32	9
Deaths .. ..	—	—	—	1	—	—	—	—	—	—
Measles* .. ..	9,459	602	70	91	78	8,400	455	50	222	8
Deaths† .. ..	—	—	—	—	—	7	—	1	1	—
Ophthalmia neonatorum .. ..	55	2	8	1	—	75	6	11	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever .. ..	12	1	—	—	—	12	2	1(B)	1(B)	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal .. ..	377	19	—	2	4	306	19	2	—	3
Deaths (from influenza)‡ .. ..	3	1	—	1	—	3	—	1	—	—
Pneumonia, primary .. ..	122	17	128	32	10	—	22	102	11	3
Deaths .. ..	—	—	—	6	—	—	—	—	—	5
Polio-encephalitis, acute .. ..	2	—	—	—	—	16	2	—	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute .. ..	36	5	5	1	—	177	19	19	—	3
Deaths§ .. ..	3	1	—	—	—	2	—	—	—	—
Puerperal fever .. ..	—	—	2	—	—	—	5	9	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia   .. ..	96	4	9	3	—	136	6	10	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Relapsing fever .. ..	—	—	—	—	—	1	—	—	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Scarlet fever .. ..	1,703	114	256	40	34	1,036	73	94	31	29
Deaths† .. ..	—	—	—	—	—	1	—	—	—	—
Smallpox .. ..	—	—	—	—	—	1	—	—	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Typhoid fever .. ..	4	—	—	3	—	10	—	—	5	4
Deaths .. ..	2	—	—	—	—	—	—	—	—	1
Typhus fever .. ..	—	—	—	—	—	—	—	—	—	—
Deaths .. ..	—	—	—	—	—	—	—	—	—	—
Whooping-cough* .. ..	3,416	258	18	117	10	1,931	217	40	53	4
Deaths .. ..	8	1	1	—	1	7	3	1	3	—
Deaths (0-1 year) .. ..	276	33	35	7	10	359	42	70	24	8
Infant mortality rate (per 1,000 live births) .. ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths) .. ..	4,090	630	507	140	104	4,149	681	581	148	111
Annual death rate (per 1,000 persons living) .. ..	—	—	10.2	8.8	—	—	12.1	9.3	—	—
Live births .. ..	8,363	1340	915	351	253	9,687	1574	1097	396	275
Annual rate per 1,000 persons living .. ..	—	—	18.5	22.0	—	—	22.1	25.0	—	—
Stillbirths .. ..	197	28	29	—	—	216	15	26	—	—
Rate per 1,000 total births (including stillborn) .. ..	—	—	31	—	—	—	23	—	—	—

\* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.  
 † Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.  
 ‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.  
 § The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.  
 || Includes puerperal fever for England and Wales and Eire.

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