Inhibition of Lactation

SIR,—Miss Josephine Barnes's report of the effect of synthetic oestrogens in inhibiting lactation (May 16, p. 601) draws attention to this conspicuously successful application of modern endocrinology. Even a year or two ago midwives purged and parched such women, and drew binders round the chest with almost malevolent tightness. More than often this strenuous treatment failed in its object, and the mother, already overburdened in mind by the loss of her baby, had now to endure considerable physical suffering while the physiological developments dear to her instinct were broken. Modern synthetic oestrogens have revolutionized all this. There need now be no discomfort, and no unpleasant side effects of the drugs are encountered.

Since the reported investigation a further substance has been put to test in the Radcliffe Maternity Home. This is triphenylchloroethylene, a drug briefly mentioned in Miss Barnes's report. Chemically it is in a class distinct from the other oestrogens mentioned, and is given in much larger doses. Through the kindness of Mr. Charles Scott of Imperial Chemical Industries a generous supply was submitted for trial. The work was initiated by Miss Barnes, and for six months the preparation has been in routine use for the inhibition of lactation. The dose used is 1 tablet of 0.5 g. by mouth given twice daily for the first four days, followed by one tablet given daily for the remainder of the week. The results have been excellent. Of nearly 50 cases not a single failure has been brought to notice; nor has there been a single instance of sickness or nausea. A few women on close questioning admitted to having a slight discomfort in the breasts about the fifth day, but the discomfort was quite trivial. The breasts remained soft, and, with one possible exception, free from any tenderness. As with the other drugs tested, it was usually possible to express a drop or two of milky fluid from the nipple during the first week, but this seldom amounted to a leakage of milk. It is difficult to suppose that these results can be improved.

In one instance it at first appeared that the drug had failed. A patient was found who had considerable tenderness and discomfort in the breasts. As this occurrence was so unusual special inquiries were made, and it was then discovered that through a misunderstanding that particular patient had been receiving sulphanilamide tablets instead of triphenylchloro-ethylene. It has been suggested that a single injection of the drug (0.25 g. in oil) might be an effective means of treatment. A preliminary test was made of this method but the results were not satisfactory.

It now appears that we have a number of different chemical substances all of which can be used with good effect to inhibit lactation. Which of these will eventually be most favoured is at present difficult to say: perhaps the relative expense of the different drugs will be a deciding factor. Triphenylchloroethylene has shown itself to be among the most reliable.—I am, etc.,

Oxford.

CHASSAR MOIR.

The Services

The King has awarded the O.B.E. (Military Division) to Surg. Lieut. D. M. Armstrong, R.N., for coolness, leadership, and devotion to duty when H.M.S. *Kandahar* was lost.

The King has conferred the Efficiency Decoration of the Territorial Army upon Lieut.-Col. J. C. Adam and Major (Temp. Lieut.-Col.) T. L. Clark, R.A.M.C.(T.A.).

The King has awarded the George Medal to Capt. (Acting Major) D. C. Heggie, R.C.A.M.C., in recognition of conspicuous gallantry in carrying out hazardous work in a very brave manner.

CASUALTIES IN THE MEDICAL SERVICES

Prob. Temp. Surg. Lieut. ANTHONY GORDON GREGORY, R.N.V.R., is reported missing, presumed killed, in an Admiralty Casualty List published on May 18. He was born on Dec. 7, 1917, the son of Mrs. E. M. Gregory of Colchester, and qualified M.R.C.S., L.R.C.P. in 1941. He entered the R.N.V.R. soon afterwards, and was serving in H.M.S. Jaguar when she was lost.

Missing.—Temp. Surg. Lieut. C. Fraser, R.N.V.R., Capt. C. S. Pitt, R.A.M.C.

Obituary

SIR THOMAS OLIVER, LL.D., D.C.L. M.D., D.Sc., F.R.C.P.

Sir Thomas Oliver, emeritus professor of medicine in the University of Durham and a pioneer worker on industrial hygiene, died at his home in Newcastle-upon-Tyne on May 15 at the age of 89. He was one of the bright lights of a period which is nearly gone.

The second son of James Oliver of Ayr, he was born at St. Quivox in Ayrshire on March 2, 1853. He went to school at the Glasgow Academy and studied medicine at Glasgow University, graduating M.B., C.M. with commendation in 1874

and proceeding to the doctorate a few years later. After serving as assistant pathologist at the Glasgow Royal Infirmary he crossed the Border to take up a hospital appointment at Preston. There he practised for four years until 1879, when he moved to Newcastle-upon-Type to be lecturer in physiology at the College of Medicine and Science of the University of Durham. Election to the honorary medical staff of the Royal Victoria Infirmary followed, and he there came into practical contact with industrial diseases, for the knowledge of which he later became widely known. His lectureship in physio-



logy was raised to a Chair in 1889, and he held it until 1911, when he became professor of medicine in the school. Thenceforward he held a prominent position in the life of the town, becoming one of its leading citizens. When he began work at Newcastle there was a great deal of industrial poisoning from lead in the neighbourhood, and alarming outbreaks from water contamination which had occurred in Sheffield and other districts had helped to draw attention to its dangers. Oliver gave his mind to the problem very thoroughly, and in 1891 read four important lectures on it at the Royal College of Physicians of London, of which he had been elected a Fellow in 1890. He became a recognized authority on the subject, and was appointed with Prof. T. E. Thorpe in 1898 to inquire into the extensive poisoning from the glazes used in the various industries in the Potteries. During the inquiry they visited the towns with similar trades in France and Germany. Their recommendations aroused much opposition from the employers, but eventually changes were introduced which materially reduced the danger to the operative. He was also appointed on a small commission to inquire into the dangers from phosphorus poisoning, which was causing much ill-health among workers in the lucifer match trade. Another commission of inquiry on which he served (1892-3) was that into the danger of the white lead industry, and it was largely on his recommendation that the Home Office by regulations abolished female labour in the dangerous process of its manufacture. He showed by his experience that women were more susceptible to lead poisoning than men : in an epidemic affecting 1,000 people the proportion of females to males was 4 to 1. Miscarriage was common and a child was rarely carried the full term ; in men it destroyed reproductive power. In 1898 he represented the Home Office at the Madrid International Congress on Hygiene.

His first important publication was in 1892 on lead poisoning, embodying the matter of his Goulstonian Lectures. In 1902 he edited a work on *Dangerous Trades*, *Historical, Social, and Higher Aspects of Industrial Occupations as Affecting Health*, by a number of experts. Some thirty-seven writers contributed to the volume, and it was a valuable survey of the whole problem. In 1908 he published an important work on *Dis*eases of Occupation, from the Legislative, Social, and Medical Points of View. It dealt with all the known dangerous trades

-metals, gases, electrical welding; also with fatigue, parasites, rescue in mines, etc. It certainly was useful, for it filled a gap in literature, and a second edition was called for in 1912 and a third in 1916. The employment of women in industry and in dangerous trades was a constant anxiety to him. In the preface to the third edition of Diseases of Occupation he expressed alarm at the possible results to future generations of the long shifts and the fatigue to which so many young women were exposed in their active service in munitions work and in industries during the last war.

Sir Thomas Oliver was knighted in 1908 for his services to public health. He received many other honours-D.L. for his county, J.P. for city and county, honorary degrees from home and foreign universities, Chevalier of the Legion of Honour, 1929. He had held office as president of the University of Durham College of Medicine, and vice-chancellor of the university. He joined the B.M.A. 67 years ago, and had been president of the Sections of Anatomy (1893), of Industrial Diseases (1908), and of Preventive Medicine at the Newcastle Annual Meeting in 1921. In past years he contributed articles on industrial hygiene to this Journal and was aways willing to advise the Editor on matters coming within his range of specialized knowledge.

Prof. GREY TURNER writes:

Sir Thomas Oliver will be principally remembered for his lifelong work in connexion with the recognition and prevention of industrial diseases. In this field he did notable pioneer work which was sustained and amplified throughout the whole of his professional career. I recall especially his interest in the effects of lead and in caisson disease, of which we saw a good many examples when the King Edward VII bridge was in course of But Sir Thomas was not in any sense a departconstruction. mental man, but was widely recognized in the North of England as a general physician. For nearly sixty-five years he had been in practice as a physician in Newcastle-upon-Tyne, and it is difficult to explain the position he occupied in the community except to say that for one reason or another he was held in high regard by all. During the greater part of this long period he was associated in one capacity or other with the Medical School. When I first joined as an undergraduate he was professor of physiology, and to me his lectures were fascinating because they opened up a vista of association between physiological principles and the practice of medicine. It was indeed fortunate that one actively engaged in the daily work of the physician was in the position to guide the young idea in the subject of applied physiology. Later on, at the Infirmary, it so happened that during my first clinical period he took the junior ward class in the second he took the junior ward class in the second he taught us the "beginnings" in a way which one has always remembered.

Oliver was most conscientious in his hospital work, and we could always rely on his punctual and regular attendance. He saw to everything, and by following up his cases, whether to the out-patients—there were no organized follow-up departments in those days-the operating theatre, or the post-mortem room, he established that continuity which to my mind is so extremely important in clinical teaching. He was always willing to cooperate with his surgical colleagues, attended operations on his own patients, and took an inquiring interest in the technique employed. Oliver became president of the old College of Medicine in 1926, and he conducted the important duties of that office with great tact, dignity, and appropriate ceremonial. He had always a pleasing voice and a nice choice of words, uttered with a sense of gravity and importance. During his presidency he was in the building every day, and made himself familiar with the staff and their activities. His pride in his own Alma Mater did not diminish his devoted affection for Durham, and he always took an interested part in university affairs.

Sir Thomas was a most active man, and when over 80 was engaged in professional duties, and I recall meeting him in consultation at that period after 11 o'clock in the evening, and yet he turned up at an early hour next morning to see the operation. He followed his patients' progress with much interest, and no one was quite so helpful in dealing with anxious relatives and friends. Sir Thomas faced the buffets of misfortune with equanimity, and three years ago, when called upon to submit to the ordeal of amputation through the thigh, he exhibited great courage. He made a good recovery, and despite his years continued attempts to learn to use an artificial limb, and he got about and attended some of his meetings, though for the most part he had to rely on a wheeled chair. He was widely known in other countries, where he had many friends, and travellers from Newcastle had always to be prepared to answer inquiries about him. He was always a most kindly man, [The photograph reproduced is by Elliott and Fry, Ltd.]

ALAN F. R. POOLER, M.B., CH.B.

We regret to announce the death of Dr. Alan Frederick Roberts Pooler, on May 11 after a long illness, at the early age of 42. He had been honorary secretary of the Chesterfield Division of the B.M.A. from 1936 to 1941, and was appointed honorary secretary of the Local Medical War Committee just over a year ago. Great sympathy is felt with his father, Dr. H. W. Pooler, whose valuable work for the Association and the profession is well known to so many readers.

Alan Pooler was educated at King Edward's School, Birmingham, and graduated in medicine at the University of St. Andrews in 1926. After house appointments at Wrexham War Memorial Hospital and St. Luke's Hospital, Bradford, he succeeded the late Dr. Sparrow at Clay Cross, Derbyshire, in partnership with his father and two brothers, Drs. N. R. and H. E. Pooler. He held a number of public medical appointments, and was for several years a member of the Derbyshire Panel Committee ; his work for the Chesterfield Division of the B.M.A. began in 1929 as assistant honorary secretary. He was for a considerable time president of the local Nursing Association and medical officer to the Clay Cross Urban Council. It was his constant aim and endeavour to serve the community and his profession, and he was the leading spirit in most of the social movements in his neighbourhood. He gave devoted and unsparing service and was beloved by all.

Two colleagues-A. C. and L. S.-send the following tribute : The Chesterfield Division has suffered a very great loss by the death of Dr. Alan F. R. Pooler, who up to the time of his sudden illness, some twelve months ago, was not only honorary secretary to the Division but also of the Local Medical War Committee. Needless to say, this meant a great expenditure of time and energy for a man whose health was no longer good. Nevertheless all demands made upon him were always cheerfully, promptly, and efficiently answered. In spite of by no means robust health he elected to enter the medical profession and risk the resulting strain rather than give up all thought of the only vocation which in any way appealed to him. As a consequence he became an efficient medical man of high integrity and ability. When sickness again descended upon him, so disabling him that it was physically impossible for him to carry on, his disappointment was great. Like his patients, we all feel we have lost a good friend and comrade.

Universities and Colleges

UNIVERSITY OF OXFORD

On April 30 the following medical degrees were conferred:

On April 30 the 101:00000 minst include D.M.—*Reginald Passmore. B.M.—W. M. Tucker, P. C. Reynell, R. J. Rossiter, K. G. Westcombe, R. G. Ladkin, P. R. Wright, E. A. Spriggs, A. P. Binks, H. A. W. Forbes, M. P. Lewis, C. G. Phillips, J. M. Walker, James Ackerley, B. F. Swynnerton, R. M. Mason, E. H. Seward, R. G. Sykes, C. R. S. Jackson, P. W. Roe, C. A. Simmons, R. B. Crail, C. H. Jellard, Mary F. Richardson, *D. F. Macgregor, *C. L. Hall, and *A. H. Ferguson. * In absence.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council held on May 14, with Sir Alfred Webb-Johnson, President, in the chair, Mr. J. B. Hume was re-elected a member of the Court of Examiners for the period of one year from June 11. It was decided to recognize the post of house-surgeon at Hallam Hospital, West Bromwich, for the six-months surgical practice required of candidates for the final Fellowship examination.

A diploma of Fellowship was granted to Thomas Ralph Sarjeant (Toronto and Guy's).

Diplomas of Membership were granted to Alan Clifford Sinclair (St. Bart's) and to the 261 candidates whose names were printed in

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the report of the meeting of the Royal College of Physicians of London in the *Journal* of May 9 (p. 597). In that list A. E. R. De Silva should read Audrey E. R. De Silva, and G. T. Rutherfoord's name was misspelt.

ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the College held on May 15, with Mr. J. W. Struthers, President, in the chair, the following, having passed the requisite examinations, were admitted Fellows:

R. D. Baird, J. M. Barkla, G. Crowe, W. M. Gray, A. R. P. Higgin, B. Isserlin, E. E. P. Murray, S. Stanford, L. O. Watt, W. F. Whelton.

The Henry Arthur Dalziel Ferns Bursary was, after a competitive examination in organic chemistry in its application to medicine, awarded to A. D. Ross.

The Bathgate Memorial Prize was, after a competitive examination in materia medica and therapeutics, awarded to A. R. •McWhan.

Medical Notes in Parliament

Army Discharge for Tuberculosis

On May 19 Sir WILLIAM JENKINS asked the Secretary of State for War what number of recruits for the Forces had passed the medical test to join the Army and had since been discharged suffering from tuberculosis; what number received a pension; what number have been refused a pension since the beginning of the war to date; if they were sent to a tuberculosis hospital and were cared for by the State while in hospital.

Sir JAMES GRIGG said that it would not be in the public interest to give the figures. The total number of men invalided out of the Army because of tuberculosis between Sept. 3, 1939, and March 31, 1942, was 5.4% of the total number discharged on medical grounds in that period. The Minister of Pensions informed him that about 70% of claims for pension for tuberculosis were admitted, and that arrangements were in force with local authorities for the appropriate disposal to tuberculosis hospitals of men so discharged from the Service. If the disability was attributable to service the Ministry of Pensions accepted liability for the cost of treatment and payment of the appropriate allowances.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* there was during the week a sharp rise in the number of notifications of measles, acute pneumonia, and scarlet fever; there were fewer cases of diphtheria and dysentery.

The higher incidence of measles, 719 cases more than the previous week, was confined mainly to the counties where it has been prevalent recently. The only exception was Middlesex, where 521 cases—a fall of 70—were notified. The counties with the largest rises were Lancashire and London, with 162 and 112 cases more than last week, these being fairly widely distributed throughout the areas.

Almost half of the increase of 283 cases of acute pneumonia occurred in the counties of Durham and Yorks West Riding, where the totals were 43 and 87 more than those of the previous week. The rise in these counties was contributed principally by the county boroughs.

There were 140 more notifications of scarlet fever: in London, with 73 cases, the rise was 35, due almost entirely to an outbreak in Fulham, with 30 cases.

The notifications of dysentery fell from 160 in the preceding week to 101. The districts with the largest totals were Lancashire, Manchester C.B. 12; Middlesex, Southall M.B. 12; Leicestershire, Leicester C.B. 9; Surrey, Coulsdon and Purley U.D. 7.

In Scotland, with the exception of whooping-cough, which fell from 115 to 58 cases, there was a general rise in the notifications of infectious diseases. In Glasgow 453 cases of measles were recorded, compared with 334 in the preceding week. There were 36 fewer cases in Edinburgh.

In Eire and in Northern Ireland there was an increased incidence of measles.

Returns for the Week Ending May 16

The returns of infectious diseases during the week in England and Wales included the following cases: scarlet fever 1,103, whooping-cough 1,417, diphtheria 636, measles 5,611, acute pneumonia 1,094, cerebrospinal fever 178, dysentery 85, paratyphoid 14, typhoid 9.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended May 9.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Eire. (e) The 10 principal towns in Northern Ireland. A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

1942						1941 (Corresponding Week)				
Disease	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever Deaths	149	11	45 1	4	11	326	37 4	37 5	6	13
Diphtheria Deaths	713 22	28 2	197 5	45 3	28	931 25	41 3	220 7	32 2	34
Dysentery Deaths	101	6	53		=	103	30	40 	_	=
Encephalitis lethargica, acute Deaths	3					4	+	1	-	-
Enteric (typhoid and paratyphoid) fever Deaths						50	_4	49	_7	_1
Erysipelas Deaths			43	10	2		_	. 50	_5	. 2
Infective enteritis or diarrhoea under 2 years Deaths	38	8	8	57	5	36	5	 7	7	1
Measles	4,725	451	667	180	159	11,004	363	242		
Deaths	10	-	4		2	10	3			
Deaths	90	6	32	1		89		16		_
Paratyphoid fever Deaths	7	-	5		-					
Pneumonia, influenzal* Deaths (from influ-	1,096	44	14	8	12	908	45	9	12	9
Pneumonia primary			320					192	13	
Deaths				8	11				· 11	12
Polio-encephalitis, acute Deaths	1	=				1	_			
Poliomyelitis, acute Deaths	4	-	-	1	-	8	=	2	1	
Puerperal fever Deaths	175	11	25	3	2	-	_	7	2	1
Puerperal pyrexia Deaths			26		1	128	6	8		3
Relapsing fever Deaths		—								
Scarlet fever	1,145	73	184 	40	37	1,059 1	57	145	55	31
Small-pox Deaths	=					_	1	_	-	_
Typhoid fever	12 1	3	_4	6	1					
Typhus fever	—	-		_	-		-			_
Whooping-cough Deaths	1,641 14	176 4	58 2	59 2	15 1	4,088	121	833 12	2	_4
Deaths (0-1 year) Infant mortality rate (per 1,000 live births)	387	387	88	32	31	371	35	89	22	
Deaths (excluding still- births)	4,811	647	699	231	135	5,620	828	692	211	199
1,000 persons living)			15.7	15.4	†			15.1	14.0	17.4
Live births Annual rate per 1,000	6,181	679	985	381	274	5,160	430	936	387	211
Stillbirths	232		20.4	23.4			10	19.0	23.1	10.2
Rate per 1,000 total births (including stillborn)	232		- 44			220		48		

* Includes primary form for England and Wales, London (administrative county), and Northern Ireland. † Owing to evacuation schemes and other movements of population, birth and death rates for Northern Ireland are no longer available.