

Obayashi¹ found that to ensure a tuberculin-positive conversion rate of over 90%, approximately 400,000 viable units per dose are required. With the Danish vaccine each infant in Manchester injected with 0.05 ml. must have received approximately one million viable bacterial units—that is, two and a half times the minimal dose laid down in Japan.

The variability of the freeze-dried vaccine can be understood when it is remembered that the dry vaccine is made from the concentrated wet vaccine, and that the process of freeze-drying itself introduces factors which cause the death of a variable proportion of the initially live bacilli. The freeze-dried vaccine can thus become even more variable unless the preparation of wet vaccine is meticulously standardized and the optimum conditions of freeze-drying are accurately controlled.—I am, etc.,

Madras, India.

K. S. RANGANATHAN.

REFERENCES

- ¹ Bøe, J., *Acta tuberc. scand.*, 1948, 22, 125.
- ² Pierce, C. H., and Dubos, R. J., *Tubercle*, 1955, 36, 105.
- ³ Jensen, K. A., *Acta tuberc. scand.*, 1946, 20, 1.
- ⁴ Obayashi, Y., *W.H.O. Monograph Series*, 1955, No. 28, 209.

A Matter of Interpretation

SIR,—You must be gratified that at least one person with a classical background reads the reviews in your *Journal* (*Journal*, February 4, p. 293). Perhaps “Sisyphæan” was not the happiest choice to describe what in fact has been, and will be, I hope, a permanent and successful publication. Nor would “Herculean” have been exactly the right connotation, since the labours of Hercules were rather individual bursts of energy, whereas the preparation of the book under review has clearly involved, and with each new edition will continue to involve, the authors in a toil which will know no end. Only to that extent is it Sisyphæan.

With each new edition they will reach the top of the hill and the obstetric and gynaecological world will be the better.—I am, etc.,

London, W.C.1.

W. C. W. NIXON.

POINTS FROM LETTERS

Alexander the Great

DR. AYRES L. RIBEIRO (Nairobi, Kenya) writes: In his review (*Journal*, September 10, 1955, p. 661) of Dr. Agnes Savill's book on *Alexander the Great and his Time*, Sir Arthur MacNalty states that Alexander died of malaria or an amoebic abscess. If one reads Plutarch's life of Alexander the Great, one will see that this may not be correct, because Plutarch states that he suffered from continuous high temperature for eight days and that he expired at the end of this period. From this description it looks as if Alexander had pneumonia and that he died at the crisis. Malaria and his drinking excesses may have been contributory causes.

Swallowing Capsules

DR. V. SPILLER (Ilford, Essex) writes: I wonder if many of your readers and their patients have difficulty in swallowing tablets and capsules without retching? Here is a simple solution. Insert capsule in mouth, fill mouth with water. Then tip the head far back and wait till by the law of gravity the capsule falls right to the back of the throat. At this stage the capsule seems to have got beyond the area which produces retching, and a swallowing movement will dispose of it easily.

Swallowed Needles

DR. P. H. DALGLEISH (Natal) writes: I was interested to read Dr. M. Obadiah's letter on the subject of swallowed needles (*Journal*, January 7, p. 50). It reminded me of a story I read many years ago when, as a boy at the high school, I was competing in an essay competition with the subject “The History of Nottingham During the Civil War.” I then perused many ancient tomes available in the reference department of the public library in Nottingham, among them some town records at the time of the civil war. I remember being very interested in the story of a seamstress who was in the habit of holding pins in her mouth and who subsequently extruded pins, which had obviously been swallowed, from various parts of her anatomy. Though I cannot remember the detail now, as it is over thirty years since I read it, I do remember that the story was given very fully. I wonder if anyone in Nottingham with access to the library would be interested enough to search for the story, as I am sure it would be of considerable interest.

Obituary

JOHN HUNTER, M.B., Ch.B., D.P.H.

The obituary of Dr. John Hunter was printed in the *Journal* of February 11 (p. 351).

W. R. writes: John Hunter bore a name already famous in the medical profession before he was born, but, whereas the other John Hunter wrote his name large in the annals of surgery, our John Hunter did not belong to the spectacular in either the worldly or the professional sense. He was a man whose sterling character and many-sided interests marked him out as a fine true son of his race and soil. He eschewed the spectacular and spurned the noisy popularity that could have been his had he wished it. What he did he did quietly, without fuss, and whether he was treating a patient or doing a piece of research into Scottish history or nomenclature he brought to the task a scrupulous care and concern for accuracy and the same keen eye for detail.

Several generations of Scots, particularly in West Lothian, can testify to John Hunter's ability as a doctor and especially as a schools medical officer. In reminiscent mood he would recount his experiences amongst the high-born and the lowly, in the towns and cities as well as in the remote places of his native land, in a way that marked him out as a deeply observant, candid, yet understanding student of men and women, alive to their weaknesses and foibles, yet compassionate with them in their failings.

John Hunter was always just himself. He cultivated no mannerisms. His bedside manner and his fireside manner were alike, one and the same. As a doctor he sought his answers and the facts quietly and firmly. He could be caustic and severe in case of necessity, especially with humbug or pretence. Integrity being the touchstone of his own life and character, he sought to perfect it by the way he lived and demanded it of those who sought his rich friendship. It was in the quiet hours of friendly talk beside the fire that John Hunter was at his best, when that alert mind and intelligence, forgetful of the bodily weakness which had been his lot for many years, would sparkle and glow, as with humour that was always keen yet kindly he drew upon a vast store of knowledge and experience in many fields of human activity. A keeper of records in wonderful variety. Hunter was not just that. He sifted and kept only those which satisfied his own high standard for what was worthy of preservation. He venerated national traditions provided they were worthy, and had the eye to see and mind to perceive those things which posterity might be glad to have preserved for it. The pages of the *Scotsman* over the years are sprinkled with his letters and articles upon matters medical and historical, sporting and philosophical.

As Hunter had lived, so he died, true to himself to his “latest breath.” Throughout those last weeks of bodily pain and misery, and open-eyed to the facts of his illness, he showed to those who were privileged to be round about him that same courage, humour, and candour which had characterized the days of his strength and public service. Although he knew that the sands of his own life were fast running out, his every thought was for others. The approach of death, about which he spoke so calmly and naturally although it were merely an item of news, caused him no fear—for he was ready—and no regret except his inability to prevent the sorrow that would fall upon his family, and the sadness of his friends. John Hunter was not a religious man in the usually accepted sense, yet by his character and works he lived religion in its highest meaning. His was the stature of a fine Christian and a true friend.

Dr. J. F. MURPHY died suddenly at his home at Wimbledon on December 26, 1955, at the age of 58. He was a well-known general practitioner in London and had been a