Papers and Originals

EXPERIENCES OF A MEDICAL OFFICER ON TRISTAN DA CUNHA, JUNE-OCTOBER, 1961

BY

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From June 1, 1961, until the volcanic eruption on October 10, 1961, I was on the island of Tristan da Cunha as the sole medical officer. The entire population was then evacuated to Britain via Capetown. This paper describes briefly the background of the Tristanians and their island home, and the medical conditions encountered there.

Tristan da Cunha is one of a group of islands lying in the South Atlantic, lat. 37° S., long. 12° W. Inaccessible and Nightingale are about 20 miles (32 km.) roughly south-west. These are smaller islands and have never been inhabited. On Nightingale, however, there are some huts used for occasional visits, and a bird sanctuary. Immediately north of Nightingale, named incidentally after a British naval officer and not the bird, are two tiny islands, little more than rocks, known as Middle and Stoltenhoff.

The group is in an extremely isolated position, with Gough Island about 230 miles (370 km.) to the south. Here there is a South African weather station which was in daily radio contact with Tristan, and it was possible to give occasional medical advice to the personnel there.

FIG. 1.—Sketch map showing position of Tristan da Cunha group. Distances in kilometres.

St. Helena is about 1,500 miles (2,400 km.) N.N.E., while Capetown is 1,700 miles (2,735 km.) to the east. The nearest point of South America is Cape Frio, about 1,900 miles (3,000 km.) away, while the nearest shipping route passes about 200 miles (320 km.) to the north between Capetown and Montevideo.

The islands are of volcanic origin, being part of the submarine ridge running down the middle of the Atlantic Ocean, but there is no record of any other volcanic eruption on Tristan since it was first inhabited. Tristan itself is roughly circular, about 7 miles (11 km.) in diameter and covering 38 square miles (98 sq. km.), but the inhabited area is barely 3 square miles (7.8 sq. km.). This may be compared with the Isle of Wight, which is 147 square miles (380 sq. km.) in area. There were, before the eruption, two main landing beaches on the north-west side of the island, the major part of both of these now being buried beneath

tons of lava. Above Big Beach, the easterly one, stood the factory where the crawfish were frozen and stored for export. Rising from these beaches were cliffs which were in places 200 ft. (61 m.) high, and these extended in a westerly direction, forming the sea-front for the inhabited plateau, which was about 4½ miles (7.2 km.) long and up to ½ mile (0.8 km.) wide. The settlement of Edinburgh still lies towards the easterly end of this plateau. Above this the land rises sheer to the Base, where there is formed another plateau encircling the island and extending inland for 1 to 2 miles (1.6 to 3.2 km.). The land then ascends up steep cinder slopes to the Peak, where the main crater is to be found and in the centre of which is a lake. The highest point of the island is 6,700 ft. (2,042 m.) above sea-level.

Most of the remainder of the island rises abruptly out of the sea, presenting sheer faces up to 2,000 ft. (609 m.) high which are split in many places by ravines. The rest of the coastline is fairly regular with no inlets and only a few shallow bays suitable for landing, notably Sandy Point, Stony Beach, Seal Bay, and Boatharbour. Studded around the island are subsidiary volcanic cones, the craters of some, notably three on the north side of the Base known as the Ponds, forming small lakes.

Climate

The climate is temperate, the average winter temperature being 10–13° C. (50–55° F.), and the average summer temperature 15.5–18° C. (60–65° F.). Temperatures at the settlement seldom, if ever, fall below freezing-point, although the mountain is snow-capped in winter and snow may be seen at times on the higher slopes above the plateau. Humidity is high, and there is usually a layer of cloud encircling the Peak and stretching for miles out to sea. Fog is very uncommon at sea-level, although a sea mist may form occasionally.

The prevailing winds are from the south-west and tend to be frequent, changeable, and violent. Rainfall, as might be expected on a mountain in the sea, is high and registers about 60 in. (152 cm.) annually, nearly double the English average. For the Islanders to put to sea in their canvas boats an almost dead calm is necessary; this is usually produced at Big Beach in the lee of a south-west wind.

Vegetation

The settlement plain was originally covered by lush vegetation, but owing to unwise grazing this has now been reduced to close-cropped turf. The only tree, *Phyllicea arborea*, has small twisted branches and is seldom more than 9 ft. (2.7 m.) high; it is used only for firewood. This, too, has been eliminated by the Islanders from near the settlement, so that they were forced to climb to the Base for wood.

Tussock grass, *Spartina arundinacea*, previously very plentiful on Tristan, has nearly disappeared, although almost covering Nightingale Island. On the Base, tree ferns, *Blechnum planiforme*, grow luxuriantly, while *Rumex*

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angiocarpus, known as "sourgrass," is evident on the higher slopes. New Zealand flax is cultivated for windbreaks, and also for thatching.

Animal and Bird Life

The only wild animals on Tristan are rats and mice, introduced originally from a ship. Because of their damage to the potato crop an annual Rattling Day, when a prize was awarded for the largest number of rats caught and for

of them being processed for export, although a small proportion was eaten by the Islanders. The waters around Tristan are a breeding ground for right whales, which constitute a hazard for small boats.

Food

Potatoes were the main article of diet and were usually boiled in their skins, or made into soup or fried "tatie cakes." Fish was usually boiled, but also smoked or fried in oil from mollymawks, or in vegetable oil purchased from the canteen. A very large fish, known as a "steambas," a corruption of the Afrikaans (South African) "steenbras," weighing 100 lb. (45 kg.) or more, was caught perhaps once in two or three months and usually shared out among families. As this fish has a layer of fat perhaps an inch (2.5 cm.) thick beneath the skin, one would expect it to be an excellent source of vitamin A and D.

It must not be thought that a large quantity of fish was eaten, as, owing to the bad weather, up to two months could pass when it was impossible for organized fishing from the boats to take place. A large amount of fish was also kept in the freezers for use as crawfish bait, and therefore not available as food.

Cattle were killed for meat only twice a year, and sheep only on special occasions such as birthdays, weddings, or at Christmas. The meat was of poor quality during the winter, as no winter feed was provided for the animals. As a result the starving beasts would try to reach the better grass in dangerous mountain places, and inevitably many would fall to their deaths. Although some of these

might be found alive, they needed to be dispatched by a bullet, and this perfectly good meat would not be eaten by the Islanders, however hungry they may have been, because of a strange taboo; it was therefore left for the dogs.

The cattle were not of milk breeds, and very few cows were milked regularly. A cow was not expected to provide more than two to three pints (1.1–1.7 litres) a day. The Islanders preferred their milk from tins in the form of unsweetened condensed milk, and even in Britain few use fresh milk.

The canteen, run partly from Administration funds and partly by the Tristan da Cunha Development Company—the South African owners of the crawfish factory—provided foods such as canned meat, canned fruit and vegetables, biscuits, sweets, flour, rice, tea, coffee, cocoa, sugar, brandy, gin, and beer. Prices were slightly higher than in the U.K., except for spirits, brandy being 10s. per bottle, but the average annual income in 1960 was only £130 per family for a total of 70 families, or approximately £35 per head.

Fig. 2.—Sketch map of Tristan da Cunha Island.

the longest tail, was a feature of island life. Domestic animals were cattle and sheep, both of which roamed completely untended, as well as cats, dogs, and donkeys, the last being a considerable nuisance in gardens. Rather scraggy, tough chickens and geese were kept by the Islanders.

Wild bird life had been nearly eliminated from the settlement by indiscriminate killing, but on Nightingale mollymawks (an albatross, *Diomedea chlororhynchos*), rock-hopper penguins (*Eudyptes cristatus*), and petrels (*Puffinus gravis*) abounded. These birds could also be found in small numbers on the more remote parts of Tristan.

Fish were caught on hand lines from boats, the main varieties being blue-fish (*Seriotelella antarctica*) and five-fingers (*Acantholatris monodactylus*). The former is a large coarse fish weighing 30 lb. (13.6 kg.) and upwards, caught in deep water mainly in winter; while the five-finger is smaller but is caught in considerable numbers and is a delicate texture. Crawfish (*Palinurus*) were caught, most

1960 was the best year in the history of the fishing industry on Tristan; it can therefore be appreciated how difficult it was for the Islanders to acquire consumer goods or purchase food and clothes.

Nevertheless, since the inception of the canteen in Navy occupation days in 1940 the Islanders' eating habits have been modified, and instead of the perfect teeth reported on by Soggnaes (1954) there is now widespread and extensive caries and gingivitis.

Infants, although mainly breast-fed until perhaps 2 years of age, had early (at 2 to 3 months old) supplements of potatoes and boiled fish, but in the past two to three years breast-feeding has tended to decline and has been replaced by bottle-feeds of sweetened condensed milk. This, too, could be expected to hasten the onset of caries.

During September trips would be made to Nightingale to collect mollymawk and penguin eggs, which were a welcome addition to the diet. In 1961, however, the weather was too bad to allow the trip to be made before the mollymawk eggs had become addled.

Housing

The cottages were constructed of rough-hewn stone from the mountain and thatched with New Zealand flax and turf. The floors and interior walls were of timber, rather crudely nailed together, and often the wood originated as driftwood or packing cases. One usually entered direct into the kitchen, which was used as a main living-room and contained a paraffin stove and an open hearth. Furniture in most houses, unless provided from Government sources, was primitive, consisting of home-made benches and rough tables. Carpets were a most exceptional luxury. There were colourful travel posters on the walls, or pages from magazines, and almost invariably a picture of the Royal Family. A small lounge, with similar primitive furnishings and benches around the walls, was usually used for more formal entertaining.

Bedrooms were minute, while the beds were built-in wooden bunks with clothes bundled into chests beneath the bed. Two of the 70 families had baths in their houses, but since 1957 all houses had flush sanitation adjacent to their front doors. The sanitation, incidentally, had been a great help in reducing the previously high incidence of diarrhoea, as flies are a considerable menace. Running water was piped to all houses soon after the sanitation scheme was instituted; previously communal taps spaced through the village had been the source of supply. Lighting was by paraffin lamp or candles.

Education

Before 1958 elementary schooling was given by the Anglican chaplain, but since then a full-time teacher from England, appointed by the Society for the Propagation of the Gospel, had run a school for all the children. To deal adequately with 40 children of widely differing ages and intelligence was, of course, very difficult and resulted in inevitable gaps in learning which was further complicated by the fact that the children had never seen cars, trains, a town, or a tarred road. The teacher was assisted by the chaplain and two island girls. To-day the majority of the islanders are only semi-literate, while many cannot read or write at all.

History

The first settler on Tristan was an American, Jonathan Lambert, who attempted to establish a refreshment station for sailing ships rounding the Cape of Good Hope. He

arrived in 1810 with two companions but appears to have drowned in 1812.

In 1816 a British garrison arrived in order to prevent the use of Tristan as a base for the rescue of Napoleon from St. Helena. With the garrison was Corporal William Glass from Kelso in Scotland, accompanied by his wife, previously Mary Leenders, a Cape coloured girl, and their baby son. Glass remained behind with two other men when the garrison was withdrawn in 1817. Their intention was to market sea-elephant oil and seal skins from the fur seals which then abounded but which have now also been exterminated from the Tristan group, although still plentiful at Gough.

Trade was carried on with passing ships, and with the addition of more settlers, mainly by shipwreck, the island passed through a prosperous phase, particularly with the advent of numerous American whalers which had to be kept supplied with produce.

The arrival of permanent settlers is shown in the Table. There were, however, numerous others who stayed on the island for short periods, some leaving behind progeny; while many descendants of the original settlers left for various reasons. In 1827 five women arrived from St. Helena. The coloured ancestry is derived from these womenfolk.

Arrival of Permanent Settlers on Tristan da Cunha

		Immigrated
1	William Glass, Scotch, born Kelso	1816
2	Alexander Cotton, English	1821
3	Thomas Swain, English, born Hastings	1826
4	Pietr Willem Groen (Peter William Green), Dutch, born Katwijk	1836
5	Rogers, American	1836
6	Andrew Hagan, American	1849
7	Andrea Repetto, Italian	1892
8	Gaetano Lavarello, Italian, born Genova	1892
9	Mary Magdalene Leenders (Glass), Dutch (?), born Cape	1816
10	Sarah Williams (Swain), coloured, born St. Helena	1827
11	Maria Williams (Cotton), coloured, born St. Helena	1827
12	Mary Williams (Green), coloured, born St. Helena	1827
13	Susannah Phillips (Swain), coloured, born St. Helena	1863
14	Elizabeth Smith (Glass), English-Irish, born Kilkenny	1908
15	Agnes Smith (Rogers), English-Irish, born Cape Town	1908

As long as sailing ships continued to call, the Islanders were well provided with their daily needs, but with the turn of the century Tristan became more and more isolated. The Islanders depended increasingly on charity supplied through the missionaries, and on three occasions, in 1904, 1907, and 1932, evacuation to the Cape was officially suggested but the Islanders' reply was always the same: "We would rather starve on Tristan."

In 1880 the population was 102, but in 1885 15 men were lost in a boat disaster and during the next 15 years 60 people left the island. These were mainly the widows and children of those who had died. In 1961 the number evacuated from Tristan, excluding administration staff, was 264.

In 1940 a British naval garrison was stationed on Tristan, and this marked the beginning of a new era. The Islanders became used to money, employment, and the goods that money could buy. The garrison was withdrawn at the end of the war, but at the time of the final evacuation the expatriate population had grown to comprise administrator, chaplain, doctor, nurse, teacher, agricultural officer, radio operator and radio technician, meteorological officer, and factory manager. Most of these were accompanied by their wives and families.

The Tristan Islanders To-day

In appearance the Tristan people bear a marked similarity to one another. They vary in colour from fair to dark, the majority appearing well tanned. There are

now only seven surnames—Glass, Green, Hagan, Lavarello, Repetto, Rogers, and Swain—but the families are so interbred that there are few family differences. The men are mostly tall and lean, but not exceptionally powerful. The women are relatively small, though some middle-aged ones are obese. The children tend to be undersized.

Intelligence is extremely difficult to assess in view of their simple background. For many years they have lived on charity and have come to accept it as a right. Nevertheless, hospitality to visitors is invariable, as is politeness. Most of the men smoke, and on Tristan a fairly considerable amount of spirits, particularly brandy, was drunk. Women do not smoke but many drink on occasions.

The Islanders lived an outdoor life, mainly farming (which consisted of growing potatoes and a few vegetables) or fishing in their long-boats. At some time most of them did manual work sporadically in the crawfish-freezing factory; the women either tended their houses or helped their husbands in the fields. Carding and spinning wool occupied a large part of their time.

Medical Facilities on Tristan

A trained expatriate nurse was employed, and for six months before my arrival she alone provided medical services. Fortunately, apart from a prolonged labour which ended satisfactorily, she was not faced with any emergencies with which she could not cope.

A converted wooden munition store was used as a surgery, dispensary, and hospital. A portable x-ray machine, a Boyle anaesthetic machine, a microscope, and a reasonably comprehensive set of surgical instruments were the main equipment. Facilities for sterilization consisted of a paraffin pressure stove for boiling a saucepan of water and a domestic paraffin oven for baking towels, gowns, dressings, etc. There were four beds in the hospital but no bathroom, and the operating-theatre was a room used as a thoroughfare and store-room. Another room was converted for use as a theatre just prior to the evacuation, but was never used. A sum of £400 per annum was provided by the Colonial Office to cover drugs, day-to-day requirements such as paraffin and soap, as well as instruments, gloves, x-ray films, cleaners' salaries, and laundry. This sum had recently been reduced.

Medical Conditions Encountered

The following is an account of the conditions encountered on Tristan as part of everyday practice over five months.

Infectious Hepatitis.—On my arrival on Tristan on May 30, 1961, the Administrator was found to be ill. Three weeks previously two visitors from South Africa, who had been vaguely ill but not jaundiced, had left, and it soon became obvious that the Administrator was suffering from infectious hepatitis. His wife was the next to succumb, and it then spread to an Islander living at the opposite end of the settlement who had had no direct contact at all. Over the succeeding weeks the infection spread, reaching a maximum about six weeks after the first case, and a total of 76 cases presented with jaundice in the four-month period until the evacuation. In addition to all these cases with clinical jaundice there were a few, perhaps 20, who in spite of mild jaundice did not request medical attention, and a further number of approximately 30 with malaise and no clinical jaundice. Cases continued to occur until the evacuation four months later, and two further cases developed on board ship and four cases with jaundice occurred in Britain.

Asthma.—This condition, known as "tissick" or "hasmere," was undoubtedly the commonest chronic complaint. Approximately 10% of the Islanders actually requested medication, but the number of chronic sufferers who went about wheezing was much higher. The clinical impression was formed that in about one-third of the asthmatics there was an element of allergy, while the remainder developed bronchospasm only in association with respiratory infection. Other allergies were conspicuous by their absence. Only one case of urticaria was seen, and one patient with infantile eczema. In both instances the parents were asthmatic. Two other cases of dermatitis occurred but both were in association with gravitational ulcers of the legs. Hay-fever was not common.

Muscular aches and pains were the next most common, affecting almost 10%. The majority of these complaints were muscular backaches from digging potatoes or, in women, pains in the arms from carding or spinning. Knitting did not seem to produce comparable complaints. There was one example of an old compression fracture of L 2 vertebra, another of osteoarthritis of the spine; three people had osteoarthritis of the knees and one osteoarthritis of the hip. No cases of rheumatoid arthritis were seen.

Worm Infestation.—The only worm parasite known previously to be present on Tristan was *Ascaris lumbricoides*, and previous attempts had been made to disinfest the population completely with piperazine. Twenty-two patients attended because they had vomited roundworms or passed them in their stools.

Diarrhoea was a presenting complaint in 22. It usually responded rapidly to simple treatment with a kaolin and morphine mixture. Flies were a constant nuisance on Tristan; hygiene was not above reproach.

Headache was not uncommon, and in most cases was brought on by cold wind or emotion, and relieved by aspirin. It occurred in 19.

Respiratory Infection.—A Tristanian says he has a "cold" when he is suffering from anything from bronchitis or pneumonia to a stuffy nose. However, whenever a ship called an epidemic of coryza, and usually pharyngitis as well, ensued. Most of these people did not consult the doctor unless they were more ill than usual. Acute bronchitis or tonsillitis was diagnosed in 15. No cases of pneumonia occurred in the four-month period in spite of a very severe winter.

Abdominal Complaints.—Thirteen people complained of epigastric pain which was relieved by alkalis. Two cases presented with haematemesis and melaena.

Case 1.—A woman of 62 had had a previous haematemesis in her twenties and episodes of epigastric pain of duodenal ulcer type on many occasions since. When seen she had had a haematemesis of 1 pint (570 ml.) of blood and was moderately shocked. Intravenous saline was begun but she continued to bleed and blood transfusion became essential. The difficulties were considerable, as no grouping serum was available, but direct cross-matching was performed without grouping and cautious transfusion was performed. It soon became evident that operation was indicated, and a Polya type gastrectomy was performed. In all, 10 pints (5.7 litres) of blood was transfused without a reaction. The transfusion was made even more difficult as there was not enough sodium citrate solution in ampoules, and sodium citrate tablets, *B.N.F.* or *B.P.*, similar to those used for preparation of milk in infant feeding, were used instead. The anaesthetic consisted of a "lytic cocktail" of pethidine, promethazine, and chlorpromazine, plus a field block of the abdomen and a coeliac plexus block. At operation a scarred duodenal cap was found, and a small ulcer on the lesser curve of the stomach near the pylorus which was the source of the bleeding. Recovery was complicated by a small

secondary haemorrhage on the ninth day, but was otherwise smooth. She has remained well.

Case 2.—A man of 52 was suffering from infectious hepatitis and was deeply jaundiced. He had a previous history of dyspepsia and when first seen was extremely anaemic. He had had a melaena for two weeks. In spite of transfusion of 10 pints (5.7 litres) of blood and vitamin-K therapy he continued to bleed and never became fit enough for gastrectomy. The practical problem arose of bleeding donors fast enough single-handed, and again without grouping serum, to keep up with the rate of haemorrhage. He deteriorated and died.

Trauma.—The Tristanians are extremely cautious about taking chances on the mountain or at sea. Only 24 cases of injury were treated, and there were no fractures. They were all minor injuries such as cut fingers, sprained ankles, fish-hooks in hands, and a scald.

Sepsis.—No sepsis occurred post-operatively in any of the following: two appendicectomies, a gastrectomy, and a hysterectomy, nor in any minor operation. Thirteen patients suffered from septic fingers or boils.

Infectious Diseases.—Infectious hepatitis has already been mentioned. There had been an epidemic of measles two years previously, when most of the Islanders suffered from the disease, including all age-groups, even neonates. Since June, 1961, there were six cases of chicken-pox and one case of herpes zoster. Mumps has not been reported on Tristan, and there is no known venereal disease. Poliomyelitis has also not occurred. Early in 1961 Dr. Winter, of the South African Institute for Poliomyelitis Research, began a survey and immunization campaign with oral live vaccine. Rubella had not occurred on Tristan, but at the time of writing (May, 1962) there was an epidemic among the community in Britain. In 1959 tuberculosis was discovered on Tristan in six people, and owing to a very energetic effort by the medical officer at the time was confined to the original cases. On board ship, and shortly after arrival in Britain, all Tristanians received immunization against smallpox, diphtheria, pertussis, tetanus, and influenza.

Obstetrics and Gynaecology.—There were only four pregnancies since June, 1961, and all proceeded normally to term, two births having occurred since arrival in Britain. Gynaecological complaints were seldom mentioned on Tristan. They were regarded apparently as inevitable female afflictions, particularly dysmenorrhoea and menorrhagia, prolapse, and stress incontinence. Only two women actually complained of dysmenorrhoea and three of menorrhagia. One particularly severe case of menorrhagia was associated with a large fibroid uterus.

The patient, aged 47, required transfusion with 5 pints (2.8 litres) of blood. She was sent home, but bled again, and it was decided to perform a hysterectomy. By this time the supply ship had arrived and grouping sera and other necessary equipment became available. At operation anaesthesia was induced with thiopentone; intubation was performed with succinylcholine hydrochloride relaxation and continued with gas, oxygen, and gallamine triethiodide. The further conduct of the anaesthetic was at this stage left under the care of the agricultural officer while a total hysterectomy was performed. A large subserous fibroid was found twisted on its pedicle. There was a very large nodular uterus which contained a pedunculated fibroid situated partly in the cervical canal and which was obviously the immediate irritant and cause of the bleeding. A total of 12 pints (6.8 litres) of blood was given. The volcano erupted on the second post-operative day but did not interfere with her uncomplicated recovery.

Ophthalmic Conditions.—Four Islanders suffer from retinitis pigmentosa. All of these bear the same surname, and as the disease is transmitted by a recessive gene the interrelationship is of some importance. The eldest, a man

of 71, is totally blind and also has cataract. One lens was extracted in Capetown some years ago, presumably before the retinitis pigmentosa had advanced to blindness. A woman of 22, and a brother and sister of 12 and 16 years respectively, all have fairly marked pigmentation of the retina and considerable peripheral loss of visual fields. The old man is grandfather to the brother and sister. He himself is illegitimate and the result of a union between brother and sister. The father of the 22-year-old girl is a half-brother of the man of 71. There are two cases of cataract and two others with early lens changes.

Congenital Defects.—A girl of 13 has a patent inter-ventricular septal defect. A boy of 13 has a perineal hypospadias, and a mistake in sexing was made at birth so that he was brought up as a girl. Surgical repair has since been carried out and he will continue life as a normal male. Both testes were in the scrotum. There were no other associated abnormalities. A hydrocephalic boy aged 3 years is also blind and epileptic. A girl of 4 has amyotonia congenita. There are 36 cases with abnormal ear pinnae, including some with high arched palate, mental dullness, and, in a few, deafness.

Teeth.—Contrary to the findings of the dental survey in 1937 (Soggnaes, 1954), the teeth of the Islanders are now in very poor condition, gingival and periodontal infection being widespread. From June to October, 1961, 24 extractions and 23 fillings were performed.

Miscellaneous.—Other conditions encountered on Tristan were haematuria, since found to be due to bladder papillomata, Bell's palsy, a breast lump, and one case of chronic otitis media.*

The Evacuation

On October 10, 1961, without warning, the volcano erupted. Within 20 minutes of the ground cracking open, the people left the settlement to walk to the potato patches 3 miles (4.8 km.) distant. There was no time for elaborate medical preparation, nor was it necessary. Nevertheless, a bag was packed with some emergency drugs, particularly for asthma, analgesics, dressings, and, most important, tablets for motion sickness. Although Tristan men are excellent sailors, the women are often sick even before embarking. In fact, apart from these tablets, none of the medical equipment was required, as the only casualty was one grazed knee. This is a magnificent tribute to the Islanders' handling of small boats, as men, women, and children were all first trans-shipped in the canvas long-boats to the fishing vessel *Tristania* and then later, again in canvas long-boats, to Nightingale Island, where there is no beach or jetty and one has to jump from the bow of the boat on to a shelving rocky ledge. The Islanders and administrative staff were subsequently shipped to England, where temporary quarters were found for them at a disused Army camp in Surrey.

REFERENCE

Soggnaes, R. F. (1954). In *Results of the Norwegian Scientific Expedition to Tristan da Cunha 1937-1938*, No. 24, edited by E. Christophersen. Dybwad, Oslo.

*It is of interest that otitis media was virtually not seen in Tristan in the acute form, but since arrival in Britain men, women, and children have had acute otitis media in association with upper respiratory infections. Numerous other minor conditions were, of course, seen.

The first symposium of the Fulton Society—on "Motor and Pre-motor Areas"—was held in Atlantic City, U.S.A., on June 9. Nearly 300 specialists attended the meeting, the proceedings of which will be published in the *International Journal of Neurology*.