

Obituary

R. HIGHAM COOPER, C.B.E., L.S.A.

Dr. Robert Higham Cooper, formerly a well-known radiologist in London and during latter years at Bournemouth, died on Sept. 25 at Bournemouth aged 66. At the Annual Meeting of the B.M.A. in 1934 he was vice-president of the Section of Radiology and Electrotherapeutics. Educated at Macclesfield Grammar School, Owens College, Manchester, and at Charing Cross Hospital, he was for a year assistant to Sir James Mackenzie Davidson before qualifying L.S.A. in 1904. He served for 15 years as medical officer in charge of the electrical and x-ray department at University College Hospital and at Moorfields Eye Hospital, and he had been a member of the visiting staff at the Prince of Wales's General Hospital, Tottenham, the Evelina Hospital for Sick Children, the Royal Waterloo Hospital for Children and Women, and at the West End Hospital for Nervous Diseases; he was also for a time lecturer on radiology at the Seamen's Hospital, Greenwich. For the greater part of the last war he was consulting radiologist to the British Armies in France, with the temporary rank of lieutenant-colonel, R.A.M.C., and in the early part of 1919 became radiology adviser to the London Command. He was mentioned twice in dispatches for his war work and awarded the C.B.E. After the war he held the post of radiologist to the Egyptian Government for three years and became a member of the War office X-ray Committee. Settling in Bournemouth, he was for some years medical officer in charge of the light department of the Royal Victoria and West Hants Hospital, and he served during the present war as radiologist to the E.M.S. at Christchurch. Dr. Higham Cooper wrote a small book in 1909 on *The Uses of X Rays in General Practice*, and contributed papers on his specialty to this and other journals.

SIR HUMPHRY ROLLESTON

SIR EWEN J. MACLEAN writes:

It was a great privilege to know Humphry Rolleston, and I appreciated this during his Presidency of the Royal College of Physicians, and more intimately during the twelve years I was chairman of the B.M.A. Science Committee. Sir Humphry was one of the most distinguished of the many distinguished men who have been elected members of that committee, and in its camaraderie there was never, on his part, the slightest trace of insistence on any deference to his status—one, surely, which based on heredity and recognized achievement represents one of the very brilliant careers of our time.

The main purpose of this short note is to claim that much of the devoted service Sir Humphry rendered to the Association was effected through the medium of the Science Committee, and I recall, in particular, the weight of his advice and guidance in our conferences with representatives of the Pharmaceutical Society and of the chemical manufacturers regarding the difficult subject of proprietary medicines; then again his close attendance in the various contacts and subcommittees which have resulted in the establishment of a Diploma in Physical Medicine were of the greatest help; and he was an indispensable member of the committee for the allocation of the science scholarships, grants, and prizes. He took an especial interest in the award of the Sir Charles Hastings Clinical Prize for general practitioners, and it became the practice of the committee to refer the award to Sir Humphry in conjunction with Prof. (now Sir) Francis Fraser. The report with the analysis of the works submitted was a delight to read.

With his many commitments it was little short of amazing that Sir Humphry was so consistently regular an attendant at committees, whether the agenda dealt with special or routine matters. The tragic death in Zanzibar in 1936 of his only surviving son was a great blow, and I remember his saying, somewhat quaintly, at a subsequent date, that it must have been when he was with us quietly transacting our committee business that his son was succumbing to the rioters. The Association has lost a great friend and a great supporter in the difficult times ahead.

FRANK DOUGLAS MARSH, F.R.C.S.

H. W. F. sends the following personal tribute, supplementing and correcting the notice printed on Sept. 30:

By the death, at the age of 55, of Douglas Marsh, the staff of the Birmingham Medical School has lost a valued colleague, and the Midlands of England has been deprived of the services of one of the leading consultants. In the 1914 war Marsh served four years, held a D.A.D.M.S. appointment, and received the M.C. After the war he took up the study of ear, nose, and throat surgery, and in due course became surgeon in the ear, nose, and throat departments of the Queen's Hospital, afterwards part of the Birmingham United Hospital, and of the Birmingham Children's Hospital. Marsh threw himself into these duties with energy, sound technical skill, and sane judgment, which was reminiscent of his father, the late Col. Frank Marsh, F.R.C.S.; moreover, he rapidly acquired a very large private practice. He sustained, throughout his exceptionally busy life, a high reputation for reliability as a surgeon, and for perfect time-keeping. He remained on the Territorial Reserve of Officers, and in September, 1939, he was called to serve as major, R.A.M.C. For the next three years he was stationed at the Royal Victoria Hospital, Netley, as ear, nose, and throat specialist. In this capacity he soon acquired a reputation for hard work and sound practice, which was as high as in civil life. About two years ago arthritis compelled him to return to civil life. He resumed his Birmingham work, and notwithstanding his desire to reduce his labours, the demand for his services was so great that he could obtain but little respite. During the earlier part of this summer his health failed.

Such is the outline of the life-work of a remarkable man. Tall, erect, grave, courteous, and rather shy, Douglas Marsh was a man of few words but strong ideals. His admiration for his father, who was a Victorian, and in his day a model of energy and shrewdness, encouraged his own steadfast application to his profession, and consequently he had little time for relaxation—although at golf in his youth he had been more than good. He loved good pictures, good furniture, pleasant people, and a quiet chat. He wrote little, though his articles were characterized by balance of judgment and care in the choice of words. But as a practising surgeon he developed carefully selected and highly polished methods, both in the operating theatre and in the consulting-room, which enabled him to carry out an enormous amount of work of a uniform high grade without hurry, and apparently without fatigue. His calm manner betrayed neither weariness nor anxiety nor signs of irritation. This characteristic attitude was well known to a wide circle of patients, doctors, and fellow workers. His intimate friends, however, were fully aware that underlying this achievement of professional skill and manner there was a sensitive man who felt both fatigue and depth of anxiety, and, moreover, a sense of humour which his reticence seldom permitted him to exhibit. To Mrs. Marsh, formerly a brilliant student of the Birmingham Medical School, and to their son our warm sympathy is extended in the loss of a husband and a father, who was not only an invaluable doctor to others but a staunch and beloved comrade to them.

G. FOSTER BARHAM, M.D.

Sir Hubert Bond sends the following tribute to the memory of Dr. Guy Foster Barham, whose career was briefly recorded in the *Journal* of Sept. 23:

For 27 years Foster Barham filled the onerous post of superintendent and physician-in-chief of Claybury Hospital, which, when opened in 1893, was the fifth of the County of London's mental hospitals. After some resident general hospital experience he joined the staff at Claybury, of which Dr. (afterwards Sir Robert) Armstrong-Jones then was superintendent. There his interest in psychological medicine was aroused: every year deepened it, and it was to his great satisfaction when in 1907 he was appointed deputy superintendent of Long Grove, the ninth and newest of the L.C.C.'s mental hospitals, which then was just about to receive patients. Here for the next ten years he found wide scope for his great talents, and though as senior medical officer of the women's division with its 1,100 beds his administrative duties were many, it was ever towards the clinical side of his work that his main interests lay. Those were the days when the effect of Freud's work tended to be dominant: they were the days, too, when mental hospitals were far less well equipped than now with x rays and other means of physical investigation really thorough in character, nor was there attached to any of them an active team of visiting specialists. Barham, while never losing his foothold in the bodily organism as a whole, was attracted strongly towards psychotherapy and spared himself no pains, often with striking success, in using it in accessible psychotic states. This attraction can be seen in the thesis for his Cambridge doctorate—"The Influence of Emotional Conflicts and of Repressed Emotion in the Causation of Abnormal States of Mind"—and in many of his case studies. August, 1917, saw him back again at Claybury, this time as superintendent. There, in response

to the ever-increasing demands for further facilities in the treatment of mental disorders, he was able to initiate many improvements. One was the erection of Forest House, to which his name deservedly some time might be given; for, designed with scrupulous care to meet the needs of early and sensitive cases, for whom he felt the large building was unsuitable, it truly was his child. He took, too, an ardent interest in efforts to improve the status and training of mental nurses, and was an active member of the 1922-4 departmental committee on that subject.

An accomplished physician in the best sense of those words, Barham possessed a fastidiousness of taste which led him always to seek the best. He had, too, a tidiness of mind which characterized all his work. These attributes were reflected in his bearing and person and gave the impression, which indeed was true, of someone able to bear responsibility and to direct. These are no mean assets in the control and administration of a big hospital with its 2,300 beds and some 500 staff; likewise of no small value in the handling of patients whose illness, when long continued, tends to neglect of person and deterioration in habits. Perhaps in no other mental hospital in the country were more pains taken in the arrangement of pictures and of other objects of interest to make its wards well kept and attractive.

Medical Notes in Parliament

Pneumoconiosis Report

Mr. J. GRIFFITHS on Sept. 26 asked the Minister of Fuel and Power what action he proposed on the report of the committee on the problem of pneumoconiosis in the South Wales coalfield. Major LLOYD GEORGE replied: The committee's recommendations with regard to the establishment and equipment of a treatment and rehabilitation research centre require discussion with other Departments than my own. These discussions are already proceeding. Concurrently I am examining, and propose to put into effect as soon as the necessary arrangements can be made, other recommendations which can be implemented by strengthening existing machinery. These, I hope, will include the initial radiographic examination of all new entrants into the industry in South Wales; the periodical examinations of selected groups of miners in relation to concurrent assessments of the dust conditions of their employment; and, in association with the Ministry of Labour, an investigation into the present and progressive medical condition of miners who, because of the disease, have left the industry and have taken up other employment, the object being to provide guidance as to what other occupations are best for such cases. The machinery of my Department is to be strengthened for this work by appointing a second mines medical officer in South Wales, and by adding to the testing station a new section of staff to concentrate on the work of dust assessments. I am doing everything possible to deal with this problem within the limits imposed by wartime conditions. It is my intention to pursue the subject vigorously, and to spare no effort in tackling the problems created by this disease.

Penicillin for P.O.W.

Mr. KENDALL asked on Sept 28 whether the Minister of Health, in view of the fact that penicillin was available to German prisoners, would take immediate steps to make it available for British civilians in those cases where death would otherwise result. Mr. WILLINK replied that the Government was required by the Geneva Convention to care for wounded prisoners of war, without distinction of nationality, equally with our own personnel. The bulk of the penicillin at present available was required for Service cases, and the amount which could be released for the treatment of civilians was not sufficient to enable penicillin to be given to every case which might conceivably benefit from it. It was necessary to reserve this small amount for the treatment of cases in which it might be the only means of saving life or of effecting recovery from grave illness and in which the prospects of recovery were high.

Evacuation from London

On Sept. 26 Dr. HADEN GUEST asked the Prime Minister if he would state the Government's present policy in respect of the evacuation from London and Southern England of mothers with infant children, school-children, aged and disabled persons, and in-patients in hospitals. Mr. WILLINK, who replied, said that, as announced on September 7, the Government had decided to suspend further evacuation under the Government evacuation scheme from London and Southern England; it had also suspended the evacuation of hospital in-patients. On the other hand, he had already said on several occasions that the Govern-

ment's advice to those already evacuated from London and Southern England was, "Do not come back."

Battle Casualties and Sickness in Allied Armies

Reviewing the war on Sept. 28 Mr. CHURCHILL said there were now between 2,000,000 and 3,000,000 men in France of the British and American Armies. The British had lost upwards of 90,000 men killed, wounded, and missing, and the United States, including Gen. Patch's Army, over 145,000. Along the eastern frontier of India the 14th British Imperial Army amounted to between 250,000 and 300,000 men. In the first six months of the present year this Army sustained 237,000 cases of sickness which had to be evacuated to the rear and tended in hospital. More than 90% of these cases returned within six months. In addition, there were over 40,000 battle casualties within the same six months. He trusted the inordinately heavy toll of disease would be markedly reduced in future operations: Many preventives of tropical disease had been discovered and safeguards against the onslaught of insects of all kinds. The D.D.T. powder, which had been fully tested and found to yield astonishing results, would henceforward be used on a great scale by the British Forces in Burma and by American and Australian Forces in the Pacific and indeed in all theatres, together with other remedies constantly improving. The Japanese also suffered from jungle diseases and malaria. Eradication of lice from Naples by strict hygienic measures could be held to have averted a typhus epidemic in the city and neighbourhood when the Allies occupied them.

Col. WICKHAM spoke of the fighting in New Guinea, where even open country was covered with grass infested with the dreaded typhus mite. Even in the hospital tents there the men were cheerful, though in some cases suffering from painful skin affections. A friendly informality existed between doctors, nurses, and patients, but medical discipline and precautions were enforced and observed. It was irksome in that climate to wear long trousers and gaiters, to button wristbands and to take regular doses of atabrin. But the results had been remarkable. Even in fighting conditions the incidence of malaria had been reduced from 100 per 1,000 per week to 2 per 1,000. Prophylactic measures were almost omitted from the Japanese medical programme, and the Japanese were less resistant to tropical diseases such as malaria and dysentery than were men of the white races.

Medical News

The recently formed Edinburgh Branch of the Polish Medical Association in the United Kingdom will hold its first meeting on Sunday, Oct. 8, at 3.15 p.m. at Scottish-Polish House, Greenhill Gardens, Edinburgh. It will be addressed by Dr. G. De Swiet.

The annual meeting and conference of the Tuberculosis Association is being held on Oct. 12 (afternoon, at the London School of Hygiene and Tropical Medicine), Oct. 13 (clinical meeting and discussion at Harefield Sanatorium), Oct. 14 (morning, at Manson House, Portland Place, W.). The annual general meeting will be held on Oct. 12 and Prof. Major Greenwood will deliver an address, "A Retrospect," on Oct. 14.

The Association of Austrian Doctors in Great Britain (14, Craven House, 121, Kingsway, W.C.2) makes the following announcements: A meeting on Friday, Oct. 13, at 6.45 p.m. to discuss jointly with the Austrian Pharmacists Group "Therapeutics in Austria and Great Britain"; Sunday, Oct. 29, 11.30 a.m., jointly with the Association of Austrian Chemists and Scientific Workers, a lecture on life-saving and life-preserving plants (vitamins, alkaloids, penicillin). The meetings will be held at the Austrian Centre, 69, Eton Avenue, N.W.3 (near Swiss Cottage Tube station).

A meeting of the Council of the Medical Superintendents' Society will be held at the Queen's (L.M.S.) Hotel, Birmingham, on Saturday, Oct. 14, at 2.30 p.m., and Sunday, Oct. 15, at 10 a.m.

The Association for Scientific Photography (Tavistock House North, Tavistock Square, W.C.1) announces the following meetings to be held this year: Saturday, Oct. 14, Caxton Hall, Westminster, 2.30 p.m., papers on cinematography. Saturday, Nov. 25, 16, Princes Gate, S.W., 3 p.m., electron microscopy. Saturday, Dec. 30, Caxton Hall, 2.30 p.m., choice of materials for scientific photography.

An autumn series of lectures on medical and allied subjects will be given at the Royal Institute of Public Health and Hygiene, 28, Portland Place, W., on Wednesdays, Oct. 18 to Nov. 22, at 3.30 p.m. Seats are reserved for Fellows, Members and Associates of the Institute, but accommodation is provided for others who are interested in health problems. The Museum of Hygiene may be viewed before or after the lectures.