

blackwater fever was, therefore, a likelier complication. The statement was, of course, not intended to mean that treatment should be suspended. We are only too well aware that patients may die of malignant malaria if left untreated, and a special note on the subject of using even quinine courageously is made in discussing a fatal case in the paragraph headed "Factors D and E." Our ordinary practice was to substitute mepacrine for quinine, in cautious doses, in cases where there was any reason to think that blackwater fever might supervene.

Finally, we state only that in our admittedly limited experience we did not find the pre-blackwater state as described in the textbooks. What we did find was a combination of circumstances and symptoms which made us very much on the alert for the appearance of blackwater fever, and these we have described in the article.—I am, etc.,

FELIX SMITH.

Surgical Emphysema

SIR,—The case described by Dr. Roger Stanley (April 17, p. 477) reminds me of two cases seen by me many years ago when I was a resident at Leicester Royal Infirmary.

A woman who had been knocked about by her husband sustained a fracture of the nasal bones. Whenever she blew her nose in order to get rid of blood, etc., air was blown into the subcutaneous tissues of one side of the face. Gradually the surgical emphysema spread all over the face and neck and thorax. The nose was syringed clear of blood and the patient was advised to refrain from blowing her nose. In a day or two the swelling began to disappear.

A few days later a patient was sent into the infirmary with a widespread surgical emphysema which had come on during labour. Inquiry elicited the fact that the swelling had first appeared on one side of the face. I came to the conclusion that in each case a rent had occurred in the lining probably of the lacrimal duct, and that with every expulsive effort air had been forced from the nostril into the subcutaneous tissues.

Since then, whenever I have come across a case of surgical emphysema I have inquired where the swelling first appeared. In a majority of cases this has not been accurately noticed. But the swelling has begun on "one side of the face" in a number sufficient to convince me that there is no need to presume that a chest lesion is the cause of this condition.—I am, etc.,

Bradford.

JAMES PHILLIPS.

Interstitial Emphysema during Labour

SIR,—I have read with great interest the case of interstitial emphysema during labour reported by Dr. Roger Stanley (April 17, p. 477). I attended a rather similar case several years ago.

The patient was a primipara aged 18. She was somewhat anaemic but was otherwise normal. There was nothing exceptional in the medical history. Labour started on a Sunday afternoon and the baby was born at 3 p.m. on the Monday. When the head was distending the vulva the pains became more severe, and light chloroform anaesthesia was induced, and while doing this I noticed that the patient's face was becoming swollen and puffy and giving a sensation of fine crackling crepitus when the hand was passed over it. After expulsion of the placenta there was great swelling of the face and neck as well as of the chest. There was nothing abnormal during the puerperium, and at the end of twelve days all the swelling had disappeared.—I am, etc.,

Dingwall.

J. J. SINCLAIR.

Diagnostic Test for Kala-azar

SIR,—On coming to this Province as Inspector-General of Civil Hospitals after many years in a specialist appointment elsewhere, I find that the "aldehyde test" for kala-azar originally discovered by me and first described in my note published in the *British Medical Journal*, 1921, 2, 266, is now everywhere associated not with my name but with another's. The facts are that on finding this remarkable reaction in a small series of cases and realizing its immense usefulness in the diagnosis of an extremely prevalent and disabling disease (easily cured once the diagnosis is made), I wrote describing it not only to you but also to the Calcutta School of Tropical Medicine, where it was abundantly confirmed and allowed to be labelled with another worker's name.

While not disputing the value of subsequent work purely confirmatory in character, I consider I am at least entitled to share the honours. The test is extremely simple and reliable, and is, in fact, performed many thousands of times annually in North-Eastern India in a form not differing in any way from that described by me.

I may perhaps further quote from Major-General Sir Ernest Bradfield's *Indian Medical Review* (p. 206): "In 1921 Spackman introduced for kala-azar a modification of the formal-gel test of Gate and Papacostas, first used for syphilis. The test was further popularized by Napier."—I am, etc.,

Bihar, India.

W. C. SPACKMAN,
Col., I.M.S.

Irritant Spectacle Frames

SIR,—Dr. H. Thistlethwaite (April 17, p. 493) is apparently the first to record in this country the occurrence of sensitization following the wearing of spectacle frames of artificial tortoiseshell. In 1942 I mentioned in a letter to you (Jan. 3, p. 24) that H. S. Berkoff (*Arch. Derm. Syph.*, 1938, 38, 746) reported a sensitization dermatitis related to the wearing for ten days of spectacle frames of synthetic resin. Berkoff believed that the tricresylphosphate used as plasticizer (non-volatile solvent) in the resin was the irritant agent. It is surely important to ascertain if tricresylphosphate had been used in the present material, and, if so, to test Dr. Thistlethwaite's patients for dermal sensitivity to this substance. Confirmation of Berkoff's results would be an obvious indication for action on the part of the profession in its modern role as guardian of the common man against the products of the synthetic chemist, especially in view of the wide use of artificial resins from babies' toys to suspender clips.—I am, etc.,

Department of Pathology, the University, Glasgow. A. C. LENDRUM.

SIR,—Dr. H. Thistlethwaite (April 17, p. 493) has observed a new form of allergy. Being myself susceptible to this form I noticed that for at least three weeks after buying new spectacles the condition was acute. I at first thought the irritation was due to close-fitting sides or a tight bridge, but it soon became evident that the composition of the frames was to blame, though what precise chemical I am unable to state. There were in the past three years at least ten other cases, but not all the patients bought their spectacles from the same retailer, though I believe that all the frames in this part of the country are supplied by the same manufacturer and are now of the same shape and material.

Treatment in those cases where the spectacles are worn all day consisted in covering the frames—the sides and bridge—with fine darning silk, when the condition improved rapidly. In other cases a 10% solution of ichthammol on lint at night-time proved very effective.—I am, etc.,

J. E. KING.

The Services

Temp. Surg. Lieut. J. K. Thomson, R.N.V.R., has been appointed M.B.E. (Military Division) for skill and devotion in tending wounded survivors from a torpedoed merchantman, and Temp. Surg. Lieut. G. J. Laws, R.N.V.R., has been mentioned in dispatches for good services during operations off North Africa.

CASUALTIES IN THE MEDICAL SERVICES

Capt. GEORGE MACBETH CALDER, R.A.M.C., who was wounded in action in the Middle East in Oct., 1942, died from the effects of his wounds last month. He was the eldest son of Prof. W. M. Calder, LL.D., of Edinburgh, and graduated M.B., Ch.B. at Edinburgh University in 1936. After holding hospital appointments in England and Scotland he was specializing in psychiatry under Prof. D. K. Henderson when war broke out.

Flying Officer HAROLD PATTERSON HALL, R.A.F.V.R., who was killed in a flying accident on March 12, was born in Oct., 1914, and studied medicine at Newcastle-upon-Tyne, taking the Scottish triple qualification in 1941. After holding a house appointment at a mental hospital he received a commission in the medical branch of the R.A.F. on April 3, 1942, and at the time of his death he was M.O. to a fighter squadron.

Wounded.—Capt. G. O. Brooks, G.M., R.A.M.C., Lieut. H. B. Cowan, R.A.M.C., Temp. Col. J. H. Donnelly, R.A.M.C., Major L. H. G. Moore, R.A.M.C.

Obituary

The death occurred on March 15 at Binbrooke, after a long and trying illness, of Dr. WILLIAM J. WILKINSON, a well-known practitioner in North Lincolnshire. He was 65 years of age, and was born and brought up in Lincoln, where his father practised in partnership with the late Dr. Brooke. His mother was a sister of the late Mr. W. H. Battle, the well-known St. Thomas's Hospital surgeon. He did his medical training at St. Thomas's and qualified in 1905. Over thirty years ago Dr. Wilkinson started to practise at Binbrooke, and was M.O.H. to the Louth Rural District Council from 1919 until he retired from the appointment last year. He had been a member of the B.M.A. since 1911, and was chairman of the Lincolnshire Division in 1933-4 and also served on the Executive Committee for some years. Dr. Wilkinson was friend as well as physician to many families, rich and poor, in the scattered country district in which he worked, and no doctor was held in higher regard in the Lincolnshire Wold area. His wife survives him; also a son, Dr. John Wilkinson, who is carrying on the Binbrooke practice.

We regret to record the death last summer at Kyrenia, Cyprus, of Dr. ARTHUR ELDON SCOTT. He studied medicine at the Middlesex Hospital, and after qualifying M.R.C.S., L.R.C.P. in 1896 was resident medical officer at the North-West London Hospital. He served in the last war and afterwards joined the Public Health Service of the Egyptian Government, becoming assistant M.O.H. for Cairo City, and receiving the 4th Class of the Order of Ismail in 1926. Dr. Eldon Scott joined the British Medical Association in 1897, and held office as president of the Cyprus Branch in 1937-8. He was a prominent Freemason.

News has been received of the death on Oct. 15 in Jersey of Mr. ARNOLD SAMUEL FERGUSON, throat, nose, and ear surgeon to the Jersey Dispensary and Infirmary, and aural and ophthalmic surgeon to the Jersey General Hospital. Mr. Ferguson qualified from the Middlesex Hospital in 1893 and obtained the F.R.C.S.Ed. in 1895 after serving as demonstrator of anatomy at the Middlesex Hospital and house-surgeon at the London Throat Hospital and the Oxford Eye Hospital. He was a member of the Anatomical Society and of the Laryngological Section of the Royal Society of Medicine, and joined the British Medical Association in 1893, holding office as chairman of the Jersey Division in 1926-7. He contributed to these columns a number of notes on practical aspects of ophthalmology.

Universities and Colleges

UNIVERSITY OF GLASGOW

A graduation ceremony was held on April 17, when the following medical degrees were conferred:

M.D.—IG. H. Bell, 2W. S. W. Guthrie, 3G. Shearer, A. McPhater.
M.B., Ch.B.—J. F. Allan, R. P. R. Allan, A. Armour, Janet Y. Baird, Mary MacN. Baird, W. A. Baird, J. Berkeley, J. D. Binning, R. B. Bonar, P. R. Brittain, J. A. M. Broadfoot, H. B. Brown, R. A. P. Brown, R. J. Calvert, J. Campbell, Margaret M. Chalmers, Isobel J. Cochrane, H. W. Collins, W. Cormack, J. V. Coyle, M. C. Crawford, J. T. Cunningham, R. Dallachy, W. H. C. Donald, T. Dougray, J. Mack, Dunn, Louise E. Elbert, Elizabeth G. Fenwick, Catherine B. Foster, N. J. Fraser, D. J. Gracie, G. E. Griffiths, W. R. Hope, R. A. Houston, A. McI. Hyndman, N. Hyndman, S. E. Jackson, H. F. Jarvie, Anne-Marie Kivlichan, J. Lapraik, E. Leahy, Margaret C. Leitch, A. Lindsay, G. G. Lindsay, S. V. Livingstone, W. Lockhart, W. J. Logan, M. D. MacAffer, Hope J. B. McAlpine, D. Macdonald, J. H. McDougall, J. McFadden, A. Macfarlane, D. McGill, A. R. McGregor, J. J. McGrotty, O. A. MacKenzie, A. H. MacLean, R. D. H. Maxwell, A. W. Mearns, R. M. Mill, J. H. Mitchell, D. S. Montgomery, J. MacI. Moore, Anna F. S. Neil, Margaret B. C. Orr, Millie M. J. Peralta, Muriel H. Reid, C. D. Rigg, J. D. P. Robertson, J. R. Rowell, J. McG. Shaw, A. Smellie, H. G. Smith, A. Scmerville, W. Thorburn, C. Wood, W. Wood, J. P. Young.
1 With honours. 2 With high commendation. 3 With commendation.

The following prizes among others were awarded:

University Prizes.—Bellahouston Medal: W. F. Anderson. Capt. H. S. Ranken, V.C., Memorial Prize: A. R. Currie, G. B. S. Roberts (equal).
Special Class Prize.—Surgery, Macleod Medal: A. G. Melrose.

CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the requisite examinations, have been admitted L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P.&S.Glas.:

G. W. M. Armistead, J. Carey, J. Connor, W. B. Cowper, J. E. Dawson, G. T. Donald, T. H. Forrest, B. C. Greenhill, Lore M. Hasslacher-Traub, Barbara V. Hastings, R. E. Heap, Daphne M. E. Kayton, H. Kraus, F. H. Leckie, J. McAllister, J. J. McMurray, J. J. MacPherson, R. R. Mahlangeni, D. R. Martin, J. E. Miller, H. A. Myers, D. Naidoo, Caroline N. Nompozo, R. M. Oliver, Bridget Purcell, Y. D. Sethi, J. M. Stirling, Roza Szeinhau, N. R. B. Turner.

O. Fehr, a graduate of a recognized foreign university, was also admitted a licentiate.

Medical Notes in Parliament

Comprehensive Health Service Plans

On April 15 Mr. SORESENSEN asked Mr. Ernest Brown when his plans for a comprehensive medical and health service were likely to be brought before the House. Mr. BROWN replied that preliminary discussions were taking place with representatives of the medical profession, local authorities, and voluntary hospitals. He contemplated publishing in advance of the introduction of legislation, and, he hoped, in the course of the next two or three months, a general statement of his proposals, which would afford all concerned an opportunity of considering and criticizing them. The plan would not include the mental hospital and mental deficiency services.

Nurses Bill

The second reading of the Nurses Bill was moved in the House of Lords on April 13. This measure has already passed through the House of Commons. Lord SNELL said there was a need for competent assistant nurses who might not reach the qualification set out in the State Register but might be admirable practical nurses when under supervision. Hospitals for chronic patients largely depended on the services of these assistant nurses. Some reports on the nursing profession had proposed that it should be an offence for any person other than a State-registered person or an enrolled assistant nurse to care for the sick habitually for gain, and that had been recommended by the Nursing Reconstruction Committee over which Lord Horder presided, but Mr. Brown felt unable to accept the suggestion.

Lord HORDER said that the nursing profession would welcome the Bill along with the economic adjustments recommended by the Rushcliffe Committee. The two things together would raise the status of the nursing profession in this country. No man or woman who could not be put into the categories of State-registered nurse, assistant nurse, and student nurse should be allowed to attend the sick person. Lord RUSHCLIFFE said that in some local authority institutions 40% of the nursing staff were assistant nurses.

The Bill was read a second time.

Committee on Penicillin

Sir ANDREW DUNCAN reported on April 13 that the first meeting had been held on Oct. 13, 1942, of a committee to report on penicillin. The object of the committee was to secure that all available information regarding clinical and chemical trials and methods of production was collected and exchanged and everything possible done to promote rapid development. The committee included: Prof. A. Fleming, Prof. H. W. Florey, Prof. H. Raistrick, Sir Robert Robinson, Dr. C. R. Harington, Dr. A. N. Drury, Dr. V. D. Allison, Prof. I. M. Heilbron, and Lieut.-Col. Sir Russell Wilkinson, together with representatives of firms engaged in production of penicillin.

Diphtheria and Immunization in Germany

Mr. ERNEST BROWN stated on April 15 that there was no general immunization against diphtheria in Germany, but it appeared to be used locally in epidemics. The much-increased prevalence of the disease in Germany, and the fact that there had been no serious increase in two enemy-occupied countries where immunization was fairly complete, lent support to the British Government's policy in advocating the immunization of children in this country.

Army Education on Venereal Diseases

Answering Mr. Beaumont on April 13 Sir JAMES GRIGG said all officers in medical charge of units had been instructed to give periodical lectures to troops on the subject of venereal disease. Education was a slow process, but he was satisfied with that being made. Notice Board Information No. 28 explained the purpose of Defence Regulation 33B and the action soldiers should take as a result of it. The possibility of issuing films and literature on this subject had not been overlooked, but it was not thought that any at present available would prove effective.

Examination in Services by Women M.O.s

Mr. BELLENGER asked questions about routine examination of men in the Forces by women medical officers. On April 13 Sir JAMES GRIGG replied that soldiers who objected to a complete medical examination by a woman medical officer were not entitled to ask for a male medical officer, but if one were in fact available he would normally carry out the inspection. Women medical officers were usually posted to units or localities