

aware that these men had high special qualifications, and if he would not reconsider the matter in view of the fact that commissions in the past had been granted to other than medical men. Mr. HORE-BELISHA said he desired to give the troops the most qualified service procurable, and for that reason commissions in the Royal Army Medical Corps were reserved for doctors. Naturally, one considered any proposals which might be made, but at the moment he could not accede to them.

Vaccination and Inoculation of Oversea Forces

On October 17 Sir FRANCIS FREMANTLE asked the Secretary of State for War if units going over-seas had been vaccinated against small-pox and inoculated against enteric fever; and if units that might be sent oversea were being so vaccinated and inoculated in readiness for over-seas service. Mr. HORE-BELISHA said that the answer to both parts of the question was, "Yes, subject to the consent of each individual." Sir FRANCIS FREMANTLE then asked if Mr. Hore-Belisha was aware that at least one unit of which he knew, and was under orders to go over-seas, was not inoculated or vaccinated. Mr. HORE-BELISHA said that if Sir Francis Fremantle would draw his attention to the unit he would investigate the matter.

Medical Attention of Scattered Defence Units.—Sir FRANCIS FREMANTLE asked on October 11 whether the War Office could arrange for the medical care of anti-aircraft searchlight men and other scattered units to be undertaken by local civil practitioners and release for other duties medical officers on the established strength who were unable to cover the ground. Sir VICTOR WARRENDER replied that the military medical establishments of these units must be maintained. Civilian medical practitioners were employed in cases which regimental medical officers were unable to attend. The ordinary arrangements were then made.

Newcastle's Milk Supply.—Mr. DAVID ADAMS asked on October 12 whether during the last two months both milk supplied under the Milk (Special Designations) Order, 1936, and undesignated milk had shown a serious deterioration when tested for tubercle bacilli by Newcastle corporation. Dr. ELLIOT replied that figures had been sent him by the corporation of Newcastle-upon-Tyne, but were not understood to relate to the presence of tubercle in the milk. He would make further inquiries of the corporation.

Doctors and A.R.P. Work.—Sir RICHARD ACLAND asked Dr. Elliot on October 12 to make every effort to reinstate doctors who gave up salaried posts for air raid precautions work under the impression they would be paid £550 a year and now found they were paid £21 a year. Dr. ELLIOT said he was not aware of any case, but if given particulars he would investigate the matter.

Disability Pensions.—On October 17 Mr. PRITT asked the Minister of Pensions whether he would arrange that every soldier proceeding on active service should be furnished with a document setting out in simple language his rights to receive a disability pension in the event of his being wounded or injured, or falling sick. Sir WALTER WOMERSLEY said he understood that the Royal Warrant in its complete form was to be issued with Army Orders. Article 5 of the Royal Warrant would be construed in a liberal spirit in the light of the expert guidance which would be given by medical officers of very great experience, and would ensure that no material evidence in support of a claim was excluded from consideration.

Medical Students in the Army.—Arrangements have been made for the release from the Army of medical and certain other specialist students provided that they have reached a sufficiently advanced point in their studies. The case of students between 18 and 19 years of age will be considered.

Discharge of Mental Hospital Patients.—The number of persons who were discharged to their homes from mental hospitals under the Emergency Hospital Scheme does not

exceed 200. No patient was discharged unless selected after careful investigation of all relevant circumstances, including his home conditions, as suitable to be cared for and supervised by his relatives at home. The Board of Control is reviewing the arrangements for the care and supervision in war time of individuals living in the community who are suffering from mental disorder.

Notes in Brief

In the first nine months of this year 527 persons were killed by accidents at mines under the Coal Mines Act and 2,221 seriously injured.

EPIDEMIOLOGICAL NOTES

Infectious Diseases during the Week

Small increases in the incidence of scarlet fever, diphtheria, and pneumonia (primary and influenzal) have been recorded; although the total incidence of these diseases was much lower than in the corresponding week last year, the rate of increase of all three diseases was comparable in the two years. It is too early to say whether the observed increases are entirely attributable to seasonal influences or are in part due to the re-evacuation of a number of susceptibles back to the large centres of population. Probably little effect in this direction need be anticipated until the schools are reopened generally. It is sufficient to note at this stage that despite the abnormal environmental circumstances of the evacuees and the inevitable disorganization of medical and nursing services, there have been no serious outbreaks of infectious diseases in the reception areas, although the presence of diphtheria carriers gave rise to anxiety in some of them.

Typhoid Fever in 1939

In Europe and the United States of America the situation as regards typhoid fever has remained satisfactory during the first eight months of 1939. Morbidity in most of the countries was about the same as in the corresponding period of 1938 and much lower than in 1937. In the Scandinavian countries and in England the figures were appreciably lower than in 1938. In this country, despite a rise from 96 to 267 during the four-week period ended September 9, notifications have remained well below the median value for the corresponding weeks of the eleven years 1927-37. In France and Germany the total incidence was below the median values, but in Poland the median was exceeded during the two four-week periods ended August 12.

There was little change in the general mortality rates, as in the morbidity rates, in Europe in 1938 compared with the preceding year. As in previous years the highest rates were recorded in Portugal 17 (17.9) per 100,000 population, Malta 6.4 (10.3), Rumania 6.2 (8), Hungary 5.9 (10), Czecho-Slovakia 5.2 (6.3), Lithuania 4.9 (5.5), and Bulgaria 4 (5.8). Rates below 4 per 100,000 population were reported in Poland, Yugoslavia, Greece, and Turkey. (Figures in parentheses refer to the preceding year.)

Twinning in Marmosets.—In forty pregnancies in marmosets twins occurred in 87.5 per cent. In seven instances the sexes of the twins were: two pairs male; two pairs female; three pairs heterosexual. These observations confirm the findings of Hill that two blastocysts fuse completely in early presomite stages, with breaking down of the conjoined chorionic wall, and the formation of a common chorion containing two embryonic primordia. Anastomotic connexions between the umbilical and the placental vessels of the two embryos are established very early. Nevertheless, examination of the gonads and external genitalia of opposite-sexed pairs of foetuses reveals no evidence of freemartin effects.—Observations on Twinning in Marmosets. G. B. Wislocki.—*Amer. J. Anat.* May, 1939, 64, 445.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended September 30, 1939.

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	1939					1938 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever	19	2	10	2	—	18	2	7	—	1
Deaths	—	—	2	—	—	1	1	—	—	—
Diphtheria	904	33	170	34	27	1,209	129	195	55	25
Deaths	16	—	3	—	1	30	3	6	2	—
Dysentery	23	3	27	—	—	27	6	19	—	12
Deaths	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute	4	1	1	—	—	2	—	—	1	—
Deaths	—	—	2	—	—	—	—	3	—	—
Enteric (typhoid and paratyphoid) fever	68	3	6	3	4	41	4	8	8	1
Deaths	2	—	1	—	—	1	—	—	—	—
Erysipelas	—	—	62	5	3	—	—	55	12	3
Deaths	—	—	1	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years	55	8	17	11	5	40	9	8	8	4
Deaths	—	—	—	—	—	—	—	—	—	—
Measles	1	—	6	—	8	3	—	13	—	2
Deaths	—	—	—	—	—	—	—	—	—	—
Ophthalmia neonatorum	66	4	15	—	—	78	5	31	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Pneumonia, influenzal*	312	12	5	—	6	448	33	5	—	13
Deaths (from influenza)	17	—	2	—	1	16	—	2	1	—
Pneumonia, primary	—	4	105	7	7	—	15	160	9	6
Deaths	—	—	—	7	7	—	—	—	9	6
Polio-encephalitis, acute	4	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute	43	—	—	—	—	56	3	5	1	—
Deaths	—	—	—	—	—	1	1	—	—	—
Puerperal fever	—	—	9	2	—	3	3	21	6	1
Deaths	—	—	—	—	—	—	2†	—	—	—
Puerperal pyrexia	162	8	24	—	1	166	14	28	—	2
Deaths	—	—	—	—	—	—	—	—	—	—
Relapsing fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Scarlet fever	1,163	37	193	50	79	1,776	155	380	58	77
Deaths	2	—	—	—	—	1	—	—	—	—
Small-pox	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Typhus fever	—	—	—	—	—	—	—	—	—	—
Deaths	—	—	—	—	—	—	—	—	—	—
Whooping-cough	—	—	39	—	5	—	—	94	—	7
Deaths	9	2	—	—	—	10	1	3	2	1
Deaths (0-1 year)	308	30	55	31	13	290	38	45	38	10
Infant mortality rate (per 1,000 live births)	—	—	—	—	—	48	31	—	—	—
Deaths (excluding stillbirths)	4,078	629	600	157	129	3,919	713	539	177	104
Annual death rate (per 1,000 persons living)	—	—	12.1	10.6	11.3	9.6	9.1	11.0	12.0	9.2
Live births	6,263	877	850	384	208	6,521	1,250	807	407	201
Annual rate per 1,000 persons living	—	—	17.2	25.8	18.3	16.0	15.9	16.4	27.6	17.8
Stillbirths	235	28	35	—	—	275	36	—	—	—
Rate per 1,000 total births (including stillborn)	—	—	40	—	—	40	28	—	—	—

* Includes primary form in figures for England and Wales, London (administrative county), and Northern Ireland.
 † Deaths from puerperal sepsis.