

*Case 2.*—Cycle 3-4/28-30. Married on sixth day of cycle, following a normal period. No coitus before marriage, husband called up to join the Army two days later. Pregnancy resulted.

These cases are not quoted to belittle Dr. Pryde's excellent article in any way, but further to stimulate investigation on this important problem in the manner suggested by him. As a result of such an investigation, carried out on a large number of cases, much valuable information may be obtained, among which may be found that many women, from the ovulation point of view, behave like rabbits.—I am, etc.,

Oxford, Jan. 6.

J. D. FLEW.

### Talipes Cavus

SIR,—Mr. W. Kent Hughes's article on talipes cavus (December 28, p. 902) was very interesting. I spent some time trying to understand his explanation of the clawing of toes in acquired pes cavus, but failed. He states that "clawing of the toes is attributed by some authors to paralysis of the interossei," and gives numerous points against this theory. Most authorities that I have heard on the subject believe that pes cavus may be due to paralysis or paresis of the lumbricales (not interossei). This explanation appeals to me as reasonable for two main reasons.

First, the deformity of the hand following an ulnar palsy is typical—the ring and little fingers are clawed whereas the index and middle fingers are not. Since the ulnar nerve supplies all the interossei, if Mr. Hughes's views were correct one would expect clawing of all the fingers. The lumbricales to the ring and little fingers are paralysed in an ulnar palsy, and the corresponding fingers are clawed. I think the condition in the foot is analogous. Secondly, the operative procedure based upon the theory that clawing of the toes is due to paresis of the lumbricales has been used successfully on many cases at the Wingfield Hospital, Oxford. The operative procedure is essentially a reconstruction of the lumbricales by suturing the long flexor to the long extensor of the toes. The flexor is usually brought up along the medial side of the proximal phalanx and sutured to the extensor expansion over the distal end of the proximal phalanx. As soon as the suturing is finished the clawed toe should be perfectly straight.—I am, etc.,

Luton, Dec. 30.

L. W. PLEWES.

### Indian Medical Department

SIR,—With reference to the correspondence on the above subject may I exercise the privilege of disagreeing with a portion of the editorial note (December 14, p. 850). Your closing sentence is misleading. An Indian military hospital is for Indian troops, while a British military hospital is for British troops. Both, of course, are Indian in the sense that they are for use in India or elsewhere under the C-in-C., India. The personnel of both or either may be British or Indian (vide the case of the Bengalee in the R.A.M.C. and of the Europeans in the I.M.S.). The test of the correct designation of the military hospitals in India would be to address a letter to the "Indian Military Hospital" in Barrackpore, for instance, and it would *not* be delivered at the British Military Hospital.

The matter of the qualifications of the military assistant surgeon class in the I.M.D. and their registration on the British Register is one that calls for some "searching of the heart" on the part of the General Medical Council. All these medical gentlemen undergo a full curriculum in recognized Indian universities but are debarred from British registration. Last week it was announced that the Government were giving sympathetic consideration to the registration of ex-enemy aliens, while other aliens were already admissible to the Register. What about these British practitioners in the I.M.D.? While not wishing to name any prominent medical men now in Britain, I would state that there are quite a number who have "pitched their tents" in the British Isles, and on the strength of their studies in India have obtained degrees and diplomas ranging from Oxford to any one of the corporations one cares to name. Might I ask that retired officers of the I.M.D. be

allowed registration (for the duration), so that their wide experience in medicine and army administration may be used at the present time. Some of them could usefully do A.R.P. or locumtenent work for men on Service, and at the conclusion of hostilities they would not remain in competition with the returned Service officers, especially as they already enjoy Army pensions. A gesture of this nature calls for moral courage, and I do not think the Briton of 1940 lacks this prerequisite.—I am, etc.,

St. Helens, Dec. 16.

DONALD CAMPBELL.

SIR,—With reference to Sir Henry Gidney's letter about the Indian Medical Department and your comments on the phrase "Indian Military Hospitals" (December 14, p. 850), I feel that this phrase is apt to be very misleading, as it has apparently been so with you. I shall be glad if you will allow me to clear up this definition in your columns.

The military hospitals in India are divided into two separate groups. One deals with British troops only, and the hospitals are termed the "British Military Hospitals," to which the Assistant Surgeon Branch of the I.M.D. is attached for duty. The other group deals with Indian troops only, and the hospitals are termed the "Indian Military Hospitals," to which the Sub-Assistant-Surgeon Branch of the I.M.D. is attached. This branch is recruited from Indians only, who are given a medical school training only, whereas the Assistant Surgeon Branch is recruited from Europeans and Anglo-Indians who have a university training.—I am, etc.,

Maltby, Dec. 19.

A. H. BARTLEY.

## Universities and Colleges

### UNIVERSITY OF OXFORD

#### *B.M. and B.Ch. Examinations, 1941*

The first examination for the degrees of B.M. and B.Ch. will be held on March 17, 19, 20, 21, 22, 24, and 25, and the second examination on March 31 and April 2, 3, and 4. Entries should reach the University Registry by 3 p.m. on February 22.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### *Lectures*

The course of Hunterian Lectures for 1941 is arranged as follows: January 13, Prof. H. A. Harris, Growth in general; January 14, Prof. Harris, The anatomy and physiology of locomotion and posture; January 15, Prof. Harris, The inherent weakness of the human body with reference to orthopaedic practice; January 20, Mr. L. E. C. Norbury, Carcinoma of the rectum, with special reference to its pathology and treatment, based on a survey of cases at St. Mark's Hospital during the past ten years; January 22, Mr. Norman Capener, The lumbo-sacral joint: a discussion upon spondylolisthesis, scoliosis, and sciatica; January 24, Mr. R. E. Smith, The undescended testicle; January 27, Mr. H. A. Brittain, The principles of arthrodesis; January 29, Mr. J. M. Yoffey, The flow of lymph from the nasopharynx and the absorption of dyes, proteins, viruses, and bacteria after nasal instillation; January 31, Mr. W. H. Graham Jessop, The surgery of the great omentum; February 3, Mr. F. Ronald Edwards, Dried plasma: its preparation and administration for the syndrome of shock; February 10, Mr. F. F. Rundle, A study of the pathogenesis of thyrotoxicosis. On February 17 Dr. A. J. E. Cave will give the Arris and Gale Lectures on the comparative anatomy and evolution of the paranasal sinuses. All the above lectures begin at 3 p.m.

Prof. A. H. Burgess will deliver the Hunterian Oration on Thursday, February 13, at 2.30 p.m.

*St. Thomas's Hospital Gazette* has recently celebrated its Jubilee with the special issue for December, 1940. In spite of the war it still maintains the high standard of medical journalism it has always set before it, and the Jubilee number reproduces two photographs of the King and the Queen inspecting damage done to St. Thomas's Hospital during air raids on London.

backveldt. On her return to England she worked at the Infants Hospital, Westminster, on problems of infant nutrition, and in 1911 was appointed medical officer to the Babies' Welcomes, which the Bradford Health Committee had recently taken over. She exhibited the intense and eager pioneer spirit and fearless courage needed to build from humble beginnings what became an outstanding piece of preventive medicine—the City of Bradford Infants' Department. Dr. Campbell worked untiringly at her conception of a clinic-hospital run by the city for the city, where the city's infants could be given a healthy start in life. She saw a scheme where that much-neglected group, the pre-school children, could be included and supervised up to their reaching school age. She would spend weeks of time studying and restudying the figures in her annual reports to see what fresh light they might throw on the problem of infant life and mortality. At various times she was offered work which would have given her wider scope in teaching, but all these she refused, saying that her work in Bradford was not yet completed. Her reward was the remarkable improvement in the health and physique of the children of Bradford and the reduction of the infant mortality rate. The continuation of the supervision of children until reaching school age, a development of maternity and child welfare work which she had much at heart, was not achieved in Bradford in her time. Her health did not stand the demands she made on it, time did not bring about the hoped-for improvement, and ultimately she resigned. She spent her retirement studying in the library of St. Andrews and writing, until latterly pain and infirmity kept her to her room.

We regret to announce the death of Dr. GODFREY CARTER, formerly senior surgeon to the Sheffield City Police. Godfrey Carter qualified M.R.C.S. in 1880 and L.R.C.P.Ed. in 1884. In 1894 he took the M.R.C.P.Ed., and two years later the M.B., Ch.B.Vict. and the D.P.H.Lond. He was senior assistant house-surgeon at the Leeds General Infirmary, and demonstrator in anatomy and internal examiner in forensic medicine at Sheffield University. He was an external examiner in forensic medicine in the Universities of Leeds, Edinburgh, and Birmingham. Dr. Carter was for about twenty-five years in general practice in Sheffield. In 1923 he was president of the Medico-Chirurgical Society. For several years he held the post of surgeon to the Sheffield Police, and as such had a wide practical experience of forensic medicine, on which subject he was lecturer in the University. He was much interested in the detection of alcoholism by urinary analysis, a subject on which he published, in collaboration with Mr. Southgate, an article in this *Journal* in 1926. After leaving Sheffield he went to live in Somerset, where his forensic experience soon obtained for him the post of pathologist to the Taunton General Infirmary, and much medico-legal work over a wide district of the South-Western Counties. He was a vice-president of the Medico-Legal Society, and had been a member of the British Medical Association for fifty-three years.

We regret to announce the death on October 28 in his sixty-third year of Dr. JOHN BENJAMIN VALENTINE WATTS at Barberton, Transvaal. Dr. Watts was born at Durban, was educated at Maritzburg College, and studied medicine at Bristol, graduating M.B., B.S. of the University of London in 1906. He held the posts of casualty officer and junior house-surgeon at the Bristol Royal Infirmary, house-surgeon at Bristol General Hospital, and resident medical officer at Newport, Mon., Hospital, before, in May, 1907, he settled in practice in Barberton, Transvaal, where he gained a reputation as a surgeon. In 1925 he retired from practice for five years and then restarted practice in Cambridge, East London, retiring again early in 1939. He was a member of the British Medical Association and was chairman of the East London Division in 1935-6.

All those interested in international hygiene will learn with regret of the death in Paris on October 7 of CAMILLE BARRÈRE, Ambassador of France, Member of the Institute, and delegate for France on the Permanent Committee of the International Office of Public Health. It was to Barrère's inspiration and active support while Ambassador at Rome that the convention founding the International Office of Public Health was drawn

up in 1907. He had been led early in his diplomatic career to take an interest in international hygiene, and had presided at four international conferences concerned with the Danube, Egypt, and the Suez Canal. He realized the importance, little recognized then but widely accepted now, of protecting commercial interests and preventing the spread of epidemics by a rational and uniform system of quarantine control throughout the world. Barrère represented France on the Permanent Committee of the Paris Office from its inception, and though he was often pressed to assume the presidency, his modesty always prevented him from doing so. He never intervened in technical discussions, but his advice and support were invaluable on questions concerning the organization and diplomatic status of the Office. In spite of advanced age and failing health he lost none of his interest in the work of the Office, nor any of his charm and courtesy to even the most junior delegate. To have known him was to realize why, of all French titles, that of "Ambassadeur de France" commanded the highest respect, and it could be wished that he had been spared seeing the end—as he saw the beginning—of the Third Republic.

The following well-known foreign medical men have died: LOUIS SPILLMANN, dean of the medical faculty of Nancy, aged 64; Dr. POUSSON, honorary professor of the Bordeaux medical faculty, aged 87; Dr. ROCAZ, honorary physician to the children's hospital at Bordeaux; Dr. GLENN E. CULLEN, professor of biochemistry in the University of Cincinnati; Dr. A. McGLANNAN, emeritus professor of surgery at the University of Maryland School of Medicine, aged 67; Dr. HENRY CLARKE COE, emeritus professor of gynaecology at the New York University College of Medicine, aged 84; Prof. ABIEU FIALHO of Rio de Janeiro; Dr. PAUL PINTO ESCALIER of Buenos Aires; Dr. E. P. FIDANZA, professor of dermatology at Rosario, Argentina; Dr. ERNEST A. PRIBRAM, formerly professor of pathology in Vienna University, aged 61; Dr. ALEXANDER SWANSON BEGG, dean and Waterhouse professor of anatomy at the Boston University School of Medicine, aged 59; Dr. MAX ASKANAZY, professor of morbid anatomy at Geneva; Dr. HECTOR CHRISTIANI, formerly professor of hygiene and bacteriology at the University of Geneva, aged 78; Dr. FRANCIS PARK LEWIS, co-editor of the *American Journal of Ophthalmology*, aged 85; Dr. CHARLES NICOLL BANCKER CAMAC, emeritus professor of internal medicine at the New York Polyclinic medical school and hospital, aged 72; and Dr. ARTHUR CARADOC MORGAN, associate editor of the *Pennsylvanian Medical Journal*, aged 70.

## The Services

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL NAVY

Temporary Surgeon Lieut.-Commander JOHN BARCLAY BARR, R.N.V.R., whose death through enemy action is announced, was a graduate of the University of Glasgow, where he took the degrees of M.B., Ch.B. in March, 1936. For over two and a half years he was house-surgeon at the Western Infirmary, David Elder and Southern General Hospitals, Glasgow. He went on a voyage round the world as a ship surgeon, and his arrival at Port Said on the homeward trip coincided with the outbreak of war. He immediately returned home, and within a month of his arrival was appointed to one of His Majesty's ships. A native of Blantyre, he was educated at St. John's Grammar School, Hamilton, and at Biggar High School. He was a King's Scout. He joined the British Medical Association in 1936.

#### ROYAL ARMY MEDICAL CORPS

Lieut.-Colonel WILLIAM ARTHUR ROSEBERRY SPONG died suddenly on December 22, 1940, at the age of 57, after a very short illness. He was born on April 11, 1883, and graduated M.B., Ch.B. at Trinity College, Dublin, in 1907. In the same year he entered the R.A.M.C. as lieutenant, being promoted major in 1919, lieutenant-colonel in 1931, and retiring in 1935. He did a long term of duty in India. During the war of 1914-18 he was for a time employed on embarkation and distribution duties in Karachi, and for his services was mentioned in dispatches. He was an Associate of the Order of the Hospital of St. John of Jerusalem in England. After retiring he settled in practice in Sutton Benger, Chippenham, and on the outbreak of the present war was appointed officer commanding a military hospital. He joined the British Medical Association

in 1910. Lieut.-Colonel R. H. L. writes: The many friends of W. A. Spong will hear with deep regret of his sudden death. He had spent many years of his Army service in India, and when he retired from active service a few years ago he settled in a busy country practice in Wiltshire, returning to serve on the outbreak of war. He was always a hard worker, never sparing himself either in doing his job or in looking after the welfare and comfort of those under his care, whether patients or personnel. He was generous to a fault, and it was his delight to know the Christian names of each child in his practice, chatting with them all in easy fashion, whether they came from the labourer's cottage or the mansion. A keen shot and angler both at home and abroad, he was happiest when he was able to snatch a few hours' respite to visit the banks of some river, full of anticipation, and, more often than not, reluctantly coming away with very satisfactory results. Our heartfelt sympathy goes out to his widow and children in their great bereavement.

Lieut. DAN BRADBURY died recently at his parents' home in Sheffield from shock when attempting to repair an electric light fault. He was educated at the University of Sheffield and graduated M.B., Ch.B. in 1939. He joined the British Medical Association in the same year.

Lieut. LOUIS HENDERSON MACDONALD is posted as "Died" in an Army casualty list published on January 6. He graduated M.B., Ch.B. at Birmingham University in 1924, and took the M.R.C.S., L.R.C.P. in the same year. He had been assistant medical officer to the venereal diseases department and house-surgeon and house-physician at the General Hospital, Birmingham, and assistant pathologist and bacteriologist at the Dudley Road Hospital, Birmingham. At the outbreak of war he was in practice at Southampton.

The name of Lieut. JAMES PATTINSON THYNE is included as "Killed" in an Army casualty list published on December 28. He received his medical education at King's College Hospital, and qualified M.R.C.S., L.R.C.P. in 1928. He had held the post of house-surgeon at the hospital, and before the outbreak of war was in practice at Wandsworth.

#### DEATHS IN THE SERVICES

Surgeon Rear-Admiral FREDERICK JOHN LILLY, R.N. (ret.), died suddenly at Hove on December 12, aged 82. He received his medical education at St. George's Hospital, and took the M.R.C.S. in 1882 and the L.R.C.P. in 1883. Entering the Royal Navy soon afterwards, he was promoted to fleet surgeon in 1900, became deputy surgeon general in 1907, and retired as surgeon general in 1912, this title being subsequently altered to surgeon rear-admiral. He had seen a lot of active service in various expeditions: in East Africa in 1892-3, when he was mentioned in dispatches and received the Africa General Service medal with a clasp; in the South African War of 1899-1902, as staff surgeon of H.M.S. *Forte*, he landed and served in the Naval Brigade in the relief of Ladysmith, and was present at the actions of Colenso, Spion Kop, Vaalkranz, Pieters Hill, and Elandslaagte, was mentioned in dispatches, and received the Queen's medal with two clasps; and as fleet surgeon of H.M.S. *Doris*, flagship, he served in the Gambia punitive expedition of 1901 and was mentioned in dispatches. He had been a member of the British Medical Association since 1884.

Colonel ALBERT GEORGE THOMPSON, C.M.G., D.S.O., late R.A.M.C., died at Redruth on December 11, aged 73. He was born at Islington on May 24, 1867, and was educated at the University of Edinburgh, where he graduated M.B., C.M. in 1891, also taking the D.P.H. of the Scottish Colleges in 1905. Entering the Army as surgeon lieutenant in 1892, he became lieutenant-colonel in 1915, received a brevet colonelcy in 1918, and retired in 1919. He served in the South African War in 1902 in the Orange River Colony, and received the Queen's medal with two clasps, and in the war of 1914-18, when he was five times mentioned in dispatches. He received the D.S.O. in 1917 and the C.M.G. in 1918. He also received the Médaille de la Reconnaissance Française. He had been a member of the British Medical Association for twenty-seven years.

Colonel SYDNEY GEORGE BUTLER, D.S.O., late R.A.M.C., died at Hove on December 29, 1940, aged 66. He was born on May 18, 1874, received his medical education at the London Hospital, and took the M.R.C.S., L.R.C.P. in 1897. After filling the post of house-surgeon at the Poplar Hospital he entered the R.A.M.C. as lieutenant in 1899, became lieutenant-colonel in 1915, and retired with the rank of colonel in 1920. He served in the South African War of 1899-1902, when he took part in the relief of Ladysmith, including the actions at Colenso, Spion Kop, Vaalkranz, Tugela Heights, and Pieters

Hill, also in the operations in the Transvaal and in Cape Colony, and received the Queen's medal with five clasps and the King's medal with two clasps. He also served throughout the war of 1914-18, when he was twice mentioned in dispatches in 1914, in which year he received the D.S.O. From June, 1919, to January 1920, he was consulting surgeon to the British troops in France and Flanders, and in 1920-1 was consulting surgeon to the British Army on the Rhine. After retiring he served for a time as surgeon in the P. & O. Company. He had been a member of the British Medical Association for thirty-three years.

Colonel WILLIAM LECKIE WEBSTER, M.C., late R.A.M.C., died in London on December 1, aged 53. He was born on November 3, 1887, and was educated at the University of Edinburgh, where he graduated M.B., Ch.B. in 1910. He entered the R.A.M.C., from the Special Reserve, as lieutenant in 1911, received a brevet majority in 1919, and became full colonel in 1937. He had just been placed on retired pay on account of ill-health. He served in the war of 1914-18, was twice mentioned in dispatches in 1918, and received the M.C. as well as the medals. He leaves a widow. He had been a member of the British Medical Association for twenty years.

## Medical News

In a statement made early this week Sir Wilson Jameson, Chief Medical Officer of the Ministry of Health, said that in the crowded deep shelters there were at present only stray cases of infectious diseases. He gave the following figures for the principal infectious diseases notified in 1938, 1939, and 1940 down to December 14: *Scarlet fever*: 1938, just over 99,000; 1939, just over 76,000; 1940, nearly 63,000. *Diphtheria*: 1938, 65,000; 1939, 46,700; 1940, just over 44,000. *Pneumonia*: 1938, 45,000; 1939, 42,000; 1940, nearly 46,000. *Dysentery*: 1938, 4,170; 1939, 963; 1940, 2,900. *Enteric fever*: 1938, 1,300; 1939, 1,500; 1940, 2,800. *Cerebrospinal fever*: 1938, 1,288; 1939, 1,500; 1940, approximately 12,500.

A meeting of the Pharmaceutical Society of Great Britain will be held at 17, Bloomsbury Square, W.C., on Thursday, January 16, at 2.30 p.m., when Mr. A. Mortimer will give an address on "Drug Supplies in Wartime."

The *Journal of the American Medical Association* announces that forty-eight physicians have formed a medical and surgical supply committee, with offices at 420, Lexington Avenue, New York, and undertaken a nation-wide campaign for surgical and medical supplies to equip 500 first-aid stations and field hospitals to help in caring for the British war wounded.

Dr. Charles Armstrong, senior surgeon of the United States Public Health Service, National Institute of Health, Washington, D.C., delivered the first Harvey Society Lecture of the current series at the New York Academy of Medicine on October 3, his subject being "Studies on Lymphocytic Choriomeningitis and Poliomyelitis."

Some members of the Pharmaceutical Society serving in the R.A.M.C. are at present in Iceland. They are faced with long winter nights when almost the only form of recreation is reading. Gifts of books—technical and fiction—would be very welcome and should be dispatched to Sergt. C. W. Vokins, R.A.M.C., Sergeants' Mess, 487 Field Ambulance, c/o Army Post Office 500.

The name of Dr. Donald Shrewsbury Todd-White has been brought to notice for brave conduct in connexion with civil defence.

The British Government has received a loan from Dr. J. V. Landor, physician and registrar of the General Hospital, Singapore, of £1,000 free of interest for the prosecution of the war.

An institute for endocrinology has been founded at São Paulo, Brazil, consisting of three departments devoted respectively to experimental endocrinology, human endocrinology, and a laboratory for testing opotherapeutic products.

Dr. Otto Loewi, for many years director of the faculty of pharmacology at Graz University, has been appointed research professor of pharmacology at New York University.