

which his father's increasing years were making him unable to cope. How well he succeeded in that vocation is attested by the devotion of his many patients."

Dr. NOEL F. ROWSTRON of Sunderland, who died on Sept. 19, was born in Corunna, Spain, 74 years ago and educated at St. Bartholomew's Hospital, taking his M.B. degree at Durham University in 1893, and later his M.D., for which he was gold medallist. About 1899 he settled in Sunderland as a general practitioner. In the last war he served in Malta, and on his return was appointed V.D. medical officer in the Royal Infirmary, Sunderland, at which he practised to the day of his death. He was a member of the British Medical Association nearly all his professional career, and was founder of the West End Society—a subsidiary in the Sunderland Division of the B.M.A. A colleague writes: Since 1912 this society has drawn its members into close collaboration, improved their scientific knowledge, and ameliorated conditions of work. The members admired the enthusiasm of our friend both in his profession and in our society, and feel in debt to his untiring efforts.

Dr. VICTOR JENNER BATTESON of Ilford, who died on Sept. 29, was for some years an active member of the B.M.A., representing the Stratford Division at nine Annual Meetings and serving as chairman of the Division in 1930-1; he had also been a vice-president of the Metropolitan Counties Branch. He was born in Mile End in 1867, the son of John Batteson, M.R.C.S. After seven years at University College School, London, he entered University College Hospital Medical School and qualified L.S.A. in 1894. During three years' service as temporary captain in the R.A.M.C. he held the post of sanitary officer at Malta. For a short time after returning to civil life he was assistant physician to the Queen's Hospital for Children, having served earlier as physician to the Plaistow Baby Clinic. Dr. Batteson gave much time to lecturing for the St. John Ambulance Association, which made him an honorary life member.

Dr. Charles Vincent Mackay, F.R.A.C.P., writes from South Yarra, Melbourne: In the obituary columns of the *Journal* of April 22 you published an appreciation of the late Sir HENRY MAUDSLEY by Sir Thomas Dunhill, his house-physician at the Royal Melbourne Hospital in 1904. The memory picture, which he has so clearly drawn of this great physician, teaching neurology at the bedside, will recall many such scenes to those who enjoyed the same privilege as himself. Sir Thomas is, however, not quite accurate in his dates. Sir Henry Maudsley was appointed directly to the in-patient staff of the Royal Melbourne Hospital on Aug. 27, 1903, and retired in 1919. Sir Richard Stawell was appointed to the out-patient staff on May 19, 1903. He actually preceded Sir Henry Maudsley on the teaching staff of the hospital, and succeeded him as in-patient physician on April 25, 1919. The praise which Sir Thomas Dunhill gives to these two great teachers of medicine is echoed back to him by all their students in Australia, who are so much indebted to them.

## The Services

Major-Gen. R. E. Barnsley, M.C., K.H.S., late R.A.M.C., has been appointed C.B. (Military Division) in recognition of distinguished services in connexion with the landings in Normandy.

The *London Gazette* has announced the following appointments, awards, and mentions in recognition of gallant and distinguished services in Burma and on the Eastern Frontier of India:

*C.B.E. (Military Division).*—Col. (Temp.) A. N. T. Meneces, R.A.M.C.

*M.B.E. (Military Division).*—Capt. (Temp. Major) D. B. Jamie, R.A.M.C.; Capt. (Temp. Major) A. A. M. Nolan, I.A.M.C.; Capt. M. L. Sudan, I.A.M.C.

*M.C.*—Capt. K. B. Fraser, R.A.M.C.

*Mentioned in Dispatches.*—Majors (Temp. Lieut.-Cols.) T. E. A. Carr and P. D. Johnson; Capts. (Temp. Majors) T. S. R. Fisher and A. D. Stoker; Capt. A. G. H. Clay, R.A.M.C.; Capt. (Temp. Major) A. Lakshminarayanan; Capts. B. N. Blaggan, J. W. A. Crabtree, S. N. Basu, M. K. Akhtar, S. K. Ghosh, F. M. Khan, and U. P. Mukherjee, I.A.M.C.

Major-Gen. Sir P. S. Tomlinson, K.B.E., C.B., D.S.O., K.H.P., late R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished services in the Middle East.

Capt. G. E. Wodehouse and Lieut. L. Dallain, R.C.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in the field.

Capt. (Temp. Majors) J. G. B. De Vine, R. W. Jones, and J. L. Nicol, Capt. (acting Major) D. R. Sandison, Capts. T. G. Gray, P. G. Griffiths, C. C. Laird, W. W. Marsden, and J. Thompson, and Lieut. F. S. Cooper, R.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in N.W. Europe.

Temp. Surg. Lieut. G. A. Gould, R.C.N.V.R., has been mentioned in dispatches for good services to the survivors when H.M.C.S. *Regina* was lost.

## CASUALTIES IN THE MEDICAL SERVICES

Fl. Lieut. A. J. Chiappa-Sinclair, who died on Oct. 5, was born in April, 1898, studied dental surgery and medicine at Middlesex hospital, qualifying L.D.S. in 1919, and M.R.C.S., L.R.C.P. in 1922. After holding appointments at the Dental Hospital, Great Portland Street, he entered general practice. He was commissioned in the Medical Branch of the R.A.F.V.R. on June 13, 1941. At the date of his death he was serving as medical officer at a mobile field hospital over-seas.

*Killed on active service.*—Capt. Ernest Lawrence Holden Ellis, R.A.M.C.

*Killed in action in N.W. Europe.*—Capt. James Thorburn Doyle, R.A.M.C.

*Died of wounds.*—War Subs. Capt. Hayter Arnett Wells, R.A.M.C.

*Previously reported missing, now officially presumed killed.*—Surg. Cmdr. Humphrey de Bohun Kempthorne, R.N.

*Reported missing at Arnhem.*—Majors C. J. Longland and G. Rigby-Jones; and Capts. J. H. Keesey and J. E. Buck, R.A.M.C.

*Reported missing.*—Capt. R. E. Bonham-Carter, R.A.M.C.

*Reported missing in Holland.*—Capt. P. Louis, R.A.M.C.

*Reported missing, believed prisoner of war.*—Capt. C. C. M. James, R.A.M.C.

*Missing in N.W. Europe, believed prisoner of war.*—Lieut.-Col. M. E. M. Herford, M.B.E., M.C., R.A.M.C.

*Wounded and missing in N.W. Europe, believed prisoner of war.*—Capt. G. F. H. Drayson, R.A.M.C.

*Wounded.*—War Subs. Capts. N. R. Carlson and J. R. Kyles, R.A.M.C.

## Medical Notes in Parliament

### Tuberculosis Treatment

In the House of Commons on Oct. 10 Sir WALDRON SMITHERS called attention to the increase of tuberculosis in Kent and the lack of institutional accommodation for patients. It was reported that there were at present 350 patients awaiting institutional treatment and, owing to the shortage of beds and staff, men could not be accommodated for at least three months and women and children for about five months. The incidence of tuberculosis went up in wartime. In reply to a question he had put to the Minister of Health on July 27, he was told that the rate per 1,000 went up from 0.704 in 1938 to 1.248 in 1941, 1.017 in 1942, and back to 0.984 in 1943. While realizing all the difficulties, had every possible step been taken to see that all available staff and accommodation were economically used? The Minister had tried to put as good a case as he could by saying that the number of deaths, which was considered the truest guide to the incidence of the disease, showed only an increase of 0.1% over the same period. It was not a question of the number of deaths but of the terrible danger of the spread of infection. The admission of patients was strictly in accordance with the date of recommendation. Why should that be? Surely some consideration should be given to the state of health, age, and home surroundings of the patient.

The conditions at the clinic at Bromley, to which, although it was not in his constituency, his constituents had to go, was appalling. There were no beds, and the accommodation for patients and the dressing-rooms was most primitive. The tuberculosis officer for that clinic, to whom he paid a tribute, was a splendid man and was heartbroken at the distress around him and his inability to help. The medical officer of health for Kent had written him (Sir Waldron Smithers): "You will appreciate that the doctor at the clinic at Bromley is an officer on my staff, but as tuberculosis officer to the Bromley area he is not familiar with the questions of policy raised. In any event, as a subordinate officer on my staff, it would be improper for him to answer your questions." Here was a foretaste of a State-run medical service, a service run too much by people sitting in offices and tending to get out of touch with the realities of medical practice. The medical officer of health also complained that he (Sir W. Smithers) had shown a report of his to the wife of a tuberculous patient in his constituency.

## Universities and Colleges

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

#### *Annual Meeting of Fellows and Members*

The annual meeting of Fellows and Members will be held at the College on Thursday, Nov. 16, at 2.30 p.m. A good attendance is hoped for, because there will be important matters for consideration, such as the attitude of the profession to the White Paper, which was dealt with at the Fellows' meeting in May and reported on pages 14-17 of the annual report, copies of which may be had from the secretary of the College, Lincoln's Inn Fields, W.C.2, who will send also a copy of the agenda to any Fellow or Member applying for one. Other matters for discussion at the meeting are the implications of the report of the Goodenough Committee, and the attitude of the College in regard to the possibility of developing a conjoint building in which the three Royal Colleges and other academic bodies can be housed.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At the annual meeting of the College held on Oct. 18 the following officers were re-elected for the ensuing year: *President*, Prof. R. W. Johnstone. *Vice-President*, Mr. J. W. Struthers. *Secretary and Treasurer*, Mr. K. Paterson Brown. *Representative on General Medical Council*, Mr. Henry Wade. *Convener of Museum Committee*, Mr. W. Quarry Wood. *Librarian*, Dr. Douglas Guthrie.

The following candidates were elected Fellows of the College, having passed the requisite examination:

H. H. Atkinson, P. H. Beales, H. M. MacCarthy, Mary Savory.

### UNIVERSITY OF SHEFFIELD

At a meeting of the University Council held on Oct. 13 a donation of £100 for cancer research was received from Mr. George I. Forster of Northwood, Middlesex, in memory of his father and mother.

The following academic staff appointments were made: Dr. I. F. S. Mackay, as lecturer in experimental physiology; Dr. H. R. Vickers, as honorary lecturer in dermatology; and Dr. D. P. Greaves and Miss E. M. Spedding, M.B., as temporary demonstrators in anatomy.

## Medical News

Dr. Janet M. Vaughan, F.R.C.P., has been appointed a member of the Royal Commission on Equal Pay for Men and Women in the Public Services, in Industry, and in Other Fields of Employment.

The Society of Apothecaries of London announces that Col. Elliott C. Cutler, chief consultant in surgery, U.S. Army, European Theatre of Operations, will deliver a lecture on "Military Surgery in 1944" at Apothecaries' Hall, Black Friars Lane, Queen Victoria Street, E.C., on Friday, Nov. 3, at 2.30 p.m. Members of the medical profession and senior students will be welcomed. Later in the session Brig. L. E. H. Whitby will lecture on blood transfusion; Sir Howard Florey on penicillin; and Mr. Eardley Holland, P.R.C.O.G., on midwifery.

At a meeting of the Society of Public Analysts and Other Analytical Chemists, to be held at 3 p.m. on Wednesday, Nov. 1, at the Chemical Society's Rooms, Burlington House, Piccadilly, W., the following papers will be presented and discussed: "Some Experiences of Microbiological Assays of Riboflavin, Nicotinic Acid and Other Nutrient Factors," by D. W. Kent-Jones, Ph.D., and M. Meiklejohn; "A New Method for the Estimation of Micro-quantities of Cyanide and Thiocyanate," by W. N. Aldridge. Guests introduced by members are welcomed at the meetings by the Council.

A Congress of Friendship and Co-operation with the U.S.S.R. will be held in London on Nov. 4 and 5, in the Central Hall, Westminster, and the Coliseum Theatre. The sponsors of the congress include Lord Horder, Sir Alfred Webb-Johnson, Sir Philip Manson-Bahr, Sir John Boyd Orr, Prof. F. Wood Jones, and Sir E. Rock Carling. The aim of the congress is to survey the successes already achieved in the field of British-Soviet co-operation within the framework of the United Nations, and to consider ways and means of further extending such co-operation in the post-war period.

The *Manchester Guardian* reports that a small quantity of D.D.T. (dichlorodiphenyl trichlorethane), which has been produced to combat infestation by vermin, and was used with telling effect in Naples, has been placed at the disposal of the Salford Health Department for testing purposes, and will be applied to the disinfection of houses. Salford is the only authority outside London to be issued with the powder, because war needs in the Middle and Far East make it impossible for quantities to be made available in this country.

## Letters, Notes, and Answers

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 2111. TELEGRAMS: *Articulate Westcent, London*. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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### ANY QUESTIONS?

#### Ammon. Chlor. for Soda-ash Burns

**Q.**—Is the 5% solution of ammonium chloride issued to firms for treating burns caused by soda ash to be used neat or diluted?

**A.**—If the bottle issued is labelled "5% solution" it should be used neat, to drench the affected tissues, and may be followed by bathing or irrigation with normal saline or plain water. (See *B.M.J.*, 1943, 1, 756.)

#### Sero-fibrinous Pleurisy

**Q.**—What conditions in sero-fibrinous pleurisy would lead one to believe that the effusion is non-tuberculous?

**A.**—All recent work tends to show that in the vast majority of instances sero-fibrinous pleurisy is tuberculous in origin. All cases of pleural effusion should be investigated thoroughly with a view to ascertaining the cause; a careful history, x-ray examination of the chest, and examination of the fluid are essential. Where there is no clear indication, such as the presence of a neoplasm, heart failure, acute rheumatism, or injury, to suggest that the condition is non-tuberculous, it should be assumed that tuberculosis is the cause. It must also be remembered that a persistent sterile effusion is a common sequel to pneumonia which has been treated with sulphonamides in inadequate doses.

#### Bed-sores

**Q.**—An enfeebled lady of 82 years of age with myocardial degeneration and anginal symptoms was admitted to hospital with a fractured neck of femur and Colles's fracture, the result of a fall. Within four days she developed two pressure sores, one on the buttock and one over the scapula. Is this attributable to careless nursing as is so often thought to be the case by the public? The pressure areas had been treated in the usual manner, but in spite of this the abrasions appeared and progressed. Is this inevitable, and if not, how can it be avoided? The question is one of supreme importance to hospitals nursing this type of case.

**A.**—The occurrence of bed-sores in this case was by no means necessarily due to careless nursing. The measures taken to prevent such sores have each their special aim. The gentle rubbing during the process of cleansing with soap and water, the drying, and the powdering aim at improving the local blood supply; the application of spirit is meant to harden the skin so that it may the better withstand unavoidable pressure; the care taken to avoid rucks in the sheet and to distribute pressure by pads and rings aims at avoiding undue pressure or irritation on any one spot. In addition, if the heart action be weak it may be advisable to stimulate it by appropriate drugs.

In the lady of 82 with double fracture and suffering from myocardial degeneration it would be difficult to maintain a good peripheral circulation by any means and bed-sores might be inevitable. It must be understood, however, that in the great majority of cases, even at that advanced age, the above precautions should suffice to prevent the occurrence of sores.

#### Indoor Ripening of Tomatoes

**Q.**—Is there any difference in the vitamin content of tomatoes that ripen on the bush and those that ripen indoors?

**A.**—Very little information on this subject is available, although published results suggest that tomatoes which have been picked green and ripened in storage contain not only less vitamin C but also less carotene than similar fruit allowed to ripen on the vine. Conditions of storage have their effect, however, and it has been found that if unripe tomatoes are exposed to sunshine after picking their vitamin C content is much higher than that of tomatoes stored in the dark. Other factors, such as season, variety, and soil also influence the vitamin value of fruits, and consequently indoor-ripened tomatoes may or may not be nutritionally inferior.