which his father's increasing years were making him unable to cope. How well he succeeded in that vocation is attested by the devotion of his many patients." 

Dr. Noel F. Rowstrom of Sunderland, who died on Sept. 19, was born in Corunna, Spain, 74 years ago and educated at St. Bartholomew's Hospital, taking his M.B. degree at Durham University in 1893, and later his M.D., for which he was gold medallist at Durham College. He settled in Sunderland as a general practitioner. In the last war he served in Malta, and on his return was appointed V.D. medical officer in the Royal Infirmary, Sunderland, at which, to his great regret, he died an end. He was a member of the British Medical Association, nearly all his professional career, and was founder of the West End Society—a subsidiary in the Sunderland Division of the B.M.A. A colleague writes: Since 1912 this society has drawn its members into close collaboration, improved their scientific knowledge, and ameliorated conditions of work. The members admired the enthusiasm of our friend both in his profession and in our society, and feel in debt to his untiring efforts.

Dr. Victor Jennet Batson of Ilford, who died on Sept. 29, was for some years an active member of the B.M.A., representing the Stratford Division at nine Annual Meetings and serving as chairman of the Division in 1930-1; he had also been a vice-president of the Metropolitan Counties Branch. He was born in Mile End in 1867, the son of John Batson, M.R.C.S. After seven years at University College School, London, he entered University College Hospital Medical School and qualified M.R.C.S., L.S.A., in 1890. During three years' temporary captain in the R.A.M.C. he held the post of sanitary officer at Malta. For a short time after returning to civil life he was assistant physician to the Queen's Hospital for Children, having earlier been assistant physician to the Plassey Baby Clinic. Dr. Batson gave much time to lecturing for the St. John Ambulance Association, which made him an honorary life member.

Dr. Charles Vincent Mackay, F.R.A.C.P., writes from South Yarra, Melbourne: In the obituary columns of the Journal of April 22 you published an appreciation of the late Sir Henry Maudslay by Sir Thomas Dunhill, his house-physician at the Royal Melbourne Hospital in 1919. The memory picture which he has so clearly drawn of this great physician, teaching neurology at the bedside, will recall many such scenes to those who enjoyed the same privilege as himself. Sir Thomas is, however, not quite accurate in his dates. Sir Henry Maudslay was appointed directly to the in-patient staff of the Royal Melbourne Hospital on Aug. 27, 1903, and retired in 1919. Sir Richard Swallow was appointed to the out-patient staff of the hospital on July 19, 1903. Sir Thomas incorrectly says that Sir Henry was on the teaching staff of the hospital, and succeeded him as in-patient physician on April 25, 1919. The praise which Sir Thomas Dunhill gives to these two great teachers of medicine, and especially to Sir Henry, as his physician to the students in Australia, is very much indebted to them.

The Services

Major-Gen. R. E. Barnsley, M.C., K.H.S., late R.A.M.C., has been appointed C.B. (Military Division) in recognition of distinguished services in connexion with the landings in Normandy.

The London Gazette has announced the following appointments, awards, and mentions in recognition of gallant and distinguished services in Burma and on the Eastern Frontier of India:

C.B.E. [Military Division].—Col. (Temp.) A. N. T. Meneces, R.A.M.C.


M.C.—Capt. K. B. Fraser, R.A.M.C.


Major-Gen. Sir P. S. Tomsinon, K.B.E., C.B., D.S.O., K.H.P., late R.A.M.C., has been mentioned in dispatches in recognition of gallant and distinguished services in the Middle East.

Capt. G. E. Woodhouse and Lieut. L. Dallain, R.C.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in the field.


Temp. Surg. Lieut. G. A. Gould, R.C.N.V.R., has been mentioned in dispatches for good services to the survivors when H.M.C.S. Regina was lost.

CASUALTIES IN THE MEDICAL SERVICES

Flt. Lieut. A. J. Chiappa-Sinclair, who died on Oct. 5, was born in April, 1898, studied dental surgery and medicine at Middlesex hospital, qualifying L.D.S. in 1919, and M.R.C.S., L.R.C.P. in 1922. After holding appointments at the Dental Hospital, Great Portland Street, he entered general practice. He was commissioned in the Medical Branch of the R.A.F.V.R. on Oct. 13, 1941. At the date of his death he was serving as medical officer at a mobile field hospital over-seas.

Killed on active service.—Capt. Ernest Lawrence Holden Ellis, R.A.M.C.

Killed in action in N.W. Europe.—Capt. James Thorburn Doyle, R.A.M.C.

Died of wounds.—War Subs. Capt. Hayner Arnett Wells, R.A.M.C. Previous reported missing, now officially presumed killed.—Surg. Cmdr. Humphrey de Bohun Kempthorne, R.N.

Reported missing at Arrnhem.—Majors C. J. Longland and G. Rigby-Jones; and Capts. J. H. Keesey and J. E. Buck, R.A.M.C. Reported missing—Capt. R. E. Bombardier, R.A.M.C.

Reported missing in Holland.—Capt. P. Louis, R.A.M.C.

Reported missing, believed prisoner of war.—Capt. C. M. James, R.A.M.C.

Wounded and missing in N.W. Europe, believed prisoner of war.—Lieu.-Col. M. E. M. Herford, M.B.E., M.C., R.A.M.C.

Wounded and missing.—War Subs. Capt. N. R. Carlson and J. R. Kyles, R.A.M.C.

Medical Notes in Parliament

Tuberculosis Treatment

In the House of Commons on Oct. 10 Sir Waldron Smithers called attention to the increase of tuberculosis in Kent and the lack of institutional accommodation for patients. It was reported that there were at present 350 patients awaiting institutional treatment and, owing to the shortage of beds and staff, many could not be accommodated for at least three months and women and children for at least five months. The incidence of tuberculosis went up in wartime. In reply to a question he had put to the Minister of Health on July 27, he was told that the rate per 1,000 went up from 0.704 in 1938 to 1.248 in 1941, 0.103 in 1942, and back to 0.984 in 1943. While realizing all the difficulties, had every possible step been taken to see that all available staff and accommodation were economically used? The Minister had tried to put as good a case as he could, explaining that the number of deaths, which was considered the truest guide to the incidence of the disease, showed only an increase of 0.1% over the same period. It was not a question of the number of deaths but of the terrible danger street, the spread of general practice. The admission of patients was strictly in accordance with the date of recommendation. Why should that be? Surely some consideration should be given to the state of health, age, and home surroundings of the patient.

The conditions at the clinic at Bromley, to which, although it was not in his constituency, his constituents had to go, was appalling. There were no beds, and the accommodation for patients and the dressing-rooms was most primitive. The tuberculosis officer, who had asked for a tribunal, was a splendid man and was heartbroken at the distress around him and his inability to help. The medical officer of health for Kent had written him (Sir Waldron Smithers): "You will appreciate that the doctor at the clinic at Bromley is an officer on my staff, but as tuberculosis officer to the Bromley area he is not familiar with the questions of policy raised. In any event, as a subordinate officer on my staff, it would be improper for me to answer."

He knew that in many parts of the State-run medical service, a service run too much by people sitting in offices and tending to get out of touch with the realities of medical practice. The medical officer of health had complained that he (Sir W. Smithers) had shown a report of his to the wife of a tuberculous patient in his constituency.
Letters, Notes, and Answers

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON W.1, TELEGRAMS: ANTHROPOLOGY, WESTEND, LONDON. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the British Medical Journal alone unless the contrary is stated.

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MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY OF THE ASSOCIATION.

TÉLÉPHONE: EUSTON 2111.

TÉLÉGRAMMES: Medecina Westment, London.


ANY QUESTIONS?

Ammon. Chlor. for Soda-ash Burns

Q.-Is the 5% solution of ammonium chloride issued to firms for treating burns caused by soda ash to be used neat or diluted?

A.-If the bottle is labelled "5% solution" it should be used neat, to drench the affected tissues, and may be followed by oxygen or irrigation with normal saline or plain water. (See B.M.J., 1943, 1, 756.)

Sero-fibrinous Pleurisy

Q.-What conditions in sero-fibrinous pleurisy would lead one to believe that the effusion is non-tuberculous?

A.-All recent work tends to show that in the vast majority of instances sero-fibrinous pleurisy is tuberculous in origin. All cases of pleural effusion should be investigated thoroughly with a view to ascertaining the cause; a careful history, X-ray examination of the chest, and examination of the fluid are essential. Where there is no clear indication, such as the presence of heart failure, acute rheumatism, or injury, to suggest that the condition is non-tuberculous, it should be assumed that tuberculosis is the cause. It must also be remembered that a persistent sterile effusion is a common sequel to pneumonia which has been treated with sulphonamides in inadequate doses.

Bed-sores

Q.-An entubed lady of 82 years of age with myocardial degeneration and anginal symptoms was admitted to hospital with a fractured neck of femur and Colle's fracture, the result of a fall. Within four days she developed two pressure sores, one on the buttock and one over the scapula. Is this attributable to careless nursing or is it so often thought to be the case by the public? The pressure areas have been treated in the usual manner, but in spite of this the abrasions appeared and progressed. Is this inevitable, and if not, how can it be avoided? The question is one of supreme importance to hospitals nursing this type of case.

A.-The occurrence of bed-sores in this case was by no means necessarily due to careless nursing. The measures taken to prevent such sores have each their special aim. The gentle rubbing during the process of cleansing with soap and water, the drying, and the powdering aim at improving the local blood supply; the application of spirit is meant to harden the skin so that it may the better withstand unavoidable pressure; the care taken to avoid rucks in the sheet and to distribute pressure by pads and rings aims at avoiding undue pressure or irritation on any one spot. In addition, if the heart action be weak it may be advisable to stimulate it by appropriate drugs.

In the lady of 82 with double fracture and suffering from myocardial degeneration it would be difficult to maintain a good peripheral circulation by any means and bed-sores might be inevitable. It must be understood, however, that in the great majority of cases, even at that advanced age, the above precautions should suffice to prevent the occurrence of sores.

Indoor Ripening of Tomatoes

Q.-Is there any difference in the vitamin content of tomatoes ripened on the bush and those that ripen indoors?

A.-Very little information on this subject is available, although published results suggest that tomatoes which have been picked green and ripened in storage contain not only less but also less carotinoid pigments than those allowed to ripen on the vine. Conditions of storage have their effect, however, and it has been found that if unripe tomatoes are exposed to sunshine after picking their vitamin C content is much higher than that of tomatoes stored in the dark. Other factors, such as season, variety, and soil also influence the vitamin value of fruits, and consequently indoor-ripened tomatoes may or may not be nutritionally inferior.