

MEDICAL CONDITIONS IN SOVIET RUSSIA

SIR.—Thirty years ago, armed with an introduction from the British Foreign Office (obtained through the kind offices of the India Office), I visited the principal ophthalmic hospitals in all the leading countries of Europe, and made a report thereon for the Madras Government, which I served, a report which was also published in an Indian medical journal. I only visited ophthalmic hospitals. Those of Moscow and St. Petersburg, under the Tsarist regime, were modern buildings, excellently designed, well equipped, and magnificently staffed. They compared favourably with those that I saw in Austria, Germany, France, Belgium, Holland, Italy, Denmark, Sweden, and Switzerland. The unfailing courtesy extended to me by Russian colleagues demands this protest against the adverse suggestions that have been made.—I am, etc.,

R. H. ELLIOT, M.D., F.R.C.S.
Lieut.-Colonel (late of the I.M.S.).

London, W.1, Jan. 23rd.

Obituary

FREDERICK RICHARD FISHER, F.R.C.S.

Senior Consulting Surgeon to the Royal National Orthopaedic Hospital, and to the Royal Surgical Aid Society

The death of Mr. F. R. Fisher, which occurred on January 18th, removes from us almost the last survivor from the purely subcutaneous period of orthopaedic surgery. He entered the medical school of St. George's Hospital (then in Kinnerton Street) in 1863, one of the unusually large entry of thirty-six in that year, and qualified M.R.C.S. in 1867. After serving the usual term of a year as house-surgeon, and an additional three months owing to a death vacancy, Fisher was asked, in 1871, to take on the post of house-physician for six months, an additional house-physiciancy having been created in place of the abolished office of apothecary. No doubt it was thought desirable to inaugurate the new regime with one officer of long experience in the ways of "The Cottage." After holding various appointments as resident surgeon to distinguished people, he obtained by examination the Fellowship of the Royal College of Surgeons in 1876. He was elected surgeon to the National Orthopaedic Hospital in 1875, becoming consulting surgeon in 1906. He was surgeon to the Surgical Aid Society (now Royal) for thirty-one years, becoming consulting surgeon in 1910.

Fisher's influence as an exponent of subcutaneous surgery and gradual methods of correction was considerable, and would have been much greater had not increasing deafness severely handicapped him. He did not write much, but his "Essays on the treatment of deformities of the body," which appeared with illustrations in the *Lancet* of 1879, included a description of his extension frame for the treatment of Pott's disease, which is still extensively used in the Royal National Orthopaedic Hospital, especially at its country branch at Brockley Hill. It has also been adopted by American orthopaedic surgeons. He wrote the article on orthopaedic surgery in Ashurst's *Encyclopaedia of Surgery*, vol. vi, 1886, and a suggestive article on "The contracted muscle of infantile paralysis" in the *Lancet* of 1905. Fisher was at one time assistant surgeon to the Victoria Hospital for Children, Chelsea.

Increasing deafness compelled him to give up practice, and he retired to the country in 1910, finally settling in his native city of Salisbury. He was at one time a keen and skilful fly-fisherman. When the bromide dry-plate was popularized he took up photography as a means of clinical record, and also became very skilful in landscape

work, producing many beautiful pictures. For many years before his death he had been quite deaf, so that communication was only possible in writing. He was well advanced in his 88th year when bronchitis and heart failure released him.

E. MUIRHEAD LITTLE.

Mr. A. ROCYN JONES writes:

The death of F. R. Fisher removes the last survivor of that band of pioneer orthopaedic surgeons who flourished during the period of subcutaneous surgery, and out of whose work the correction of deformities by the open method gradually evolved. Fisher himself was one of the last pupils of W. J. Little, who performed the first subcutaneous tenotomy in London in 1837. He did good work on the etiology of paralytic deformities of the foot, and was the first to explain clearly the mode of development of pes cavus. Fisher's division of this clinical entity into two types—talipes arcuatus and talipes plantaris—still remains the best working classification, and makes it easy to visualize the degree of pes cavus from which a patient may be suffering. Fisher also devoted much time to the study of spinal curvature, and was perhaps the first to observe that a severe total scoliosis could occur without rotation. He devised a spinal suspension bed for the continuous treatment of spinal affections, and this apparatus has found a permanent place in orthopaedic hospitals, for it is in constant use to-day under the name of "Fisher's bed." He was particularly successful in the treatment of club-foot, a disability that can be as intractable as any in surgery. His method was that of a gradual unfolding of the foot: the two main elements of the deformity were separately corrected—first the varus and then the equinus—and several weeks, or even months, might be spent in the process. His way of correction consisted of manipulation, tenotomy, and splinting. His favourite splint was the Scarpa shoe, now long since discarded, and a mere name to the modern orthopaedic surgeon. Fisher accomplished most of his work while surgeon at the Royal National Orthopaedic Hospital, and, although he had retired from the hospital several years before I became a house-surgeon there, yet Fisher's excellent results in the treatment of club-foot remained a legend amongst the older members of the nursing staff, who remembered the man and his work.

THE LATE DR. RUSSELL E. WALKER

A friend writes: The untimely death, on December 27th, 1931, from pneumonia, of Russell Ernest Walker, at the age of 45, already reported in the *Journal* of January 9th, deserves more than passing mention. Seldom can the close of a life have given rise to more universal regret in a community. The reason for this is twofold—the profound affection in which Russell Walker himself was held in Peterborough, and the sincere regard of the people of the town and district for the Walker family, which their remarkable services as family doctors for more than a hundred years have engendered. The tradition dates back to 1812, when Dr. Thomas Walker, the grandfather, a native of Dundonald, Scotland, started in practice in the same house in Westgate as still serves as surgery. He was followed by Dr. T. J. Walker, who was in practice for fifty-six years, and was made an honorary freeman of Peterborough a year before his death in 1916. Russell Walker, the eighth son of Dr. T. J. Walker, was the fourth of his generation to be engaged in the family practice. His eldest brother, Walter, had to retire in 1903 on account of failing eyesight, and two other brothers, Alec and Joe Walker, remain to carry on. A graduate of Edinburgh University of 1912, and a Fellow of the Royal College of Surgeons of Edinburgh of 1914, Russell Walker will live long in the memories of his contemporaries, and especially of those whose good fortune it was to be his fellow residents in the Edinburgh Royal Infirmary.

In December, 1914, he went to France with a temporary commission in the R.A.M.C., and served with the Durham Light Infantry in the Ypres salient at one of the most arduous periods of the war. He was wounded in 1916, and after convalescence returned to Peterborough to help with the practice. A year later, however, he joined up again, but was not passed for foreign service, performing valuable work at Clipston Hospital, near Mansfield. He was finally demobilized in 1919, and in 1920 was appointed to the honorary staff of Peterborough Old Infirmary. On the opening of the Peterborough and District Memorial Hospital in 1928, he received an appointment as honorary surgeon. A recent episode which stirred the imagination of his fellow citizens to an unwonted degree was that he was called upon, at a moment's notice, to perform a serious operation upon one of his brothers, with happily successful results. Throughout a strenuous and all too short professional life, he identified himself, like his forebears, with the activities of the town. He was a gifted actor, and was especially interested in amateur theatricals on behalf of charity. His sense of fun was infectious, and his charm of manner such that he endeared himself to all with whom he came in contact. The funeral service in Peterborough Parish Church was very largely attended, and much sympathy was extended to his wife and three children, and to his sisters and brothers.

An announcement has recently been made of the death, at the age of 92, of Mr. T. S. ELLIS, Gloucester's senior justice of the peace. Qualifying in 1861, he was appointed house-surgeon at St. Bartholomew's Hospital, and soon after leaving there went to Gloucester, where he practised for many years. He held the post of surgeon to the Gloucestershire Royal Infirmary and Eye Institution, and to the Children's Hospital, Kingsholm. He was afterwards consulting surgeon to the Royal Infirmary and the Tewkesbury Rural Hospital, and acted as vice-president of the Section of Anatomy and Physiology at the Annual Meeting of the British Medical Association at Cheltenham in 1901. Mr. Ellis wrote several pamphlets on surgical matters, in particular one which dealt with the human foot. He had many interests other than medical, and did much useful work in his capacity as licensing justice and magistrate; he was also an enthusiastic naturalist. His loss will be keenly felt in Gloucester, where he spent most of his long and useful life.

The following well-known foreign medical men have recently died: Professor P. A. MINAKOW, an eminent medical jurist of Moscow, aged 66; Dr. NICOLAS LEON, formerly dean of the medical faculty of Jassy, aged 68; and Dr. ALFRED MACHARD, president of the Geneva Paediatric Society.

Medico-Legal

MEDICAL MAN ACQUITTED ON CHARGE OF MANSLAUGHTER

At the Central Criminal Court on January 21st and 22nd, before Mr. Justice Finlay and a jury, ALFRED HUGH BELL, L.S.A., of Church Road, Hanwell, was tried on the indictment and coroner's inquisition charging him with the manslaughter of Mabel Smith, aged 22, a waitress, of Acton, who died in November last from septicaemia. In the indictment there were two charges: one that he used an instrument or other unknown means with intent to procure miscarriage, and the other that he supplied a quantity of ergot, knowing that it was intended to be used for an unlawful purpose. Dr. Bell pleaded "Not guilty."

Mr. Eustace Fulton, for the prosecution, stated that Mabel Smith was taken to see Dr. Bell by a young man with whom she had been intimate. This man stated that he paid Dr. Bell one guinea, and also gave the girl £4 to give to him for her expenses during confinement in a nursing home. On October 31st the girl wrote to her employers enclosing a certificate from Dr. Bell to say that she was suffering from gastritis.

On November 8th a miscarriage took place. The girl became very ill, and her mother called in another doctor, who ordered her removal to West Middlesex Hospital, where she died on November 21st from septicaemia, following the introduction of a foreign substance into her body. Dr. Bell, in a statement made to the police at the time, said that he consented to see the girl through her confinement, and she paid him £5. She had asked him if there was anything she could take to bring about a miscarriage, and he told her that such things led to serious trouble, that it was a dangerous procedure, and that he would have nothing to do with it. Dr. Bell stated that he prescribed for the girl, and on later inquiry it was found that he had prescribed ergot.

Dr. Roche Lynch, the Home Office senior analyst, produced two prescriptions for liquid extract of ergot, dated October 5th and 9th, and said that in his opinion it was not proper to give ergot to a woman in such a condition. He agreed that the prescriptions were for less than the usual doses. Dr. R. M. Bronte, who had carried out a post-mortem examination, found evidence of septic abortion. A catheter, which was found in the girl's bedroom, was produced in court, and Dr. Bronte said that it was highly improbable that she could have inserted the catheter herself. There was no sign of injury, but he agreed that it was possible for a non-skilled person not to cause injury. Dr. Bronte was satisfied that ergot had no part in the woman's death, his reason being that it had been taken as long as three or four weeks previously.

Mr. W. G. Earengy, K.C., who appeared for Dr. Bell, submitted that there was no evidence to go to the jury, and remarked that it was grossly unfair for a man to have to meet a charge when the prosecution did not specify with certainty how he committed the crime. At the highest it was a case of suspicion. The judge, however, ruled that there was some evidence to go to the jury.

Dr. Bell, in evidence, agreed that the girl had given him five guineas to see her through the confinement. He had told her that on no account must she interfere with herself. The girl called on him once a week; she did not appear quite normal, being very dull, but this he put down to her condition. Later he formed a suspicion that something had been done to her. She had spoken about people using instruments, and he had warned her against it. The next time he heard about the case was that there had been a miscarriage. He had prescribed liquid extract of ergot for the girl, as he had been taught and found by experience that it was of great help in such cases; he had no reason to suppose that it would cause abortion. The catheter which was produced was not his property, and he had never seen it before. He had not thought it necessary in his first statement to the police to cite all the medicines he had prescribed, but had he been asked for them he would have given them. In cross-examination he agreed that to give above a minimum dose of ergot to a pregnant woman was dangerous. He was asked whether he did not enable this girl to get a bottle of ergot, 120 minims. Dr. Bell replied that he gave her 7½ minims. Mr. Fulton said that that was what he prescribed, but he enabled her to get 120. Dr. Bell said that he gave her the usual bottle. Questioned further, Dr. Bell said that he had 650 insurance patients, and kept records of 50 to 60 per cent. of them. Of his private patients he kept no records at all. Asked by the judge how in that case he sent in bills, he replied that he had not sent in any bills for two years. The judge pointed out that Dr. Bell had suggested to the girl that she might go into a maternity home for her confinement; in that case he would not have attended her. Dr. Bell replied that in such an event he would have given her back some portion of her fee.

Dr. F. J. McCann said that medical practitioners of the older school used ergot in small doses for women in such a condition, and in the present case he believed it was quite right under the circumstances to have prescribed as Dr. Bell had done. The medicines would be a tonic to enable the girl to bear her confinement.

The judge at this point asked the jury if they had heard enough of the case, saying that there was more evidence for the defence. The jury intimated that they were satisfied that the case need not proceed any further.

A verdict of "Not guilty" was accordingly returned, and Dr. Bell was discharged.