Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Vice-Chancellor announces that the Rockefeller Foundation has agreed to make available a grant not exceeding £15,000 for research in neurophysiology under the direction of Prof. E. D. Adrian during the five years ending Jan. 31, 1951.

The titles of the degrees of M.B., B.Chir. were conferred by diploma on A. S. Willis of Newnham College in January.

UNIVERSITY OF LONDON

WESTMINSTER HOSPITAL MEDICAL SCHOOL

Two entrance scholarship examinations in anatomy and physiology will be held on March 13 and 14. Applications for further particulars must reach the Secretary, Westminster Hospital Medical School, 17, Horseferry Road, S.W.1, by March 4.

University College Hospital Medical School

Mr. R. Benesch, M.Sc., has been appointed to the British Drug Houses Fellowship for the study of the biochemical aspects of cancer tenable at University College Hospital Medical School. He will work in the Department of Chemical Pathology under the direction of Prof. C. Rimington.

UNIVERSITY OF EDINBURGH

Prof. H. Davson, D.Sc., of Dalhousie University, will deliver a lecture on "Some Physicochemical Aspects of Vision" in the Biochemistry Lecture Room, University New Buildings, Edinburgh, on Thursday, Feb. 21, at 5 p.m. Students and graduates are invited to attend.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a meeting of the College held on Jan. 31, with the President, Lord Moran, in the chair, Dr. B. T. Parsons-Smith was re-elected the representative of the College on the Queen's Institute of District Nursing and Prof. J. W. McNee and Sir Arthur MacNalty on the Imperial Cancer Research Fund. Reports were received from the committee appointed to consider the training of general physicians, from the social and preventive medicine committee on student health, and from the committee on dermatology. All three reports were approved.

Membership

The following candidates, having satisfied the Censors' Board, were elected Members of the College:

M. W. Bunjé, M.B. Lond., Glenys M. M. Donaldson, M.B. Ed., H. H. Doss, M.B. Cairo, A. Erdei, M.D. Vienna, R. H. J. Fanthorpe, M.B. Lond., H. McC. Giles, M.B. Camb., C. H. Goldmann, M.D. Leipzig, Susanna Gordon, M.D. Chicago, H. N. W. Harley, M.B. Lond., W. E. Henley, M.B.E., D.M. Oxon., M. Hewitt, M.B. Lond., A. L. Humphrey, L.R.C.P., D. G. James, M.B. Camb., S. T. H. Jenkins, M.B. Lond., J. D. Judah, B.M. Oxon., J. J. Kempton, M.B. Fristol, Madeleine J. Mackenzie, M.B. Lond., T. N. Morgan, M.D. Aberd., L. Nancekievill, M.B. Lond., L. R. Patel, M.D. Bombay, M. G. Philpott, M.B. Lond., J. D. Roger, M.D. Toronto, R. Schneider, M.D. Berlin, J. C. Scott-Baker, M.B. Lond., J. C. Sloper, M.B. Camb., P. M. Smythe, M.B. Camb., C. J. Williams, M.B. Liverp., H. Wolfsohn, M.D. Lond., F. J. Zacharias, M.B. Liverp.

Licences

Licences to practise were granted to the following 159 candidates (including 27 women) who have passed the Final Examinations in Medicine, Surgery, and Midwifery of the Conjoint Board, and have complied with the necessary by-laws:

Medicine, Surgery, and Midwitery of the Conjoint Board, and nave complied with the necessary by-laws:

D. C. Adamson, R. W. Adlard, P. K. A. Andrews, E. H. Annels, D. A. Arthur, K. M. Backhouse, C. E. Bagg, R. I. W. Ballantine, D. A. N. Barran, A. J. Barry, J. B. Berry, A. V. G. Bibby, G. E. Bond, J. G. Briant, H. G. Broder, W. Brown, M. K. Bryce, K. Burchill, D. J. Burnett, G. H. Carrick, N. R. Chan-Pong, R. Clitherow, H. W. Colson, Olive Cooke, M. G. Cox, W. W. Cree, P. W. Dagger, D. G. Dalgliesh, P. W. Darby, W. H. Davies, H. R. De Vitre, E. Dillistone, Jean M. Druce, Lucy M. Dunkerley, J. F. Durrans, Mary E. Eagles, S. Edelman, S. Eden, M. M. El Shinnawi, D. G. Evans, G. M. H. Evans, L. A. J. Evans, Elizabeth P. E. Everard, Elizabeth F. Everitt, Mary E. G. Feetham, P. A. Feldman, M. R. Fell, A. E. Flatt, J. M. Forbes, T. R. W. Forrest, Frances A. Fouracres, J. M. Garratt, E. B. Gethen Smith, Jean M. Gilbert, M. J. Gilkes, J. Giloster, J. H. H. Glyn, Beryl M. Goetzee, S. Goldwater, Janet Gordon, R. L. Greenwood, A. W. Halfhide, W. M. C. Halliman, R. J. C. Hart, P. M. R. Hemphill, N. D. H. Heneghan, A. C. Hill, Gina L. Hobbs, H. Hofstadter, B. H. Hogben, Vera Holdway, H. B. Houldsworth, J. D. Huntley, F. L. Jackson, Pauline M. Jackson, G. J. Jacobs, G. V. Jaffé, D. W. James, H. C. W. James, A. M. Johnson, A. T. Johnson, I. H. D. Johnston, G. F. Jolly, I. C. Jones, J. W. Jordan, W. P. Kelly, P. D. A. Kent, D. L. Kerr, S. J. Krister, Margaret A. Lakeman, C. H. B. Lawfield, Elizabeth J. Lee, K. Lowe, D. M. O. Lowry, H. A. R. Loxdale, Grace M. Lukose Phyllis E. Lyne, N. J. C. McGill, H. W. Macintyre, E. W. F. Mack, Freda S. Mackover, I. K. R. McMillan, Sheila M. McNeile, A. E. Malone, F. M. Mann, B. Marsden, Martha H. Martin, R. F. Martin, C. G. W. Mason, J. D. Medhurst, D. McV. Merritt, R. H. B. Mills, W. I. Murdoch, D. Nuttall, R. H. Oldfield, T. C. L. Parry, R. A. J. Pearce, J. O. Pearce Edgcumbe, R. M. Penny, P. P. Philip, Carol M. Plackett, R. M. Powell, R. D. Price, W. L. G. Quinlivan, O. T. Randell, S. S.

Diplomas

Diplomas in Anaesthetics were granted to the successful candidates whose names were printed in the report of the meeting of the Royal College of Surgeons of England in the Journal of Jan. 5 ℃ (p. 34), and Diplomas in Laryngology and Otology and in Psychological Medicine to those whose names appear in the report of the meeting published in the Journal of Jan. 26 (p. 150).

Diplomas in Public Health and Medical Radio-diagnosis were granted, jointly with the Royal College of Surgeons of England, to

the following successful candidates:

PUBLIC HEALTH.—J. Attard, Ada Barnett, J. E. Dickson, J. Fielding, T. H THAIRISON, C. F. Ll. Hill, P. G. C. Jones, M. S. Moitra, MEDICAL RADIO-DIAGNOSIS.—G. A. D. Gordon, P. P. Hauch, W. J. Latham, Q. C. F. Parry, D. G. Wollin.

Medical Notes in Parliament

National Insurance Bill

Mr. James Griffiths on Feb. 6 moved the second reading the National Insurance Bill. He said this was a culmination of the National Insurance Bill. He said this was a culmination of half a century's development of British social services. The Bill consolidated into one the existing schemes of insurance of against sickness, unemployment, and old age. It would bring economy in working and convenience to all concerned. These closely linked schemes would be under the control of a single Minister working through a single Department, and all the o schemes would be based upon a single stamp upon a single

Sir Henry Morris-Jones: Surely administration of health will remain under the Minister of Health.

Mr. Griffiths said he referred to sickness benefit. the people of this country would be brought under this all-embracing scheme. The sickness scheme was still not universal to-day. In sickness benefit the Bill raised the leading rate to 26s., compared with the present rate of 18s. for six months and 10s. 6d. afterwards. Grants to dependants were to be introduced for the first time in sickness benefits. The Government intended, in addition to giving cash benefits, to set up a comprehensive National Health Service, and to ensure that there should be the closest link between payment of cash benefits and provision of appropriate treatment. It had been estimated that the loss to the nation from preventable illness was £300,000,000 a year, equal to three-fifths of the total cost of this scheme in the initial year. He asked whether the nation could afford to go on without the scheme in view of the cost of preventable illness. Mr. Griffiths passed to the proposed maternity grant and allowance. He explained that a new allowance of 36s. a week for 13 weeks, 6 weeks before and 7 weeks after a birth, would only be paid if the mother stayed away from work.

Mr. R. A. Butler gave general support to the Bill, but calculated that the medical services, of which the House had not properly heard, would cost £105,000,000 yearly.

Sir Henry Morris-Jones criticized the decision to defer or to refuse sickness benefit for 24 days in the case of self-employed persons. The only illnesses which lasted 24 days were seriously acute illnesses like pneumonia or chronic incurable diseases like cancer. Sir Henry remarked that the sickness ratio under the Bill was likely to be much increased. Many medical men told him that the ratio of illnesses of short duration had increased during the war. The position of medical men indealing with sickness certificates was very difficult. The Minister might hope under the Bill and under the health scheme to have better control over the doctors in this matter, but Sir Henry warned him that he must not try to put the whole medical profession in a strait-jacket, or take away its freedom. If the Government did not get a friendly medical profession to coperate with it the Bill would be damned.

The debate was resumed on Feb. 7 by Mr. ATTLEE, who said a comprehensive health service was yet to come. That service would be the Government's next instalment. He believed the benefits of the Bill and the provisions of the health service would save the immense loss which the country suffered through illness. Mr. LINDGREN offered favourable consideration in committee of amendments to allow sickness benefit for selfemployed contributors to begin earlier.

The debate was again adjourned.

The Food Shortage

On Feb. 5 Sir BEN SMITH (Minister of Food) said the world's position in cereal supplies had deteriorated, and had been made worse by a series of droughts. All importing countries would have to make sacrifices. The British Government had accepted

a reduction of nearly 250,000 tons in United Kingdom wheat imports for the first half of 1946. This reduction could not be imports for the first half of 1946. This reduction could not be met out of stocks held in the country; it would have to be met by an early increase of the flour extraction rate to 85%. That might not be the last step. The change would be effected gradually. It would mean a return to the darker wartime loaf, but no deterioration in the nutritive value of the bread. It would reduce the volume of animal feeding stuffs, with a consequent diminution of livestock production, and less poultry, bacon, and eags than the nation had hoped to enjoy later this year. The eggs than the nation had hoped to enjoy later this year. The needs of the food-importing countries of the world were appalling. The world shortage of rice was contributory to the wheat Countries which could not secure rice turned to wheat or flour. The Government proposed not to issue rice to the civilian population of this country till world supplies became adequate. Owing to the shortage of cereals in India we should obtain less than half the quantity of ground-nuts which we had expected from this source for vegetable oils. The whaling fleets sent to the Antarctic had had very poor results. Our stocks of oils and fats had been substantially reduced. He found it necessary to reduce the cooking-fat ration by one ounce from March 3.

Mr. Tom WILLIAMS announced on the same date that from May 1 pig and poultry rations would be based on one-sixth

of the pre-war stocks.

On Feb. 6 Sir BEN SMITH answered eleven questions about the withdrawal of dried eggs. He said it was expected that during the spring of 1946 there would be a much larger supply of shell eggs than in 1945, and the Government had decided that it was not justified in bringing in as much dried egg as in 1945. There would be a gap in the allocation of dried egg during the period when shell eggs would be at their maximum. When the supply of shell eggs began to fall off the Ministry of Food would start issuing dried eggs again, but he could not say upon what scale.

Mr. Herbert Morrison announced on Feb. 9 that Feb. 14 would be devoted in the House of Commons to a debate on the

world food shortage.

EPIDEMIOLOGICAL · NOTES

Discussion of Table

In England and Wales infectious diseases were more prevalent during the week, and the following rises were recorded: measles 181, acute pneumonia 140, scarlet fever 89, whooping-cough 78. The only large decrease was that of 50 for diphtheria.

Small increases in the notifications of scarlet fever were reported in most areas, the only notable exception being a decrease of 41 in Lancashire. London, with a decrease of 47, was the only exception to the general rising trend in whooping the contract of the second state of the seco cough. The only large increases in measles were Norfolk 102, and Durham 35. Four counties—Norfolk, Suffolk, Lancashire, and London—contributed two-thirds of the total measles notifications. The decrease in diphtheria was due to a few counties: in London there were 20 fewer cases, in Warwick shire 14, in Yorks West Riding 13, and in Staffordshire 11; the only increase of note was Durham 17.

Typhoid has been reported from an institution in the Walthamstow district of London; the patients include two of the

nursing staff.

Dysentery notifications were 13 fewer than in the preceding

33, Lancashire 26, Essex 13, Northumberland 13.

In Scotland, in contrast with the experience of England and Wales, a fall was recorded in the incidence of most infectious diseases. The decreases included acute primary pneumonia 41, dysentery 24, diphtheria 8. Small rises were recorded for whooping-cough and measles, of 19 and 11, respectively.

In Eire a further decline occurred in the incidence of diphtheria, the notifications of this disease having fallen by over one-third during the past month. Cases of enteritis and diarrhoea rose from 9 to 22.

Week Ending February 2

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,351, whooping-cough 1,265, diphtheria 496, measles 1,167, acute pneumonia 1,794, cerebrospinal fever 71, acute poliomyelitis 13, dysentery 407, paratyphoid 2, typhoid 7. During the week 297 deaths were attributed to influenza in the great towns.

No. 4

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Jan. 26.

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.

London (administrative county). (c) Scotland. (d) EIFE. (e) NOTHER HELLING 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

A dash — denotes no	cases; a	LDIAIIK	space	deliotes	discase	not nothing
no return available.						

D'			1	946			1945 (C	orres	ondi	ng W	eek)
Disease	(a)	(t)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)	
Cerebrospinal fever Deaths	::	76	4 2	37 2	1	2	81	_7	16	5	2
Diphtheria Deaths	::	428 7	21 1	127 3	53 1	_22 _	450 4	17 —	151 1	95 2	18
Dysentery Deaths	::	358	33	51	_2	4	295	20	79	=	2
Encephalitis letharg acute Deaths	ica,	2	_ 1	-	-	_	3	=	1	-	
Brysipelas Deaths	::		_	52	9	5		_	44	5	6
infective enteritis diarrhoea under years Deaths	or r 2	66	. 8	6	22 11		46	5	9	6	5
Measles* Deaths	::	907	100	116	108	_1	12,941 12	381	558	21	160 1
Ophthalmia neonator Deaths		45	2	17	_	_	47	2	15	=	1
Paratyphoid fever Deaths	::	3	=	\equiv	=	_	_ 3	_2	1 (B)	=	=
Pneumonia, influenza Deaths (from in	ıl nflu-	1,450	97	81	18	22	1,397	106 11	14	5	5
enza)† Pneumonia, primary	-:-	273	109	43	12 17	8 26		69	302	20 23	21
Polio-encephalitis, a		2	-				_	=	_		
Poliomyelitis, acute Deaths	·· ·:	6	=	1	_	_	7	=	-	-	
Puerperal fever Deaths	::		5	13		_		_	10		_
Puerperal pyrexia‡ Deaths	••	133	_ 7	14	1	_	· 141	9	19	1	1,
Relapsing fever Deaths	::	_	_			_		_			_
Scarlet fever Deaths		1,420 1	129	210 —	31 —	30	1,510 2	49	182		48
Smallpox Deaths	::	_	_	_	=	=	_	_	_	=	=
Typhoid fever Deaths	.:	_ 1		=	_7	_	_ 3	Ξ	_2	4 2	=
Typhus fever Deaths	::		_	_	=	\equiv			_	=	Ξ
Whooping-cough* Deaths	• • •	1,329 9			12		5 1,625 1 14	1	2	- 50	
Deaths (0-1 year) Infant mortality (per 1,000 live bi	rate irths)	. 494	71	72	30	19	460	50	68	58	31
Deaths (excluding births) Annual death rate 1,000 persons li	(per	7,535	1,248	1	255 16·3		6,739	922	l	322 20·8	1
Live births Annual rate per persons living	1,000	7,028	1,084	864 17·3	1		9 6,202	704	1	258 16·6	ı
Stillbirths Rate per 1,000	total	218	39	1			198	3 18			
stillborn)				31					32		

are therefore an approximation only.

[†] Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

[‡] Includes puerperal fever for England and Wales and Eire.