SCIENTIFIC EVENTS

THE BIRTH AND DEATH RATES IN GREAT BRITAIN¹

More births were registered in England and Wales during the first three months of this year than in any quarter for seventeen years. The total given in the Registrar-General's return for the quarter ended March 31 last was 171,819. This represents a birthrate of 16.8 per 1,000 of the population—the highest first-quarter rate since 1928.

Total births and birth-rates in England and Wales for the last five March quarters are:

First quarter	Total births	Rate per 1,000 population
1930	153,382	15.0
1940	154,345	15.0
1941	147,027	14.4
1942	$158,\!225$	15.5
1943	171,819	16.8

The number of boys born during the three months of this year was 88,815, a proportion of 1,070 boys to 1,000 girls. The average for the 10 preceding first quarters was 1,058 boys to 1,000 girls. There were 5,782 stillbirths, representing 3.3 per cent. of the total births registered.

There was a decline in the number of marriages, and the total of 62,337 was the lowest for any quarter during the year, although it was still well above the pre-war level of first-quarter marriages.

Deaths in England and Wales (including non-civilians) numbered 137,568. The death-rate (based upon the mid-1939 population) was 13.5 per 1,000, compared with 14.8 in the same period of 1942. For the first quarter of the year it was the lowest rate since 1935 and, having regard to the age of the population, represents the highest first-quarter's mortality on record in this country.

The infant mortality rate was 60 per 1,000 live births, or 14 below the average of the 10 preceding first quarters.

Births registered during the quarter exceeded deaths by 34,251. In the corresponding period of last year the excess was 6,963, but in 1940 and 1941 deaths exceeded births by 50,838 and 31,610, respectively.

RARE CHEMICALS

THE following chemicals are wanted by the National Registry of Rare Chemicals, Armour Research Foundation, 33rd, Dearborn and Federal Streets, Chicago, Ill.:

1 The Times, London.

Paraxanthine (1,7 dimethylxanthine)
Dihydroxyacetone phosphate
3-glyceraldehyde phosphate
Difluoroethanol
Trifluoroethanol
Propylene Glycol Monolaurate
Sorbitol Dilaurate
Potassium Palmolate
Diethyl Ketone (3, Pentanone)
Hexylene, boiling point 68° C
Heptylene, boiling point 98° C
Bulbocapnine
Lactic dehydrogenase crystalline
Straub Flavoprotein
Glucosides of mono- or poly-hydroxyanthraquinones

PENICILLIN

REFERRING to a note printed in Science (August 6, p. 130), Major General Norman T. Kirk, Surgeon General of the Army, writes that because of limited production supplies of penicillin, the new drug which has proved unusually effective in the treatment of infections which do not respond to other treatment, must be carefully allotted according to the most urgent needs. He said:

Of the total amount available, which is very small, definite allocations must be made to the Army and Navy, and through the Committee on Medical Research, Office of Scientific Research and Development, to the civilian population.

Like all other promising new developments in medicine, an immediate demand has arisen for wide-spread distribution and use of the drug. However, at the present time it must be carefully used to determine its greatest effectiveness. Then as more becomes available it can be administered with exactness to obtain the greatest use for the largest number of people.

All the penicillin available, which is obtained by extremely careful harvesting of green mold grown under ideal laboratory conditions, is used for the treatment of non-healing wounds and infections resistant to other treatment.

The total amount produced is sufficient to treat only a few hundred cases a week and the Army is allocated less than 50 per cent. of that supply, which is insufficient for its needs.

Production and allocation of the drug is controlled by the War Production Board. The percentage made available for civilian use is distributed by Dr. Chester S. Keefer, of the Evans Memorial Hospital, Boston, Mass., who acts for Dr. A. N. Richards, chairman of the Committee on Medical Research of the Office of Scientific Research and Development. All requests to meet civilian needs are handled by these physicians.