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was secretary of the Denbigh and Flint Division of the B.M.A. from 1913 to 1917, chairman of the Division in 1924-5, president of the North Wales Branch in 1931-2, and he represented his constituency at ten Annual Representative Meetings between 1919 and 1935. He was also a former member of the Welsh Committee of the B.M.A. A member of the old Flintshire Insurance Committee for many years, he was also secretary of the local panel committee, and became a member of the Denbighshire and Flintshire Executive Council at its inception. In 1912 he saw the inauguration of the National Health Insurance scheme, of which he was a whole-hearted supporter, as he was of the National Health Service Act of 1948. His non-professional interests were many, and in particular he was a loyal member of his Church, serving on the representative body of the Church in Wales. A keen archaeologist, he was a member of the board of governors of the National Museum of Wales. At one time he was a member of the senate of University College, Bangor. Another of his interests was Freemasonry, in which he held several important offices. Dr. Morris will be greatly missed by his patients and colleagues; his kindly nature, his humility, and his versatility were only a few of his many virtues. He leaves a daughter and four sons, the eldest of whom, Dr. J. E. Ll. Morris, remains in practice at Holywell.-D. B. E.

Dr. S. B. HERD writes: When Dr. C. E. Morris, of Holvwell, passed quietly on, there was extinguished a flame that had illumined with a bright steady light the medical, religious, and scientific life of Flintshire and regions further afield for many years. Charles Morris was not merely a fine general practitioner and no mean surgeon, as his long and devoted service to the Holywell Cottage Hospital showed, but a humanitarian in the very deepest and best sense of that word. He devoted his energies to the service of the people in the district, who loved him for his kindliness and sympathy, as well as they admired and trusted him for his skill. He was for many years an active member of the North of England Obstetrical and Gynaecological Society, travelling long distances to attend meetings, and was always held in respect and admiration. Many will remember how he would sometimes break his usual modest silence and enliven a discussion with the fruits of his long clinical experience. He found time, too, for archaeological and other non-medical interests, and his perennial energy even in his later years was the envy of his juniors. Behind his quizzical and habitually semi-humorous expression there was a tranquillity and steadfastness, a serenity and quiet confidence, on which he drew to meet the trials of bereavement and illness. To those around him he was able to pass on his serenity and faith.

Mr. ROBERT JAQUES, who died in Worthing Hospital on September 20 at the age of 91, was, before his retirement some 20 years ago, a consultant ophthalmic surgeon in Plymouth and a member of the honorary staff of the Royal Eye Infirmary. Born at Antrim, Northern Ireland, on February 28, 1862, he was educated privately and later became a medical student at King's College Hospital. He qualified in 1900 and obtained the diploma of F.R.C.S. three years later. After holding resident appointments at King's and at the Royal Eye Hospital, Southwark, he settled in practice at Plymouth as an ophthalmic surgeon. In his younger days Mr. Jaques took an active interest in medicopolitical affairs and was chairman of the Plymouth Division of the British Medical Association from 1911 to the end of the first world war and vice-chairman for four years thereafter. He was president of the South-western Branch of the Association in 1923-4 and a past president of the Plymouth Medical Society. A scholarly man with advanced political views, he foresaw much of the trend of medical practice as it is to-day. In 1909, for instance, he published a paper entitled "Nationalization of Medicine." Colleagues of his day will recall to mind his kind, whimsical disposition and his command of language as a public speaker. His death is regretted by many old friends in Plymouth.

We announce with much regret the sudden death on November 6 of Dr. Joseph Bramhall Ellison at the age of 55. Educated at Rugby School, he saw service in the 1914-18 war in the Royal Engineers: he suffered severe shock as the result of being "buried alive" for several hours. Ellison went to Clare College, Cambridge, after the war, and thereafter to St. George's Hospital. He qualified M.R.C.S., L.R.C.P. in 1924, and took his Cambridge M.B., B.Ch. in 1925 and the M.D. in 1930, the same year in which he acquired the D.P.H. At St. George's, in the year of his qualification, he was awarded the Certificate of Honour and the Brackenbury Prize in Medicine. He was housesurgeon at St. George's and at Addenbrooke's and housephysician at the Queen's Hospital for Children. Not long after these appointments he entered the Fever Hospital Service of the Metropolitan Asylums Board, later taken over by the L.C.C. For the past twenty-five years he had worked at the same hospital—the Grove Hospital, Tooting—content to remain there in a relatively junior position. Ellison's friends and colleagues had little doubt of the brilliance of his mind and of his potentiality for achieving a more outstanding position in medicine than he did. His many gifts and a wide range of non-medical interests probably made it difficult for him to pursue with concentration any one course in life. He had a remarkable knowledge and appreciation of art, literature, and music, and he would take more pride in a poem he had written than in a paper published in one of the medical journals. At one time he embarked on the hazardous venture of promoting a film. Ellison was a stimulating and witty conversationalist, and no one could know him without feeling enriched by the experience. The guiding motive of his professional life was his unfailing affection for the sick children under his care in the fever wards of the Grove. He would prefer to spend his Christmas in the hospital so that he could entertain the children and make them laugh, and there must be in the neighbourhood of Tooting many hundreds of children who, with their parents, recall with deep affection his vivid and cheerful personality; they owe much to him. Ellison was a valued occasional contributor to the B.M.J., and his knowledge of French and German was turned to good account in the work he did for Abstracts of World Medicine. His friends mourn the passing of a brilliant and lovable person whose character was marked with that eccentricity of personal idiom that is peculiarly English.

Universities and Colleges

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At a meeting of the Council of the College held on July 25 the following officers were re-elected: President, Mr. Arthur A. Gemmell; Vice-presidents, Professor G. I. Strachan, Mr. A. J. McNair; Honorary Treasurer, Mr. A. C. H. Bell; Honorary Secretary, Mr. H. G. E. Arthure; Honorary Librarian, Mr. A. J. McNair; Honorary Curator of the Museum, Mr. A. W. Bourne; Honorary Treasurer, Canadian Regional Council, Mr. W. R. Foote. The following officers were elected: Honorary Treasurer, Australian Regional Council, Mr. J. N. Chesterman; Honorary Treasurer, New Zealand Regional Council, Mr. J. E. Giesen.

The Bernhard Baron Research Scholarship has been awarded to Mr. Stanley Albert Way for research on problems connected with the early diagnosis of cancer in women.

The following candidate was admitted to the Membership: D. S. Burris.

The following candidates were elected to the Membership: L. J. Abramowitz, S. Alankaram, W. J. R. Anderson, G. S. Andrew, A. K. Bose, J. C. Brace, E. R. Broadberry, T. J. Buckley, S. Burke, R. K. Burt, J. G. Cameron, R. S. Casement, Po Wong Christina Chow, Maureen D. Connolly, R. L. Edwards, M. B. Flanagan, F. M. C. Forster, Kathleen M. Frith, M. C. G. Grant, P. B. Guastalla, R. H. J. Hamlin, J. W. S. Harris, C. A. Jones, R. Ll. Jones, I. R. Macdonald, Betty Mallace, G. A. Manly, D. N. Menzies, M. C. Michelow, J. Nattrass, H. H. Neifeld, F. N. Neser, J. P. O'Dwyer, D. R. Patnaik, Clara Phillips, B. G. Pickles, W. Rotheram, J. S. Scott, J. M. Stewart, R. A. Struthers, Valerie M. Thompson, C. J. Thornberry, H. Ulman, C. G. Wilson.

APPOINTMENTS

BRISCOE-SMITH, J. H., M.B., Ch.B., D.P.H., Area Medical Officer, Northeast Area of Warwickshire; Medical Officer of Health for the Borough of Nuneaton, the Urban District of Bedworth, and the Rural District of

east Area of Warwickshire; Medical Officer of Health for the Borough of Nuneaton, the Urban District of Bedworth, and the Rural District of Nuneaton, the Urban District of Bedworth, and the Rural District of Atherstone.

Cheadle Royal Hospital, Cheadle, Cheshire.—William V. Wadsworth, M.B., Ch.B., M.R.C.P., D.P.M., Medical Superintendent; Alfred L. G. Smith, M.B., Ch.B., D.P.M., Deputy Medical Superintendent.

Hamilton, Joseph Stewart, M.B., Ch.B., D.P.H., Medical Officer of Health and Principal School Medical Officer, City of Stoke-on-Trent.

Manchester Regional Hospital Board.—D. E. Fletcher, M.B., Ch.B., F.F.R., D.M.R.D., Consultant Radiologist to the Barrow-in-Furness Hospitals; W. R. May, M.B., B.S., M.R.C.P., D.C.H., Consultant Chest Physician to the Barrow-in-Furness Hospitals; W. R. May, M.B., B.S., M.R.C.P., D.C.H., Consultant Chest Physician to the Barrow-in-Furness Hospital Centre; Sheila A. Costello, M.B., Ch.B., D.A., Consultant Anaesthetist to the Bolton and District Hospital Centre; J. Ward, M.B., Ch.B., D.C.P., Assistant Pathologist to the Barrow-in-Furness Hospital Centre; R. Gibb, M.B., Ch.B., D.M.R.E., F.F.R., Consultant Radiotherapist, Christie Hospital, Manchester; Kathleen M. Rains, M.R.C.S., L.R.C.P., D.A., Consultant Anaesthetist to North Manchester Hospitals and Booth Hall Children's Hospital, Manchester; Marjorie A. Pollock, M.B., B.Ch., D.A., Consultant Anaesthetist to Royal Manchester Children's Hospital and Salford Royal Hospital; J. D. Blair, M.B., Ch.B., D.A., Consultant Anaesthetist to Royal Manchester Children's Hospital and Salford Royal Hospital; J. D. Blair, M.B., Ch.B., D.A., Consultant Anaesthetist to Lancaster and Kendal Hospitals; A. P. Buchan, M.B., Ch.B., D.P.H., Deputy Physician Superintendent, Monsall Hospital, Manchester.

MURRAY, DAVID S., M.B., Ch.B., F.R.C.S.Ed., Senior Orthopaedic Registrar, Dundee Royal Infirmary.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—E. G. W. Cross. M.R.C.S., Assistant Chest Physician to Bristol Clinical Area; Allan Hulme, M.B., B.Ch.B., R.C.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Bisset.—On November 4, 1953, at West Hartlepool, Co. Durham, to Dr. Sheona (formerly Lamont), wife of Dr. H. W. Bisset, a daughter— Christine Mary.

Copland.—On November 1, 1953, at Southmead Hospital, Bristol, to

Dr. Elizabeth June (formerly Hunter), wife of Dr. William A. Copland, a daughter—Rosalind Susan.

Gray.—On October 31, 1953, at the Firs Maternity Hospital, Nottingham, to Elizabeth Katharine (formerly Mitchell), B.Sc., Ph.D., wife of Dr. William McWhinnie Gray, of Hucknall, Notts, a daughter—Katharine

Herdman.—On November 1, 1953, at Crickhowell Hospital, Brecon, to Betty Howarth, M.B., M.R.C.P., wife of Dr. G. J. S. Herdman, a

DEATHS

Bailey.—On October 11, 1953, at Collingwood, Davenport Park, Stockport, Cheshire, John Thomas Bailey, M.B., Ch.B.

Benett.—On October 14, 1953, at St. Heiler, Jersey, Arthur Morris Benett, M.R.C.S., L.R.C.P., Lieutenant-Colonel, R.A.M.C., retired.

Brown.—On October 18, 1953, at his home, 63, Lauriston Road, London, E., James Jackson Brown, M.R.C.S., L.R.C.P., aged 71.

Chapman.—On October 16, 1953, John Ellis Chapman, M.R.C.S., L.R.C.P., of 6, Greenfield Avenue, Northampton, aged 79.

Falkner.—On October 21, 1953, at his home, Greenlands, Greystones, Co. Wicklow, Eire, Mervyn Winfred Falkner, F.R.C.S.I., Lieutenant-Colonel, R.A.M.C., retired.

Faulkner.—On October 18, 1953, in London, Cyril Douglas Faulkner, M.R.C.S., L.R.C.P., of Adelaide House, London, E.C., and 17. Clarence Gate Gardens, London, N.W., late of Stanford-le-Hope, Essex.

Fleming-Bernard.—On November 6, 1953, in a nursing home, Edinburgh, Andrew Milroy Fleming-Bernard, C.M.G., C.B.E., M.B., F.R.C.S.Ed., D.P.H., of Dunsinnan, Perth, late of Southern Rhodesia, aged 82.

Forrest.—On October 10, 1953, at his home, Glenmachan, Strandtown, Belfast, John. Vincent Forrest, C.B., C.M.G., M.B., C.M., Colonel, A.M.S., retired, aged 80.

Gillett.—On Ncvember 3, 1953, in a nursing home, Oxford, Richenda Gillett, M.D., of 111, Banbury Road, Oxford, formerly of 5, Downshire Hill, Hampstead, London, N.W., aged 80.

Heathcote.—On October 14, 1953, Godfrey Heathcote, M.B., Ch.B., of 28, Wilmslow Road, Cheadle, Cheshire.

Hepworth.—On October 17, 1953, at Bedford House, Oakwood Lane, Roundhay, Leeds, George Hepworth, L.R.C.P.&S.Ed., L.R.F.P.S., formerly of Clarence Lodge, Morley, Leeds, Yorks, aged 83.

Hobbs.—On October 19, 1953, at The Sands, St. Mary's Bay, Ashford, Kent, Edward Coomber Hobbs, M.R.C.S., L.R.C.P., D.P.H., of 10, Nugent Road, Southbourne, Hants.

Mitchell.—On October 10, 1953, at The Hurst, Horam, Sussex, Wilfrid George Occhard M.R.C.S. L.R.C.P.

warwicks.

Orchard.—On October 4. 1953, at The Hurst, Horam, Sussex, Wilfrid George Orchard, M.R.C.S., L.R.C.P.

Roberts.—On September 25, 1953, at the Military Hospital, Vancouver, Thomas Ernest Roberts, M.D., of Mayne Island, British Columbia,

Canada.

Alte.—On October 7, 1953, at 31, Union Street, Oldham, Lancs, Adam Crawford White, M.D., aged 84.

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.

Colonic Washouts

Q.—Has the colonic washout any place in modern therapeutics? If so, when is it indicated and what are the benefits? Are there any special dangers?

A.—The place of colonic washout in modern practice is not as limited as it probably should be. There is a distinct tendency for it to become a social habit, and it is not without danger if practised indiscriminately by inexperienced or irresponsible people. Haemorrhage from the trauma of the procedure and perforation of the bowel (especially of diverticula) have both been recorded more than once.

An irrigation is essentially a "washing" and should be so gentle as not to stimulate the defaecation mechanism. It may be used for cleansing the lower bowel preparatory to radiographic examination or surgery of the colon and rectum (for example, closing a colostomy); for assisting diagnosis—as before a sigmoidoscopic examination; and for introducing certain solutions whose object is either to increase or to relax the tone of the large bowel musculature.

Local pathological conditions of the anus or rectum, diverticulitis, and loose sphincter are contraindications.

Sulphur in the Air

Q.—In what aerial concentrations are sulphur dioxide (SO2) and hydrogen sulphide (H2S) in the fumes from factory chimneys likely to cause (a) annoyance and (b) harm to the health of those living in the vicinity?

A.—In urban air the concentration of SO₂ will usually be less than about 0.5 part per million (by volume), though in prolonged foggy weather it may be as high as 1.5 p.p.m. In flue gases from the burning of coal the concentration is likely to be 500 to 1,000 p.p.m. from the stacks of efficient industrial plant, and very much less from the domestic grate. Hydrogen sulphide is an uncommon industrial stack effluent except, perhaps, from gasworks, though even here most of the sulphide is absorbed in iron-oxide purifiers.

Sulphur dioxide is classified by Henderson and Haggard (Noxious Gases, New York, 1943) as a primary irritant which normally produces such violent irritation as to obscure any systemic toxic action, though La Belle has shown that soluble gases such as SO₂ have increased toxicity when carried into the lungs on an aerosol. At 3 p.p.m. the odour will be unpleasant, and throat irritation will be caused at 8-12 p.p.m.; 400-500 p.p.m. are dangerous for even short exposures, because suffocation may be caused by throat spasms. It is possible to become acclimatized to the gas, and 10 p.p.m. should be the maximum concentration for continuous exposure over a normal working day. Hamilton and Hardy (Industrial Toxicology, New York, 1949), however, write that chronic changes produced by SO2 are more important than the acute irritation and quote Haggard as saying that there is no real tolerance to this gas and that the apparent tolerance is due to the production of a tenacious mucus from the chronic inflammation of the upper-air passages. Further, unpublished American work indicates that quite short exposures of healthy human subjects to concentrations not greater than 5 p.p.m. of SO₂ may result in a significant increase of pulse and respiration rate and in a reduction of tidal volume.

Henderson and Haggard also classify hydrogen sulphide as an irritant gas, especially at the low concentrations which may be expected to be produced by industrial effluents.