

cough the female mortality at ages under 5 years is 20 to 25 per cent. in excess of the corresponding male mortality, and this excess has been remarkably constant since, at least, the middle of the nineteenth century. In other words, it has been unaffected, either way, by the growing urbanisation of the country, while, in addition, it is found to be world-wide. Statistics of case incidence are scanty, but they are sufficient to show that there can be little doubt that females are more susceptible to clinical attack, especially after two years of age is reached. Whether they succumb more easily to attack once the disease is acquired is doubtful, but the figures available suggest that, after the first year of life, they may do so. Various attempts have been made in the past to explain this heavier incidence upon females, *e.g.*, in terms of the sex differences in the formation and development of the larynx, sex differences in sensitiveness of the nervous system, but none of the hypotheses so far put forward seems, on careful examination, to be adequate. An additional point for which no explanation is forthcoming is the disappearance, or partial disappearance, of this female excess mortality in the second three months of life.

Another curious feature of the mortality of infants from whooping cough is shown in this paper to be the lower death rates of illegitimate infants, when compared with the legitimate, in the first three months of life, while at the same age lower death rates are found in urban districts when compared with rural. These characteristics are quite contrary to the general rule of mortality, and though it seems plausible to suppose that some single explanation would account for them, a satisfactory explanation is still to be found. Dr. Bradford Hill suggests that the most likely solution lies in some selective force, *e.g.*, the premature death rate, affecting the survivors, but use of available figures does not confirm this hypothesis. Another abnormal characteristic of the epidemiology of the disease, that has existed for at least three-quarters of a century, is the increasing proportion of early deaths with decreasing urbanisation. This feature of the disease is not shown by measles. The latter acts according to "expectation," *viz.*, the more the "overcrowding" the earlier the liability to attack and death. Yet whooping-cough statistics for England and Wales suggest the reverse. Without further knowledge of its case incidence in various areas it does not seem possible to reach a definite conclusion on this further problem of its epidemiology.

This study concludes that the relative importance to-day of whooping cough as a cause of widespread sickness and death is perhaps still under-rated, and that further steps to combat it are required. General notification of cases, or a careful study of the case incidence and fatality of the disease in limited areas, might contribute, it is suggested, to this end, by making clearer some of the present epidemiological obscurities.

ANTIMONY POISONING.

Three outbreaks of antimony poisoning due to the use of enamelled vessels are the subject of a Ministry of Health memorandum just issued.

The last outbreak occurred in a London Hospital following dinner last Christmas, and claimed over sixty victims. There were, however, no fatalities.

The memorandum emphasises that it is the cheap low-grade enamels that are the danger. These are not acid-proof.

"Now that the use of antimony in place of tin has become common," it is added, "it is advisable that the public should be warned that enamelled hollow-ware vessels obviously intended for other purposes, may be dangerous if used for the preparation or storage of food or drink."

APPOINTMENTS.

MATRON.

London Homœopathic Hospital, Great Ormond Street, London, W.C.1.—Miss A. Tinsdeall, S.R.N., has been appointed Matron. She was trained at the Royal Infirmary, Manchester, and has been Matron at the General Hospital, Great Yarmouth, and Matron at the Royal Hants County Hospital, Winchester. Miss Tinsdeall is on the Panel of Examiners for the General Nursing Council for England and Wales.

Redhill County Hospital, Edgware.—Miss E. R. Wheeldon, S.R.N., has been appointed Matron. She was trained at the Erdington Infirmary, Birmingham, where she was later Staff Nurse and Sister. Miss Wheeldon has also been Night Sister, Theatre Sister, and Out Patients' Department Sister at the General Hospital, Cheltenham; Ward Sister at the General Hospital, Nottingham; Pupil Housekeeper at the Norfolk and Norwich Hospital, Norwich; Ward Sister at the Dudley Road Hospital, Birmingham; Assistant Matron Home Sister and Housekeeping Sister at the Hospital, St. Helens, Lancs, and Assistant Matron at the Dudley Road Hospital, Birmingham.

The Staffordshire General Hospital, Stafford.—Miss T. M. Bohlmann, S.R.N., has been appointed Matron. She was trained at the Royal Hospital, Sheffield, and the Leeds Maternity Hospital. Miss Bohlmann was on the staff of the District Nursing Association, Bradford, and on the staff of Health Visitors in Bradford. She has been Home and Tutor Sister, and Acting Matron at the Staffordshire General Hospital, and holds the Health Visitors Certificate of the Royal Sanitary Institute, the Diploma in Nursing of the Leeds University, and the Housekeeping Certificate of the General and Eye Hospital, Swansea.

ASSISTANT MATRON AND SISTER-TUTOR.

Wrightington Hospital, Wrightington, near Wigan.—Miss M. Richards, S.R.N., has been appointed Assistant Matron and Sister Tutor. She was trained at St. Mary Abbot's Hospital, London, where she was later Ward Sister, Massage Sister, Sister Tutor, and third Assistant Matron. Miss Richards has been Sister at Las Palmas, Night Sister at the London Lock Hospital, holds the Certificate of C.S.M.M.G., and is a Certified Midwife.

SISTER-TUTOR.

Radcliffe Infirmary and County Hospital, Oxford.—Miss N. Douglas Brown, S.R.N., has been appointed Sister Tutor. She was trained at Essex County Hospital, Colchester, where she was later Ward Sister, and has been Sister Tutor at the South Devon and East Cornwall Hospital, Plymouth.

PRINCESS MARY'S ROYAL AIR FORCE NURSING SERVICE.

Senior Sister Miss J. D. Jackson is promoted to the rank of Acting Matron (February 10th); Sister Miss G. E. M. Clubb is promoted to the rank of Acting Senior Sister (February 10th); Matron Miss M. Moddrell, R.R.C., is placed on the retired list (February 9th).

The following Staff Nurses are promoted to the rank of Sister (Jan. 27th):—Miss K. D. Johnson, Miss K. A. Witts.

TERRITORIAL ARMY NURSING SERVICE.

Miss M. E. Williamson, Principal Matron, 4th Scottish General Hospital, resigns her appointment (December 28th, 1932); Miss M. Husband to be Principal Matron, 4th Scottish General Hospital (December 28th, 1932).

Matron Miss C. A. Stevens, R.R.C., retires on ref. pay (January 28th), with permission to retain the badge of Q.A.I.M.N.S.; Sister Miss E. M. Lyle, R.R.C., to be Matron (January 28th).

LEGACIES TO NURSES.

Miss Marian Buchanan, of Belbroughton Road, Oxford, left £50 to the Matron of Radcliffe Infirmary and County Hospital, Oxford.

Dr. John C. R. Freeborn, of Woodstock Road, Oxford, left £1,000, certain furniture and an annuity of £52 to Nurse Emily Jane Donvin.

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