

to mothers' questions published weekly for some years in the *Nursery World*. With all this she found time for the pleasures of music and an active social life amongst a wide circle of friends. Always modest and approachable, she wore her erudition lightly and was unstinting in her help of colleagues and students.

Mrs. Isaacs was the youngest of a large family. She was married twice, first to W. B. Brierley (her first books were published under the name of Susan Brierley), and secondly to Nathan Isaacs. She had no children. She was made an honorary D.Sc. of Adelaide University, and in the recent New Year's Honours was appointed C.B.E.

#### J. W. S. MACFIE, D.Sc., M.B., D.T.M.

Dr. J. W. S. Macfie, who had a long and distinguished career in the Colonial Medical Service and was well known as a malarialogist, died at St. Leonards on Oct. 11 at the age of 69. John William Scott Macfie was born at New Ferry, Cheshire, and educated at Oundle, and subsequently at Cambridge and Edinburgh University, where he graduated M.B., Ch.B. in 1906. After a period in the physiology laboratory at Liverpool under Sherrington, Macfie's interests turned to tropical medicine. He took the diploma in tropical medicine at Liverpool in 1910 before going out to Africa and joining the West African Medical Staff. He served in North and South Nigeria and on the Gold Coast, and from 1914 to 1923 he was director of the Medical Research Institute at Accra. During this time Macfie was responsible for much original work on a number of tropical diseases, particularly trypanosomiasis and malaria. In 1917 he was seconded to the Liverpool School of Tropical Medicine to undertake special research on malaria. Two years later he was awarded the Mary Kingsley Medal of this School for his outstanding work in the field of tropical medicine.

Dr. Macfie, on returning from West Africa, joined the staff of the Liverpool School of Tropical Medicine as lecturer in protozoology. In 1927 he started work on the chemotherapy of malaria, under the aegis of the Medical Research Council, at the London School of Tropical Medicine. In spite of failing health, he volunteered for service in Ethiopia in 1935 as second-in-command of the British Red Cross Unit serving there. His book, *An Ethiopian Diary*, was published in the following year. Thereafter he was engaged temporarily in medical activities in London, but in 1941, at his insistent request, he was appointed a temporary major in the R.A.M.C. He served with distinction in No. 3 and No. 8 Malaria Field Laboratories in Egypt and Syria and elsewhere in the Middle East as a malarialogist. Returning to this country after a breakdown in health, he relinquished his commission in 1943 and renewed his old interest in taxonomic studies at the British Museum. Macfie also returned for a short time to the Liverpool School, where he was engaged in the preparation of an instructional film on malaria.

Macfie was a worker of eminence and erudition in many branches of tropical medicine. He was a world authority on the midges (*Ceratopogonidae*), and was largely responsible for the identification and classification of the collection of these insects in the British Museum. Macfie's kindness, unassuming mien, and tall ascetic figure endeared him equally to his contemporaries and to his junior colleagues, many of whom will recall with gratitude his unostentatious benefactions.

## Universities and Colleges

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

A series of postgraduate lectures in general medicine will be given at the College (Pall Mall East, S.W.) on various dates between Nov. 2 and Dec. 17, at 5 p.m. each day. The inclusive fee for the course is £7 7s. and the total entry is limited to 200. Fees are payable in advance and must be received at the College by Oct. 25.

### ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

A postgraduate course of advanced lectures for those studying the special practice of obstetrics and gynaecology will be given in the College House (58, Queen Anne Street, London, W.) from Monday,

Nov. 15, to Friday, Nov. 19, inclusive, at 12 noon and 5 p.m. each day. The fee for the course of ten lectures is £4 4s.; 10s. 6d. for a single lecture. There will be no admission without a ticket, obtainable from the secretary of the College.

At a special meeting of Council of the College, held at the College House on Oct. 1, with the President, Sir William Gilliatt, in the chair, the Honorary Fellowship of the College was conferred on Dr. Emil Novak, of Baltimore, U.S.A.

A. F. Hollinrake (Ontario) was admitted to the Fellowship.

The following were admitted to the Membership:

I. S. R. Bain, Henrietta E. Banting, T. L. S. Baynes, S. Behrman, D. C. A. Bevis, C. C. Bowley, T. St. V. W. Buss, Ll. W. Cox, Mary E. Egerton, T. E. Elliot, G. McI. Forsyth, H. D. Freeth, G. T. 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, W. T. Kenny, G. G. Kerster, R. A. H. Kinch, S. Lask, T. L. T. Lewis, E. L. F. McConnachie, W. Macfarlane, J. M. McKiddie, S. H. Madden, Helen M. Mayer, G. W. H. Millington, F. L. E. Musgrave, J. R. Norris, J. J. F. O'Sullivan, J. H. Patterson, A. C. Pearson, W. H. Peek, S. D. Perchard, D. Prysor-Jones, E. H. Rees, S. McR. Reid, H. A. Ripman, D. N. S. Robertson, B. W. Sanderson, 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, R. M. Williams, M. S. Williamson, H. G. Wolskel, P. S. Wright, R. B. Wright.

## EPIDEMIOLOGICAL NOTES

### Discussion of Table

In *England and Wales* an increase was recorded in the notifications of measles 843, scarlet fever 166, acute pneumonia 125, acute poliomyelitis 13, and typhoid fever 11. Decreases were reported in the incidence of whooping-cough 55 and dysentery 10.

The incidence of measles tended to rise throughout the country, but large increases were recorded in only a few counties, notably Yorkshire West Riding 318, Lancashire 210, Cheshire 58, and Derbyshire 50. A small rise in the notifications of scarlet fever was reported from most areas; the largest increase was 35 in Yorkshire West Riding.

The local trends of whooping-cough fluctuated; the largest variations were a rise of 49 in Lancashire and a fall of 50 in Yorkshire West Riding. There was no appreciable change in the local returns of diphtheria. The rise in the incidence of pneumonia was mainly contributed by the West Midland and Yorkshire regions, and a rise of 39 was recorded in both regions.

The chief centres of dysentery were Lancashire 19 and London 12. A further 31 cases were notified in Shropshire, Oswestry R.D. During the past four weeks 87 cases have been notified from this outbreak.

The largest returns of acute poliomyelitis were Yorkshire West Riding 8 (Sheffield C.B. 3); London 7 (Woolwich 2); Staffordshire 7 (Wolverhampton C.B. 3); Glamorganshire 7 (Swansea C.B. 3, Cardiff C.B. 2); Surrey 5; Gloucestershire 5 (Bristol C.B. 5); Warwickshire 5 (Birmingham C.B. 2).

In *Scotland* infectious diseases were more prevalent during the week and increases in the number of notifications were recorded for acute primary pneumonia 54, scarlet fever 33, diphtheria 17, and dysentery 10. The increased incidence of these diseases was mainly contributed by the city of Glasgow.

In *Eire* a rise of 28 occurred in the notifications of diarrhoea and enteritis; of this increase 20 cases were notified in Dublin C.B. An outbreak of measles affecting 28 persons was notified in Clare, Kilrush R.D. Notifications of scarlet fever were 20 fewer in the large cities, but this was offset by a rise of 16 in the remainder of the country.

In *Northern Ireland* increases were recorded for measles 34, whooping-cough 16, and scarlet fever 13. The rises in the incidence of the first two diseases were due to the experience of Belfast C.B., while a small increase in the notifications of scarlet fever was fairly general throughout the country.

### Quarterly Returns for Northern Ireland

The birth rate during the second quarter was 23.9 per 1,000 and was 0.9 below the average of the five preceding June quarters. The infant mortality was 44, and was 18 below the average of the corresponding quarters of the five preceding years. Maternal mortality was 1.1 per 1,000 births, being 1.4 below the five years' average. The general death rate was 11.4, and was 1.0 below the average of the June quarters for 1943-7. Deaths attributed to the principal infectious diseases numbered 63, and included 30 from diarrhoea and enteritis and 13 from whooping-cough. Deaths from pulmonary tuberculosis numbered 178 and from other forms of tuberculosis 81; these figures were 35 below and 2 above the five years' average.

### Week Ending October 9

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,273, whooping-cough 2,073, diphtheria 112, measles 4,061, acute pneumonia 421, cerebrospinal fever 31, acute poliomyelitis 79, dysentery 84, paratyphoid 13, and typhoid 18.

**INFECTIOUS DISEASES AND VITAL STATISTICS**

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Oct. 2.

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 ..	28	2	26	2	2	46	1	15	5	3
Deaths .. ..		3								
Diphtheria .. ..	114	15	55	10	2	218	25	55	12	1
Deaths .. ..	1					4		1	1	
Dysentery .. ..	58	12	59	1		97	8	20		1
Deaths .. ..										
Encephalitis lethargica, acute .. ..	1					1				
Deaths .. ..										
Erysipelas .. ..			26	12	7			37	6	7
Deaths .. ..										
Infective enteritis or diarrhoea under 2 years .. ..					57				84	
Deaths .. ..	29	3	5	3	2	85	7	19	9	2
Measles* .. ..	3,546	94	67	45	71	1,256	32	99	130	5
Deaths† .. ..						1				
Ophthalmia neonatorum .. ..	65	6	20	1		46	4	7		
Deaths .. ..										
Paratyphoid fever .. ..	6		2(B)	3(B)	2(B)	16	24(B)			
Deaths .. ..										
Pneumonia, influenzal .. ..	402	22	2	1		330	13	2	3	2
Deaths (from influenza)‡ .. ..	5					5	1			1
Pneumonia, primary .. ..			171	26				135	7	
Deaths .. ..	150	21		6	7		18		8	10
Polio-encephalitis, acute .. ..	5	2				27	3			
Deaths .. ..						1				
Poliomyelitis, acute .. ..	83	7	6	1	1	402	38	95	9	14
Deaths§ .. ..	2	1								
Puerperal fever .. ..			13				2	8		
Deaths .. ..										
Puerperal pyrexia   .. ..	97	5	10	2		134	11	14		2
Deaths .. ..										
Relapsing fever .. ..										
Deaths .. ..										
Scarlet fever .. ..	1,234	79	249	126	51	1,086	85	215	56	42
Deaths .. ..						1				
Smallpox .. ..										
Deaths .. ..										
Typhoid fever .. ..	40	1		2		12		3	3	2
Deaths .. ..	1					3	1			
Typhus fever .. ..										
Deaths .. ..										
Whooping-cough* .. ..	2,204	157	69	44	24	1,086	116	33	42	4
Deaths .. ..	5	1		1	1	9	3	1	3	
Deaths (0-1 year) .. ..	253	4	39	19	14	392	49	57	32	8
Infant mortality rate (per 1,000 live births) .. ..										
Deaths (excluding stillbirths) .. ..	4,239	663	527	168	109	4,207	597	567	140	96
Annual death rate (per 1,000 persons living) .. ..			10.6	10.5			11.8	8.8		
Live births .. ..	8,066	1269	979	473	242	8,995	1329	1044	521	252
Annual rate per 1,000 persons living .. ..			19.8	29.6			21.0	32.9		
Stillbirths .. ..	189	22	36			204	30	42		
Rate per 1,000 total births (including stillborn) .. ..			35				39			

\* 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.

**Medical News**

**Special Awards Committee**

The Government has decided to set up the Special Awards Committee recommended by the Spens Committee for selecting those specialists whose outstanding distinction merits higher financial rewards than the ordinary rates. The constitution of the committee has been settled after consulting the Royal Colleges and the Scottish Royal Corporations. Invitations to the individual members will be issued shortly.

**King Edward VII Hospital for Officers**

Her Majesty Queen Mary opened the King Edward VII Hospital for Officers on Oct. 15. The hospital was founded by Sister Agnes in 1899 in her own house at 17, Grosvenor Crescent, and in 1945, after having been closed as the result of bombing in 1941, was moved to its present site, Beaumont House, Beaumont Street, London, W.1. There are two wards of five beds and two of two beds where nursing and maintenance are free, and seventeen single rooms for which low fees are charged. Patients make their own arrangements with their medical attendants. Regular and retired officers of the Royal Navy, the Army, and the R.A.F. are eligible for admission, as well as temporary officers of the three Services who fought in the two world wars provided they become subscribers. The annual subscription is £1. Particulars may be obtained from the house governor of the hospital.

**Society of Anaesthetists**

A meeting of seventy anaesthetists was held at Westminster Hospital on Saturday, Oct. 2, and the Society of Anaesthetists of the South West Metropolitan Region was inaugurated. An invitation is extended to all anaesthetists in the region to join the society. Full particulars may be obtained from Dr. W. Alexander Low, St. Thomas's Hospital, S.E.1.

**Health Centres in London**

The Minister of Health has approved the London County Council proposal for a comprehensive health centre on the Council's Woodberry Down estate, Stoke Newington, and for the acquisition of sites for other centres. The Minister points out that the Council will be responsible for providing, in the case of medical practitioners working at health centres, all drugs and appliances required immediately or administered by the practitioner in person, and all materials used in dental treatment and dentures. No objection is taken to the proposal to have a foot clinic at the Woodberry Down centre, but formal approval awaits the submission of a detailed scheme. It is the Council's intention to provide a health centre in each of the nine divisions of the county; this will be carried out by converting existing buildings, and detailed proposals in respect of each building will have to be submitted to the Minister and agreement obtained with the executive council. The Minister's approval in principle is given to the establishment of an unspecified number of group practices, but it will be necessary in each case to obtain the consent of a group of general practitioners to work in a group practice and for the executive council to agree to the establishment of such a group practice before full details of the scheme are submitted to the Minister for his approval.

**Nuffield Foundation**

Among the grants made by the Nuffield Foundation and described in its recently issued third report is one of £20,000 to the London University Institute of Psychiatry (Professor Aubrey Lewis) for a ten-year investigation into the value of psychological tests of intelligence and personality. The tests will be applied to applicants for admission to certain universities; successful and unsuccessful applicants will be followed up. One method of entry into the middle class is by university education, and this study of the selection of university students may throw some light on a problem to be the subject of another investigation—namely, the middle classes. The London School of Economics has been granted £20,000 to study this "complicated caste system." The Oxford University Medical School has been granted £50,000 to study the blood and the blood-forming organs. The sum of £4,000 has been granted for a survey (to be undertaken jointly by the Royal College of Obstetricians and Gynaecologists, the Population Investigation Committee, and the London University Institute of Child Health) of the health of all children born during one week in 1946. The trustees of the Fund record that they have received a gift of £450,000 from Captain Oliver Bird for the promotion of research into the prevention and cure of rheumatism.

**Wills**

Dr. Edward Alfred Dingley, of Wednesbury, Staffs, left £41,156; and Mr. John Daniel Harmer, late of the Northern Rhodesia Medical Service, £1,413.

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