the next scene was flat. He came from farming stock and loved the land, and showed the exuberance and originality of the first generation away from it. The notably good, kind, noble, and clever have their biographers, but I am not sure that we should not be even more grateful to the small class to which Larking conspicuously belonged—the animating. At any rate we miss them as much, or more.

Dr. ROBERT GODWIN CHASE, who died at Brampton, Cumberland, on August 6 at the age of 68, was born at Ashley, near Market Harborough, on August 28, 1883, and was educated at Kibworth grammar school, from which he won a scholarship to Oundle, then under the headmastership of the famous Dr. Sanderson, for whom Chase had a profound admiration. While at Oundle, Chase was captain of cricket, rugby, and fives, and was a prefect and head of his house. From Oundle he went to Trinity College, Cambridge, with an exhibition, and obtained a first class in the Natural Sciences Tripos in his second year. He received his clinical training at Guy's Hospital, where he held various appointments, including that of house-surgeon to Mr. R. P. Rowlands. He qualified M.R.C.S., L.R.C.P. in 1907, and took the M.B., B.Chir. degrees in the following year. While at Guy's he won the Treasurer's Prize for an essay on the diagnosis of acute abdominal conditions. After leaving hospital he practised successively at Chesterfield and Bourton-on-the-Water, where he was surgeon to the local hospitals, and at Sydenham. He was president of the Sydenham District Medical Society in 1932. In 1934 he joined the regional service of the Ministry of Health, serving for several years in the north-eastern division at Leeds. Chase was on the London Panel Committee for many years. He was chairman of the Lewisham Division of the British Medical Association in 1925–6; a member of the Distribution Committee from 1928 to 1935; the Insurance Acts Committee from 1929 to 1931; and the Ophthalmic Committee and its standing subcommittee in 1930–1. Besides being a keen sportsman Chase was much interested in photography. For the last few years of his life his health was poor, but he bore his infirmities with characteristic stoicism. He was a man of strong and determined character, with a tendency to dogmatism, but a sound clinician who to the last maintained his interest in medical science. As a colleague he was loyal and as a friend he was one to be trusted. All who knew him held him in high esteem.—A. R. R.

We record with regret the death in Edinburgh (resulting from an accident) of Dr. WILLIAM JOSEPH MALONEY, consulting neurologist to the City Hospital, New York. William Joseph Maloney was born in Edinburgh on October 16, 1882. He had a brilliant career as a student at Edinburgh University, winning the Houldsworth, Ettles, James Scott, and McCosh Scholarships. After graduating M.B., Ch.B. with first-class honours in 1905 he worked as a senior resident in several well-known Scottish and English hospitals, including the Hospital for Sick Children and the National Hospital for the Paralysed and Epileptic, and then continued his studies abroad in Paris and Munich. He proceeded M.D. in 1907 and was elected a Fellow of the Royal Society of Edinburgh in 1912. In 1911, after he had held a research post at the Crichton Royal Institution, he went to New York, where he became well known as a neurologist and as a leading member of Irish-American circles. One of the appointments he held was the chair of nervous and mental diseases at Fordham University, which awarded him the degree of LL.D. in 1922. He was also on the staff of the Postgraduate Hospital Medical School, New York. At the outbreak of the first world war he immediately joined the R.A.M.C. He served in France and Gallipoli with great gallantry, being twice mentioned in dispatches and winning the Military Cross. He was invalided out of the Army in 1916 as a result of wounds. For a short time after returning to New York he served as a medical recruiting officer for the British Army, but he gave up this post because of his sympathies with the Sinn Fein movement in Ireland. Later he attained some notoriety as the author of a pamphlet entitled *The Reconquest of America*, which he wrote as a skit on British propaganda. Apparently this was taken seriously by some officials in the U.S.A. and described as "an amazing British secret service document." During the early part of his career Maloney published many papers on neurological and other subjects, and he wrote a book on *Locomotor Ataxia*, which was published in 1918.

Medico-Legal

NOT A "HOSPITAL" WITHIN THE ACT

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

By his will Mr. H. A. Couchman, who died on January 9, 1941, left a legacy of £100 and a share of his residuary estate to the Leominster Orthopaedic Clinic. The clinic, which before 1948 was a voluntary institution first affiliated to and later a unit of the Herefordshire branch of the British Red Cross Society, provides aftercare treatment in a hut belonging to the Red Cross in the grounds of the Leominster Cottage Hospital. Since July, 1948, the work of the clinic has been carried on under the Robert Jones and Agnes Hunt Orthopaedic Hospital Management Committee. The funds due under the will were claimed by the Herefordshire branch of the British Red Cross Society and by the hospital management committee, and accordingly the trustees of the will took out a summons in the Chancery Division of the High Court asking to whom they should be paid.

Mr. Justice Danckwerts decided[1] that the bequest was not a gift to the Red Cross branch, but a gift for the charitable purposes described in the will—namely, the purposes of the clinic. He also decided against the management committee's claim under the provisions of section 60 of the Act, on the ground that the clinic was not a "hospital" as defined by section 79 of the Act—that is, "any institution for the reception and treatment of persons suffering from illness or mental defectiveness . . . and includes clinics . . . maintained in connexion with any such institution. . . ." In his lordship's view "reception" in the section meant taking people into a building and keeping them there, as was done in the ordinary case of reception into hospital. Accordingly he came to the conclusion that this particular institution was not for the reception and treatment of persons within the meaning of the definition section of the Act, nor was it maintained in connexion with a particular hospital. He directed that the charitable purposes of the bequest should be carried out by a scheme which in the circumstances should be administered by the hospital management committee.

1 *The Times*, February 6.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The following have been reappointed Associate Lecturers in the Faculty of Medicine for three years from January 1, 1953, in the subjects indicated: *Physic*, L. B. Cole, M.D., F.R.C.P., L. C. Martin, M.D., F.R.C.P., and A. P. Dick, M.D., M.R.C.P. *Surgery*, P. H. R. Ghey, M.Chir, F.R.C.S., V. C. Pennell, M.B., B.Chir., F.R.C.S., and B. McN. Truscott, M.B., B.S., F.R.C.S. *Orthopaedic Surgery*, R. W. Butler, M.D., M.Chir., F.R.C.S., and T. J. Fairbank, M.B., B.Chir., F.R.C.S. *Otolaryngology*, A. S. H. Walford, M.B., B.Chir., F.R.C.S., and K. F. Wilsdon, B.M., B.Ch., F.R.C.S.Ed. *Ophthalmology*, E. G. Recordon, M.D., and G. F. Wright, M.B., B.Chir., D.O.M.S. *Obstetrics and Gynaecology*, O. Lloyd, M.D., F.R.C.S., M.R.C.O.G., and Janet E. Bottomley, M.D., F.R.C.S., M.R.C.O.G. *Paediatrics*, D. M. T. Gairdner, D.M., M.R.C.P. *Dermatology*, C. H. Whittle, M.D., F.R.C.P. *Psychiatry*, E. B. Davies, M.D., D.P.M., and R. A. Noble, M.B., Ch.M., M.R.C.P., D.P.M. *Radiology*, F. R. Berridge, M.B., B.Chir., D.M.R.

COMING EVENTS

Congress of Internal Medicine.—The Second International Congress of Internal Medicine opens in London on September 15, under the patronage of the Queen. The congress has been organized by the International Society of Internal Medicine. The congress president is Sir Russell Brain. All meetings will be held at Friends House, Euston Road, London, N.W.1. At the opening session at 11 a.m. on September 15 the Minister of Health, Mr. Iain Macleod, will welcome members of the congress. The scientific sessions consist of symposia on important topical subjects, opened in each case by three or four recognized authorities and followed by a general discussion. The subjects of the symposia are: "The sprue syndrome: idiopathic steatorrhoea and coeliac disease" (2 to 5 p.m. on September 15; chairman, Dr. Nanna Svartz, Stockholm); "The clinical importance of disturbances of fluid and electrolyte balance" (9.30 a.m. to 12.30 p.m. and 2 to 5 p.m. on September 16; chairman, Sir Harold Himsworth, London); "Some aspects of neurotropic virus disease" (9.30 a.m. to 12.30 p.m. on September 17; chairman, Sir Russell Brain, London); "Antibiotics in man" (2 to 5 p.m. on September 17; chairman, Sir Lionel Whitby, Cambridge). On September 18 visits to leading London hospitals have been arranged. Official functions include a Government reception at Church House, Westminster, a reception at the Royal College of Physicians, and a banquet at the Mansion House. Further details may be obtained from the headquarters of the congress at Friends House (tel. Euston 1091 and 1092).

Children and Young Animals.—An unusual course of postgraduate lectures has been arranged for the coming session at the Institute of Child Health, Great Ormond Street. The idea is to compare disease in the young animal with that in the child. Most of the lecturers are distinguished veterinary workers. Subjects covered include comparative physiology and pathology, genetics, epidemiology, prenatal and neonatal disease, deficiency diseases, inborn errors of metabolism, and virus diseases. Ten lectures will be given, at weekly intervals, starting on October 13. The fee for the course is £2 2s., and for a single lecture 5s. Application for admission should be made to the Secretary, Institute of Child Health, The Hospital for Sick Children, Great Ormond Street, London, W.C.1.

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Application should be made first to the institution concerned.

Wednesday, September 17

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—5.30 p.m., Clinical Society Meeting. *"Keratome and Scissors for Cataract Incision,"* by Mr. Howard Reed.

Friday, September 19

BIOCHEMICAL SOCIETY.—At Department of Biochemistry, University of Glasgow, 11 a.m. Scientific papers (see also September 20).

Saturday, September 20

BIOCHEMICAL SOCIETY.—At Department of Biochemistry, University of Glasgow, 11 a.m. Scientific papers (see also September 19).

INSTITUTE OF LARYNGOLOGY AND OTOLOGY, 330, Gray's Inn Road, London, W.C.—11 a.m., *"Recent Research in Otology,"* by Dr. Stacey R. Guild (Baltimore, U.S.A.).

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Clarke.—On August 29, 1952, at the Purey Cust Nursing Home, York, to Catherine (formerly Waugh), wife of Mr. P. R. R. Clarke, F.R.C.S., a son.

Hill.—On August 21, 1952, at Robinson Memorial Hospital, Ballymoney, Northern Ireland, to Nancy (formerly Hinchcliff), wife of Dr. William J. C. Hill, of Duncreggan, Portrush, Northern Ireland, a daughter—Alison Mary.

Johnson.—On August 15, 1952, at Kuala Belait Hospital, Brunei, Borneo, to Betty Jane (formerly Powell), wife of Dr. Austin Johnson, a second son.

Tasker.—On July 25, 1952, at Northampton, to Anita, wife of Dr. J. R. Tasker, a son.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

When Should Duodenal Ulcers be Treated Surgically?

Q.—*For how long is it worth persevering with the medical treatment of a duodenal ulcer before recommending surgery?*

A.—There is no hard-and-fast line between medical and surgical treatment for uncomplicated duodenal ulcer, and a decision can be arrived at only after consideration of many relevant factors, such as the age, length of history, opportunities for pursuing a convalescent ulcer regime, persistence of symptoms or radiological evidence of ulceration, frequency of relapses, associated medical complications, and availability of surgical skill.

The natural history of duodenal ulcer would appear to be a series of ulcers which come and heal with appreciably long remissions between them, but in due course healing no longer occurs and a persistent chronic ulcer crater is found. Pain, however, does not necessarily continue, but the remissions are shorter. It is at this stage, when there is a persistent ulcer crater which can be demonstrated radiologically during pain-free intervals, that surgery should be seriously considered. In the early phases of the evolution of the condition operation may be needed to save the patient's job rather than his life, when recurrences have undermined his efficiency and threatened his livelihood. It may sound an unsympathetic approach, but in general terms the patient should earn his gastrectomy. With our present state of knowledge we are not justified in recommending operation in young patients with short histories and until the patient has had several troublesome relapses adequately treated medically, or complications. In the older age groups one is justified in operating earlier in view of the greater risk of complications.

Although some 80% of patients do very well after partial gastrectomy it must be remembered that a proportion suffer from various degrees of abdominal discomfort, inability to regain their weight, sense of general fatigue, and a greater liability to tuberculosis. Women certainly do less well than men. Until we have a clear-cut picture of the 10-, 15-, and 20-year follow-up results of gastrectomy one is justified in pursuing a cautious surgical approach and reserving the operation for those who are becoming crippled by their disability.

Test of Cure in Brucellosis

Q.—*A woman of 55 has now had two bouts of brucellosis (antibody titre of 1:5,000 to Br. abortus), treated with chloramphenicol. What is the likelihood of further attacks, and what test of cure is advised?*

A.—The likelihood of a further recurrence cannot be estimated without knowing whether chloramphenicol was given in adequate dosage (at least 2 g. daily) and for an adequate period (at least 10 days). The frequency of recurrence after an adequate first course is about 60%, after a second very much less. It should be added that this frequency is about the same for all three appropriate antibiotics, chloramphenicol, aureomycin, and terramycin, but, in view of recent reports of dangerous toxic effects from chloramphenicol, it might be advisable to conduct any further treatment, if necessary, with one of the others.

The best assurance of cure is a normal temperature continued for a number of weeks, but if laboratory tests are to be applied those available are cultures from the blood, cerebrospinal fluid, and bone marrow, and repeated agglutination tests which show a slow but progressive fall when the infection has been eliminated.