

W. R. CAMMOCK, M.B.GLAS., F.R.C.S.ED.

Mr. W. R. Cammock, who was widely known as an aural surgeon in the Oldham and Rochdale districts of Lancashire, collapsed while driving his car on Feb. 4 and died shortly afterwards in hospital. His death in the prime of life has come as a great shock to his friends and has robbed South-East Lancashire of a very able surgeon.

Born in 1886, he was the only son of a Glasgow solicitor, and in that city he was educated, first at Hutchison's College and later at the University, graduating M.B., Ch.B. in 1906. After holding house appointments in Glasgow, where he was house-surgeon to Sir William Macewen, he went to Stockton-on-Tees Hospital as resident surgical officer, and in 1911 took the F.R.C.S.ED. Then followed a brief period in general practice, but, deciding to make aural surgery his career, he became resident aural surgeon at the General Infirmary at Leeds. He continued his studies for some months in Vienna, and in 1914 settled in Oldham, where he was soon appointed to the staff of the Royal Infirmary. There he rapidly developed a large and efficient ear, nose, and throat department and gained a wide reputation as an able clinician and operator. He was also on the staff of Boundary Park Hospital, Oldham, and, in more recent years, was appointed aural surgeon to Rochdale Infirmary and Birch Hill Hospital. In developing his specialty in this district of Lancashire Cammock worked single-handed and was something of a pioneer. He worked with great zest and read widely, keeping himself abreast of all modern developments. There was nothing stereotyped and rigid about him, and he was always willing to abandon old methods to achieve improvements. In recent years he had adopted the intra-meatal approach to the mastoid with excellent results. He held, too, that it was the surgeon's job to adapt himself to human needs. It was this view which led him to take up thyroid surgery and to regard it as coming within the province of the laryngologist. When he settled in Oldham the incidence of goitres was very high indeed, and he addressed himself to the problem with characteristic zeal, becoming a real expert in the surgery of the thyroid. In all his work he set a most high professional standard.

Mr. Henry Poston, a colleague for many years, writes: He died as he would have wished, working at full pressure and at the height of his power. It seems hard for us who have long known and appreciated the man and his work to realize that no more will we hear him discuss and discourse on current surgical literature. For Cammock's reading and knowledge were catholic, and he was invariably *au fait* with the major advances in surgery. Essentially a clinician, he possessed an infinite capacity for taking pains and for attending to the detail of his work. In his heavy clinics he would listen as carefully and sympathetically to the last patient as he did to the first. He was a careful and courageous operator, keeping his eye on the patient and ignoring the clock. For many years he struggled obstinately against the bridle of Theages—chronic ill-health. He might perhaps have taken things more easily, but the line of least resistance was not his choice, and he gave the unforgiving minute its full sixty seconds' worth of distance run. To the Oldham Royal Infirmary he devoted the greater part of his long and strenuous professional life, and actually, at one period, supervised the x-ray and physiotherapeutic departments of that institution in his own serious and scrupulous way. Cammock had the inestimable gifts of being able to teach and inspire his house-surgeons, and not a few of those whose Gamaliel he was now occupy positions of influence and eminence in the realm of aural surgery. He was gentle but firm, knew what he wanted and saw that he got it. He never did any ill, and the good he did cannot be interred with his ashes.

FRANK HINDS, M.D.

Dr. Frank Hinds, consulting surgeon to the Worthing Hospital, died in retirement on Feb. 5, aged 82. He had been president of the Brighton and Sussex Medico-Chirurgical Society in 1910, president of the Sussex Branch of the B.M.A. in 1922, and chairman of the Chichester and Worthing Division in 1927-8.

Mr. Herbert H. Brown writes: Frank Hinds entered University College Hospital as a student in 1880. At that time strict Listerian methods were practised by two of the younger surgeons, Marcus Beck and Rickman Godlee, and accepted by most of the younger men, including the resident staff. Victor Horsley was Frank Hinds's most intimate friend from childhood, a friendship which continued without interruption until Horsley's death in Mesopotamia in 1916. Hinds held the posts of H.P. and H.S. at the hospital and deputized for the R.M.O. He was a good diagnostician and surgeon, but his most outstanding quality was his unfailing courtesy and consideration for others: he was by far the most universally popular man of his time. He left in 1887 after taking his M.D.Lond., and became R.M.O. at the Hospital for Sick Children in Great Ormond Street, and then spent two or three years travelling about the world. On

his final return to England he accepted a pressing invitation from a U.C.H. friend, Dr. W. A. Gostling, to join him and his partner at Worthing. He was at once asked to serve on the staff of the hospital, at that time a small institution of only 27 beds. His great diagnostic ability and surgical skill and resourcefulness in any emergency brought him patients from all parts of Sussex, and during the course of his career at Worthing he performed with complete success several strikingly original and formidable operations. Perhaps the most remarkable was the complete and successful eradication of a large myeloid sarcoma of the femur at the Worthing Hospital in 1895. The case was recorded in the *B.M.J.* in April, 1908; it aroused great interest among American surgeons, and inquiries were often made about the patient. Following an attack of encephalitis lethargica in 1920 Dr. Hinds's health, which had hitherto been good, began to fail seriously. From this disease and its sequelae he never completely recovered, and in 1922 he resigned from the hospital and from active surgical work, though continuing to see some of his patients until 1928, when he finally retired. He never lost the affection of any of his patients, nor of his medical colleagues and other friends.

A former colleague writes: No name in Worthing stood higher in public esteem than that of Frank Hinds in the prime of his career. He held a record at the Worthing Hospital remarkable alike for quality and length of service. It was a well-deserved tribute to his work that when in 1927 No. 1 Ward, the male surgical ward, was opened as part of a major reconstruction it was named after him. In his life-work we have seen general practitioner surgery brought to its highest development and highest scope of usefulness. Courtesy and kindness marked his dealings with professional colleagues; to him they turned as a friend and wise counsellor. He was ever ready to give encouragement to his juniors and to help with his opinion on a difficult case.

THE LATE DR. G. C. ANDERSON

Sir Stanley Woodwork, Master of the Society of Apothecaries of London, has sent the following letter to Viscount Dawson of Penn as President of the British Medical Association: "I had the unhappy duty of informing the Court at their recent meeting of the death of Dr. George C. Anderson, and I was asked to convey to you as President of the British Medical Association an expression of the Court's most sincere sympathy in the irreparable loss which the Association has suffered by the passing of its able Secretary. Not only the Association but the nation has suffered a great loss, and his innumerable friends, both in and out of the profession, a personal bereavement. His foresight enabled him in peacetime to prepare for the situation which would inevitably arise in the event of war, and his untiring efforts to ensure that the transition from war to peace should be accomplished as smoothly as possible will long be remembered. I shall be grateful if you will convey to your Council this Society's deep regret."

Dr. T. C. Routley, General Secretary of the Canadian Medical Association, has sent the following letter to Dr. Charles Hill: "We were deeply grieved to learn from your wire that Dr. Anderson had passed on, and we immediately sent you the following message: 'Very sorry to learn of Dr. Anderson's death. On behalf of Canadian Medical Association may I express sincere sympathy to the bereaved family and the British Medical Association.' Dr. Anderson was a grand fellow and one whom a great many of his colleagues on this side of the water were proud to claim as a friend. No doubt pressure of work and anxiety in recent months hastened his end, adding one more to the appalling toll of this terrible conflict. He will long be remembered with admiration and respect. On behalf of the Canadian Medical Association may I convey to officers and members of the British Medical Association sincere sympathy."

The Services

Sir Morton Smart has been appointed civil consultant in physical medicine to the R.A.F.

The *London Gazette* has announced the appointment as M.B.E. (Military Division) of Surg. Lieut. R. M. MacIntosh, R.A.N.R., for courage, endurance, and devotion to duty; and Temp. Surg. Lieut. C. F. Cooper, R.N.V.R., has been mentioned in dispatches for services to the wounded after an enemy air attack.

The *London Gazette* has announced the award of the M.C. to Capt. H. M. Jones, R.A.M.C., in recognition of gallant and distinguished services in Italy.

Universities and Colleges

UNIVERSITY OF OXFORD

An election of two members of the Board of the Faculty of Medicine will be held on May 31. The members elected will come into office on the first day of Michaelmas Term, 1944, and will hold office, the senior for two years and the junior for one year from that day. The General Medical Electorate consists of all Oxford graduates in medicine who are members of Convocation. The Board of the Faculty of Medicine includes two members elected by the General Medical Electorate who must be members of that body and of whom one at least must be a person engaged in teaching one or more of the clinical subjects of the Faculty. Nominations of duly qualified candidates for election will be received by the Secretary of Faculties at the University Registry up to 10 a.m. on Wednesday, May 10. Each nomination must be signed by six members of the General Medical Electorate, and no candidate will be eligible whose nomination has not been received by that date.

UNIVERSITY OF CAMBRIDGE

The following have been examined and approved for the degree of M.Chir.: B. N. Brooke, A. G. McPherson.

UNIVERSITY OF LONDON

At a meeting of the Senate held on Feb. 23 the title of Professor Emeritus of Bacteriology in the University was conferred on Sir John C. G. Ledingham, F.R.C.P., F.R.S., on his retirement from the professorship of bacteriology at the Lister Institute of Preventive Medicine.

The degree of D.Sc. has been conferred on A. G. McDonnell Weddell, M.D., an internal student at St. Bartholomew's Hospital Medical College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Prof. A. J. E. Cave will give a series of Arnott demonstrations and museum lecture-demonstrations, open to advanced students and medical practitioners, at the College (Lincoln's Inn Fields, W.C.) on Mondays, Wednesdays, and Fridays, from March 6 to 24, at 4 p.m.

Medical Notes in Parliament

Report on Infant Mortality in Scotland

Major MARKHAM drew attention on Feb. 16 to infant mortality in Scotland. He recalled that up to 1941 this mortality rose rapidly, and that on July 8, 1942, the Secretary of State for Scotland had said the figure per 1,000 births rose from 68 in 1939 to 83 in 1941. The Minister then announced that he had asked the Scientific Advisory Committee of the Department of Health for Scotland, under the chairmanship of Sir John Boyd Orr, to consider and report quickly on the causes of this rise and to suggest remedial measures. Major Markham asked who had changed those terms of reference. Changes in diet, housing, employment, and medical services had a profound effect on infant mortality during the war years, and if the committee had carried out its original terms of reference its findings would have assisted not only Scotland but the Empire generally. He understood that Sir John Orr denied that he had anything to do with the subcommittee which drew up the report. Major Markham contended that much information relating to the war years was available. He complained that the report made no detailed comparison with Iceland, which was comparable to Northern Scotland, nor to great American cities that might be compared with Glasgow, nor to Australia. He objected to the declaration in the Minister's introduction to the report that remedies for infant mortality must be found in the immediate post-war years. The obvious question was, Why not now?

The statistical basis of the report, he continued, was poor. It did not mention that changes were due to war conditions, such as reduction in employment and poverty and change in diet. There was no reference to the fact that calcium and vitamin B₁ had been added to national bread. There was no reference to problems caused by evacuation nor to the effect of fuel shortage on infant mortality. There was no mention of vitamin E, the reproduction vitamin. There was no information on the difference between infant death rates in ordinary homes and in institutions. Most of the overseas comparisons were from 6 to 10 years old. There was no mention of the new Simpson Memorial Hospital in Edinburgh, which had air-conditioned

wards; whether these were successful or not. The report should have paid attention to environmental conditions, including smoke and fog and temperature.

Mr. JOHNSTON, in replying, said that although Major Markham had raised the subject on the adjournment the Government's promise to afford facilities for an adequate discussion on it still held good. The Boyd Orr Committee did not analyse the wartime trend because there was little published information for the war years. They said that the most important environmental conditions of diet, housing, employment, and medical services were highly abnormal in most areas. That was true. They said it was impossible to judge to what extent changes since 1939 were likely to be permanent. Mr. Johnston thought it would have been desirable to analyse wartime trends because Scotland last year had the lowest infant mortality in its history—65 per 1,000. Five members of the committee had knowledge of the conditions abroad. Dr. Douglas, chief maternity and welfare officer of the Department of Health, had knowledge of New Zealand; other members had been to Scandinavia and knew conditions there. As for fuel, the Scottish consumed about 13% less coal than the English householder, but Titmuss had shown that fuel conditions were not the cause of the infant mortality in Holland, and had drawn attention to the fact that in Iceland the rate was 28.3 per 1,000 live births. Titmuss therefore judged that the heating of the household was not a primary factor. It was true that the New Zealand figure was 29, but that excluded the Maori, which was 97. In July, 1939, the unemployment figure in Scotland was 11.5; in January, 1944, it was down to 1. Mr. Johnston believed that a factor causing a reduction in the infant mortality was that more purchasing power was coming into the home. Maternity homes had gone up by 50% during the war, although 108 maternity beds in rural areas were being put to wartime uses. Local authority associations promised to do all they could by increasing the intake of orange juice and vitamin tablets and by requisitioning more large houses.

Shelling of Field Medical Units

On Feb. 22 Mr. SORESENSEN asked the Secretary of State for War if he would make a statement respecting the bombing and shelling of field hospitals respectively on Feb. 7 and 10 in the Anzio area; and whether, generally, the immunity of the Red Cross was being observed. Sir J. GRIGG: I could not give a categorical answer to this question without considerable investigation. There have been certain incidents, but, generally speaking, so far as field medical units are concerned the immunity of the Red Cross emblem has been respected. No official report has reached me that it has in fact been violated in the Anzio area.

Penicillin

Mr. ATTLEE told Sir William Davison on Feb. 24 that he knew Prof. Fleming had made no financial profit from his discovery of penicillin. Others had played an important part in showing the full value of Prof. Fleming's original observation and in developing it as a discovery capable of practical application. The question of financial rewards for medical discoveries had been carefully examined on earlier occasions, with the conclusion that any such system, even if desirable, could not be administered equitably in practice. The policy of the Government was to support medical research work in progress and not to offer payments on the basis of results.

In reply to Commander Locker-Lampson on the same date Mr. CHARLES PEAT said penicillin was not a proprietary article. It was at present being manufactured only under Government auspices. Manufacture would be controlled so long as that was necessary in the national interest.

Mr. LAW announced on Feb. 23 that, owing to the interest taken in penicillin, several hundred copies of the current number of the *British Medical Bulletin* had been printed for distribution to members of the medical profession in the United Kingdom. This *Bulletin* was produced by the British Council to keep medical circles abroad informed of medical research work in the United Kingdom. Owing to paper shortage only a few copies of each number were available in this country.

Cholera and Smallpox in India.—Mr. BUTLER, replying for Mr. Amery on Feb. 17, stated that in India the cholera and malaria situations were improved, but incidence was still abnormally high. Smallpox also presented a problem. He had no complete figures for cases treated, but up to Jan. 29 over 2,000,000 cholera inoculations and 1,500,000 vaccinations had been performed. Mr. Amery was endeavouring to obtain exact figures of deaths in India from starvation and resulting diseases.

Disability Claims for Pneumoconiosis.—Mr. HERBERT MORRISON told Mr. Henry White on Feb. 9 that since July 1, 1943, when the Pneumoconiosis Compensation and Benefit Schemes came into operation, the Medical Board granted certificates of disablement or suspension in two cases under the compensation schemes in the North Midland Region and refused 25. One death was certified