require radiographs of high technical quality. Frankly, unless it is a question of shortage of raw materials I entirely fail to see why we as a profession should tolerate anything but the very best for our patients. They certainly would not allow it if we used our positions of influence to enable public opinion to control governing policy.

The next step after mass chest radiography is likely to be bulk radiographic investigation of the gastro-intestinal tract. I believe that schemes could be perfected whereby very large numbers of patients could be investigated with full co-operation between radiologist and other members of the professional team. Mass radiography of the intestinal tract would seem almost certainly to call for highly protected screening units, and the expenditure of some ten to twelve small films and one or two larger films per patient. The basic cost of such investigations would be infinitesimal in comparison with the savings effected in industry and war production even with films at their present price, but I feel that such price is artificially high.—I am, etc.,

Belfast, Nov. 15. DOUGLAS BOYD.

Euthanasia

SIR,—The conclusion arrived at by many well-known members of our profession is that the act of dying is usually not in any way so terrible to the dying individual himself as it seems to his friends present at the death-bed. In my *Aspects of Death* (London, fourth edition, 1922, p. 514) I referred to the prevailing medical evidence in support of this conclusion, quoting the opinions of such eminent men as Sir Henry Halford, Sir Benjamin Brodie, Sir William Gull, Sir W. S. Savory, Dr. William Munk, Sir William Osler, Sir J. F. Goodhart, Prof. H. Nothnagel, Prof. C. A. Ewald, and I would now add Sir Frederick Treves, Prof. A. E. Hoche, Prof. G. Perthes, and Prof. J. A. Ryle (1940). Dr. T. Bodley Scott (1914) went so far as to write: "The so-called agony of death is, in my experience, a chimera."

Nevertheless, although the act of dying is usually not so terrible to the dying individual as is still commonly supposed, there are occasional cases of extremely painful chronic incurable disease in which the patient longs for artificial release from almost intolerable suffering. For such exceptional cases I would join myself to those who wish to see the law altered, so that, with properly considered limitations, at the patient's repeated earnest request, if more than one experienced doctor certified the case as incurable and the pain and distress as almost unbearable, painless death might be administered. I regard Nature as one of the manifestations of God, and believe that we human beings have been gradually permitted to acquire more and more control of Nature—of which we ourselves constitute a part. We have been enabled to avoid much suffering and death by aseptic surgery, anaesthetics, anodynes, chemotherapeutic means, etc. Why should we not in exceptional cases of chronic painful incurable disease relieve the patient of his life at his repeated earnest request? One often hears Nature blamed for cruelty, which we ourselves—a part of Nature—might nowadays, and possibly are intended to, prevent.—I am, etc.,

London, W.1, Nov. 18. F. PARKES WEBER.

Pathogenesis of Non-pulmonary Tuberculosis

SIR,—A reading of the article on the pathogenesis of non-pulmonary tuberculosis by Dr. M. C. Wilkinson (November 16, p. 660) shows that the author has considered a large and valuable material, but the discussion and conclusions seem subject to criticism.

Most workers would agree that in the presence of haematogenous tuberculosis involvement of glands may not always be obvious, though a primary complex with a glandular component seems to be a necessary precursor of such lesions. Further, it is well known that an active primary complex may give rise to rapid dissemination—for example, such a complex is often found in patients dying of tuberculous meningitis, in whom also other non-pulmonary lesions may be present.

Infection of a group of lymphatic glands is evidence that there is some effort to resist the wider spread of disease. If this were not so all those who develop the primary complex would be likely soon to show manifest pulmonary or non-pulmonary tuberculosis. Nevertheless, a quite definite proportion of those who have shown a glandular involvement in the primary complex do later develop other tuberculous lesions.

In claiming that "patients suffering from gross tuberculous adenitis do not under favourable conditions develop tuberculosis in other parts of the body," Dr. Wilkinson revives an old heresy, promulgated by Marfan in 1886 but repeatedly refuted by the later improvement of diagnosis by radiography. One of us (B. C. T.) published recently an exhaustive study of 324 cases of tuberculous adenitis (*Tubercle*, April and May, 1940, pp. 217, 260) to which Dr. Wilkinson makes no reference. Apart from numerous cases of skeletal, skin, and organ tuberculosis, pulmonary tuberculosis of adult type developed in fifty-four patients with fourteen deaths, and further cases with an increased mortality are expected as time goes on.

Dr. Wilkinson surveyed 110 patients with tuberculous cervical adenitis and forty with tuberculosis of abdominal glands. Reports were received of eighty-one "at periods varying from a few months to seven years after discharge." Since no fresh lesions had developed elsewhere, it was concluded that patients treated for glandular tuberculosis do not develop fresh tuberculous lesions. This conclusion is not justified from a follow-up of only 51% of the patients and for the periods stated (how many were followed for the full seven years?). Even seven years is a short period in tuberculosis. Any follow-up of children is statistically valueless unless it is carried through to adult life, since phthisis rarely occurs before adolescence.

In view of the importance of continued and thorough observation of patients with gross glandular tuberculosis, we feel that it is desirable to correct any false impression arising from Dr. Wilkinson's conclusions.—We are, etc.,

F. A. H. SIMMONDS.
BRIAN C. THOMPSON.

County Sanatorium, Barnet, Nov. 21.

Universities and Colleges

UNIVERSITY OF LONDON

The following candidates have been approved at the examinations indicated:

THIRD M.B., B.S.—*Old Regulations:* [1] W. H. H. Merivale, *Revised Regulations:* [1] Ruth E. M. Bowden, [1 3 4] Frances V. Gardner, [1] Florence R. Pillman, [1] N. S. Slater, [1] A. G. Spencer, [1 2 3 4] R. E. O. Williams. *Old Regulations:* Laura M. Bates, A. D. Bell, P. W. Clarkson, D. Coueslant, O. P. Dinnick, D. M. Douglas, M. M. Ernst, K. W. G. G. Heathfield, Margaret J. Honeywill, E. G. Hosking, G. Levy, J. C. H. Maidment, S. Meleck, N. P. Orchard, M. F. Pilcher, H. I. H. Porcher, A. G. Stephenson, L. H. Turner, C. K. Warwick, J. Wills, D. A. Barley, G. A. Beck, J. C. Bryce, F. B. Cockett, Leonora A. Crawford, Muriel Crouch, T. H. Cullen, W. Darby, Jean L. Edwards, Mary E. Eiloart, G. R. Evans, J. Freeman, R. C. Fuller, O. C. Fung, Margaret E. Harker, C. A. Holman, R. E. B. Hudson, J. I. P. James, A. O. John, Elspeth M. Kaye, Joyce A. Keeping, Gwendoline M. E. Keevil, H. A. Kreiser, D. R. Livingston, Kathleen B. McClintock, M. McFarlane, Christina M. McKillivray, B. U. Meyer, Margaret Middleton, Phyllis Morley, A. O. A. Ohannessian, Ruth P. Peterson, Mary L. Rae, K. O. Rawlings, T. H. E. Richards, E. A. Ritchie, E. Rosenbaum, B. C. Rowlands, C. A. Royde, Mary M. E. Rutter, R. A. Sandison, A. C. J. Saudek, D. W. Shields, Daisy M. Smith, Margaret C. Smith, J. H. Smitham, G. S. C. Sowry, Irene J. Stark, Kathleen Staynes, M. Steel, D. V. Stott, P. V. Suckling, P. H. Sutton, Margaret L. Taylor, Beatrice M. Thompson, H. A. Warbrick-Smith, J. A. E. Watts, R. Wigglesworth, Mary U. Wilkin, D. W. Williams, S. Witt, B. W. Wood. *Group I under Old Regulations:* P. H. Beales, G. D. Daruvala, J. W. Nicholas, W. H. Weston, J. R. D. Williams. *Group II under Old Regulations:* H. N. Rees. *Part I under Revised Regulations:* K. J. Adams, J. P. Adlam, S. S. Alexander, A. J. C. Allen, A. W. Anderson, R. H. Andrews, M. W. Arthurton, I. C. Barne, F. D. Beddard, J. Beeston, R. C. Bell, D. H. Bennett, F. A. Binks, W. Black, A. Bogdanovitch, F. V. A. Bosc, K. T. Brown, C. Brun, E. M. Cheffins, L. Cohen, J. A. B. Cotsell, F. Darné, Helen Davidson, E. B. Dawe, J. Denfield, G. Discombe, A. G. Doughty, C. B. B. Downman, H. D. Doyle, C. E. Drew, Margaret D. D. Dudley-Brown, H. H. G. Eastcott, Christine Ecroyd, P. A. Eyre, B. J. Fowler, S. M. Frazer, P. D. Gange, M. B. H. Golden, C. J. Goodall, J. L. Greaves, Barbara J. Greenwood, E. Griffiths, E. W. Guillaume, A. W. Hagger, D. H. C. Harland, G. P. Hartigan, G. W. D. Henderson, M. Hershman, W. L. P. Hewerdine, M. Hewitt, N. Hext, J. C. Holman, Emily M. Horsfall, Janet R. Humphrey, Isabella C. F. Hungerford, N. N. Iovetz-Tereshchenko, H. M. Jamison, G. Jarratt, Elizabeth E. Johnson, H. P. Jones, H. O. Jones, H. M. Jones, H. L. Joyce, Evelyn A. Kaye, D. W. Liddell, Ursula M. Lister, Isabelle G. Little, Anne N. M. Llewhelin, D. Long, Silvia C. Lucas, W. C. Lyon, P. M. McAllen, I. P. MacL. MacDougall, T. McKeown, Margaret E. Matthews, Joan S. Millett, B. P. Moore, D. B. Morgan, J. V. Morris, S. Muntarbhorn, L. P. A. Newborne, N. C. Norman, W. O'Brien, C. B. O'Carroll,

R. H. A. Parker, Jean W. Paul, C. M. C. Potter, S. D. Purcell, P. A. B. Raffle, D. Ranger, R. V. Read, H. N. Reed, G. K. C. Rettie, R. E. Rewell, M. J. Riddell, R. B. L. Ridge, Dorthy H. Robertson, J. A. J. Sandilands, R. P. G. Sandon, R. D. W. Schofield, Isabel B. Schooling, B. A. Sellick, R. J. Stanley, D. Stern, R. J. Stout, M. G. Sutton, S. J. Sutton, P. N. Swift, G. S. Thomas, M. R. Thompson, H. R. Thomson, E. B. Thornton, St. J. M. A. Tolhurst, D. J. Trevan, G. F. W. Tripp, P. A. M. van-de-Linde, P. C. van der Westhuizen, A. Venner, J. H. E. Verdon, G. B. R. Walkey, G. G. Wallis, F. J. H. Walters, Kathleen M. Watson, G. N. Weber, R. H. Welch, S. D. V. Weller, B. W. Wells, H. W. Wheate, O. P. G. Whitfield, J. A. Williams, C. W. Wilson, A. L. Woolf; M. G. Allen (not yet completed examination). *Part II under Revised Regulations:* E. D. Arkell, D. W. Bain, Betty C. Bloxham, R. F. Braithwaite, D. R. Christie, Lorna M. M. Davies, G. S. Davis, Hilda M. Dean, N. H. Desai, A. J. Evans, A. R. Harrison, J. C. A. Innes, I. S. Jacklin, F. B. Meade, Madeleine B. Morris, L. P. A. Newborne, R. L. Norris, T. G. Paxon, D. G. Reinold, L. Rosen, Joan A. Rosmarin, N. Saunders, Ella Schwartzman, Honor M. V. Smith, Myra Sutherland, Gwendolen M. G. Thomas, G. F. W. Tripp, A. S. Watts, M. Wayne, W. J.-S. Wilson, J. A. J. Wiseman. *Part III under Revised Regulations:* F. A. Denz, Marcia K. Evans, J. C. Ford, H. M. Jamison, A. K. Jones, G. L. Lambert, L. W. C. Massey, R. G. W. Moore, T. N. Nauth-Misir, M. G. Sutton, D. H. G. Walker, Kathleen M. Watson.

[1] With honours. [2] Distinguished in pathology. [3] Distinguished in hygiene and forensic medicine. [4] Distinguished in medicine. [5] Distinguished in applied pharmacology and therapeutics. [6] Distinguished in surgery. [7] Distinguished in obstetrics and gynaecology.

The Services

HONORARY PHYSICIANS TO THE KING

Surgeon Captain W. J. Carr, C.B.E., R.A.N., Colonel D. M. McWhae, C.M.G., C.B.E., V.D., A.A.M.C., Group Captain E. A. Daley, R.A.A.F., and Colonel F. T. Bowerbank, O.B.E., N.Z.M.C., have been appointed Honorary Physicians to the King as from November 8.

HONORARY SURGEONS TO THE KING

Surgeon Captain L. Darby, C.B.E., R.A.N., Colonel R. W. Whiston-Walsh, D.S.O., V.D., A.A.M.C., Air Commodore T. E. V. Hurley, C.M.G., V.D., R.A.A.F., and Colonel K. McCormick, D.S.O., N.Z.M.C., have been appointed Honorary Surgeons to the King as from November 8.

CASUALTIES IN THE MEDICAL SERVICES

Royal Army Medical Corps

Prisoners of War

Major Christopher Rowland Alderson, R.A.M.C.
Major William Norman Stuart Donaldson, R.A.M.C.
Major George Dickinson Hadley, R.A.M.C.
Major Francis Joseph O'Meara, R.A.M.C.
Acting Major Charles Winsor Horncastle, R.A.M.C.
Acting Major George Geoffrey Evanson Smyth, R.A.M.C.
Acting Major Geoffrey Carter Steel, R.A.M.C.
Acting Major Alan William Woolley, R.A.M.C.
Captain Norman Altham, R.A.M.C.
Captain William Lumsden, R.A.M.C.
Captain (War Substantive) Robert Robertson, R.A.M.C.
Lieut. Michael Anthony Egan, R.A.M.C.
Lieut Edward Macrae Fraser, R.A.M.C.
Lieut. Charles Walter Iliffe, R.A.M.C.
Lieut. John Andrew James, R.A.M.C.
Lieut. Evan William Macmillan, R.A.M.C.

Wounded and Prisoner of War

Lieut. Geoffrey Harold Darke, R.A.M.C.

Previously reported Missing, now reported Not Missing

Captain (War Substantive) Colin Kenneth McCoan, R.A.M.C.

DEATHS IN THE SERVICES

Colonel Clement Henry Bensley, C.I.E., K.H.P., Bengal Medical Service (ret.), died at Southsea on November 13, aged 70. He was born at Rajshahai, Bengal, on September 27, 1870, the son of Assistant Surgeon, afterwards Surgeon Major, E. C. Bensley, I.M.S. He received his medical education at St. Mary's Hospital, and took the M.R.C.S., L.R.C.P. in 1893. Entering the I.M.S. as surgeon lieutenant in 1895, he became lieutenant-colonel after twenty years' service, colonel in 1923, and retired in 1927. He was appointed to the Jail Department in the Punjab in 1901; transferred to the Central Provinces in 1909; became Inspector-General of Jails, Central Provinces, in 1917; and Inspector-General of Civil Hospitals in Assam in 1923. In 1924 he was appointed Honorary Physician to the King, and received the C.I.E. in 1925. He served in the campaign on the North-West Frontier of India in 1897-8. He leaves a widow and two daughters.

Obituary

A. T. TILL, M.B., D.P.H.

We regret to record the death through enemy action of Dr. Albert Thomas Till, medical officer of health for the borough of Mitcham, at the early age of 40.

Dr. Till, who was born at Port Elizabeth, South Africa, received his early education in Johannesburg and his medical education at Edinburgh University, where he qualified M.B., Ch.B. in 1924. In the same year he took his Diploma in Tropical Medicine and Hygiene, and a little later went to Damascus to the Edinburgh Medical Missionary Society's hospital there. He stayed in Damascus for eighteen months, a period which saw the serious riots of the post-war occupation, and then returned to South Africa to take charge of the Mahamba Medical Mission in Swaziland. During his seven years in Swaziland he did much excellent work in the reorganization of the medical services and gave invaluable advice and guidance on the building and equipment of a new hospital. With all his activities he found time to observe the life and customs of the people, and the results of one of his studies on "Dental Caries among the Natives" was published in the *South African Medical Journal* in 1927. Ill-health due to malaria caused him to return to London, and since his interest was still in public health and hygiene he took his D.P.H. in 1931, and in that year was appointed medical officer of health for Mitcham. In the summer of 1939 he took his M.D. in public health at Edinburgh, but owing to his special duties in Mitcham in charge of the ambulance service and first-aid posts he was unable to proceed to graduation. He had worked untiringly since the outbreak of war for Mitcham's A.R.P. services and for the health and welfare of the inhabitants. He leaves a widow and young daughter, to whom much sympathy will be extended in their tragic loss.

A friend writes:

I knew Dr. Till as it is rarely given for one man to know another. We were students at the university together, sharing the same "digs" and studies throughout our medical course. His unselfish devotion, his keen sense of humour, and his great moral courage were the bases of his many friendships. Quiet and unobtrusive, with deep religious instincts, he impressed his teachers and fellow-students with the conscientiousness of his work and the sincerity of his character. During his student days he was an active worker with the Edinburgh Medical Missionary Society, on whose behalf he took over medical work in their hospital at Damascus prior to taking up medical mission work in Swaziland.

To preach the Gospel, to heal the sick, and to be a competent medical man was the avowed essence of his creed. The measure of his success he constantly questioned, not in a self-depreciatory way, but to determine if he could become more efficient or give better service. We who knew him professionally and in his private life can assess the rich quality of his life and work. Possessed of a keen observant mind, no detail, however small, escaped his notice, and his standing as a medical man and public health official was high. Truly he was a beloved physician, and many humble folks will have reason to mourn his loss. He lived life abundantly, and the memory of his character and work will long endure.

JAMES ADAM, M.A., M.D.

Dr. J. F. Lang writes: Dr. James Adam of Hamilton, before studying medicine in Glasgow, had graduated in Arts and had been specially influenced by Edward Caird. His approach to the problems set by his profession was decided by this training, and he quoted to me only a few months before his death two of Caird's dicta: "One is apt to be wrong if one claims too much"; and "One is apt to be right in what one asserts,