

I am quite certain that there is no inherent property in nitrous oxide which will produce post-anaesthetic coma as long as nitrous oxide "anaesthesia" is induced and not nitrous oxide "asphyxia." The tendency of "very much restricting the oxygen" must be absolutely resisted.—I am, etc.,

Saskatoon, Canada.

GORDON M. WYANT.

#### "Half-minute" Thermometers

SIR,—Referring to Sir Henry Tidy's letter (*Journal*, June 11, p. 1426), isn't it about time this misleading and dangerous inscription was forbidden by law as are much less important inscriptions on food labels? As life or death may depend on correct temperature recording, it is really shocking that so little attention is given to it. In one large hospital I know temperature-taking is left to the student nurses, as it probably is in many others too, and to see them flicking thermometers in and out of patients' mouths is really laughable if it was not so serious. When I pointed out the futility of this procedure I was told: "Well, the thermometers are marked half-minute, and that is all the time we are allowed for taking temperatures."—I am, etc.,

Gosport, Hants.

G. W. FLEMING.

#### Press Publicity

SIR,—From time to time the Medical Defence Union are approached by members who have been affronted by the unauthorized and unwanted use of their names in the lay press. Only too often it is necessary to advise that there is no legal remedy. However, in the issue of the *People* of January 9 last there appeared, under the headline "Man's Heart Patched in Hospital Miracle," an account of an operation performed by a thoracic surgeon at the Churchill Hospital, Oxford. Not only did the surgeon in this case object to the unauthorized use of his name and to certain inaccuracies in the article, but perhaps still more unfortunate in his eyes was the fact that the tone of the article was such as to rouse unfair hopes in the minds of patients who might think he could perform similar "miracles" on them. In this case action was possible, for the article was libellous: proceedings were accordingly instituted and a correction and apology appeared in the issue of the *People* of April 24.—I am, etc.,

London, W.C.1.

ROBT. FORBES,  
Secretary, Medical Defence Union.

#### POINTS FROM LETTERS

##### Swallowed Open Safety-pin

Dr. A. FRY (London, S.E.25) writes: Reading the recent correspondence in the *Journal* about swallowed hair-grips reminded me about a case which I had some years which may be of some interest. A female baby, aged 9 months, was brought with a history of having swallowed an open safety-pin. An x-ray film of the abdomen showed the open safety-pin present in the left lumbar area—probably in the stomach—with its angle downward and pointed end upward. There were no symptoms. Three days later the safety-pin was seen in the right iliac fossa—probably caecum. The pointed end was directed upwards. No aperients or other treatment was given. The following day the open safety-pin passed through the anus without any incident. It is remarkable that such a difficult foreign body should pass through the whole gastro-intestinal tract without any complications.

##### Forward Looking

Dr. REGINALD FISHER (Kings Langley) writes: Perhaps this case may be worth recording. A patient, who has suffered from arthritis of the spine for several years, has been fitted with a plastic jacket support which fixes the spine, both lumbar and cervical, and keeps her chin up. This relieved her pain but she could not see the ground nearer than 8 ft. (2.4 m.) from her feet, which made her walking difficult and uncertain, more so as she is of a nervous disposition. I thought that a prismatic lens in her spectacles might bring her line of sight nearer her feet. Mr. Hope Gunning kindly calculated the lenses required and Messrs. Clement Clarke made the spectacles, which have helped her a good deal. She now walks about with confidence. I had not heard of this complication before and perhaps others also may not have done. The prisms for distance were 5D base down and for reading 15D base down.

## Obituary

D. B. BLACKLOCK, C.M.G., M.D.,  
D.P.H., D.T.M.

We record with regret the death at his home at Mawnan, Cornwall, on June 10 of Professor D. B. Blacklock, who was professor of tropical hygiene in the University of Liverpool from 1934 to 1945. He had previously occupied the chair of tropical diseases of Africa and the chair of parasitology in the university. He was 77 years of age.

Donald Breadalbane Blacklock was born at Oban, Argyllshire, on January 7, 1879, the son of the Rev. John Blacklock, a minister of the Presbyterian Church. He was educated at Fettes College and at Edinburgh University, where, after a distinguished career both in studies and in sport, he graduated M.B., Ch.B. in 1902, proceeding to the M.D. in 1909. He took the Diploma in Public Health (London) in 1907, and the Diploma in Tropical Medicine (Liverpool) in 1911, when he was appointed research assistant to the Liverpool School of Tropical Medicine's research laboratory at Runcorn, then under the directorship of Warrington Yorke. He worked at the Runcorn laboratory until 1914, when he was appointed, first, director of the laboratory, and, later, lecturer in parasitology to the Liverpool School, where Warrington Yorke had recently been appointed Walter Myers professor of parasitology. During the first world war Blacklock served in the R.A.M.C. from 1915 until 1919. With the rank of lieutenant he was medical officer in charge of malaria wards at the Belmont Road auxiliary military hospital from 1916 to 1918, where he worked under the late Professor (temporary lieutenant-colonel) J. W. W. Stephens, F.R.S.; from 1918 to 1919 he held the rank of captain.

In 1921, when the Sir Alfred Lewis Jones Research Laboratory was opened by the Liverpool School at Freetown, Sierra Leone, Blacklock was created professor of tropical diseases of Africa by the University of Liverpool and was appointed the first director of the laboratory. He worked at Freetown for eight years, during which time he built up and established the laboratory on a firm and stable footing, and carried out and directed a very large volume of research, including work on beriberi, schistosomiasis, malaria, trypanosomiasis, goitre, *Onchocerca volvulus*, and metazoan immunity (for which a three-years' grant was made by the Empire Marketing Board), as well as carrying out a survey of the diseases of Sierra Leone on behalf of the Sierra Leone Government. His most noteworthy achievement was the proof that *O. volvulus* is transmitted to man by *Simulium damnosum*, a small biting fly. This for the first time allowed methods of control to be applied to a disease which causes much suffering in many parts of the tropical world. In 1929 he returned to Liverpool from Freetown, to succeed Professor Yorke in the



[Elliott & Fry