with the necessary apparatus and accommodation, rather than writing about “utopian schemes” such as those indicated in the article in question.—I am, etc.,


H. MANDWALL,
Chairman, Medical Group.
Association for Scientific Photography.

Medical Supplies for Singapore: An Appeal

Sir,—Singapore has fallen and the aftermath of war must now be fought. The Japanese (or Nipponese as we call them in the Far East) did literally nothing for Allied prisoners of war, internees, and the local population. I spent a week in Singapore while serving in H.M.S. Sussex, so my information is first-hand. By the time this letter is published the majority of Allied prisoners and internees will have left, but the local civilians remain and are being looked after by former internees who have returned. Among these is the chief of the Anglican Bishop of Singapore, and he has arranged for the distribution of any medical supplies that may be sent. Malaria, dysentery, beriberi, pellagra, other deficiency diseases are but a few of the many diseases present. As an illustration of how rampant some diseases are: there is among the local population 80% chronic malaria and 1,000 fresh cases a month. Many need urgent attention, which only the necessary medical supplies can ensure. You can make no finer contribution to their welfare than by aiding the work of the Bishop of Singapore. Many are the humane calls made upon the good in heart, so may I appeal to institutions and individuals for any drugs they can spare, especially those used in the treatment of the diseases mentioned above. Please send them direct to the Bishop of Singapore, The Cathedral House, Singapore, who will be more than pleased to receive them.—I am, etc.,

IAIN M. MACLEAN,
Surg. Lieut., R.N.V.R.

Admiralty, S.W.1.

The Services

Major (Temp.) R. Stuppel, R.A.M.C. (died of wounds), has been mentioned in dispatches in recognition of gallant and distinguished services in the field.

Capt. A. W. Lipmann-Kessel, R.A.M.C., has been appointed M.B.E. (Military Division) in recognition of gallant and distinguished services in the field, and has been awarded the M.C. in recognition of gallant and distinguished services at Arnhem.

Lieut. E. Gartside, R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished services in the field.

Acting Wing Cmdr. J. P. Huins, O.B.E., A.F.C., A.A.F., has been awarded a Bar to the Air Force Cross, and Acting Wing Cmdr. R. H. Winfield, D.F.C., A.F.C., R.A.F.O., has been commended for valuable service as a civilian air-vigilant.

The following appointments and awards have been announced in recognition of gallant and distinguished services in Italy:


The following medical officers have been mentioned in dispatches in recognition of gallant and distinguished services in Burma:


M. D., F.R.C.S.


Obituary

ERNST WARD, M.D., F.R.C.S.

Members of the British Medical Association, especially those engaged in its central work, will learn with regret of the death on Sept. 21 of Dr. Ernest Ward of Paignton, Devon, a familiar figure at its Annual Representative Meetings for fourteen years. For a long time past he had been suffering from a hopeless malady, but he had fought against it with characteristic stubbornness, and had carried on his work till the end.

Ernest Ward was born in Yorkshire in 1877, the son of Sir John Ward, who was closely associated with the municipal life of Leeds, who was twice mayor of that city and one of its earliest lord mayors. He entered Clare College, Cambridge, in 1896, gaining first-class honours in the Natural Sciences Tripos. Parallel with his medical training at the London Hospital and qualified in 1903, becoming a Fellow of the Royal College of Surgeons in 1906 and taking the M.D. of his university in the following year. After serving for a time as clinical assistant at the Belgrave Hospital for Children in London and as assistant medical officer, Queen Alexandra Sanatorium, Davos, he settled in general practice in Devonshire. He was a professional practitioner, though on some subjects, notably tuberculosis, he was a specialist.

For many years he was a medical officer for South Devon. He interested himself in tuberculosis in all its aspects and was president of the Tuberculosis Society of Great Britain and honorary secretary of the Tuberculosis Group of the Society of Medical Officers of Health. His outstanding achievement was the foundation of the Joint Tuberculosis Council in 1924—a body intended to co-ordinate all tuberculosis activities—and he guided its work for 14 years. Many reports of its proceedings issued from his pen, and he was associated particularly with its investigation into the status of nurses engaged in tuberculosis work and in the evidence which it gave before the Royal Commission on Local Government which pre- paration of a report in 1929. In the Society of Medical Officers of Health, of which he was at one time president, and in the B.M.A., Ward rendered conspicuous service. He was twice chairman of the Torquay Division of the Association, in 1927-8 and in 1940-1, and he served as its representative from 1927 to 1942. He did good work also on some headquarters committees. When the Annual Meeting of the Association was held in his own locality in 1938 he was president of the Section of Tuberculosis. Locally he was held in great esteem by his colleagues, over ninety of whom subscribed to a testimonial presented to him in 1943 on his retirement from the post of tuberculosis officer. He had been president of the Torquay and District Medical Society. In his earlier career he did a good deal of translation; he was responsible for an English edition of Broca’s Ligationes et Amputationes and was co-translator of Urgent Surgery by Félix Lejars. In 1929 he published Medical Adventure: Some Experiences of a General Practitioner, and furnished material for the next year with a similar work of professional reminiscences.

On the platform Ernest Ward appeared a somewhat aggressive personality. Debate when he rose was apt to show an acid edge. But to his friends no man was more lovable, and his friends were many. Incidentally they included the birds of Devonshire, on which he was an acknowledged authority. He was president of the Devon Bird-watching and Preservation Society and of the South-Western Naturalists Union.

H. A. GILKES, M.C., M.D.

The death of Lieut.-Col. Humphrey Arthur Gilkes, R.A.M.C., in an air crash was a great loss to the medical officers who served under him in his capacity as Principal Medical Officer of the British Somaliland and Military Administration. In the war of 1914-18 he fought as a serving officer in the Western Front and was awarded the Military Cross and three bars. After the war he studied medicine at Oxford and St. Bartholomew's
Hospita1 and qualified in 1922. Subsequently he took his M.A., M.D., D.P.H., and D.T.M.&H. He spent most of his medical career in the Colonial Medical Service. He was for a number of years in Northern Rhodesia, and then went to Trinidad as a medical missionary. During some recent years, when the ambulance during the advance into the Somali and Ethiopia, he was sent to Somalia (the former Italian Somaliland) as A.D.M.S. There he laid the foundations of the civil medical services during a peculiarly difficult time.

Col. Gilkes (writes T. S. E.) was an outstanding personality and a steadfast believer in the possibilities of the Somali peoples. He was a man of his word, and he performed throughout the nearly 30 years during which he served in Somali countries that the Somalis should have a square deal, and particularly that they should have a good medical service. He was always ready to see even the humblest sweeper in the medical dispensary and to give him a courteous interview. In administration he had the courage to make it his guiding principle that justice to an employee must never be subordinated to administrative convenience. Col. Gilkes had many other sides to his character than his medicine. He was a violinist of distinction and was proud of his "Gilkes violin," which was made by one of his ancestors. He had also had two novels published, and was in the middle of a third at the time of his death.

Rather over 20 years ago Col. Gilkes came to British Somaliland, first as A.D.M.S. and then as Principal Medical Officer. Here he performed the difficult task of piecing together the medical services after the Italian occupation, and expanding them. He also made a scheme for the financing of the Colonial medical development of the country. It was his personal relation with the Somalis which impressed us, who were new to Colonial conditions, so much. He seemed an example of the highest traditions of the Colonial Service, and it is remarkable that both his missionaries and his colleagues who went to the bush would know the "General daktari," as he was called. It will be a great loss to the country that he has gone while he was still at the beginning of his work here.

Dr. John Matheson died at Plockton, Ross-shire, on Aug. 30 at the age of 81. He was born at Plockton on Oct. 1, 1863, and attended school there. The present schoolmaster, addressing the pupils after his death, said, "In the passing of Dr. Matheson, the Plockton School has lost a life-long friend. He was one of Plockton's most distinguished pupils, and perhaps, was in keeping with his kindly nature that he should choose for his life work the alleviation of suffering." In 1884 he entered Aske Hall University with the intention of becoming a teacher, and graduated M.A., having won prizes in Greek, Latin, English, and moral philosophy. A year, however, spent in teaching decided him that that was not his métier, and he returned to medicine. He had a brilliant career in medicine, obtaining prizes in anatomy, pathology, and medical jurisprudence. In 1895, with highest honours, in 1893. After serving as house-surgeon at Edinburgh, and as a surgeon in Infirmary and sundry locums, he went in 1894 to Greenwich as assistant to the late Dr. McGavin, later to become principal of the School. He was dean of the school for 40 years. He carried on practice in Greenwich and Blackheath, and retired in 1934. He joined the B.M.A. in 1910 and was chairman of the Greenwich and Deptford Division, 1931-3. A keen Celt, he was an active member of the Caledonian Medical Society, and president in 1932-3 when the Society met in Windermere; "The Celtic Empire and its Decline was the subject of his address on that occasion. On giving up practice he retired to his estate, Rudha Mor, Plockton, in the land of his birth. Here, looking over Loch Carron to the mountains of the north and to the Cuillins of Skye and the misty isles in the west, he spent the remainder of his days; happy in looking after his farm, entertaining his friends, and taking a lively interest in local affairs as a member of the district council and active member of the kirk. He was frequently called on, and always willing, to relieve practitioners in the district, and, being well known to the people, was welcomed by the patients. He was a man of decided opinions and dearly loved an argument. Widely read and possessed of a retentive memory, his conversation was always interesting and instructive. Dr. Matheson was succeeded by his wife as laird, and suffered another grievous loss when his younger son, an officer of the Seaforths, was killed in Madagascar. He is survived by a son, Ian H. Matheson, F.R.C.S., a surgeon with the L.C.C., and three daughters. He was a gentleman of many of the old氏 and a large number of the people. After the service, partly in Gaelic, which was conducted in the open front in the house, the coffin was carried through the village, each of the mourners alternately acting as bearers. A most impressive service. W. M.

PROMOTION OF DENTAL TEACHING AND RESEARCH

To promote dental teaching and research the Nuffield Foundation has decided to make grants totalling £5,000 a year for 10 years to the Sutherland Dental School, the University of Durham; the Turner Dental School of the University of Manchester; and Guy's Hospital Dental School. In addition the Foundation is instituting Nuffield Dental Fellowships to an annual value of between £400 and £300, "to improve the status of dental teachers and teachers." The fellowships will be awarded for one or more years, as a rule not longer than three years. Finally, the Foundation will make scholarships available to provide tuition fees and a subsistence allowance of not more than £100 a year. The scholarships will be available for only one year, but may be renewed for a second. Forms of application may be obtained from the Secretary of the Nuffield Foundation, 12-13, Mecklenburgh Square, London, W.C.1.

Universities and Colleges

UNIVERSITY OF LONDON

Mr. J. Z. Young, M.A., F.R.S., has been appointed to the University Chair of Anatomy tenable at University College as from Oct. 1. He was Fellow of Eton College, Oxford, and university demonstrator in zoology, and since 1940 has been a member of the Nerve Injuries Committee of the Medical Research Council.

Prof. F. G. Young, D.Sc., Ph.D., has been appointed to the University Chair of Practice of Medicine at the University of Birmingham as from Oct. 1. Since 1942 he has held the Chair of Biochemistry at St. Thomas's Hospital Medical School.

UNIVERSITY OF LIVERPOOL

Mr. Charles Alexander Wells, M.B., F.R.C.S., has been appointed to the Chair of Surgery and Mr. Thomas Norman Arthur Jeffcoat, M.D., F.R.C.O.G., F.R.C.S.Ed., to the Chair of Obstetrics and Gynaecology in the University of Liverpool. Prof. Wells was lecturer in practical surgery and clinical lecturer and Prof. Jeffcoat gynaecological tutor in the university.

These appointments, the Manchester Guardian says, mark a new departure in the history of the Liverpool Medical School. Until recently Hitherto the professors of clinical subjects in that school have been consultants whose time has been divided between the claims of professional practice, both public and private, and the duties of the chair. The present appointments, however, give the clinical professors in the Medical School have grown considerably in recent years, and it has been thought desirable in the interests of both medical teaching and research to modify the conditions of appointment in the case of the two chairs now filled, and to require their occupants to give whole-time service to the duties of the chairs. Arrangements have been made with the Liverpool Maternity Hospital and the Women's Hospital for the professor of obstetrics and gynaecology to have beds at his disposal in those hospitals, and it is expected that the professor of surgery will have beds in the Royal Liverpool United Hospital.

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examinations indicated:

UNIVERSITY OF LONDON

Mr. J. Z. Young, M.A., F.R.S., has been appointed to the University Chair of Anatomy tenable at University College as from Oct. 1. He was Fellow of Eton College, Oxford, and university demonstrator in zoology, and since 1940 has been a member of the Nerve Injuries Committee of the Medical Research Council.

Prof. F. G. Young, D.Sc., Ph.D., has been appointed to the University Chair of Practice of Medicine at the University of Birmingham as from Oct. 1. Since 1942 he has held the Chair of Biochemistry at St. Thomas's Hospital Medical School.

SOCIETY OF APOTHECARIES OF LONDON

Diploma in Industrial Health

In view of the importance attached to the study of the health of the worker in relation to both occupation and working environment in the present day, it is proposed by the Society to add a special branch of medicine, the Society has decided to institute a Diploma in Industrial Health. The examination for this diploma will be open to all registered medical practitioners who have (a) been engaged in the practice of industrial medicine in a whole-time capacity for a period of not less than two years, or (b) been engaged in the practice
of industrial medicine in a part-time capacity for a period of not less than four years.

The Society understands that courses in the subject are to be held in the future, and, subject to their fulfilling the requirements laid down in the Resolution on the subject, candidates applying for admission to the examination. Candidates who produce evidence of having completed the course, and who have the requisite experience in the practice of industrial medicine, will be eligible.

The syllabus and regulations for the examination will be made available to those who require it. The examination will be obtained from the Registrar, Society of Apothecaries, Black Friars Lane, Queen Victoria Street, E.C.4.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

Dr. W. Russell Brain, F.R.C.P., will deliver the Bradshaw Lecture at the College (Pall Mall East, S.W.) on Thursday, Nov. 8, at 5 p.m. His subject is "Speech and Handicapped."

EPIDEMIOLOGICAL NOTES

Discussion of Table

In England and Wales notifications of scarlet fever rose during the week by 230, those of diphtheria by 72, and of acute pneumonia by 58.

The greatest increases over last week’s figures in scarlet fever notifications were 47 in Lancashire, and 39 in Yorks West Riding. The largest local outbreak of diphtheria was that of Worcestershire, Martley R.D. 12, and the other large local rises were 18 in Northumberland (due to a general rise throughout the county), and 13 in Yorks West Riding (mainly contributed by the county boroughs). Although the total notifications of whooping-cough fell by only 18, there were several fairly large variations in the trends for the counties, the largest being 47 in Lancashire and 36 in Essex, and a rise of 25 in Staffordshire. Lancashire reported 34 more cases of pneumonia than last week.

The largest returns for diphtheria were London 57 (St. Pancras 14, Surrey 47). The outbreaks in Blackpool and Southport, which were large last week, have disappeared.

In Scotland scarlet fever notifications were 41 higher than last week, and those for acute pneumonia were 32 higher; notifications of diphtheria and scarlet fever rose by 9 and 6 respectively. The largest local increase in diphtheria was one of 10 in the city of Dundee. The chief centres of diphtheria were Glasgow 50, and Edinburgh 22.

In Eire notifications of diphtheria were 35 higher, and of diarrhoea and enteritis 50 higher, than last week. Cases of the latter disease rose from 80 to 114 in Dublin 8.

In Northern Ireland scarlet fever notifications rose by 7, while those for diphtheria fell by 8.

Quarterly Returns for Eire

During the June quarter the birth rate was 24.0 per 1,000, and was 0.4 above that for the corresponding quarter of the previous year. Infant mortality was only 59 per 1,000 births, being a slight decreases from the rates for the preceding second quarters. Deaths under the age of 2 attributed to diarrhoea and enteritis were 204, including 97 in the city of Dublin. The general death rate was 14.4 per 1,000, being 0.7 below the June quarter of 1944. The death rate per 1,000 from pulmonary tuberculosis was 1.1, and for other forms 0.4; the rates for the corresponding quarter of last year were 1.2 and 0.4. Diphtheria was the cause of 55 deaths, and whooping-cough of 48.

Week Ending September 22

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,361, whooping-cough 1,903, diphtheria 496, measles 397, acute pneumonia 347, cerebrospinal fever 39, acute poliomyelitis 45, dactylytis 270, parotiditis 8, typhoid f.

Quarantine for Scarlet Fever in New York

The Board of Health of the City of New York decided in December, 1944, to include scarlet fever in the larger classification of "notifiable diseases," including scarlet fever, and recommended isolation of such cases to the duration of the acute stage, the minimum period being seven days. The application of restrictive measures to scarlet fever and not to other gastrointestinal tract infections has always been a weakness of public health regulations which called for revision. Considerable argument can be advanced, too, for a short isolation period. Scarlet fever patients are usually clinically recovered within 10 to 14 days of isolation, but isolation beyond that point decrease the risk of infectivity? Most fever hospital clinicians would agree that it does not. Indeed, under open scarlet fever ward conditions the reverse is probably true.

INFECTION DEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Sept. 15.

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 given: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 73 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.

<table>
<thead>
<tr>
<th>Disease</th>
<th>1945</th>
<th>1944 (Corresponding Week)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cerebrospinal fever Deaths</td>
<td>39</td>
<td>6 20</td>
</tr>
<tr>
<td>Diphtheria Deaths</td>
<td>495</td>
<td>28 141 86 15</td>
</tr>
<tr>
<td>Dysentery Deaths</td>
<td>292</td>
<td>57 102 6</td>
</tr>
<tr>
<td>Encephalitis lethargica, Deaths</td>
<td>3</td>
<td>1 1</td>
</tr>
<tr>
<td>Erysipelas Deaths</td>
<td>58</td>
<td>9 11</td>
</tr>
<tr>
<td>Infective enteritis or typhoid fever under 2 years</td>
<td>214</td>
<td>14</td>
</tr>
<tr>
<td>Measles</td>
<td>551</td>
<td>26 66 17 6</td>
</tr>
<tr>
<td>Ophthalmia neonatorum Deaths</td>
<td>80</td>
<td>5 8</td>
</tr>
<tr>
<td>Parotiditis Deaths</td>
<td>15</td>
<td>13</td>
</tr>
<tr>
<td>Pneumonia, influenzal Deaths (flue influenza)</td>
<td>326</td>
<td>14 6 1 219</td>
</tr>
<tr>
<td>Pneumonia, primary Deaths</td>
<td>17</td>
<td>15</td>
</tr>
<tr>
<td>Poli-encephalitis, acute Deaths</td>
<td>2</td>
<td></td>
</tr>
<tr>
<td>Poliomyelitis, acute Deaths</td>
<td>31</td>
<td>2 1 9 14</td>
</tr>
<tr>
<td>Puerperal fever Deaths</td>
<td>2</td>
<td>16</td>
</tr>
<tr>
<td>Puerperal pyrexia Deaths</td>
<td>140</td>
<td>4 13 1 2</td>
</tr>
<tr>
<td>Relapsing fever Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Scarlet fever Deaths</td>
<td>1,381</td>
<td>92 293 22 33</td>
</tr>
<tr>
<td>Smallpox Deaths</td>
<td>1</td>
<td></td>
</tr>
<tr>
<td>Typhoid fever Deaths</td>
<td>17</td>
<td>1 12 1 5</td>
</tr>
<tr>
<td>Typhus fever Deaths</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Whooping-cough Deaths</td>
<td>1,159</td>
<td>76</td>
</tr>
<tr>
<td>Deaths (0-1 year) Infant mortality rate (per 1,000 live births)</td>
<td>337</td>
<td>35</td>
</tr>
<tr>
<td>Deaths (excluding stillbirths) Annual death rate (per 1,000 persons living)</td>
<td>4,021</td>
<td>594</td>
</tr>
<tr>
<td>Live birth Annual death rate (per 1,000 persons living)</td>
<td>6,494</td>
<td>903</td>
</tr>
<tr>
<td>Stillbirths Rate per 1,000 total births (including stillborn)</td>
<td>205</td>
<td>2 1 28</td>
</tr>
</tbody>
</table>

* Measles and whooping-cough are not notifiable in Scotland, and the returns 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.
§ Owing to movements of population, birth and death rates for Northern Ireland are still not available.