

routine. It is the physiology that a man has forgotten that enables him to read, e.g., Burridge and Adrian, with some ease, understanding, and profit.—I am, etc.,

Greenford.

W. THOMSON BROWN.

SIR,—Dr. Walshe (May 27, p. 728) rightly emphasizes the necessity for teaching the medical student the principles involved in scientific thought and method. It would be a great help to the development of the student's intellectual powers if he were also taught that these principles could be applied to other problems in life besides medicine. Doctors are too often swayed by emotion rather than guided by reason when discussing non-medical subjects.

Another much-needed reform is the appointment of a general practitioner to the staff of every teaching hospital, for most of the students take up general practice after they have qualified. The idea of a G.P. let loose among students who are being carefully nursed along academic lines appals the average teaching consultant, but there could be no harm in having a G.P. present at a medical round once a week to add to the discussion of the cases.—I am, etc.,

London, W.8.

H. STEPHEN PASMORE.

Medical Certificates for Special Rations

SIR,—It is with appreciation and relief I see the signs of a small revolution by the Guildford Practitioners' Group (May 20, p. 701) regarding medical certificates for special rations. May I also add my little voice and hope that other practitioners and branches of the B.M.A. will take this matter up.

My main complaint, and it is made with considerable feeling, is the issuing of the following certificates for extra milk and eggs for active tuberculosis of all types and for gastric, duodenal, and anastomotic ulcers. Now, Sir, whether the war lasts another week or another generation these people will still have their gastric ulcers and active tuberculosis, and I fail to see why we should be compelled by the Ministry of Food to issue continuous certificates every three months or less for these patients. Even if their ulcers cause them no more pain, with the present difficulty in getting milk the patients will always ask for their milk certificate, and the doctor must therefore give it to them.

There is also another point against which I should like to see the medical profession protest, and that is the Board of Trade's request for certificates for corsets and brassières. Under present emergency conditions I have no objection, and I am sure that members of the medical profession will agree with me, to the initial certificate requesting the manufacture of the article required. What I do object to is that my obese, viscerotropic, and post-maternity patients, etc., should stand up in front of me while I gaze upon their garment and see whether it fits. I am no corset or brassière expert: I do not know a doctor who is; and, furthermore, if the garment does not fit, then who knows better than the patient? Over the last six months I have refused to sign any certificates stating that the particular garment is to my satisfaction for the complaint for which it is issued. The manufacturers concerned are persistently writing or phoning me, and I am at present awaiting a call from a representative of the Board of Trade.

I feel that the only way in which we can stop this unnecessary waste of time and paper is for individual Branches to make the complaint, and I am sure that if there are enough complaints the B.M.A. will have to do something.—I am, etc.,

Rugby.

T. E. WAINE.

The Colonial Medical Service

SIR,—To Sir Philip Manson-Bahr's tribute (May 27, p. 732) to the work of members of the Colonial Medical Service, which I heartily endorse, I could add more. But I will only mention two other examples: one that of Dr. J. W. Field, Chief Malaria Officer at the Institute for Medical Research of Malaya (with whom I had the honour to work); and the other that of Dr. Gordon Ryrie, Superintendent of the Leper Settlement at Sungei Buloh, F.M.S. In 1937 Dr. Field refused promotion rather than discontinue his work on the chemoprophylaxis of malaria. Dr. Ryrie's work for the lepers brought out whatever latent happiness a leper colony could enjoy, and

brought such satisfaction to himself that in 1941-2 he preferred to remain under the Japanese invaders rather than escape and leave the colony.

If those diehards of the medical profession who consider that the fee is the only or the main incentive to good work could once free themselves from their chains, perhaps they too would find such satisfaction in their work itself that memories of the "money incentive" would become as a bad dream that is passed.—I am, etc.,

London, W.1.

COLUMBA GUEST.

SIR,—From time to time you print an advertisement for medical officers for the Colonial Medical Service. May I draw attention to two statements in it which are misleading: (1) "There are ample opportunities for work in medical research." (2) "There are large numbers of superscale posts to which promotion is on merit." Any chance of work in medical research is eliminated by a reduced staff and enormously increased routine clinical pathology and medico-legal work. Promotion is usually on seniority; probably rightly so, as it at least eliminates any sense of favouritism.

I do not wish to put men off the Colonial Medical Service. I think it is good. But I feel they should not apply for a post on the strength of an ingeniously worded advertisement.—I am, etc.,

R. D. REID,
Pathologist, Gold Coast.

Obituary

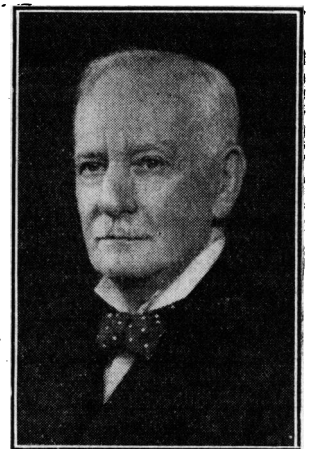
SIR CUTHBERT WALLACE, Bt., K.C.M.G., C.B.
Former President, Royal College of Surgeons

Sir Cuthbert Wallace, who died on May 24, served his profession in many high offices, and will be remembered with warm regard and admiration by his colleagues and a host of former pupils.

Cuthbert Sidney Wallace was born in 1869 at Surbiton, Surrey, the son of the Rev. John Wallace. He was educated at Haileybury College, a school in which he continued to take the greatest interest throughout his life, serving for many years on its Council. From Haileybury he went to St. Thomas's Hospital, and qualified in medicine in 1891. His bent was towards obstetrics and surgery, and he became a Fellow of the Royal College of Surgeons of England within two years of his qualification, and in the following year, 1894, M.B., B.S.Lond., obtaining the gold medal in obstetric medicine and qualifying for the gold medal in surgery.

St. Thomas's was one of the great interests of his life. He served it as surgeon for many years, and on reaching the age of retirement was elected consulting surgeon. He was also lecturer on surgery in the St. Thomas's Medical School and afterwards Dean. Both as surgeon and as teacher, and in everything to do with the School, his skill and wisdom and devotion laid it under a great debt, and generations of St. Thomas's men in all parts of the world have occasion to think of him with affection and gratitude. He had also been surgeon to the East London Hospital for Children.

One of the outstanding experiences in his early life was his service in the South African War. In the autumn of 1899 he was asked by his friend Sir Anthony Bowlby (who, like himself, was to become President of the Royal College of Surgeons) to join the Portland Hospital in South Africa, and Wallace eagerly assenting, they worked together there until the middle of 1900, when the hospital was dismantled. On their



Lafayette