

seven years. He showed that there was greater liability to loss of compensation in primiparae and in the earlier pregnancies than in multiparae, and that such loss in compensation was most liable to occur after mid-term in primiparae and before it in other cases. From analysis of his figures he found the best results had been obtained by Caesarean section and sterilization at term, or during pregnancy, or by hysterectomy. Chloroform had been the anaesthetic in all cases, and had proved perfectly safe.

Dr. GEDDES advocated Caesarean section under spinal anaesthesia as the quickest and safest method of delivery; it might be supplemented by gas and oxygen. He emphasized the danger of fatal bronchitis after respiratory anaesthetics. Professor LOWRY (Belfast) urged the importance of co-operation with the physician in these cases, and of having a cardiac clinic in the ante-natal department. He thought chloroform anaesthesia or any form of vaginal Caesarean section was highly dangerous in such patients. Dr. SOLOMONS (Dublin) preferred scopolamine-morphine narcosis combined with spinal anaesthesia. He had seen cases where there had been no relief after Caesarean section and where death had occurred several days later. Dr. HENDRY (Glasgow) protested against indiscriminate Caesarean section and thought that the danger of normal delivery had been exaggerated.

THE CARE OF NEW-BORN CHILDREN.

Dr. NORMAN CAPON (Liverpool), in a paper on the relation of the obstetrician to the pediatrician, suggested ways in which the health of the new-born child might be improved by co-operation between obstetricians and pediatricians. He lamented the fact that the care of new-born children was in most hospitals relegated to nurses. During the early weeks of life nurses were usually found to be self-appointed baby specialists. He pointed out that a medical opinion could only be based on anatomy, physiology, and pathology, and as regards the new-born this was only just beginning to be realized by the obstetrician. He hoped that the future would see the obstetrician and pediatrician working more closely together.

Dr. W. FLETCHER SHAW said that since 1904 a pediatrician had been a member of the staff of St. Mary's Hospitals, Manchester, and also lecturer in diseases of children. The care of the new-born and the teaching of nurses and students in the care of the new-born was in his hands. Dr. SOLOMONS (Dublin) agreed with Dr. Capon, and thought that the Manchester school was far ahead of most in regard to co-operation between obstetrician and pediatrician.

DIPHTHERIA AND ITS PREVENTION.

REPORT TO THE MEDICAL RESEARCH COUNCIL.

INFORMATION on the Schick test and active immunization as employed in the control of diphtheria, on the incidence and mortality of the disease in Great Britain, and on the preventive work which has been done in this country, the United States and elsewhere, is contained in the report¹ by Dr. J. Graham Forbes, originally written for the London County Council, and published now as one of its series of special reports by the Medical Research Council.

The rapid decline of the case mortality rate of diphtheria in London, which fell during the years immediately succeeding the introduction of antitoxin treatment from 30 to 10 per cent., is shown by figures quoted in the report to have begun to slow down. Side by side with this retarded rate of decline, which is not confined to London, there has been observed a tendency in London and some of the great towns to an increase alike in the general attack rate of diphtheria and its death rate per 1,000. For the metropolitan boroughs, arranged in five classes, a coincidence is established between density of population per acre, overcrowding in rooms, and the diphtheria attack rate. Group A, the lowest in these respects, which comprises the City, Woolwich, and Lewisham, has 24.9 persons per acre, a percentage overcrowding of 6.4, and a diphtheria attack rate of 19.9. For Group E, which is the highest and which contains Stepney, Shoreditch, Southwark, and Bethnal Green, the corresponding figures are 161.7, 23, and 35.8. A

¹ Medical Research Council Special Report 115. H.M. Stationery Office, or through any bookseller. Price 2s. net.

warning, however, is entered against the assumption that this coincidence necessarily implies causation. Diphtheria prevalence among close-quartered families may be held in check by the "herd" immunity, induced by minimal doses of infection, or, on the other hand, increased in a shifting population by the influx of newcomers, who not only lower numerically the resistance of the "herd," but raise the virulence of the infective organism.

The survey of Schick-testing and active immunization, as carried on in Great Britain from 1921 to 1926, is informative in a high degree. Excepting in fever hospitals, where the Schick test was applied to a number of patients for what may be described as administrative reasons, Schick-testing and immunization appear, with some other exceptions, to have proceeded collaterally. The immunization figures will be quoted.

In England and Wales there was in London community immunization in Holborn, Westminster, and Camberwell, and in the provinces, in eight areas, including Birmingham, Cardiff, Cumberland, and Surrey. The total number of children immunized was 3,008. For residential institutions, in the metropolitan area and outer ring the immunizations were 1,952, and in the provinces 3,861. For fever hospital staffs, in both London and the provinces, the figure was 1,235, and for patients 221. In Scotland community immunization was carried out in Aberdeen burgh and county, Dundee, St. Andrews, and Edinburgh up to a total of 16,324 persons. Aberdeen burgh enjoys the distinction of being the scene of concurrent immunization by means of a combined prophylactic against both diphtheria and scarlet fever. For residential institutions the Scottish figure was 75, for fever staffs 486, and for patients 875. The total immunizations for Great Britain were, on a community basis, 19,332, and for all purposes, including community immunizations, 26,085.

It appears from the figures that community immunizations in Scotland were five times as numerous as in England and Wales together, and over forty times as numerous in proportion to population. The city of Edinburgh and Aberdeen burgh and county were the main contributors to this eminence.

In the United States immunization has been practised on an impressive scale. In New York City, for example, 400,000 children have been immunized since 1918, and the diphtheria death rate is reported to have fallen from 22.7 to 7.9 per 100,000. Chicago has immunized 179,453, Boston 57,699, and Rochester, Syracuse, and Utica in New York State have dealt with smaller numbers. The work is in progress also on the continent of Europe, in India and the Australian Commonwealth, and in Uruguay.

The report presents a comprehensive survey of the methods and results of immunization against diphtheria. It collates facts and figures derived from a variety of sources regarding enterprises undertaken or in prospect in this and other lands, and shows that in the matter of community immunization England does not occupy the same dominant position as in some other departments of hygiene.

ROYAL MEDICAL BENEVOLENT FUND.

At the last meeting of the Committee thirty-four cases were considered and £571 10s. voted to thirty applicants. The following is a summary of the new cases relieved.

Daughter, aged 62, of M.R.C.S. who died in 1876. Her only income is derived from a pension of £50, as her sister, with whom she was living, died recently and her pension died with her. At present applicant is living with an invalid niece. Voted £53, payable in monthly instalments.

Widow, aged 64, of M.R.C.S. who died in 1892. She has been advised to give up, owing to ill health and age, her nursing, with which she supported herself. Daughter, aged 25, is married, with two children, and is unable to assist the applicant; £75 was received from nursing in the past twelve months. Voted £36 in twelve monthly instalments.

Wife, aged 41, of M.B. who was helped by the Fund in February and August last year, as he is trying to build up a practice in a small way. The applicant is working in a small post on commission and has not made sufficient to cover expenses. Voted £12 towards some debts which had been incurred.

Widow, aged 59, of M.R.C.S. who died last year. She has two sons who are married, and is staying at present with the elder, but neither son is in a position to give financial assistance. Voted £26, payable in twelve monthly instalments.

Daughter, aged 60, of M.R.C.S. who died in 1913. She lives in Paris and has supported herself by teaching and making translations. Owing to illness has not been able to meet expenses. Voted £26.

Subscriptions may be sent to the Honorary Treasurer, Sir Charters Symonds, at 11, Chandos Street, Cavendish Square, London, W.1.