

Appointment of Assistant M.O.H.'s in County Cork

At a meeting of the Cork County Council a letter was read from the Minister for Local Government in regard to the refusal of the council, on the grounds of economy, to co-operate with the Board of Public Health in filling the position of assistant county medical officer of health, school medical officer, and clinical tuberculosis officer, rendered vacant by the resignation of Dr. J. C. Troy. It pointed out that, while the Minister shared the views of the council as to the necessity for reducing expenditure, the curtailment of essential public health services would not result in a real saving. The council decided to comply with the request of the Minister, and to appoint three assistant medical officers of health.

England and Wales

Cerebro-spinal Fever in England and Wales

In a communication to the Office Internationale d'Hygiène Publique, published in the July *Bulletin*, Sir George Buchanan surveys the incidence of cerebro-spinal fever in England and Wales during the last ten years, with special reference to the period 1929-32. He points out that in the normal inter-epidemic periods such as 1922-8 the mild cases were rarely diagnosed and notified, so that the cases notified were almost exclusively fatal. On the other hand, when there is a local outbreak of cerebro-spinal fever, as was observed in 1930-2 in some English counties, the practitioners soon become familiar with the early symptoms, and a large number of the cases notified recover, whether spontaneously or as the result of treatment. The best proof of the increased incidence of the disease is to be found in the increased fatality rate since 1929, when the number (588 deaths) exceeded that notified in England since 1915. The greatest increase was found in the West Riding of Yorkshire, as is shown by the fact that out of the 2,157 cases notified in 1931 885 occurred in this district. Although the period 1930-2 was one in which there had been an increase of influenza, the regions showing an increased incidence of cerebro-spinal fever have not shown a special or simultaneous increase of influenza.

A Welsh Surgeon-Archaeologist

In the introduction to his pamphlet *Key of All Wales* Sir John Lynn-Thomas writes: "Ten years ago, Llwyndyrus Mound, a prominent ancient landmark, came under my control as an enigma. *Barrow* to historians, *Tumulus* to ordnance surveyors, but what is it? whispered Old Curiosity." The official local archaeologists pooh-poohed Sir John's speculations, but he was not easily to be discouraged, and persisted in his researches, not only into the mound, but into the geology, prehistory, and history of the neighbourhood, with results many of which are here described. Llwyndyrus is situated on the River Teify, four miles above Cardigan, which place is now close to the head of the present estuary of that river. From as far back as memory and tradition go the estuary has been used by invaders and defenders of the Welsh coast and of the adjacent hinterland, and in 1187 Rees ap Tudor, with an army from Ireland, landed and successfully engaged the usurping leaders and defeated them at the battle of Llechryd. Sir John Lynn-Thomas is at pains to show that this battle occurred at and around Llwyndyrus. Moreover, he brings forward evidence showing that the Mound is not an artefact, but consists of solid rock, and was used in prehistoric times as part of a great camp or fortress. He and others have found in the neighbourhood

a wealth of Neolithic implements and weapons, some of which are represented in reproductions of photographs. The inscribed stones, which he also exhibits, are still subjects of discussion among archaeologists. Many other interesting questions are raised by Sir John, including some as to the races of men now inhabiting the estuary, to whom he applies the collective name of "Estuarian." If we are to accept the suggestion of the frontispiece he would include himself under this title. But we fail to find any evidence of "dys harmony" or assymetry in that representation of his genial physiognomy. This pamphlet, with its wealth of illustrations, is really a collection of copious but rather disjointed notes, and might well be expanded into a much larger volume.

National Sanatorium Association

During the year ended December 31st, 1931, structural alterations were effected at the National Sanatorium, Benenden, Kent, which raised the number of beds available for use from 142 to 147. In his annual report the chairman of the association mentions that the charge for accommodation has been reduced by 1s. a week, and that in spite of the bad season of 1931 the loss on the farm was reduced to only £36. He adds that it is extremely doubtful whether, without the farm, it would be possible to provide so excellent a service, or to secure such satisfactory general results as the association is now able to do. In the medical section of the report, Dr. H. Spurrier, medical superintendent, states that very definite improvement has attended continuation of the therapeutic lines adopted in previous years. The induction of artificial pneumothorax and the administration of sanocrysin have been employed in a larger number of cases with most satisfactory results. Again he has to complain of the high percentage of more advanced cases in the sanatorium—many valuable months have been wasted before admission by patients continuing at work too long before obtaining medical advice. The standard of improvement during the year under review was, nevertheless, higher than previously, 203 cases out of a total of 258 having been discharged much improved.

Correspondence

BLOOD TRANSFUSION

SIR,—I was greatly surprised to read Mr. Geoffrey Keynes's letter on transfusion in your issue of August 27th. He rightly condemns cutting down upon the vessel, and adds that the London Blood Transfusion Service does not permit its donors to have this operation performed. He then describes his method of transfusion, which is nothing more than a modification of the operation he condemns. Transfusion is a form of treatment of such enormous value that every practitioner should be able to perform it, and it is therefore most undesirable to recommend such a needlessly complicated method as that advocated by Mr. Keynes.

My colleagues at this clinic have performed transfusion over a hundred times in the last few years, and in only one instance has there been the slightest difficulty in obtaining blood from the donor by the simple method of introducing the needle direct into the vein without any preliminary injection of an anaesthetic and without the incision advised by Mr. Keynes, and in no instance has the donor complained of pain or of any subsequent disability. This is also the method with which every house-officer at Guy's Hospital is familiar, and which has been used by my house-physicians for the 140 transfusions which a patient with aplastic anaemia has received during the last five years, thus making it possible for him to