

This memorandum also included a request to the medical profession to send pathological specimens for the purposes of research to the Central Public Health Laboratory, Colindale Avenue, London, N.W.9 (Telephone: Colindale 6041).

American Experience

While Britain looks like having for the first time an "American experience" of poliomyelitis the U.S.A. has fewer cases at present than for many years past. So far over the whole country only 1,000 cases have been reported, as compared with some 2,000 at this time last year. In 1946 there were altogether 25,000 cases in the U.S.A. Towards the end of last summer in the cities of Minneapolis and St. Paul something akin to martial law was introduced. All big gatherings were banned. Cinemas and theatres were closed, and children were kept indoors. The town of Rockford, Illinois, was dusted throughout with D.D.T. powder, and a Press and poster campaign advised everyone to avoid over-exertion, not to swim in very cold water, and to keep flies away from food. In general, American observers find that 50% of cases recover completely, 20% suffer a slight but not severe handicap in later life, 25% are crippled, and in 5% of cases the disease proves fatal.

One of the notable American epidemics was in 1916, when in New York, for example, there were 9,023 notifications in a population of about 5½ million. In England and Wales in 1938 there were 1,489 notifications in a population of about 41 million. The highest weekly figure for New York in 1916 was 1,200 notifications, as against our latest figure of 177 for the whole of England and Wales.

Long-range Tests of B.C.G.

Vaccination with B.C.G. is now being tested in a long-range controlled programme arranged by the United States Public Health Service at Columbus, in the State of Georgia. Public health service physicians have tested some 16,000 children in the 47 schools of Muscogee County, where the City of Columbus is located. Those children who showed no immunity were vaccinated. After about six months the tests will be repeated. Those who again show no immunity will be vaccinated once more, and the process will be repeated until immunity has been established. Then for several years these children will be watched and tested, and precise statistics will be collected.

Over a long period of years it is hoped to measure variations in reaction, to fix the dose of B.C.G. which should be given, and to establish the degree and persistence of immunity. Also of importance is the establishment of dependable standards for manufacture of the vaccine. Support for the Georgia tests came from the recent conference on B.C.G. vaccine, conducted by the tuberculosis control division of the United States Public Health Service at Bethesda, Maryland, near Washington, D.C. This conference recommended, among other things, "that the tuberculosis control division set up a controlled study in a community with a population of 100,000 or more, to determine immediate and long-range results" of B.C.G. vaccination.

Dr. Herman E. Hilleboe, representing the United States Public Health Service, reviewed past experience with vaccination. Several million vaccinations have been performed since the first work with human beings was done by Calmette and Guérin in 1921, but B.C.G. vaccination has not been widely accepted in the United States.

Dr. Joseph B. Aronson, of Philadelphia, reported to the conference on B.C.G. studies of the American Indian. At the age of 20, he said, "100% of the Indian population has tuberculosis, in contrast to a lower proportion in the coloured and a much lower proportion in white population groups." He told of a study begun in 1935 of 3,000 persons, aged 1 to 20, who were selected from a larger group on the basis of a negative tuberculin reaction. These persons were given annual tuberculin tests and chest x-ray examinations for six years, and the results indicated that the B.C.G. vaccine reduced the incidence of tuberculosis. This evidence, however, was not considered sufficient to recommend general vaccination by all physicians in the country. The public health service in its report of the conference said:

"After a detailed review of the literature and the presentation of papers by the members of the conference, it was concluded that B.C.G. vaccination appears to confer increased resistance to tuberculosis for the period covered in the studies. At present, however, information is incomplete as to the amount of this resistance or its duration. Furthermore, these studies as yet do not answer the question of the long-term effect of B.C.G. vaccination on ageing members of the population."

The conference concluded, however, that "there have been no proved cases of progressive disease from B.C.G. vaccination in human beings," therefore continued study by means of larger control groups was recommended. It was also recommended that conferences be held with representatives of European, South American, and Asiatic countries in order to work

out plans for uniform methods of producing B.C.G. vaccine, and to make a comparison of the vaccine strains used in various countries of the world.

Smallpox

There have been no confirmed notifications of smallpox during the past week. The disease was suspected in a member of the Polish Resettlement Corps who entered England from Holland on July 10 and was removed to hospital at Aldershot on July 17. It is now known that this man was not suffering from smallpox. The 16-day period of surveillance of the contacts of the last cases at Willenhall, Barnsley, and Bilston has now expired without further incident, and the position is not unsatisfactory. There is a reasonable chance that the country is once again free from smallpox.

Food Poisoning

In the outbreak of food poisoning at Twyford, near Winchester, reported in these columns on July 19 (p. 117), out of sixteen people who attended a luncheon party on July 12 fourteen suffered from symptoms suggestive of bacterial food poisoning. Examination of the faeces of residents and domestic staff revealed symptomless carriers of *Salmonella typhi-murium*, and this organism was isolated from the stools of one of the patients.

Discussion of Table

In England and Wales infectious diseases were less prevalent during the week. There were decreases in the incidence of measles, 1,136, whooping-cough 240, and scarlet fever 48; the only rise was in the notifications of acute poliomyelitis 31.

The largest declines in the incidence of measles were Yorkshire West Riding 262, Warwickshire 162, Glamorganshire 130, Surrey 99, and Sussex 44, while the largest rises were Gloucestershire 87 and Cambridgeshire 85. The only variation of any size in the local returns of scarlet fever was a decrease of 23 in Lancashire. A small decrease in the incidence of whooping-cough occurred in most areas; the largest fall was 58 in Lancashire.

The returns of diphtheria and dysentery did not show any appreciable differences from those of the preceding week. The three cases of smallpox were notified from Staffordshire, Willenhall R.D. 1, and Yorkshire West Riding, Barnsley C.B. 2.

In Scotland a decreased incidence was reported for acute primary pneumonia 36, measles 14, and scarlet fever 12. There were 7 cases of poliomyelitis: Glasgow 4, Ayr County 2, and Kilmarnock 1.

In Eire infectious diseases were less prevalent, and there were falls in the notifications of whooping-cough 48, measles 14, scarlet fever 8, and diphtheria 5. The incidence of diarrhoea and enteritis has not changed appreciably during the past three weeks; the notifications were 56, 54, and 52 for the whole country and 46, 37, and 41 for Dublin C.B.

In Northern Ireland the chief feature of the returns was a fall in the notifications of typhoid from 17 to 8 (Belfast C.B. 7 and Armagh R.D. 1).

Week Ending July 19

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,036, whooping-cough 1,931, diphtheria 202, measles 8,400, acute pneumonia 306, cerebrospinal fever 60, acute poliomyelitis 177, acute poliomyelitis 16, dysentery 56, paratyphoid 12, typhoid 10. One case of smallpox was imported during the week.

Medical News

Medical Women's Federation

The London Association of the Medical Women's Federation requests nominations for president and four ordinary members of the executive committee. Nominations duly proposed and seconded, the consent of the nominee having been obtained, should reach the Hon. Secretary, 7, Wimpole Street, London, W.1, not later than first post on Aug. 8.

Quinine no longer Controlled

The supply of quinine and its salts, and other products of cinchona bark, is now satisfactory, and an order revoking their control has therefore been made. For the time being export control will be retained on quinine, quinidine, cinchona, and other salts, to ensure that the relatively small quantities of these drugs needed for essential purposes are available in the unlikely event of a future shortage.

Lady Watson

The Secretary of State for Scotland has appointed Lady Watson, M.B., Ch.B., to be a member of the Board of Trustees for the National Galleries of Scotland until March 31, 1952.

Royal Society Reception

The Fellows of the Royal Society held a reception at Burlington House, Piccadilly, on July 17, on the occasion of the celebrations of the centenary of the Chemical Society and of the meeting of the International Congress of Pure and Applied Chemistry. Sir Robert Robinson, P.R.S., received the guests, who included delegates from some 25 nations.

In Memory of W. A. Cochrane, F.R.C.S.Ed.

The Earl of Home unveiled a plaque in memory of William Alexander Cochrane, F.R.C.S.Ed., at the Princess Margaret Rose Hospital for Crippled Children at Fairmilehead recently, in recognition of his outstanding services to the hospital and to the development of orthopaedic surgery. Mr. Cochrane was the first surgeon in charge of the hospital from 1930 to 1944.

Leprosy Film

A film on the control of leprosy has been made by Mr. John Page in Nigeria, where the Government is carrying on a campaign against the disease with the help of the native administration and the missions. Mr. Page expects to be there for another four or five months to complete other films.

COMING EVENTS**Medical Society of the L.C.C. Service**

A clinical meeting of the Medical Society of the L.C.C. Service will be held at the Northern Hospital, Winchmore Hill, N., on Thursday, Aug. 7, at 2.30 p.m.

Franco-Anglo-American Medical Society

The third quarterly meeting of the Franco-Anglo-American Medical Society (British Section) will be held at 11, Chandos Street, W., on Tuesday, Aug. 12, at 2.30 p.m., when there will be a discussion on the "Four-year Health-first Organization" research programme on nature resources inherent in climate and soil from North-west Scotland to South-east France. The meeting is open to the lay public as well as to members of the medical profession. The acting honorary secretary of the society is Dr. F. Aylmer Hort, 6, Cavendish Avenue, St. John's Wood, London, N.W.8.

American Public Health

The 75th annual meeting of the American Public Health Association (1790, Broadway, New York, 19) will be held at Atlantic City, New Jersey, from Oct. 6 to 10. The association will be assisted in the celebrations by numerous other American organizations. Exhibits and the scientific programme will describe progress in public health over the last 75 years.

French Medical Congress

The Association des Médecins de Langue Française will hold a congress at the Paris Medical Faculty on Oct. 16-18. Prof. A. Lémierre will preside. There will be discussions on genetics, anti-histamine compounds, and pulmonary cysts. Further particulars may be obtained from M. Georges Masson, 120, Boulevard St. Germain, Paris VIe.

Chilean Conference on Obstetrics

The Society of Obstetricians and Gynaecologists of Chile will hold a meeting from Nov. 30 onwards at the University of Chile, Santiago. Those intending to take part may be enrolled as associate members for 300 pesos or the equivalent in foreign currency. Papers may be sent to the conference or read in person; they should reach the Society by the end of October.

BIRTHS, MARRIAGES, AND DEATHS

The charge for an insertion under this head is 10s. 6d. for 18 words or less. Extra words 3s. 6d. for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.

BIRTHS

LANGHAM-HOBART.—On July 3, 1947, at Newcastle-on-Tyne, to Jean Langham-Hobart, M.B., Ch.B. (née Terry Thomas), wife of Neville C. Langham-Hobart, a daughter.

OGLIVIE.—On July 21, 1947, at 39, Hatchlands Road, Redhill, to Jean (née Torrens), wife of Dr. J. P. H. Ogilvie, a daughter—Patricia.

O'MAHONY.—On July 5, 1947, at London, to Rosaleen (née McLaughlin) and Dr. John B. O'Mahony, Clunmuire House, Killorglin, Kerry, Eire, a daughter—Sheilagh Ann Deirdre.

STOCKINGS.—On July 16, 1947, at 295, Brownhill Road, Catford, London, to Enid Marjorie, wife of Dr. G. Tayleur Stockings, a son—Adrian Peter.

MARRIAGE

ROSSER-DASH.—On July 21, 1947, at Berkeley, Gloucestershire, Brinley Mervyn Rosser to Peggy Mildred Dash, M.B., B.S.

DEATH

MUMMERY.—On July 20, 1947, at Jersey, Channel Islands, Norman Howard Mummery, M.R.C.S., L.R.C.P. First Chairman of the Association of Industrial Medical Officers, husband of Isabel Mummery, aged 70 years.

Any Questions ?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Cure of Morphine Addiction

Q.—*A confirmed morphine addict aged 60 has asked for treatment to enable him to discontinue the drug. Is there a satisfactory cure ?*

A.—It is impossible to answer such a question in a mere paragraph. It can be said, however, that treatment must be institutional, otherwise there is not the slightest hope of even short benefit. Secondly, a three-months residence is the minimum desirable. Thirdly, a relapse is highly probable. If the patient is a doctor the prognosis in this respect is extremely bad. The principles of treatment are withdrawal of drug, substitution of non-habit-forming sedatives, and physical and mental re-education.

Removal of Placenta

Q.—*Is there any method, short of manual removal, which can be adopted in a case of retained placenta which cannot be expressed by squeezing the uterus? What is the technique of injecting saline into the umbilical vein ?*

A.—It is assumed that the question is concerned with a placenta which is still wholly or partly attached to the uterus, and not one which is separated and lying in the lower uterine segment or vagina. Injecting the cord with saline is a time-consuming method and is applicable only when the condition is not complicated by haemorrhage. The technique is simple: after painting the cord with antiseptic a needle is inserted into the vein and up to 400 ml. of sterile saline is injected by means of a large-size syringe. The idea is to increase the bulk of the placenta and to bring about its separation by distending the villi and by causing a disparity between the size of the placenta and its site. The injection can be followed by Credé's manœuvre. An alternative treatment sometimes carried out is to cut the cord and to bleed the placenta to reduce its bulk. In either case the results are uncertain.

This question rather implies that manual removal of the placenta should be carried out as a last resort and only when all else has failed. Views on this matter are changing rapidly, and it is becoming recognized that the danger of manual removal lies in carrying it out too late when the patient is already exsanguinated or in a state of shock. If performed promptly and while the patient is in good condition it carries less risk than repeated squeezing of the uterus. Indeed, Credé's method is dangerous and is fast losing favour.

Finally, there is the modern treatment whereby ergometrine (0.5 mg.) is given intravenously. Under hospital conditions the results are very satisfactory, and in some clinics it is becoming a routine procedure in the management of the third stage of labour. Usually it produces immediate separation of the placenta, which can be expressed. If, however, the placenta does not come away at once, manual removal has to be carried out without delay. There is still considerable discussion as to whether this treatment is advisable in domiciliary midwifery, either as a routine or when the placenta is retained without haemorrhage. If there is third-stage bleeding, however, then, irrespective of working conditions, an intravenous injection of ergometrine is preferable to repeated attempts (and some would say even a single attempt) at Credé's manœuvre. Even if an hour-glass contraction should result it can be dealt with at leisure once the haemorrhage is controlled.

Urethane

Q.—*What are the local and general anaesthetic properties of urethane ?*

A.—Urethane is not known to have any local anaesthetic action. Its general anaesthetic properties are much feebler in man than in animals, but even in animals large doses are