

much comfort. There was obviously a defect in the wiring of the blanket, with the result that the patient was shorting through a heavy blanket, which was directly in contact with the parts affected and which was also touching the iron framework of the bed.

The rash cleared completely when the electric blanket was banished.—I am, etc.,

Weymouth.

ELLIS PARKINSON.

Long Umbilical Cord

SIR,—A few months ago I attended a patient in her third confinement. Everything was normal. The umbilical cord measured from its root in the placenta to the baby's navel 4 ft. 8 in. (142 cm.). There was one twist completely round the body, up over the front of the body, over the shoulder, under the same axilla, then up and twice round the neck, and a good bit to spare afterwards. Jellett's *Midwifery* says that the cord can be as short as five inches and as long as five feet, just in a general way. I think that this case must be more or less a record.—I am, etc.,

Valparaiso, Chile, South America.

S. M. WELLS.

Helping the Newly Blind

SIR,—May we, as administrators respectively of St. Dunstan's and the National Institute for the Blind, draw the attention of those of your readers who may be asked for advice by patients losing their sight to the proper course newly blinded people should follow if they wish to take full advantage of the Blind Welfare Services?

If a person's loss of sight has been caused or aggravated by war service (including civil defence), he or she should get in touch with St. Dunstan's, 191, Marylebone Road, London, N.W.1, which is responsible for such cases.

Responsibility for all those whose loss of sight is not attributable to war service—that is, the civilian blind—is borne by the local authorities and the local voluntary agencies for the blind, in co-operation with the National Institute for the Blind. Newly blinded civilians should therefore get in touch with the local Blind Welfare Authority or, should there be any doubt about the identity of that body, with the National Institute for the Blind, 224, Great Portland Street, W.1, which gladly provides applicants with any information or advice they may require.—We are, etc.,

W. ASKEW,
Secretary, St. Dunstan's.

J. C. COLLIGAN,
Secretary-General,
National Institute for the Blind.

London, W.1.

POINTS FROM LETTERS

Unusual Presentation

DR. A. J. MACLEOD (Lochmaddy, Isle of North Uist) writes: Delay in a recent labour in a primipara, which appeared straightforward, was caused by limitation of flexion of the foetal head. This proved to be due to the right forearm being across the throat, under the chin, bound down there by the cord, which was tight round forearm and neck. At birth the right hand was below and behind the left ear, the back of the hand next the neck. The descent of the head was slow, but delivery presented no difficulty.

Mercy Administrator?

DR. B. D. JOHNSON (Leicester) writes: We seem to live in an age when it is becoming increasingly unfashionable to call a spade a spade. I find in Dr. C. K. Millard's letter (December 23, p. 1447) on euthanasia such terms as "euthanisors" and "mercy administrators" advanced as suitable for those who, it is proposed, are to be licensed to kill patients suffering from "incurable illness." I would have a far greater respect for Dr. Millard and his society (with whose views I profoundly disagree) if he expressed his meaning in simple terms such as "patient killers" . . . rather than hide his meaning in unhappy euphemisms or ill-conceived neologisms.

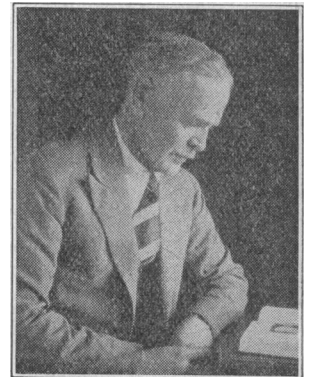
Correction.—In Mr. McNeill Love's letter on appendicitis (January 6, p. 36) the first line of the penultimate paragraph should read, "As admitted in the article, appendicectomy is *not* always possible. . . ."

Obituary

G. R. GIRDLESTONE, D.M., F.R.C.S.

Mr. G. R. Girdlestone, who played a leading part in the advancement of orthopaedic surgery in this country, died on December 30, aged 69 years.

Gathorne Robert Girdlestone was born in Oxford in 1881; his father was Canon R. B. Girdlestone, of Christ Church, Oxford. From Charterhouse he went on to New College, Oxford, and at St. Thomas's Hospital, where he continued his medical education, he was University Scholar. He qualified M.B., B.Chir. in 1908, and, after serving as casualty officer and house-surgeon at St. Thomas's, he went to Oswestry as a partner in a surgical practice, and there he immediately came under the influence of Sir Robert Jones, who regularly visited the hospital for crippled children which Dame Agnes Hunt had established at Baschurch. It was as Sir Robert's lieutenant that he played such an important part in the founding of the Central Council for the Care of Cripples. In 1911 Girdlestone became a Fellow of the Royal College of Surgeons, and not long after the outbreak of the first world



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war he was appointed, while a captain in the R.A.M.C., to take charge of a unit for the treatment of bone and joint injuries at Oxford. Those few huts at Headington were the origin of the world-famous Wingfield-Morris Orthopaedic Hospital. It was Girdlestone's enthusiasm and skill as a surgeon which were largely responsible for Lord Nuffield's immensely practical interest in promoting this hospital. No less valuable than the hospital itself was the system of clinics which linked it to towns and villages in Oxfordshire, Buckinghamshire, and Berkshire. Girdlestone travelled widely to explain the advantages of this method of organizing orthopaedic care, and it was after a visit to South Africa that Lord Nuffield established an orthopaedic trust there similar to the trust he formed for the development of orthopaedic work in Great Britain and Northern Ireland.

Though the Wingfield-Morris Hospital was the main interest in Girdlestone's life, he built up a large orthopaedic practice and was on the staff of many hospitals, including the Radcliffe Infirmary, the King Edward VII Hospital at Windsor, the Royal Buckinghamshire Hospital at Aylesbury, the Savernake Hospital at Marlborough, and the Robert Jones and Agnes Hunt Hospital at Oswestry. The American Orthopaedic Association elected him a corresponding member. In 1937 he was appointed to the first chair of orthopaedics to be established in this country, the Nuffield professorship of orthopaedics at Oxford. He did not remain professor long, however, for he resigned in 1940 and became a consultant to the E.M.S. and to the Ministry of Pensions. In 1942 he was elected President of the British Orthopaedic Association. He wrote many articles in journals and textbooks, and his book, *Tuberculosis of Bone and Joint*, was published in 1940.