

his F.R.C.S. in 1931. Then followed resident surgical appointments at the East Surrey Hospital, Redhill, the Victoria Hospital, Westcliff-on-Sea, the Radium Institute, and the Central Middlesex Hospital.

Mr. T. G. I. JAMES writes: Life in London appealed to Letcher very much, and the example of his father and his love of people led him to a career as a general-practitioner surgeon. With this end in view he settled in Acton in 1937 and became a member of the surgical staff of Acton Hospital, where, during the earlier part of the last war, he showed skill, dexterity, and speed in dealing not only with air-raid casualties but with the large number of general patients whom he was called upon to treat. He was particularly interested in the acute abdomen and in urology, but he was a sound all-round general surgeon. During the last war he served overseas in the R.A.M.C. as a surgical specialist, with the rank of major, mainly in the Middle East and in the Sudan. On his return to civil life, changing circumstances forced him to relinquish his activities as a surgeon and to devote his whole time to general practice, to which he gave his heart, but he still kept in touch with surgery and remained an active Fellow of the Royal Society of Medicine. His personality was unique. A short, dapper figure, always neat and full of vitality, he radiated from his sparkling eyes and round, smiling face a warmth and friendliness which brought him countless friends. Nothing could ever damp his ebullient spirit and the sun always shone wherever he happened to be. One of his characteristics was a chuckle and a laugh that would infect any gathering and dispel any gloom. He lived a full life, and what little time he could spare from his patients he devoted to golf, tennis, racing, and cricket, and in exploring the English countryside with his charming wife and two boys. His home life was most serene, and his was an open house for many friends and a host of Australians, to whom he gave generous hospitality. He was a charming host, full of stimulating conversation, with a wide knowledge of men and affairs. Of few people can it be said that they never uttered an unkind word or performed an unkind deed, but of George Letcher this was true. It will be difficult for his patients, friends, and colleagues to realize his sudden and unexpected death, and all will extend to his widow and children the deepest sympathy.

Medico-Legal

DEATH FROM AIR EMBOLISM

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

A man aged 34 was admitted to the Royal Northern Hospital in June, 1951, suffering from bilateral pulmonary tuberculosis, and underwent a pneumoperitoneum to collapse both lungs. The right phrenic nerve was crushed, leaving him with limited respiratory movement, and his condition was such that after leaving hospital in August, 1951, he had to attend the chest clinic weekly for refills of air to collapse his lungs.

On April 2, 1952, he attended for his refill, and 700 ml. of air was to be injected. The injection was made on the right side because of adhesions on the left, and after 600 ml. had been put in he complained of discomfort, and breathing became difficult. The needle was at once removed, but about 50 ml. more entered during removal. He then got off the table, walked into the passage, collapsed, and died.

At necropsy it was found that the puncture mark of the needle extended into the liver for a total depth of $\frac{1}{4}$ in. (1.9 cm.). There was a small haematoma at the site of the puncture of the liver capsule, and large bubbles of air were situated underneath. There was a column of air bubbles in the coronary sinuses, and the right side of the heart was filled with a frothy mixture of air and blood.

At the inquest, held at the St. Pancras Coroner's Court on April 7, a verdict was recorded of death by misadventure, caused by air embolism due to injection of air into the hepatic vessels during attempted pneumoperitoneum for double pulmonary tuberculosis.

Universities and Colleges

UNIVERSITY OF LONDON

Inquiries concerning the Wiltshire Memorial Research Scholarship, which is now available for award, should be addressed to the Dean, King's College Hospital Medical School, Denmark Hill, London, S.E.5. The object of the scholarship is to encourage research in cardiology, and the honorarium attached to it is at least £400 a year.

Vital Statistics

Poliomyelitis

Poliomyelitis notifications (uncorrected) in the week ending September 13 (37th week of the year) were as follows: paralytic 115 (115), non-paralytic 68 (73); total 183 (188). This is a decrease of 5 compared with the previous week, the figures for which are in parentheses. Up to and including the week ending September 13 the overall uncorrected notification rate for England and Wales was 6.8 per 100,000.

Paratyphoid in South Wales

Attempts to trace the source of the epidemic of paratyphoid fever which has been smouldering for some weeks past in Monmouthshire and Glamorgan have so far proved fruitless. In Glamorgan alone there have been about 170 cases. Various foodstuffs have been under suspicion, but no incriminatory evidence has yet been found.

Infectious Diseases

In England and Wales during the week ending September 6 a decrease was reported in the number of notifications of measles 712, whooping-cough 30, and acute poliomyelitis 27, while the only rise of any size was 42 for dysentery.

The notifications of scarlet fever were the same as in the preceding week; during the week the incidence fell slightly in the southern section of the country. Although the incidence of whooping-cough declined slightly the largest fluctuations in the local trends were increases of 67 in Lancashire and 49 in London. The number of notifications of diphtheria was 1 more than in the preceding week, and no changes of any size occurred in the local returns. The largest falls in the incidence of measles were London 132, Essex 120, and Lancashire 110.

The number of notifications of paratyphoid fever was 3 less than in the previous week. 15 of the 41 cases were notified in Wales. The largest returns during the week were Middlesex 8 (Edmonton M.B. 4) and Glamorganshire 8.

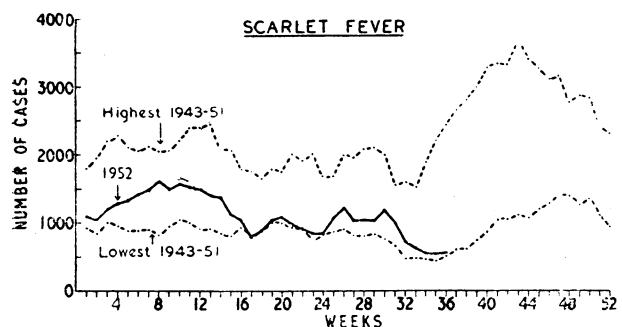
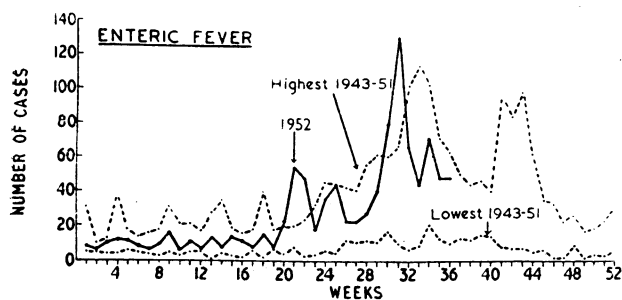
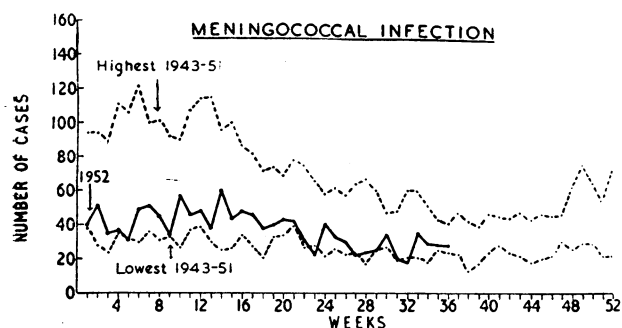
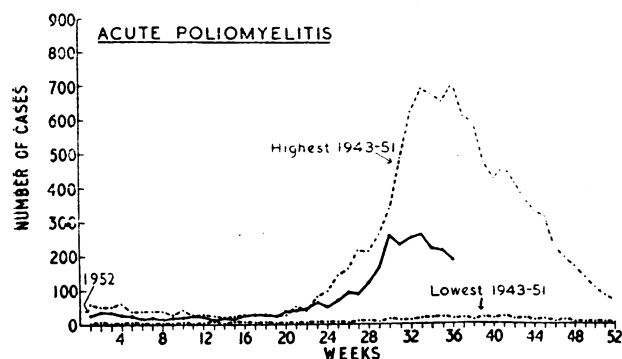
The chief features of the returns for dysentery were a fresh outbreak with 18 notifications in Bristol C.B. and a rise from 9 to 37 in Lancashire. The other large returns were Surrey 18 (Carshalton U.D. 10) and London 17. In Scotland the notifications of dysentery in the outbreak in Glasgow rose to 100.

The number of notifications of acute poliomyelitis was 35 less for paralytic and 8 more for non-paralytic cases than in the preceding week. The largest returns were London 28 (Woolwich 6, St. Pancras 5), Essex 23 (Southend-on-Sea C.B. 5, Ilford M.B. 5), Lancashire 13, Kent 10, and Middlesex 10.

The largest outbreak of food-poisoning notified during the week involved 50 persons in Essex, Tendring R.D.

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported during the nine years 1943-51 are shown thus -----, the figures for 1952 thus ————. Except for the curves showing notifications in 1952, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



Week Ending September 13

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 701, whooping-cough 1,487, diphtheria 26, measles 2,421, acute poliomyelitis 185, dysentery 100, paratyphoid fever 64, and typhoid fever 9.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending September 6 (No. 36) and corresponding week 1951.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES In Countries and London	1952					1951				
	Eng & Wales	London	Scot.	N. Ire.	Eire	Eng & Wales	London	Scot.	N. Ire.	Eire
Diphtheria ..	23	4	8	1	1	40	2	11	3	1
Dysentery ..	132	17	120	4	4	131	28	76	1	
Encephalitis, acute ..	5	1	0	0	1	4	0	0	0	
Enteric fever:										
Typhoid ..	7	0	0	0	1	4	0	0	1	1
Paratyphoid ..	41	11	(B)	1		32	34	(B)	5	
Food-poisoning ..	200	22		1		109	14		0	
Infective enteritis or diarrhoea under 2 years ..				20	64				14	45
Measles* ..	2,937	280	38	31	98	1,387	50	71	69	36
Meningococcal infection ..	28	1	16	0		31	0	10	3	1
Ophthalmia neonatorum ..	55	3	15	0		27	2	11	0	
Pneumonia† ..	228	11	162	10		196	15	99	5	
Poliomyelitis, acute:										
Paralytic ..	115	16		9	1	47	2		4	1
Non-paralytic ..	73	12	22			39	3	11		
Puerperal fever§ ..	260	36	14	0		231	27	8	0	1
Scarlet fever ..	557	44	156	11	28	499	28	157	16	15
Tuberculosis:										
Respiratory ..			121	19				134	35	
Non-respiratory ..			9	6				19	4	
Whooping-cough ..	1,831	132	89	54	116	2,576	124	344	56	88

DEATHS In Great Towns	1952					1951				
	Eng & Wales	London	Scot.	N. Ire.	Eire	Eng & Wales	London	Scot.	N. Ire.	Eire
Diphtheria ..	0	0		0	1	0	0	0	0	0
Dysentery ..	0	0		0			0		0	
Encephalitis, acute ..	0			0			0			0
Enteric fever ..	0	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	6	0	2	1	0	10		0	2	1
Influenza ..	4	0		0	1	5	3	2	0	0
Measles ..		0		0	0		0	0	0	0
Meningococcal infection ..		0					0	1		
Pneumonia ..	116	15		4	3	122	15		8	5
Poliomyelitis, acute ..	13	1		0		0	0			0
Scarlet fever ..		0		0	0		0	0	0	0
Tuberculosis:										
Respiratory ..	78	9	10	1	8	98	12	17	4	9
Non-respiratory ..		1	1	2	1		2	3	2	1
Whooping-cough ..	1	0		0	0	2	0	0	0	0
Deaths 0-1 year ..	171	11	20	9	14	195	26	27	5	23
Deaths (excluding stillbirths) ..	3,912	549	512	96	138	3,941	614	492	80	142
LIVE BIRTHS ..	7,117,100	481	212	457		6,753,117	24	233	423	
STILLBIRTHS ..	179	28	20			155	17	19		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenza pneumonia.

§ Includes puerperal pyrexia.