

returned in Scotland and served during 1914-19 in the Orkney R.G.A. In 1922 he was appointed assistant to Prof. Yule Mackay at University College, Dundee, and to Prof. Rutherford Dow, a post which he held until 1941.

Dr. J. N. LEGGE PAULLEY died on Sept. 1 at Cheltenham, where he had lived since retiring from active work in 1922. He was born at Tollard Royal, Wilts, on Dec. 22, 1855, and was educated at Westminster Grammar School and St. Bartholomew's Hospital; he qualified M.R.C.S. in 1877 and took the L.R.C.P.Ed. in the following year. He then went to practise at Pulham Market, Norfolk, and was medical officer for the 4th District of the Deepwade Union from 1883 to 1919, in which year he was made a J.P. for the County of Norfolk. Dr. Paulley joined the B.M.A. in 1883 and remained a member after his retirement. He had always been on good terms with his colleagues in Norfolk and liked to meet other medical men socially at the monthly meetings of the Gloucestershire Branch. Almost to the end of a long life he made a point of reading the *B.M.J.* every week. His recreations were gardening and chess.

The medical profession in the West Riding, and especially of Keighley, has lost an outstanding personality by the death of Dr. J. E. H. SCOTT on Sept. 7. He studied medicine at Leeds and graduated M.B., Ch.B.Vict. in 1899. On his retirement from active service in 1936 Dr. Scott, by that time honorary consulting surgeon to the Keighley Victoria Hospital, was presented with a wallet and a cheque from the panel practitioners of the Keighley district, in token of appreciation of his services given during 21 years as their representative on the West Riding Panel Committee. He was then co-opted as a member of that committee, which had always greatly appreciated his opinions and suggestions. Dr. Scott joined the B.M.A. in 1912, was chairman of the Bradford Division in 1924-5, and served for two long periods on the National Formulary Subcommittee at headquarters. When war came he emerged from retirement to relieve the pressure upon his colleagues.

We regret to record the death on Sept. 8 at his home in Stanley, Perthshire, of Dr. ROBERT BURGESS, who was for many years a staunch and active worker for the British Medical Association. He studied medicine at the University of Aberdeen, graduating M.B., C.M. in 1893, and after holding posts as clinical clerk in the ear and throat department of the Edinburgh Royal Infirmary and junior house-surgeon at the Huddersfield Infirmary set up in general practice at Stanley, where he became medical officer for the Parishes of Kinclaven and Moneydie, joint medical officer for Auchtergaven, M.O. to the Post Office, and certifying factory surgeon. Dr. Burgess joined the B.M.A. in 1900, represented his Division at the last Glasgow Meeting, and was president of the Perth Branch in 1922-4. From 1937 to 1940 he was a member of the Scottish Committee.

We regret to announce the death of Dr. GEORGE HENRY PATTERSON on Sept. 12, within a few days of attaining his eighty-seventh birthday. Born on Sept. 14, 1856, he received his medical education at St. Bartholomew's Hospital, taking the M.R.C.S. and L.R.C.P. in 1879 and the D.P.H. in 1896. After holding various house appointments at St. Bartholomew's and elsewhere he settled in Dalton-in-Furness, where he engaged in general practice. In 1886 Dr. Patterson became part-time M.O.H. of Dalton Urban Sanitary District and in 1898 whole-time M.O.H. of the Ulverston Combined Sanitary District, comprising the Urban and Rural Districts of Ulverston and the Urban Districts of Dalton and Grange-over-Sands, with a combined population of some 43,000 and an area of 220 square miles. Thus he acted as M.O.H. for a period of no less than 56 years. It is given to few men to hold office for such a long period, yet Dr. Patterson made the most of his opportunities and continued to render active service up to the very end.

We regret to announce the death on Sept. 14 in Kensington of Dr. HANNAH PERRY ANDERSON, widow of the late Prof. Richard John Anderson, M.D., of Queen's College, Galway, and Newry, Co. Down. She was the daughter of the late Samuel Perry of Belfast, and received her education at Victoria College, Belfast, at Queen's College, Belfast, at University College, Galway, and at the Richmond Hospital, Dublin. She graduated B.A., M.B., B.Ch. of the National University of Ireland in 1918. Her first appointment was that of assistant M.O.H. for Huddersfield, and then after three years as senior resident physician at the Bermondsey Medical Mission. She was appointed in 1923 medical registrar at the London Temperance Hospital and M.O. to the ante-natal clinic, Archer Street Welfare Centre. Dr. Perry Anderson joined the B.M.A. immediately after qualification and served as a Representative at thirteen consecutive Annual Meetings, the last being in Aberdeen in 1939.

The Services

CASUALTIES IN THE MEDICAL SERVICES

Died at Sea.—Fl. Lieut. K. W. Monks, R.A.F.V.R.
Wounded.—War Subs. Capt. G. Byrne, R.A.M.C.

DEATHS IN THE SERVICES

Surgeon Rear-Admiral Sir THOMAS DESMOND GIMLETTE, K.C.B., R.N., died on Oct. 4 at Epsom shortly before attaining the age of 86. He belonged to a family with naval traditions, for his father was Fleet-Surgeon Hart Gimlette, R.N. (the *Navy List* of just before the present war shows the name of Surgeon Commander C. H. M. Gimlette, who may also belong to the same family). Thomas Gimlette was educated at St. Thomas's Hospital, qualified in 1878, and held many important posts in the Navy, including charge of the Royal Naval Hospital at Hong Kong in 1904-7, and of the Haslar Royal Naval Hospital 1908-11; he retired in 1913. He saw active service in Egypt in 1882, in the Sudan in 1884, was mentioned in dispatches, and received two medals and two clasps. He was medical officer to an admiral during a mission to Abyssinia in 1884. In 1887 he was awarded the Gilbert Blane gold medal, and in 1901 was promoted to be Deputy Inspector-General, Hospitals and Fleets. On the outbreak of war in 1914 he returned to active employment as Admiralty recruiting officer at headquarters. He was made a C.B. in 1907 and advanced to K.C.B. in 1911. He thus had a long and distinguished career and lived to enjoy a well-earned retirement. He was twice married, and by his first wife he had two sons.

Medical Notes in Parliament

Sir ERNEST GRAHAM-LITTLE was elected chairman of the Parliamentary Committee in succession to the late Sir Francis Fremantle at a meeting of the committee on Oct. 13.

The A.R.M., the Government, and Assumption B

Sir E. GRAHAM-LITTLE inquired on Oct. 14 whether the Minister of Health knew that the Representative Body of the B.M.A. had, in 1942 and 1943, recorded almost unanimous opposition to the establishment of any whole-time salaried State Medical Service and to the extinction of private practice, as proposed in Assumption B of the Beveridge report; that similar opposition had come from numerous plebiscites of the profession; and whether he still adhered to his declaration at Westminster Hospital on Oct. 4 that the Government had accepted Assumption B and was engaged in putting its provisions into operation. Mr. ERNEST BROWN said the answer to the last part of the question was "Yes." If Sir Ernest would look again at Assumption B he would find that it did not contain the particular proposal which he described, nor did it purport to deal at all with the method of organizing the new service. Mr. Brown added that he had never said the matter had been determined already and that it was being put into operation.

Dr. RUSSELL THOMAS remarked that 90% of the profession had already turned down the matter.

Representative Committee's Discussions

Sir E. GRAHAM-LITTLE also asked on Oct. 14 whether before publishing the promised White Paper on health services Mr. Brown would afford opportunity to the committee appointed at his request to represent the medical profession to discuss these services, not on the basis of any preconceived plan, but from the ground, in accordance with the undertaking given by him in these terms in March, 1943, which had not hitherto been kept, and the continued breach of which had caused resentment in the medical profession. Mr. BROWN said he could not accept this version of what had so far taken place. He intended to adhere to the procedure which he announced at the outset.

Ophthalmic Research at Oxford

On Oct. 12 Mr. THORNE asked the Financial Secretary to the Treasury whether the Government proposed to give a grant towards the £250,000 research station to be built at Oxford for eye research. Mr. ASSHETON said he had seen the public appeal recently made for £250,000 to build, equip, and endow the research laboratories of a Department of Ophthalmology at Oxford University. No question of Government aid towards the cost of this scheme had been raised; if it were it would no doubt have to be considered along with the other post-war needs of the universities.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

At a Congregation held on Oct. 1 Dr. J. A. Venn, President of Queens' College, resigned the office of Vice-Chancellor, and Dr. F. Shirley Hele, F.R.C.P., Master of Emmanuel College, was admitted to the office for the year 1943-4. The outgoing Vice-Chancellor in the course of his address to the Senate referred to the vacation by Dr. John A. Ryle of the Regius Chair of Physic on appointment to the Professorship of Social Medicine at Oxford, and wished him every success. It had been hoped, he said, that, despite grave difficulties arising from war conditions, at least two or three more appointments to vacant Professorships could have been effected, but circumstances arose that made postponement necessary. "I would, however, express the strongest hope that further elections will be made in the coming year, for it is really essential that certain large and very active departments associated with some of the 17 chairs that are now vacant should be thus strengthened. Foremost among them I would place the department of medicine, which is so closely involved not only with the proposed regionalization (or, dare I say, nationalization?) of the profession but also with the status of Addenbrooke's Hospital. The appointment of a successor to Dr. Ryle would, on all grounds, be most welcome." Finally, in welcoming the incoming Vice-Chancellor he said of Dr. Hele: "He comes into office at such a turning-point in the world's history that—it seems almost certain—to him must fall the opportunity of guiding the University in the difficult days of reconstruction and expansion. Possessing all the essential qualities of heart and of head, he carries with him our best wishes for the successful outcome of that great task."

Dr. A. C. Chibnall, F.R.S., the new Sir William Dunn Professor of Biochemistry, has been elected into a Professorial Fellowship at Clare College, and Dr. R. A. Fisher, F.R.S., Arthur Balfour Professor of Genetics, has been elected into a Professorial Fellowship at Gonville and Caius College, of which he is a former Fellow.

A course of eight lectures on "Science in the Sixteenth and Seventeenth Centuries" will be given on Saturdays at 12 noon during next Lent term. Details will be announced later in the *University Reporter*. These lectures are open without fee to all members of Cambridge and London Universities or of Girton and Newnham Colleges.

Medical News

The subject of Miss Margery Fry's Chadwick Lecture, to be given at the London School of Hygiene and Tropical Medicine, Gower Street, W.C.1, on Oct. 26 at 2.30 p.m., will be "Ill-health and Ill-doing."

Dr. J. W. Brown will give the Bradshaw Lecture at the Royal College of Physicians on Nov. 4 at 2.15 p.m., and his subject will be the interauricular septal defect.

Mr. H. S. Souttar, C.B.E., F.R.C.S., will deliver the Bradshaw Lecture on "Physics and the Surgeon," at the Royal College of Surgeons of England, Lincoln's Inn Fields, W.C., on Thursday, Nov. 11, at 3.15 p.m. Students and others who are not Fellows or Members of the College will be admitted on presenting their private visiting cards.

At a meeting of the Medico-Legal Society to be held at Manson House, 26, Portland Place, W.1, on Oct. 28, at 4.30 p.m., a joint paper will be read by Dame Louise McIlroy and Mr. D. Harcourt Kitchin on "Medico-Legal Problems in the Treatment of Venereal Diseases."

A meeting of the Eugenics Society will be held on Tuesday, Oct. 25, at 5.30 p.m. in the rooms of the Royal Society, Burlington House, Piccadilly, when Dr. A. Spencer Paterson will speak on "The Size of the Family of the Business, Professional and Titled Classes," with Lord Horder in the chair. Further meetings will take place on Nov. 16, Dec. 14, Jan. 18, and April 18, at the same time and place.

The centenary meeting of the Royal Anthropological Institute will be held on Saturday, Oct. 30, at 11.15 a.m., at the Royal Society, Burlington House, under the presidency of Prof. J. H. Hutton. C.I.E., D.Sc. Sir John L. Myres will give the opening address on "A Century of Our Work." Lord Hailey will give an address on the role of anthropology in colonial development, at 1.30 p.m. At 3 p.m. the future of anthropology will be discussed at the Royal Anthropological Institute, 21, Bedford Square, W.C.1, by Mr. G. M. Morant, D.Sc. (physical anthropology), Prof. V. G. Childe (archaeology), Mr. R. U. Sayce, M.Sc. (material culture), and Mr. R. Firth, Ph.D. (social anthropology).

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1.

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ANY QUESTIONS?

Putrefactive Dyspepsia

Q.—*What is a probable cause of stools (in a male of late middle life but otherwise fairly healthy) being chronically for a year or two past of the consistency of adhesive clay (but of normal, not "clay" colour), and therefore causing a daily and troublesome difficulty in evacuation? There is a general lack of "tone" throughout the body, but how does this affect—if it does—a deficiency in natural lubrication of the stools? The lack of tone is so marked that "postural" giddiness and semi-blackouts after any exertion, such as walking rapidly upstairs, are frequent. Heart and blood pressure fairly normal.*

A.—Adherent, viscous stools are described in intestinal putrefactive dyspepsia and in colitis. The physical basis of this adhesiveness is not known, but it is not due to mucus or fat in excess, for these make the stools slippery and easy to emulsify with water. The onset of putrefactive dyspepsia is probably due primarily to too rapid emptying of the stomach and small intestine, which may be related to the lack of "tone" elsewhere. A careful microscopical and chemical examination of the stools should be made, with special reference to bacterial flora, water content, hydrogen-ion concentration, excess of fat, and, if possible, organic acids and ammonia (Goiffon, R., *Manuel de Coprologie Clinique*, 3rd edition, 1935). If the diagnosis of putrefactive dyspepsia is confirmed by the presence of an alkaline stool with excess of ammonia and putrefactive organisms, the condition should be treated by a lacto-vegetarian diet. Carbohydrate fermentation should be promoted by the use of lactose or preferably uncooked rice starch, half a tea-spoonful at meal times. A fractional test meal should also be performed and hydrochloric acid prescribed if achlorhydria is found. One of the vegetable mucilage aperients, such as psyllium seeds, of which there are several elegant proprietary preparations, would also be useful, particularly if the water content of the stool is subnormal.

Achalasia in a Man of 60

Q.—*I shall be grateful for advice on the treatment of a troublesome case of achalasia (cardiospasm) in an otherwise healthy man of sixty.*

A.—The treatment of achalasia by drugs has been discussed in answer to a previous question (Aug. 7, p. 189). The simplest and most effective treatment of achalasia is undoubtedly Hurst's mercury bougie, which should be passed immediately before all meals for a fortnight and thereafter at gradually increasing intervals according to the degree of freedom from symptoms. If there is any oesophagitis, the diet should be fluid for the first fortnight. Half a pint of water should be drunk about 10 minutes after food to wash out the oesophagus, and this habit must be continued even after regular use of the bougie is no longer necessary. Operative treatment is not desirable except in the rare cases in which the oesophagus becomes elongated and kinked and the bougie cannot be passed. It may then be necessary to dilate the sphincter manually after opening the stomach.

Safety of Milk

Q.—*Can a householder obtain reliable information as to the bacteriological safety of the milk he is compelled to purchase under the zoning order? What steps should he take to secure a test?*

A.—If the milk is sold under the designation "Pasteurized" or "Tuberculin Tested (Pasteurized)," there is reasonable assurance that it will not contain pathogenic micro-organisms. If it is designated "Tuberculin Tested" or "Tuberculin Tested (Certified)," it is very likely to be free from tubercle bacilli. Otherwise it cannot be regarded as safe—and this applies whether the milk is sold as "Accredited" or as ordinary commercial milk. If the purchaser wishes to have a test done he must arrange for it privately at a laboratory which tests for fees, and the cost must be defrayed