In Birmingham not more than two children from one family were accepted, and the number of mothers (3,143) was very high as compared with the number of children (3,472). On the Birmingham ratio the staff used for this number was 868, and so there would be a release of about 2,275 mothers, or 3.6 for each member of staff.

But this figure does not give a realistic picture of the nurseries from the man-power aspect. Of the mothers 359 were part-time workers and may be considered as equal to only half their number of full-time people. Again, the actual attendance of children was on an average only about 75% capacity, representing proportionately fewer mothers. Moreover, mothers temporarily off work through sickness were still allowed to send their children to the nursery for a period not exceeding three weeks, and although it is not known what allowance should be made for this factor it is clear that not every child attending had a mother at work at the time.

On the staff side Public Health Department records show that there were about 140 other people directly employed—e.g., cleaners and others, mostly part-time but equal to at least 70 full-time people. Behind the staff directly attached to the nurseries there were the other people, such as the doctors who inspected all nurseries once a fortnight, the extra staff at central kitchens, and all those involved in the erection of huts, adaptations of houses, equipment, alterations, and repairs.

Each of the nurseries when fully staffed used three highly qualified people (nurses or nursery nurses), all in the short-supply category, plus nine to twelve others, according to the size of the nursery, and in estimating the man-power contribution this must be considered. The nurseries were not allowed to recruit staff between the ages of 18 and 30, but most of their workers could have done other forms of national work, although of course the 14-year-olds could not have been directed, and staff who had children of their own (sometimes accommodated in the nursery!) would also have been free from compulsion.

Since the issue of Circular 2388 by the Ministry of Health in May, 1941, it has been possible for "*the children of any woman who is in employment*" to use the nurseries, not only the children of women on work certified as essential to the war effort. As women with young children were not affected by the National Service Orders and were outside the Control of Employment Order they could offer their services to, and be engaged by, any employer without reference to the Ministry of Labour, and there was no control over the kind of work they did. The categories which from this angle might be regarded as doubtful are "shop assistants," "domestic," and "other work." These account for 959 mothers on full-time and 152 on part-time, being one-third of the total of mothers. Although doubtless many of the domestics were in hospital work, and the shop assistants in food shops, there exists here a factor which, if fully known, might still further affect the picture.

In relating wartime experience to present needs it must be remembered that these nurseries were set up against a background of labour controls and comparatively high earnings on national work. Married women generally are now free to work or not as they please, but these nursery schemes were aimed particularly at the mothers of young children, and the present sliding scale of charges, with the high maximum, while deterring the better-off mother encourages the poor one. There are long waiting-lists, and it is time that the general public asked themselves whether they are satisfied with a situation in which young mothers of the working classes are driven by economic necessity to work outside the home while married women generally and all women over 41 are free, and men work ever shorter hours.

During the war there was a rough check on the use of labour which was outside the controls in that, owing to the "vetting" operations of the District Man Power Offices, their engagement might result in the withdrawal of other employees. These powers have now practically disappeared. On the employees' side the cessation of munitions production has lowered earnings and reduced the financial attractions of national work as compared with other jobs. It is therefore less likely now than before that these mothers will be drawn towards work of high priority.

It is arguable that even during the war most of the mothers who placed their children in nurseries would have been working if the nurseries had never existed, as a great deal of paid minding at higher rates was known to have been going on in this area for years. Nurseries may simply have displaced minding in many cases by their extraordinary cheapness (6s. a week), the extra rations, and the long hours. Which form of child care was better for the children's welfare is quite another question, but since most of the minding was done by elderly relatives, not themselves in the labour market, any such displacement must actually have been detrimental to the labour supply situation.

One final point: since the withdrawal of the 100% grant by the Ministry of Health the charge per child has been raised to 18s. to cover the difference between the general grant aid received by the nurseries as part of the Maternity and Child Welfare provision by the authority and the actual cost, which is in the region of 35s. As the mother's payment is scaled according to her means, in some areas not more than half a dozen children in each nursery are being paid for at anything like the full charge, and the working of the scales is becoming a mounting burden on the rates. This expense may be more than justifiable looked at as a child welfare service, though even from that angle it would seem that allowances to necessitous mothers enabling them to look after their own children would probably serve the purpose more effectively. From the point of view of the national man-power problem, however, the arrangement would at best appear to result in a more than doubtful contribution to national labour needs at local expense.

Medical Memoranda

Benign Ulcers of the Greater Curvature

It is a general rule, subject to few exceptions, that the nearer to the pylorus, and especially to the greater curvature, the greater is the probability of malignancy in an ulcer. Thus the Mayo Clinic found malignancy in 10% of lesser-curvature ulcers, 65% of pre-pyloric ulcers, and 100% of greater-curvature ulcers.

There are many experienced surgeons and radiologists who have never seen a benign greater-curvature ulcer, whereas malignant ulcers involving the greater curvature are by no means a rarity. Up to the time of writing only 17 proved cases of benign greater-curvature ulcers had been recorded. The following is a report of the 18th case.

CASE REPORT

The patient, a woman aged 66, gave a history of "bilious attacks" for five years, worse during the last six months, with increasing anorexia, attacks of vomiting, abdominal distension, and constipation. Abdominal pain was not an important symptom, nor was any mass felt on palpation. A blood count showed: red cells, 2,500,000; haemoglobin, 48%; colour index, 0.9.

At a barium-meal examination I found a large ulcer crater on the greater curvature, at the junction of its middle and lower thirds

(see Fig.). The mucosal pattern above and below the ulcer was normal, but at the base of the ulcer convergent widened rugae were present. Tenderness on pressure was localized to this area and also to the region of the duodenal cap, which showed constant deformity. The greater curvature for 2 in. (5 cm.) below the ulcer was crenated.

The radiographic mucosal appearance of the ulcer suggested innocence, but its position was strong evidence in favour of malignancy. It was decided to operate, and I am indebted to Mr. G. Bohn for the following extract from his operation findings. "There was a large apparently innocent ulcer on the greater curvature of the stomach, with much induration around it. There was also a

large duodenal ulcer which was attached to and penetrating into the pancreas. On opening the stomach before fixation I found two ulcers and the scar of a third ulcer all lying exactly on the greater curvature and joined together by thin white scar tissue. The biggest ulcer, which was the most proximal of the three, contained an artery in its base. I carried out an anterior Polya gastrectomy, the section through the duodenum being just proximal to the ulcer there." The patient made an uninterrupted recovery from this operation.

Histological examination by Dr. J. Mills of the large ulcer (1 in. (2.5 cm.) in diameter and situated 4 in. (10 cm.) from the pylorus) showed "a typical benign peptic ulcer, the floor of which is composed of fibrosed fat, lined on the gastric aspect with inflammatory exudate. Near the gastric surface is a large vessel, which no doubt opens on the surface at some plane other than that of the section."

COMMENT

The operative finding of multiple greater-curvature ulcers is unique. That only the largest crater was demonstrated radiographically is understandable in view of the marked crenation of the greater curvature.

Before 1914 no single proved case had been recorded. There are records of 36 cases without histological examination. Between 1914 and 1928 there were 10 proved cases, mostly recorded by Continental authors. A brief analysis of the last 9 cases has been tabulated with the object of disclosing any factors which they may have in common. The series is of course too short to have any statistical value, but the figures suggest that the condition usually occurs in the more advanced age groups. The average age is 52. The distance of the ulcer from the pylorus varies between 1 and 5 cm., with an average of 3 cm. There is no common factor in the symptomatology, and diagnosis must be based on the radiological and histological findings.

This appears to be the first record of multiple benign ulcers on the greater curvature.

Author	Patient		Symptoms	Ulcer		Remarks
	Sex	Age		Diam.	Distance from Pylorus	
Matthews (1935)	F	57	Epigastric pain 2½ hours p.c. Duration 35 years. Relieved by food. No vomiting or haematemesis	1 cm.	12 cm.	Subtotal gastrectomy; well after 5½ years
Matthews (1935)	M	57	Epigastric pain 2 hours a.c. Duration 1 year. No vomiting or haematemesis	1.5 cm.	14 cm.	Subtotal gastrectomy; well after 15 mths.
Van Buchem (1938)	M	24	Epigastric pain 2 hours p.c. Duration 6 months. Vomited once. No loss of weight	Large	Middle third gr. curv.	Subtotal gastrectomy; well after 3 years
Williams (1941)	F	74	Severe pain and haematemesis. No previous symptoms	1.5 cm.	5 cm.	No operation; death
Williams (1941)	M	58	Haematemesis. Semi-comatose	4 cm.	6 cm.	No operation; death
Preiss (1944)	M	34	Epigastric pain relieved by food. Duration 15 years. Severe last 4 years, with haematemesis 2 years previously	5 cm.	6 cm.	Local resection; no follow-up
Blum (1944)	M	49	Epigastric pain a.c. Duration 10 years. Occasional vomiting and haematemesis	5 cm.	6 cm.	Also duodenal ulcer. Subtotal gastrectomy; well after 6 months
Cave (1947)	F	66	Bilious attacks for 5 years. Anorexia, vomiting, abdominal distension, increasing during last six months	2.5 cm.	7 cm.	Multiple greater curvature ulcers, and duodenal ulcer; anterior Polya gastrectomy
Campbell (1948)	M	52	Pain left upper abdomen 1 hour p.c. relieved by vomiting. Duration several years. Recent anorexia and loss of weight		Middle third gr. curv.	Gastrectomy

(Since the above communication was submitted for publication another proved case has been published (Campbell, 1948); this has been included in the Table.)

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Dr. William P. Forrest addressed the International Conference of Social Work at Atlantic City recently on the World Health Organization and social medicine to-day. He said that, though one professor of social medicine had collected 100 different definitions of the term, he himself regarded social medicine as a philosophy rather than a subject. It was part of the belief that medicine should no longer be taught or practised from a negative outlook. He would like to see medical students prohibited from studying anything divorced from its context. Discussing the health visitor, he thought they should give her fewer families to look after and more duties to perform. They would thereby greatly decrease the number of official visitors to each household in favour of one welcome visitor. There might be families who enjoyed being visited by a stream of social officials, but he hoped they were in the minority. The health visitor could easily undertake the duties of the school nurse, the tuberculosis nurse, the venereal diseases nurse, the friend of unmarried mothers. She could become a most remarkable and essential agent of all or nearly all the departments concerned with social service.