

Lastly, I think that Dr. Elliott-Binns, in trying to establish his case, has been unnecessarily hard upon himself, and in some of the cases he describes the disease was doubtfully possible of diagnosis earlier: in one, the hospital doctors also had difficulty. I think those of us who can see (and we are growing in numbers daily) the extreme importance of the human factor in general practice should labour to avoid overstatement of our views. We should attempt to integrate this factor into the accepted framework of the medicine we were taught to practise in hospital. Dr. Elliott-Binns has shown clearly that our problem as family doctors is the synthesis of these two strong and sometimes conflicting forces. It is only by writing about them, clarifying and discussing them, that the synthesis will be achieved, and to the great benefit of our patients.—I am, etc.,

St. Peter Port, Guernsey.

M. H. S. BOUND.

### Psoriasis of the Mouth

SIR.—Dr. W. W. Gunther, of Newcastle, Australia (*Journal*, August 2, p. 327), asks if it is not possible that some cases of lichen planus of the mouth could have been psoriasis. Psoriasis of the mouth, although not very common, is also not very rare. At the Royal Dental Hospital of London we see quite a number of these cases. The oral lesions more often than not attack the upper surface of the tongue and look very much the same as the lesions of the skin—i.e., the central scale with the surrounding reddened ring spreading outwards—and usually occur in conjunction with the general skin condition. Lesions also occur on the buccal mucosa and are not quite so typical, making it possible to mistake them for lichen planus. It is my experience that some form of irritation—jagged tooth or ill-fitting denture—originates the condition. These cases are treated in the electrotherapy department by means of concentrated actinic rays (the titanium arc lamp) with most satisfactory results.—I am, etc.,

London, W.1.

ROBERT LEAVER.

### Coudé Catheter

SIR.—In volume 6 of the winter number of *The Leech*—the journal of the Cardiff Medical Students' Club—there appeared an article on Emile Coudé, 1800–70, a surgeon of Niort, France, who, it was alleged, invented, and in 1835 published an account of, the coudé catheter. This biography was written in a serious and restrained vein, and was replete with two references, one to the autobiography of Emile Coudé, and another to *Le Mois Medical* for a description of the invention. In addition, the article contained a reproduction of a woodcut purporting to be a likeness of the inventor.

We have been able to prove that the whole of this article is a fabrication, and the references are fictitious. To expose this deception is of practical importance. As a result of the hoax, a number of pages of the 11th edition of *A Short Practice of Surgery* that were passed for press have had to be reset in as far as the capital "C" of Coudé is concerned, and biographical footnotes to Emile Coudé deleted.

To save others from falling into this mire, we hope that you will publish this letter. The coudé catheter was invented by Louis Mercier, 1811–82, the eminent Paris urologist, so well known for his description of the interureteric bar. Mercier announced the invention of the coudé catheter in 1836 and of the bi-coudé catheter in 1841. Being translated, *coudé* (the adjective) means bent; *coude* (the noun) means elbow.—We are, etc.,

HAMILTON BAILEY.

W. J. BISHOP,  
Editor, *Medical History*.A. CLIFFORD MORSON,  
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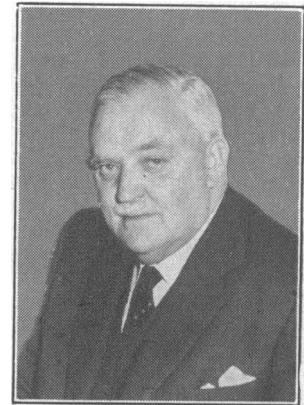
Sholden, Kent.

President, *Société Internationale d'Urologie*.

## Obituary

H. A. SANDIFORD, M.C., M.B., D.P.H.

Brigadier H. A. Sandiford, who died suddenly at his home at Windsor on August 13, aged 66, was the first medical director of the Commonwealth Medical Advisory Bureau and of the International Medical Advisory Bureau of the B.M.A. He retired from this appointment at the end of last year on reaching the age limit. Before joining the staff of the B.M.A. he had had a distinguished career as a regular officer in the R.A.M.C., culminating in his appointment as the first Director of Army Psychiatry at the War Office. At B.M.A. House he quickly established himself in the affections of his colleagues, and, being the fortunate possessor of an outstandingly genial personality, he added to his many friends through his efforts on behalf of the overseas visitors who consulted him at the Bureau.



Hugh Arthur Sandiford was born at Manchester on May 26, 1892, and was educated at Manchester Grammar School and at the University of Manchester, where he graduated M.B., Ch.B. in December, 1914. In the following month he entered the R.A.M.C. for service in the first world war. He was awarded the Military Cross in 1917 in circumstances officially described as follows: "He took up a position immediately behind the front line during an attack and dressed the wounded in the open. He displayed great coolness and gallantry under heavy artillery fire, working in an exposed position for forty-eight hours." Sandiford decided to make the Army his career, and for fifteen years or so was employed in all branches of clinical medicine and in general medical administration. He took the Cambridge D.P.H. in 1925, and as a hygiene specialist he was, from 1933, successively instructor at the Army School of Hygiene, Deputy Assistant Director of Hygiene at Peshawar, Assistant Director of Hygiene at the War Office, and Deputy Director of Hygiene in the Eastern Command. In the assessment of physical fitness he had a wide experience, and he was one of the first to grasp the importance of devising efficient methods of selection. His last military appointment gave him an opportunity to display his ability in this respect. The second world war had run half its course when, in 1942, he was invited to assume the post of Director of Army Psychiatry at the War Office. In his case it was more than just filling an appointment: he had to create the whole structure of which he had been nominated as the first director. In this complex and difficult task he was highly successful. Although not trained to be a psychiatrist, he had acquired in the course of his career a good knowledge of psychiatry and its social applications.

An extremely hard worker, very painstaking over detail, he never lost sight of the wood for trees. As Director of Army Psychiatry he had to establish liaison with the Emergency Medical Service, the Board of Control, and the medical superintendents of civil hospitals, and during his period at the War Office from 1938 to 1946, when he retired from the Army, he worked in close contact with many of the senior medical officers of the Dominions and Allied medical services. He had a very keen mind and a shrewd judge of character, but his kindly manner and