

oddly enough, prefers to call them. The three types could have been labelled "A," "B," and "C," like the vitamins (and combined lesions would have been represented with engaging simplicity by combinations of these letters); but I thought, and still think, that, after the confusion that has prevailed for so long in the nomenclature of nerve injuries, "neurotmesis," "axonotmesis," and "neurapraxia" were rather better in that they were descriptive and reasonably accurate. It is to be noted that Dr. Walshe, even though he commands "the illimitable resources of our mother tongue," suggests no alternative names to cover all the conditions we are considering.

It is good of him to mention "fibrin suture," for the use of this term shows that one does not use new words just for the fun of the thing, but only when they are needed. "Suture" is a fairly elastic word; anatomists, botanists, and zoologists use it for unions in which stitches play no part, and the significance of stitches in the surgical definition is no more than an indication that until recent times stitches were the only available means of joining sundered tissues. Its use in "fibrin suture" is as plain as a pikestaff; one does with a fibrin clot what is usually done with stitches, so why invent a new word? As for being a terminological purist—I can make so much claim; for one thing, I never learned Greek. But like those who invented the words "telephone," "microphone," "megaphone," and "loud-speaker," I want a name for a thing, and surely it is no offence if the term happens to be etymologically correct.

If Dr. Walshe reads again Weir Mitchell's case records he will find descriptions of all three basic types of nerve injury, but Weir Mitchell was denied the facilities we enjoy for direct examination of damaged nerves and he never essayed an unequivocal classification or gave names to the lesions. However, he did describe a striking clinical phenomenon and, Dr. Walshe not being there to stop him, called it by a Greek name, "causalgia." Weir Mitchell is remembered chiefly for this, and perhaps his work on ordinary nerve injuries would be better known had he made the classification that was almost within his grasp and christened the three types. It might have prevented the lamentable confusion that followed.

It is never too late to mend, and here is a classification which I believe to be fairly accurate and is undoubtedly useful; Dr. Walshe assails it only because the nomenclature is Greek, a language to which he is notoriously allergic. I am quite unrepentant, and am encouraged to be so by his choice of badinage rather than reason as his weapon.—I am, etc.,

Wingfield-Morris Orthopaedic Hospital, Oxford.

H. J. SEDDON.

### Working for a Salary

SIR.—Dr. H. G. Calwell (Oct. 17, p. 464), in his disagreement with Sir Beckwith Whitehouse's statement, quotes a series of pioneers who have achieved notable progress in spite of working for a fixed salary. A striking similarity in all the examples quoted by Dr. Calwell is that they were working in tropical diseases, presumably in places far from the distractions of civilization as found in our large cities, and that they were mostly no ordinary men, but of a type calculated to "come out strong" in any circumstances, so that I maintain that they provide the exceptions to Sir Beckwith Whitehouse's rule, and do not disprove it, as a series of examples from our public health and municipal hospital services might have done.

In my own experience of municipal hospital work in two big cities I have both felt the onset of mental sloth and stultification of effort indicated by Sir B. Whitehouse, and have seen men of promise enter the service and noted their deterioration into routine workers of mediocre performance and excessive outside interests. Observing this tendency in myself I hastily abandoned the security of a salary of fixed limits, a pension, and a "dead-end" job, and returned to voluntary hospital work, amid the derision of my late colleagues. It required an effort, which has since proved well worth the making, since I have just acquired an appointment in my specialty with facilities for teaching and research which I should not have obtained had I remained in the municipal service. The vast majority of us are all too easily influenced by environment, and should, therefore, seek out that which stimulates our efforts, which in most cases will not be found in the fixed-salary positions.—I am, etc.,

Preston.

UNA M. WESTELL.

### The Profession and the Services

SIR.—One feature of the "calling-up" of medical men for the Services, which has, as yet, excited little or no comment, is that affecting the voluntary hospitals. Many young surgeons working in these institutions have now been called up. I do not know the actual numbers involved, but in one hospital I know of four out of a staff of five general surgeons are now in the Services, and so far as one can judge their surgical work there is not, to put it mildly, arduous.

It would not appear that such a system is in the best interests of either the surgeons, their future patients, or the general public. As a team surgeon in the last war, I have a very lively recollection of the fine organization in the R.A.M.C. of that time, when mobile surgical teams were formed, each consisting of a surgeon, an anaesthetist, a theatre sister, and two R.A.M.C. orderlies. These teams continued work at their own hospitals and became familiar with each other's methods, etc., and were ready to proceed to any "sector" of the front where and when their services were required.

The advantages of such an organization are so obvious that one wonders why it should not have been applied, in principle at least, to the present situation.—I am, etc.,

GEORGE McMULLAN.

### Medical Planning Now

SIR.—I have just read Mr. H. J. McCurrich's letter (Oct. 24, p. 498). No sensible man has any illusions about politicians, but up to now it would seem that a great many of our profession have not realized and do not realize the urgent need for the doctors to go ahead with their plans now. They have not realized that there is no choice between the present state of affairs and State medical services: the latter are already here. One has only to see the large number of well-equipped new county hospitals which have sprung up in the last few years, and the large number of county medical officers and clinics. No, the only choice we have is this: are the politicians going to run the medical services or are the medical profession? We should begin now to find men, medically qualified, to be trained in administrative work. Doctors are the only people who can understand doctors' problems, but they should be properly trained. It is no good putting a man into an administrative post merely because he thinks he would like to "have a stab at administrative work" and feels that is his *métier*.

The medical profession seem to have forgotten the lesson they should have learned when National Health Insurance was first brought in. I sincerely hope that there will be a great many more McCurrichs to see where the real question lies and what the real danger is.—I am, etc.,

Ledbury.

GEOFFREY G. AIREY.

## The Services

The King has made the following awards in recognition of gallant and distinguished services in Burma during the period Dec., 1941, to May, 1942:

*C.B.E. (Military Division)*: Temp. Brigadier T. O. Thompson, late R.A.M.C.

*O.B.E. (Military Division)*: Lieut.-Col. F. Oppenheimer, I.M.S.

*D.S.O.*: Temp. Col. G. E. MacAlevey, M.C., R.A.M.C., Capt. C. W. Elphick, R.A.M.C.

*M.C.*: Capt. H. O'Hara, R.A.M.C.

*Mentions in Dispatches*: Acting Col. J. Taylor, O.B.E., Major (Acting Lieut.-Col.) W. F. Lane, Major S. O. Bramwell, Capt. (Temp. Major) A. J. Martin, Capt. (Acting Major) M. S. Holman, and Capt. O. W. W. Clarke, P. W. Dill-Russell, A. P. Hick, R.A.M.C.; Acting Col. G. M. Moffatt, O.B.E., Majors (Temp. Lieut.-Cols.) C. S. Gamble and H. B. Ma-Evoy, Majors (Acting Lieut.-Cols.) A. E. Kingston and P. L. O'Neill, Major D. F. Eastcott, Capt. N. Ahmad, N. K. Mitra, and S. M. Basu, and Lieuts. A. Krishaswamy, G. M. Diwan, and R. S. Rao, I.M.S.; Assistant Surgeons F. J. Burby, C. E. Watts, and D. J. R. Snow, I.M.D.; Capt. S. M. Paw and Lieut. M. Nag, Burma Reserve of Officers.

### CASUALTIES IN THE MEDICAL SERVICES

*Wounded*.—Acting Lieut.-Col. A. W. Gardner, R.A.M.C., Capt. N. J. P. Hewlings, R.A.M.C., War Subs. Capt. T. A. Shannon, R.A.M.C.

*Prisoners of War*.—Major L. Feinholz, I.M.S., Acting Lieut.-Col. M. R. Sinclair, O.B.E., I.M.S.

*Missing*.—Assistant Surg. A. R. Coshan, I.M.D.

## Universities and Colleges

### UNIVERSITY OF OXFORD

In a Congregation, held on Oct. 15, the following degrees were conferred:

D.M.—\*M. W. C. Oldfield.  
B.M., B.Ch.—M. G. Ellis, W. E. Hunt, D. S. Goldfoot, \*L. J. Bussell,  
\*W. H. H. Andrews, \*R. E. B. Tagart.  
\*In absence.

An additional examination in medicine, surgery, and midwifery for the degrees of B.M., B.Ch. will be held at the end of March, 1943.

### UNIVERSITY OF LONDON

It was reported at a meeting of the Senate, held on Oct. 28, that Sir Girling Ball had been elected Dean of the Faculty of Medicine for the period 1942-4.

### UNIVERSITY OF EDINBURGH

On Oct. 23 Prof. J. H. Gaddum, Sc.D., M.R.C.S., successor to the late Prof. A. J. Clark in the Chair of *Materia Medica*, gave his inaugural lecture. The Principal of the University, Sir Thomas Holland, welcoming the new professor, remarked that he was the third in succession who had come from the Chair of Pharmacology in London University. Prof. Gaddum's subject was "The Development of *Materia Medica* in Edinburgh," and he devoted the first part of his lecture to an account of the work of all the holders of the chair from the time when it was separated from the Chair of Botany in 1768. He concluded by stressing the importance of the modern science of pharmacology to the student of medicine, who must understand the language of the laboratories well enough to get full benefit from the discoveries that were coming from them.

### UNIVERSITY OF GLASGOW

At a graduation ceremony on Oct. 24 the following medical degrees were conferred:

M.B., Ch.B.—\*Douglas Jamieson, †N. R. Grist, †Zoë McF. Mackie, †L. H. Holroyd, †Edith E. Little, †Mary S. W. McCallum, †Jean A. Gibson, Jane E. Allan, W. M. Allan, A. Anderson, F. A. Ayles, J. T. Baird, Agnes D. Barr, J. Beattie, G. A. Bell, J. C. Beveridge, W. H. Black, T. A. S. Boyd, D. Brash, Annie C. Brown, J. K. Brown, W. McK. Brown, A. S. Browne, Anne H. Bruce, J. T. S. Buchan, R. A. Burnett, A. A. Clark, D. Clark, G. L. Clark, J. Colquhoun, W. M. Connell, A. H. Cook, N. R. Cowan, R. Dickie, Mary C. Fee, Margaret S. Ferguson, R. S. Ferguson, W. G. Ferguson, O. A. Finn, C. R. Forrest, A. Foster, C. C. Fowler, A. Fraser, C. Freed, T. Graham, T. E. Graham, Anne C. V. Greig, A. Grierson, J. McL. Hendry, R. K. Hinshelwood, Jean T. Holland, A. Hughes, T. Jack, J. R. Kenyon, Mary M. Kirkland, R. Lamb, Joan B. Landsman, Lilian Links, S. K. Livingston, D. F. McAlpine, Sarah Macaskill, A. K. McAusland, J. B. McBean, J. D. McCardell, H. R. F. Macdonald, J. A. Macfarlane, G. McHugh, A. B. MacLean, C. D. T. MacLean, H. I. MacLean, J. S. McLintock, J. McMillan, Violet C. I. Macnab, I. MacPhail, J. McSevich, W. S. Magowan, R. G. Main, W. G. Manderson, Margaret H. E. Martyn, Marjory B. Miller, J. G. Muir, W. J. Murphy, C. Naysmith, A. S. Nicolson, C. B. Noble, Ellen O'Hagan, F. O'Reilly, T. M. Paterson, Helen B. Phillips, Marie H. I. Reid, A. McQ. Robertson, E. McO. Robertson, J. A. M. Robertson, Constance A. C. Ross, J. S. Scobbie, J. K. Scott, G. B. Shaw, N. Shieff, R. W. Simpson, J. Smith, A. McG. Stevenson, G. T. Stewart, M. L. Thomson, R. M. Thomson, A. Tomney, E. W. N. Trounson, Barbara C. Tulloch, A. K. Turnbull, R. R. Waddell, Alison C. Wallace, J. M. Wallace, W. S. Wallace, R. G. Whitelaw, M. M. Whittier, A. H. L. Wilson, I. R. Wilson, W. S. Wilson, A. P. Wright, H. B. Young, I. S. Young, S. Young.

\*With honours. †With commendation.

D. Jamieson gained (a) the Brunton Memorial Prize as the most distinguished graduate in medicine of 1942; (b) the West of Scotland R.A.M.C. Memorial Prize for the highest aggregate marks in surgery, medicine, and midwifery in the Final M.B., Ch.B. examinations in 1942; (c) the Macewen Medal in Surgery for the highest aggregate marks in surgery in the Final examinations in 1942; and (d) the Stockman Medal for the highest aggregate marks in the professional examinations in *materia medica* and therapeutics and in medicine, excluding paediatrics, of 1942.

The Struthers Medal and Prize were awarded to Eldred W. Walls for the best original research or the best dissections or preparations relating to any part of anatomy.

W. G. Manderson gained the John W. Weir Prize for the highest aggregate marks in midwifery and diseases of women in the final degree examinations in medicine held during 1942.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At the annual meeting of the College, held on Oct. 21, the following officers were elected for the ensuing year: *President*, Mr. J. W. Struthers. *Vice-President*, Dr. H. M. Traquair. *Secretary and Treasurer*, Mr. K. Paterson Brown. *Representative on General Medical Council*, Mr. Alex Miles. *Convener of Museum Committee*, Mr. W. Quarry Wood. *Librarian*, Dr. Douglas Guthrie.

### CONJOINT BOARD IN SCOTLAND

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

R. W. Adam, J. F. Allan, H. A. Anderson, A. G. Annan, S. W. Bowden, W. H. N. Calwell, W. Candib, Y. N. Carayannopoulos, T. A. Christie, J. F. Couch, G. L. K. Crompton, D. V. Curran, G. H. Curtain, D. B. Donaldson, M. A. A. El Gayer, D. M. Forsyth, I. Giltz, J. G. Graber, Y. H. Karara, A. Klar, Kathleen M. McCusker, M. Macintyre, A. F. McInnes, Amy Mooney, A. S. Neilson, O. M. Neshamkin, D. J. M. D. Roper, A. R. C. Salem, W. J. H. Sayers, A. H. M. Shouman, J. A. Sinclair, B. M. Singh, A. W. Smith, B. Solomon, W. J. Stevenson, G. H. Nawda, R. Williams.

## Medical Notes in Parliament

### Pension Appeal Tribunals

Major MILNER asked the Minister of Health whether he could, if required, provide or make available a maximum of 50 medical men for the staffing of pensions appeal tribunals, either permanently or on the understanding that they could be released on short notice if urgently required for other purposes. Miss HORSBRUGH said that the pressure on the services of medical men was so severe that it would be difficult to supply those suitably qualified for this work in the numbers indicated. Any new obligation imposed upon the medical profession in war conditions would prejudicially affect other services. Major MILNER: May we take it that though it is difficult it is not impossible? Sir FRANCIS FREMANTLE: Is proper attention being given to the possibility of employing men who are discharged from high positions in different Services, who are men of great experience and could be used for this kind of work? Miss HORSBRUGH: Yes.

Dr. HADEN GUEST asked if it was not the case that a certain number of medical men in the Services were retired on account of age or of having held high rank for a certain period, and if there were not enough of these people fully to fill all the requirements of pension appeal tribunal purposes. He knew positively and could give Miss Horsbrugh a list of these people who would fill all these places. Miss HORSBRUGH said she hoped Dr. Guest would send her that list as soon as possible.

### Discharge of Doctors from the Service

Asked the approximate number of medical men who, on whatever grounds, had left the Army during the present war, Sir JAMES GRIGG stated that about 800 qualified medical men had left the Army during the present war. Major MILNER asked if it was not the fact that many of these medical men were quite suitable for utilization in other capacities in the Army, and that they were all qualified medical men who had been removed from the Army or had received their discharge, or something of that sort. Sir JAMES GRIGG said that a great many of them—more than half, in fact—had been invalided out.

### Non-medical Commissions in the R.A.M.C.

On Oct. 20, in reply to Mr. H. N. Linstead, Sir JAMES GRIGG, Secretary for War, stated that pharmacists trained in zoology and physiology serving in the R.A.M.C. or newly recruited would be eligible for consideration for appointment to non-medical commissions in the R.A.M.C. They would normally be commissioned as second lieutenants, but would be eligible for promotion to war substantive lieutenant after 6 months. Selected officers would be eligible for promotion to captain as and when vacancies arose.

### Progress in Rehabilitation

Mr. R. J. TAYLOR opened on Oct. 22 a debate on rehabilitation in industry. He said that between 1928 and 1938 accidents in mines and quarries numbered 1,600,000 and in all other industries 1,600,000. From 10% to 15% of the persons affected would be cases for rehabilitation. He praised the work done at Mansfield Rehabilitation Centre and said treatment there so helped spinal cases that the men were able to go back to their own work.

Mr. BERNARD TAYLOR spoke of the close co-operation between the safety and welfare officers appointed by two colliery companies in Nottinghamshire and the surgeon in charge of the Mansfield centre. The work was carried on even after a man re-entered the industry. Of 400 consecutive fracture cases among employees of the Bolsover Colliery Company, 389 of the patients returned to productive work and 378 to their pre-accident work. Those who could not return to the mining industry were turned over to the Ministry of Labour, which had facilities for training.

Mr. TOMLINSON, for the Ministry of Labour, said the process of restoring lost muscle tone and the full functions of the limbs and of maintaining general health and strength should begin as soon as the patient's condition permitted, and should be a continuous process. When restoration in the medical sense had been achieved, social and industrial experts, in consultation with the medical experts, should decide whether the patient could return to his former occupation or to what occupation. In the Emergency Hospitals Scheme many orthopaedic centres had been established with a full range of facilities. Other hospitals had been noted for fracture cases. At least a skeleton service was available. The people responsible for the work at Roehampton had been pioneers in a vital