

somewhat lacking in mid-Victorian good taste, he was ultimately to be proclaimed as one of the founders of endocrinology.

Soundless Rest Cure in the Sahara

In a recent issue of *La Presse Médicale* Dr. Malachowsky has made himself the mouthpiece for a new scheme which is nothing less than a silence cure in the Sahara, recently traversed by him and found ideal for his purpose. For four weeks he has revelled in silent days and silent nights, undisturbed even by the rustling of a newspaper, so successful was he in escaping not only from the sounds but also from the news of the outer world. Other prospective benefits, which seem at first sight unconnected with an orthodox silence or rest cure, are the sterility of the desert sand, the high magnesium content of certain of the Sahara's waters, the comforts of the hotels, and the big-game shooting. The last-named in particular would hardly seem compatible with a silence cure unless the weapons employed are to be bows and arrows. Be this as it may, Dr. Malachowsky has announced that he is organizing a medical tour of the desert for a month at an inclusive charge of 12,500 francs.

Medical Obituary

The death is announced on November 7 of Dr. Roman Adelheim, professor of pathological anatomy at the University of Riga. Born in 1881, he did experimental work on the pancreas and, during the great war, he published in Russian a monograph on the pathological anatomy of poisoning by suffocating gases. Much of his more recent work was also concerned with the chemical side of modern warfare. He made important contributions during and after the war to the study of several infectious diseases, including small-pox, typhoid, typhus, and influenza. The death is also announced at the age of 85 of Dr. Durand Fardel, corresponding member of the French Academy of Medicine, and distinguished in the world of hydrology and thermal stations. Another recent death is that of Professor Leenhardt of Montpellier. He was born in 1875, and was on his way, at the end of October, 1938, to Paris, to attend the Paediatric Congress, of which he was vice-president, when he died suddenly. He made important contributions to paediatrics.

Medical Lectures in Paris

The Association d'Enseignement Médical des Hôpitaux de Paris has organized for the scholastic year 1938-9 a series of Sunday lectures at the Paris Faculty of Medicine free of charge. The first lecture, given on November 20 by Dr. Bénard, dealt with the heart and sport. The subject of the second lecture was lipoid nephrosis in the child. A series of twelve lectures and six practical demonstrations is being given in Paris this winter free of charge to all doctors, medical students, and persons interested in guidance in the choice of a trade, occupation, or profession. This course is given under the direction of Professor Tanon at the Faculty of Medicine, and is sponsored by the Institut National d'Orientation Professionnelle, whose leaders have foreseen that doctors taking part in this activity will need special training for it.

Events Postponed

The fiftieth anniversary of the inauguration of the Pasteur Institute will be celebrated on March 15, 1939, its celebration in the autumn of 1938 having been deferred on account of the critical state of the international situation. On December 3 the French League against Rheumatism gave the rheumatic demonstration which had originally been timed for October 8. A special feature of this meeting was the demonstration of patients operated upon for chronic arthritis and of a film showing the various stages of the operation performed.

Correspondence

Mechanical Respirators

SIR,—The "iron lungs" which Lord Nuffield is manufacturing and presenting to hospitals are made in accordance with the original design of Professor Drinker of Harvard University, but of wood instead of steel. Drinker himself had made a respirator of wood, but found steel to be better. In many Press notices of Lord Nuffield's gift the inventor appears to have been forgotten. It was the high incidence of infantile paralysis in the U.S.A. which led Professor Drinker, after much experimental work, to invent his respirator, and a large number of these are now in use in American hospitals. In 1930 Drinker brought an "iron lung" (as the Press called it) to England, and demonstrated its use to the medical profession. Sir Robert Davis purchased this particular apparatus and made arrangements with Professor Drinker for its manufacture. In accordance with medical custom no patent was taken out, but the apparatus was to be known as the Drinker respirator. The original machine was freely lent to several hospitals, and was the means of saving several lives, a notable case being that of the Stowe schoolboy, who recovered after treatment in this machine for many weeks at the Wingfield-Morris Orthopaedic Hospital. A cheaper model, of simplified construction, was, I understand, made and supplied to the London County Council in 1934 at the price of £97. Subsequently, as a result of the practical experience of L.C.C. medical officers, refinements and accessories were embodied, with increase in cost, but making for greater efficiency in operation and greater comfort for the patient. Lord Nuffield's model is similar to the simplified machine produced in 1930, but all the models are on Drinker's principle, and in justice to him should be referred to as Drinker respirators. While public welfare is paramount, and everyone appreciates the generosity of Lord Nuffield, credit is due and should be given to those who have made and perfected these respirators. It is doubtful whether a wooden structure will lastingly ensure the safety of the machine to meet emergencies, which very rarely occur. Another type of respirator in which rhythmic compression of the chest is used, invented by Sir William Bragg to meet the needs of a paralysed friend, has been perfected by Mr. R. W. Paul.—I am, etc.,

Bucks, Dec. 15.

LEONARD HILL.

SIR,—A few months ago, when I had occasion to place my first case of acute poliomyelitis with respiratory paralysis in a box respirator, I found the procedure of drawing the child's head through the opening in the rubber diaphragm a difficult task and a most uncomfortable ordeal for the patient. Subsequently, I made a five-inch split in the rubber diaphragm towards the periphery, which split is opened and closed by means of a zip fastener sewn on to thin leather stuck to the rubber. I communicated the idea to Mr. Both, and such rubber diaphragms, complete with zip fasteners, are now supplied by Messrs. D. and J. Fowler, 215-218, Mansion House Chambers, Queen Victoria Street, E.C.4, or the ordinary rubber diaphragm can be easily converted at but little cost and labour.

I feel that this simple method, whereby a patient can be placed in and taken out of the box respirator with considerable ease, should be universally known to all users of box respirators, whether of the "Drinker" or "Both" type. As box respirators have been but little used in this country