

infected with a strain of *Salm. paratyphi B* that belongs to a hitherto unidentified Vi-phage type. This same strain has been found in other parts of the country recently and is provisionally referred to as the "Kent" strain.

Medical News

Sweden's Medical Preparations for War

The leading Swedish medical societies recently held a meeting at which some 500 doctors listened to lectures given by experts on twelve of the main medical problems created by totalitarian warfare. The lecturers included the head of the Swedish Public Health Service and others responsible for the organization of wartime health services. Among the subjects discussed were the treatment of shock, burns, blood transfusion, radiation lesions caused by atomic bombs and radioactive weapons, chemical warfare, bacteriological warfare, detonation lesions, inanition due to war injuries, infectious diseases under war conditions and mass migrations, and psychological defence measures and the control of panic. These lectures have been published in successive numbers of the journal of the Swedish Medical Association, *Svenska Läkartidningen*, beginning with the issue of May 18. A serious problem which Sweden has to face is an expected shortage of doctors, nurses, and members of various auxiliary services. In time of war most of the 4,547 doctors in Sweden under the age of 70 would have to work in the hospitals; 1,936 would be required for military service. Of the total of about 19,000 nurses, approximately 1,500 are pensioners and 3,600 are married and have children under the age of 15. Plans have been made for the call-up of these married nurses, for whose children special provision will be made. Even many of the 2,000 midwives may have to be diverted from their peacetime duties. It is calculated that about two-thirds of the occupants of central hospitals will have to be sent home in the event of war, while about one-quarter will be transferred to smaller and less exposed hospitals, and only 10% will remain where they were.

Medical Research Council Travelling Awards

The Medical Research Council announces that it has made the following travelling awards for the academic year 1951-2: *Rockefeller Travelling Fellowships in Medicine*.—Mr. W. Burnett, Surgical Registrar, Professorial Unit, Aberdeen Royal Infirmary; Dr. O. Garrod, Out-patient Registrar and Medical Tutor, Postgraduate Medical School of London; Dr. J. N. Hunt, Senior Lecturer in Physiology, Guy's Hospital Medical School, London; Dr. G. C. Kennedy, temporary member of staff, National Institute for Medical Research, London; Dr. B. P. Marmion, Senior Bacteriologist, Public Health Laboratory Service (at the Virus Reference Laboratory, Colindale); Mr. J. H. Peacock, Lecturer in Surgery, University of Bristol; Dr. S. W. Stanbury, Junior Beit Memorial Research Fellow, Department of Medicine, University of Manchester; Dr. E. M. Vaughan Williams, Schorstein Research Fellow in Medical Science, Department of Pharmacology, University of Oxford. *Dorothy Temple Cross Research Travelling Fellowships in Tuberculosis*.—Mr. R. W. Baldwin, Research Assistant, Chemistry Department, University of Birmingham; Dr. G. J. Cunningham, Senior Lecturer in Morbid Anatomy and Histology, St. Bartholomew's Hospital Medical College, London. *Travelling Scholarships in Medical Science* (tenable in France under an exchange scheme with the Centre National de la Recherche Scientifique).—Mr. S. V. Boyden, Wellcome Fellow of Animal Health Trust, Department of Animal Pathology, University of Cambridge; Dr. J. L. Gowans, M.R.C. Research Student, Sir William Dunn School of Pathology, University of Oxford.

Military Medicine Congress

The thirteenth international congress of military medicine and pharmacy was held recently in Paris on the occasion of the centenary of the establishment of the French Military Medicine School at the Val de Grâce. Great Britain, although a founder-member of the international committee of military medicine, is no longer a subscriber. Much of the time at the congress was devoted to the medical aspects of atomic warfare, and a demonstration was given of local organization for dealing with the results of an atomic bomb attack, with models, by Lieutenant-Colonel J. H. Crosse, of Great Britain.

N.A.P.T. United Kingdom Essay Prize

The National Association for the Prevention of Tuberculosis announces that the prize of 100 guineas offered for the best essay on the control of tuberculosis in the United Kingdom, written by chest physicians of not more than 10 years' standing, has been awarded to Dr. W. H. Tattersall, of Bournemouth. The prize will be presented at the N.A.P.T. council meeting on October 4. Dr. P. G. Arblaster (Leamington Spa) and Dr. M. B. Paul (Leeds) were placed second and third in the competition.

Sanitary Inspectors' Working Party

The Minister of Health has appointed a small working party to inquire into the nature of the work at present being done by sanitary inspectors, the present arrangements for their recruitment, training, and qualification, and to report on the adequacy of such arrangements. The chairman is Sir John Maude, and the party includes a representative of the Ministry, a medical officer of health, and sanitary inspectors.

"Medico-legal Journal"

The latest issue (Part 2, 1951) of this quarterly contains two lectures given to the Medico-Legal Society in January and February of this year: "The G.M.C. Hitherto and Henceforth," by Robert Forbes, and "The Medico-Legal Institute and the Problem of Crime," by Sir Sydney Smith.

Information about Cancer

The Book of Cancer Relief (2s. 6d.) has just been published by the National Society for Cancer Relief, and all proceeds of sale will go to the society's funds. Designed to present a simple and composite account of the facts about cancer and its treatment, the book is intended for ordinary men and women. The first section is devoted to a brief description of the disease, illustrated by a few statistics. This is followed by an account of the advances made in the treatment of cancer and information about hospitals in Great Britain and Eire. Finally there is a short history of the work done by the N.S.C.R. itself. The book is readable and pleasantly brought out, and it should help to spread both information and hope.

Wills

Dr. Sydney Watson Smith left £66,416.

He directed his executor to present on behalf of his wife and in his memory his ancient bronze urn and the large square silver tray presented to him by the Bournemouth Division of the B.M.A. to the Royal College of Physicians of Edinburgh, "of which I have the honour to be a Fellow." After other bequests he left one-half of the remainder to the Royal College of Physicians of London, "of which I have the honour to be a Fellow," as the "Watson Smith Trust" for providing from the income: (a) an annual lecture or lectures to be delivered at the College on or about January 11 in each year on any subject in medicine "including dermatology," (b) medical research fellowships, and (c) grants in aid for the promotion of medical research; and the other half of the remainder to the Royal College of Physicians of Edinburgh as the "Watson Smith Trust" for providing from the income: (a) an annual lecture or lectures to be delivered at the College on or about January 27 in each year upon any subject in medicine "including dermatology," (b) medical research fellowships, and (c) grants in aid for the promotion of medical research.

COMING EVENTS

Royal College of Obstetricians and Gynaecologists

The annual dinner of the Royal College of Obstetricians and Gynaecologists will be held at the Dorchester Hotel, Park Lane, London, W., on Friday, September 28, at 7 for 7.30 p.m.

British Council for Rehabilitation

The council is arranging a three-day conference on the British Rehabilitation Service (first day, treatment; second day, industrial resettlement; third day, rehabilitation in industry and accommodation for open and sheltered employment) on September 4-6 in the lecture theatre of the Ministry of Labour's Manpower Exhibition, 97, Horseferry Road, London, S.W.1. The fee for the conference is £1 1s., or 7s. 6d. daily. Tickets must be obtained in advance from the general secretary, British Council for Rehabilitation, Tavistock House (South), Tavistock Square, W.C.1, from whom full information may be had.

Courses in Psychiatry

The Institute of Psychiatry, at the Maudsley Hospital, Denmark Hill, S.E.5, will be holding courses in psychiatric medicine lasting 10 weeks, from October 1. Full details of the syllabus may be obtained from the Institute.

Foot Health Convention

The Foot Health Educational Bureau will hold an annual convention on October 29 at the Royal Empire Society, Northumberland Avenue, W.C.2, from 10.30 a.m. to 5 p.m. Talks will be given on "The Foot in Relation to the Shoe" and "The Shoe in Relation to the Foot," and there will be time for discussion. Tickets (5s. including luncheon) may be obtained from the Secretary, Foot Health Educational Bureau, 121, Ebury Street, S.W.1, and applications should be accompanied by a remittance.

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Application should be made first to the institution concerned.

Tuesday

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Edinburgh University (Anatomy Lecture Theatre), August 21, 4.30 p.m., "The Intramural Vascular Patterns of the Human Stomach," by Dr. T. E. Barlow.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

- Daley.**—On August 10, 1951, to Alison (formerly Miller), wife of Raymond Daley, M.D., M.R.C.P., a daughter.
Forbes.—On August 3, 1951, to Pamela (formerly Burbery), wife of John Forbes, M.D., M.R.C.P., of Wrexham, a son.
Freeland.—On July 13, 1951, at the London Hospital, to Patricia, wife of Dr. Derek Freeland, a daughter.
Nabarro.—On July 31, 1951, at University College Hospital, London, to Joan (formerly Cockrell), wife of John Nabarro, M.D., a daughter.
Stott.—On August 1, 1951, at Plymouth, to Margaret (formerly Leece), wife of Dr. Donald V. Stott, a daughter.

MARRIAGES

- Rowlands—Angus.**—On August 11, 1951, at Saint Clements, Leigh-on-Sea, Bryan Cleveland Rowlands, M.B., F.R.C.S., to Joan Louise Angus.

DEATHS

- Blewett.**—On July 31, 1951, as the result of a motoring accident in Singapore, Graham Livingstone Blewett, M.B., B.S., Flight Lieutenant, R.A.F.
Chopping.—On August 9, 1951, at Hythe, Kent, Arthur Chopping, C.B., C.M.G., M.R.C.S., L.R.C.P., Colonel, late R.A.M.C., aged 80.
Geikie.—On August 10, 1951, at 8, AHoway Place, Ayr, James Stewart Geikie, M.D., aged 74.
Gordon.—On August 11, 1951, at a nursing-home, Cambridge, Alec Knyvett Gordon, M.B., B.Ch., aged 80.
Jennings.—On August 7, 1951, Norman Jennings, M.B., Ch.B.Ed., J.P., Hull City Coroner, aged 60.
Johnson.—On August 10, 1951, at Orpington, Kent, Philip Johnson, L.R.C.P.&S.Ed., L.R.F.P.S.

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.

Diphtheria Immunization in the Summer

Q.—In view of the fact that there is said to be some relation between poliomyelitis and immunization against diphtheria, should such immunization be stopped during the summer months, or should it be continued whether cases of poliomyelitis occur or not?

A.—It has been definitely proved that there may be a slight risk of post-inoculation poliomyelitis among children receiving injections of diphtheria prophylactic in areas where poliomyelitis is occurring at the time. This post-inoculation poliomyelitis has been associated particularly with intramuscular injections of alum-precipitated diphtheria toxoid or A.P.T. plus pertussis vaccine, and has occurred mostly in children under 1 year of age. In order to avoid the admittedly slight chance of post-inoculation polio, therefore, it would be advisable to give children under 1 year of age injections of a diphtheria prophylactic such as formol toxoid or P.T.A.P., which are known to produce very little tissue reaction. A recent report by Bousfield (*Lancet*, 1951, 1, 1028) indicates that such a procedure is practicable and gives a high degree of immunity to the infant. It is probably better to continue with immunization in this way rather than to discontinue, even temporarily, the practice which has been so successful in the control of diphtheria.

Seminal Faults and Congenital Malformations

Q.—A woman has had two premature infants, both with serious congenital malformations. Semen analysis of the husband shows a large number of abnormal forms. Is there any known relationship between the presence of abnormal spermatozoa and congenital defects in the foetus?

A.—Although it has often been suggested that habitual abortion or malformation of the foetus might be associated with poor-quality spermatozoa, a relationship between these conditions and seminal faults of any kind has never been demonstrated so far as the human being is concerned. The evidence from animal studies is conflicting. It is most unlikely that the recurrent foetal malformations in the case in question are related to "a large number of abnormal forms" of spermatozoa.

Equilibrium Among the B Vitamins

Q.—In a recent *Refresher Course* article on "Infective Hepatitis" (May 26, p. 1198) the statement is made about the B complex that "an imbalance of the vitamins may well result from supplementation with the known pure preparations." Is it not accepted that administration of some of the B vitamins merely throws into sharper relief the coexisting deficiency of the other members of the group?

A.—The answer to this question depends on what is meant by the coexisting "deficiency." Thus it has been claimed that rats given excess of vitamin B₁ develop signs of vitamin B₆ deficiency which are absent when no extra B₁ is given. Before the isolation of vitamin B₁₂ patients with pernicious anaemia sometimes showed a slightly improved blood picture, but a greater tendency to nerve lesions, when dosed with folic acid. According to these stories, whatever may be their interpretation, dosing with one vitamin causes the intake of another to become inadequate as evidenced by acute signs of deficiency. It is possible, of course, to argue that the intake of the second vitamin was deficient according to dietetic standards even before dosing with the first