

6. The addition of vitamins to all table margarine dates from May 6, 1940. As the paper under discussion states on page 839, the teeth of the children in the survey "were in the main formed in the immediate pre-war years and the first year of the war." Their structure cannot, therefore, have been greatly affected by this measure.

7. Calcium carbonate has been added to flour on a national scale only since Aug. 1, 1943. No statement is made in the paper as to the time in 1943 at which the survey was carried out, but even if it was at the end of the year the calcium carbonate could scarcely have played much part in the dental condition of the children.

In short, whatever the causes of the improvement observed, the dietetic measures mentioned above can have little bearing on the matter. I am indebted to the Rationing Division of the Ministry of Food for confirmation of the dates on which the various dietetic measures were introduced.—I am, etc.,

MARY FISHER,

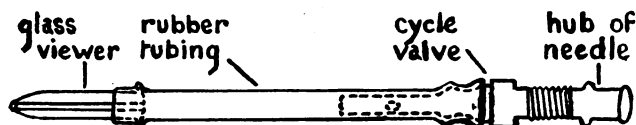
Oxford.

Assistant Medical Officer of Health.

Syringe for Intravenous Anaesthetic

SIR,—The recent correspondence in the *Journal* about pentothal anaesthesia prompts me to make known this simple apparatus for the intermittent or continuous use of an intravenous anaesthetic.

The apparatus consists of the hub of a needle which is soldered to the open end of a cycle valve, the other end being inserted into a fairly thick rubber tubing whose lumen must



just fit the cycle valve. The other end of the rubber tubing is attached to a glass viewer, one end of which is ground down to fit the needle.

The solution is run through the tubing to expel air bubbles, and the needle is inserted into the vein. The aspiration test is performed by pinching the tubing between finger and thumb, and on release blood will appear in the glass tubing.

The advantages are that the syringe can be disconnected at any time without any return flow of blood, and the needle, in view of this, has very little tendency to clot.

My thanks are due to Mr. S. Yorke, scientific glass-blower to the Chemistry Department of Bristol University, for the glass viewers, which are made from issal capillary tubing.—I am, etc.,

JOHN A. COCHRANE.

The Services

Temp. Surg. Lieut. E. W. Guillaume, R.N.V.R., has been mentioned in dispatches for untiring devotion to duty in services to the wounded.

The Efficiency Decoration has been conferred upon the following officers of the Territorial Army: Col. J. Melvin, O.B.E., M.C., Lieut.-Col. (Temp. Col.) E. C. Woodhead, Lieut.-Cols. E. H. Brindle and F. J. Morris, M.C.; Majors (Temp. Lieut.-Cols.) W. A. Ball, W. C. Barber, F. A. Bevan, J. F. Fraser, H. H. Kenshole, and J. K. Reid; Majors E. M. R. Frazer, G. N. Frizell, E. G. Snaith, M.C., and C. N. Vaisey; Capt. (Temp. Major) J. A. S. Brown, R.A.M.C.

CASUALTIES IN THE MEDICAL SERVICES

Killed.—War Subs. Capt. J. P. Hearne, R.A.M.C.

Died.—Capt. J. A. J. Sandilands, R.A.M.C.

Wounded.—Temp. Surg. Lieuts. M. J. Brosnan, W. J. B. Rogers, and A. W. O. Young, R.N.V.R. Lieut.-Col. G. N. Wood; Acting Lieut.-Col. W. M. E. Anderson; Majors P. K. Jenkins, M.C., and E. H. P. Lassen; Temp. Major H. Kennedy; Capt. J. H. Patterson; War Subs. Capt. J. H. Beilby, A. P. Hanway, C. J. R. Jacob, H. I. C. Maclean, K. F. Patton, M.C., T. Savage, M. Taylor, S. D. V. Weller; Lieut. G. R. Connolly, R.A.M.C.

Obituary

SIR ARTHUR HURST, D.M., F.R.C.P.

The sudden death of Sir Arthur Hurst on Aug. 17 has robbed British medicine of one of its outstanding personalities. All his life he had suffered from asthma. For him, as for Lord Chesterfield's son, it was "a troublesome and painful distemper," and it eventually led to his untimely death at the age of 65. Hurst spent his early days in the industrial North, and he once told me that it was not till he was 15 years old that he realized that the trunk of a tree was not naturally black. He was a Demy of Magdalen College, Oxford, and from there he went to Guy's Hospital. Guy's was to remain his great love. He got on the staff at an early age, and he eventually became senior physician. In the last war he was in charge of the Seale Hayne Military Hospital for war neuroses, and after the war he became associated with the New Lodge Clinic. From the beginning of his career he realized the change that had come over clinical medicine, and therefore his private practice as well as his hospital work was based on facilities for accurate scientific investigation. His retirement from the staff of Guy's corresponded with the outbreak of the present war, and, though he continued to visit Guy's regularly, he moved to Oxford and became Radcliffe Lecturer in Clinical Medicine at the wartime undergraduate clinical school. Hurst was editor of the *Guy's Hospital Reports* from 1921 to 1939; he published most of his classical papers there, in addition to important contributions and symposia from his pupils, and he won an international reputation for the *Reports*. He belonged to many societies, and was particularly active in the Association of Physicians of Great Britain and Ireland, which elected him an honorary member to mark its admiration of his genius.



[Vandyk]

Hurst's interests in medicine seemed curiously assorted, but there was a unity about them. He began life as a neurologist, and crossed over to gastro-enterology by the bridgehead of pernicious anaemia, subacute combined degeneration, and achlorhydria. His deafness excluded much interest in percussion and auscultation and partly explained the attraction of radiology for him. In psychology he was a pupil of Janet, and a masterly exponent of the treatment of neurosis by persuasion and suggestion. His very success prevented him from seeing the limitations of the method, and he was always a bitter critic of more dynamic Freudian ideas. This was one of the few directions in which he broke no new ground, in spite of the immense amount of good therapeutic work done by himself and his pupils on shell-shocked soldiers in the last war. He was a pioneer in the study of the movements of the alimentary canal in man and the mechanism of pain. His work on the achalasia was highly original, and his conception of rectal dyschezia was an outstanding contribution to the understanding and treatment of constipation. His work on achlorhydria is a landmark in the history of pernicious anaemia and carcinoma. He lived to see his views on the medical treatment of peptic ulcer generally accepted. He "debunked" many mythical maladies; he bravely opposed the mystical nonsense about intestinal intoxication which was so current in his youth, and in his later years he became rather critical of the doctrine of focal sepsis, which he had once himself expounded with enthusiasm. He attracted disciples and fired his pupils, so that his influence spread far and wide. He was unselfish in matters of priority and publication, and much work which did not appear over his name owed its origin to Hurst.

As a clinical scientist Hurst had his faults, and they sometimes annoyed those who did not know him. A cynic once said