

is the most reliable, but unfortunately it is too time-consuming and laborious for routine use. Thus "the tacit approval, by the Ministry, of Wassermann tests as performed by approved laboratories" seems to me to be the correct attitude, but I should like the required standard of work to be higher.

The thought of a medical officer in charge of patients, even if he has had first-hand experience of all laboratory tests, popping in to the laboratory to do a batch of tests if need be fills me with apprehension. Surely the foundation stone of accurate work with serum tests is regularity of performance. But this does not, and should not, exclude the pathologist from doing regular clinical work and thereby keeping in touch with patients. In short, the pathologist of a V.D. clinic should be a clinical pathologist.—I am, etc.,

L.C.C. (Whitechapel) Clinic, E.1.

I. N. ORPWOOD PRICE.

### Lathyrism and Vitamin B<sub>1</sub> Deficiency

SIR,—At the close of your interesting annotation on "The Wernicke Syndrome and Vitamin B<sub>1</sub> Deficiency" (Aug. 29, p. 249) you suggest that antivitamin factors may prove to be the cause of other obscure nutritional diseases. A number of years ago, in collaboration with Lieut.-Col. L. A. P. Anderson, I.M.S., and Sir Albert Howard (*Ind. J. med. Res.*, 1924, 613), it was shown that lathyrism resulted most probably from the ingestion of foodstuffs prepared from the seeds of *Vicia sativa* var. *angustifolia*, and not, as had been assumed previously, from the seeds of *Lathyrus sativus*. The possibility of vitamin deficiency in the diet of the experimental animals was excluded, and we suggested that the disease was caused by the glucoside, vicine, or its aglucone, divicine, both of which were found experimentally to be toxic. It now seems to me to be more probable that vicine, or possibly some other constituent of the seeds of the vetch, inhibits the activity of aneurin or some other member of the vitamin B complex. It is hoped that someone more favourably placed than I now am may investigate the validity of this suggestion.—I am, etc.,

Bangor, N. Wales.

J. L. SIMONSEN.

### Draining the Ectopic

SIR,—There have been several accounts in the *Journal* (1942, 1, 640, 669, 722) during the past few months of the delivery of ectopic pregnancies of viable age. In each case a drainage tube was introduced and in some was followed by a long period of invalidism. I wish therefore to call attention to the fact that, where the placenta cannot be removed entirely (sometimes a simple procedure), the abdominal wall can be sutured completely over the secundines without any fear of after-effects. The power of autolysis of the placenta is so great, and its connexion with the maternal blood supply so intimate, that it disappears after a few months. To introduce infection to it by means of a drainage tube will ensure a prolonged convalescence with fistula and adhesion formation. Pus, not placenta, discharges from the drainage tube. When a lithopaedion is discovered its placenta is non-existent.—I am, etc.,

FRANK STABLER,  
Surgeon Commander, R.N.V.R.

### Self-medication and the Chemist's Shop

SIR,—Dr. E. L. Loewenthal's letter (Aug. 15, p. 199) was one of the most interesting and intelligent that has appeared in the *Journal* for some time. He hits one nail very squarely on the head when he writes, "The more effective the preparation the more dangerous it is . . . without medical supervision." To the examples he gives I would add a well-known cough syrup which will keep the cough under a very fair degree of control until cavities have appeared in the lung. I believe I am right in saying that we are now up against an enormously powerful vested interest, and that something like 90% of the patent medicines sold in this country are controlled from the financial end by one group.

The average chemist probably does not want to prescribe, and it is doubtful if he wants to "muscle in" on the territory of other branches of retail trade. But so long as the dispensing doctor continues to take away his legitimate dispensing trade he is left with but little option if he is to remain in business at all. One point, however, the would-be reformer must keep in mind. There has grown up in some parts of the country

a belief or superstition that "doctor's medicine" has a magical superiority over any sold over the counter. Who in the profession that dispenses has not heard, "I thought it was time I had some doctor's medicine"? Again, there is a similar superstition that the chemist who does N.H.I. dispensing keeps only inferior drugs, and one's offer of a prescription may be refused on that ground.

Dr. Hermann Levy's statement (Aug. 29, p. 265) that "the English have a certain proneness" to self-medication is merely a statement of the truism that the English are a very gullible people. Possibly the real essence of democracy is that they should be permitted to continue to allow themselves to be gulled, but the profession in its fight against osteopaths, chiropractors, faith-healers, etc., has never shown any leaning towards that doctrine. One of the advantages of a State Medical Service is that we should be in a very much stronger position *vis-à-vis* those who make large fortunes by peddling to all and sundry drugs the capabilities of which are utterly unknown to them; another is that we should find ourselves freed from the necessity of competing with the chemist as retail tradesmen.

I wonder if Dr. Loewenthal is aware of the difficulty which the B.M.A. experienced in obtaining any newspaper publicity for *Secret Remedies* and its sequel.—I am, etc.,

DONALD M. O'CONNOR.

### Hypnosis

SIR,—I thought your leading article on the present position of hypnosis (Sept. 5, p. 283) did not sufficiently stress one important point, in that the hypnotic state is related to the transference situation obtained in the preliminary stages of psycho-analysis. Psycho-analysis proceeds to render this situation conscious to the individual, whereas hypnosis does not generally do so. The point is that transference is preceded with to obtain the necessary deeper analysis, whereas hypnosis serves to keep transference maintained, and builds up resistance to any deeper analysis. Jones mentions this in his book, *Papers on Psycho-analysis*. No doubt when a skilled psychoanalyst discovers his dream of paradise by securing as a patient a spiritualist medium suffering from hysteria, and endeavours to treat this entrancing combination by hypnosis, some further delectable expressions of opinion may obtain.—I am, etc.,

Tipton, Staffs.

L. H. EUNSON.

### Hyperostosis Frontalis Interna

SIR,—Dr. J. MacKay Crawford (Aug. 29, p. 261) is, of course, quite right and I apologize for the slip. The tolerance to glucose was reduced, not increased, in my case, as evidenced by the definite rise in blood sugar.—I am, etc.,

Truro.

C. T. ANDREWS.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

At a Congregation held on August 28 the following medical degrees were conferred:

M.D.—By proxy: E. W. Hart. In person: W. A. Law.  
M.B., B.Chir.—By proxy: P. Hugh-Jones, D. McAnally, G. P. Baker, W. E. Church, H. G. Danziger, G. E. Ffrench, H. D. Juler, J. M. S. Knott, M. E. Lockhart-Mummery, L. H. H. May, J. C. Waterlow, P. H. Buxton, P. M. Daniel, G. H. Dhenin, F. S. Glassow, A. Hulme, R. J. Walker, B. G. C. Ackner, P. F. Borrie, J. A. B. Gray, E. J. Holborow, H. W. F. Jones, T. D. Kellock, D. S. Short, J. F. P. Skirmshire, J. C. Swanson, J. R. Thompson, T. O. Candler, A. G. Addison, E. J. Harrison, D. E. R. Kelsey, A. Lyell, K. A. Palmer, S. H. Purser, D. L. Sandes, J. F. R. Withycombe, W. B. Alexander, A. O. Bech, J. A. Black, N. F. Crofts, R. E. Danckwerts, J. H. L. Ferguson, J. L. Fluker, J. B. Foote, R. A. Holden, E. B. Jarrett, A. G. Leacock, C. M. Phillips, P. M. M. Pritchard, J. H. B. M. Rowlands, H. D. Teare, J. B. Wyon, R. J. K. Brown, N. D. Compston, P. J. R. Deller, F. M. Lancaster, K. T. Lockhart, R. G. Miller, E. C. Poulton, E. G. Sita, R. U. Whitney, D. I. Williams, C. D. Calnan, D. G. R. Fox, J. S. Pippard, J. R. K. Preece, F. S. Carter, G. F. Green, A. W. N. Oatway, T. O. Scudamore, R. H. Wheeler, J. Dean, R. Dobson, H. G. McQuade, R. H. Meara, W. E. S. Bain, T. L. T. Lewis, D. Rice, N. L. Birkett, B. F. Brearley, E. G. A. Crawshaw, J. A. Peters, J. F. P. Quinton, P. K. Renshaw, J. K. Wagstaff, R. B. Welbourn, M. R. Jeffrey, H. M. Lawson, C. R. Naish, H. P. König, L. R. McLaren, J. J. Wild, and H. I. Winner. In person: V. R. Arulanandom, N. J. Goorney, H. M. J. Rowan, J. A. V. Bates, R. D. Sweet, I. Macdonald, J. G. Safer, E. C. E. Golden, W. S. Ladell, R. W. Danziger, and R. G. Mathers.

During July and August the titles of the degrees of M.B., B.Chir. were conferred on A. Bolton and Mrs. P. Eskell (Newnham College) and F. H. Lomax and M. L. Macalister (Girton College), and of M.B. on Mrs. C. M. Hall (Newnham).

## UNIVERSITY OF LONDON

LONDON (ROYAL FREE HOSPITAL) SCHOOL OF MEDICINE FOR WOMEN

The following scholarships have been awarded for 1942-3:

*St. Dunstan's Medical Exhibition*, Miss W. E. Lewington. *St. Dunstan's Medical Exhibition (Supplementary)*, Miss S. Rollin. *A. M. Bird Entrance Scholarship*, Miss G. Smith. *Mabel Sharman-Crawford Scholarship*, Miss P. J. Lockley. *Sir Owen Roberts Memorial Scholarship*, Miss E. J. Harman. *A. M. Bird Scholarship for Clinical Studies*, Miss M. E. Townsend. *Alfred Langton Scholarship*, Miss C. M. Watt. *Ellen Walker Bursary*, Miss E. T. Brash. *Flora Murray Bursary*, Miss D. M. Phillips. *Emma Beilby Bursary*, Miss H. B. Hill and Miss E. E. Simpson. *John Byron Bursary*, Miss D. A. Chapman and Miss B. M. Goetzee. *A. M. Bird Postgraduate Scholarship in Pathology*, Miss F. D. Bosanquet, M.B., B.S.

## Obituary

### V. WARREN LOW, C.B., M.D., F.R.C.S.

The announcement of the death, which took place on September 2, of Mr. V. Warren Low will be received with regret by a wide circle of friends and colleagues. He was associated with St. Mary's Hospital during almost the whole of his career, first as a student, then as a member of the staff, rising to the position of senior surgeon, and afterwards as consulting surgeon and vice-president of the hospital.

Vincent Warren Low was born in 1867 at Staines and was educated at Cranleigh. After his training at St. Mary's he graduated M.B. at the University of London in 1892, and B.S. with first-class honours in 1893. In that year he became a Fellow of the Royal College of Surgeons, and two years later proceeded M.D.Lond. At the outbreak of the Boer War he went out with the South African Field Force as a civil surgeon, served with distinction, and gained the Queen's medal and seven clasps. On returning he became assistant surgeon to the Royal Northern Hospital, and shortly afterwards assistant surgeon to St. Mary's, where in due course he became full surgeon and lecturer on surgery in the medical school. During the last war he was consulting surgeon to H.M. Forces in the Dardaneiles and Egypt, with the temporary rank of colonel, A.M.S., and in that capacity again he did distinguished service for his country, was mentioned in dispatches, and was made Commander of the Bath.

The Royal College of Surgeons claimed a great deal of Low's interest for many years. From 1916 onwards he was a member of its Council and from 1928 to 1939 a Vice-President. He served the College as a member of the Court of Examiners, and he was also at various times examiner in surgery to the universities of Cambridge, London, and Liverpool. For some years he was a member of the University of London Senate. He could be described as a great "hospital man"; he was a member of the Council of the King Edward's Hospital Fund for London, and consulting surgeon to several cottage hospitals in the metropolitan area. Another institution in which he was greatly interested was the Royal Seabathing Hospital at Margate, of whose committee of management he was a valued member. An important office he held for many years was that of chief consulting surgeon to the L.M.S. Railway Company.

In medical society life Warren Low was always a popular figure. He was not a brilliant or frequent speaker, but he was a great listener, even after partial deafness had robbed the meetings of some of their interest for him. His countenance continued to radiate cheerfulness, even in his later years of disability, and his humorous turn of speech, often in the vein of happy reminiscence, made his rare interventions either in business or scientific discussion always welcome. He was an old member of the Medical Society of London; his first contribution to its *Transactions* appeared more than forty years ago. Eventually he became one of the trustees of that society and as far back as 1919 its president. He was also prominent in the Royal Society of Medicine and was its president in 1932-4. He had previously been president of the Section of Surgery. His old students have occasion to remember with gratitude the excellence of his teaching, but he attempted no ambitious writing. He was prominent in the Masonic fraternity, a Past Master of the Sancta Maria Lodge attached to St. Mary's Hospital, and a member of the United Grand Lodge of England. He was also president of the Society for the Relief of Widows and Orphans of Medical Men. He was Junior Warden of the

Society of Apothecaries, which he joined in 1914 and in which he took great interest, not having missed a single meeting of the Private or Full Court after becoming an Assistant.

### DAVID WATERSTON, M.D., F.R.C.S.Ed.

We regret to announce the death of Prof. David Waterston, which took place on Sept. 4 in Edinburgh at the age of 70. He had held the Bute Professorship of Anatomy at St. Andrews for 28 years.

Waterston was born in Glasgow, the son of the Rev. Richard Waterston, for many years Free Church minister in Dundee. He studied medicine in Edinburgh and graduated M.A. in 1891, M.B., C.M. with honours in 1895, and M.D. with gold medal in 1900; he took the F.R.C.S.Ed. in 1898 and in later life was elected F.R.S.Ed. For twelve years he was demonstrator of anatomy at Edinburgh University and he held the Crichton Research Fellowship in anatomy for three years. In 1909 he became professor of anatomy at King's College, London, resigning in 1914 on his election to the chair at St. Andrews. He was Arris and Gale lecturer at the Royal College of Surgeons of England in 1914-15 and Struthers Memorial Lecturer at the Royal College of Surgeons of Edinburgh in 1927. He represented St. Andrews University on the General Medical Council for ten years and served also for some time as a member of the Dental Board. He joined the British Medical Association in 1898, and was vice-president of the Section of Anatomy in 1906 and of the Section of Anatomy and Anthropology in 1939. At the Bournemouth Annual Meeting he opened a discussion on the mechanism of pain, and the text of his paper was published in the *British Medical Journal* of December 15, 1934.

Waterston was deeply versed in his own subject, and his reputation as a teacher was high. He was the author of *Anatomy in the Living Model*, which embodied his Arris and Gale lectures, and edited the *Edinburgh Stereoscopic Atlas of Anatomy*; he also contributed papers on anthropology, embryology, and comparative anatomy to scientific journals and the publications of scientific societies. He was one of the pillars of the James Mackenzie Institute for Clinical Research from the time of its foundation at St. Andrews and acted as its honorary consultant; he also served on the local town council, and was a well-known figure on the links of the Royal and Ancient Club. A memorial service was held on Sept. 9 in the University Chapel, St. Andrews.

## The Services

The King has approved the following appointments and awards in recognition of gallant and distinguished services in the Middle East during the period Nov., 1941, to April, 1942.—*C.B.E. (Military Division)*.—Acting Brigadier G. F. Allison, M.C., late R.A.M.C.; Temp. Brigadier J. Walker, M.C., late R.A.M.C. *O.B.E. (Military Division)*.—Acting Brigadier R. R. G. Atkins, M.C., R.A.M.C.; Temp. Cols. J. S. K. Boyd, H. V. Leigh, G. S. McConkey, and R. F. Walker, M.C., R.A.M.C.; Major (Temp. Lieut.-Col.) K. Fletcher-Barrett, R.A.M.C. *M.B.E. (Military Division)*.—Capts. (Temp. Majors) P. B. Ascroft, W. A. Oliver, L. S. Rogers, and H. B. Stallard, R.A.M.C. *M.C.*—Capt. (Temp. Major) E. F. S. Morrison, R.A.M.C.; Capts. R. D. D. Birdwood and V. Rangachari, I.M.S.

*Mentions in Dispatches*.—Capt. (Temp. Major) R. A. Smart, R.A.M.C.; Major (Temp. Lieut.-Col.) H. W. Mulligan, I.M.S.

Temp. Surg. Lieut.-Cmdr. H. G. Rees, R.N.V.R., has been appointed an O.B.E. (Military Division) and Temp. Surg. Lieuts. P. W. Isaac and C. H. F. Wood, R.N.V.R., M.B.E. (Military Division) for endurance and devotion to duty when H.M.S. *Cornwall* and H.M.S. *Dorsetshire* were sunk by Japanese air attacks in the Indian Ocean.

The D.S.C. has been awarded to Surg. Lieut.-Cmdr. B. S. Lewis, R.N., for gallantry in an action which resulted in the safe passage to Malta of an important convoy, and Surg. Lieut. G. N. Reed, R.N., and Temp. Surg. Lieut. R. R. Wethered, R.N.V.R., have been mentioned in dispatches.

The D.S.C. has been awarded to Surg. Cmdr. L. Lockwood, R.A.N., for bravery and endurance when H.M.A.S. *Hobart* was taking convoys across the China and Java Seas in the face of sustained enemy air attacks.