

my own experience the conservation there is pursued to impossible and very dangerous limits. I have at the moment an Austrian gentleman who wishes me to construct a bridge upon a floating $\sqrt{7}$ across to a non-vital and rarified $\sqrt{4}$. A bridge is already carried on rather similar teeth on the right side.

There is no doubt that, given greater co-operation between medical and dental colleagues, much can be done, but I must restate this: although I know that medicine is already overburdened, the family doctor always sees the patient first and usually many years before the dentist.—I am, etc.,

Birmingham.

L. A. PHILPOTT.

POINTS FROM LETTERS

L-Noradrenaline

Mr. L. M. SPALTON (Bayer Products, Ltd.) writes: The statement in your annotation, entitled "Noradrenaline by Intravenous Infusion" (December 29, 1951, p. 1571), that the solution of noradrenaline in saline should be slightly acid, or should contain ascorbic acid, may well impose an unnecessary burden on the anaesthetist. Normal saline, if properly prepared, should always be slightly acid, and will be alkaline only if stored for a prolonged period in glass containers which release alkali. L-noradrenaline as manufactured usually contains an antioxidant in the ampoule, and will retain its potency for at least a year or two. If the contents of the ampoule are added to a saline solution which has become alkaline, oxidation will occur, but not for several hours.

Shortage of X-ray Films

Dr. JAMES F. BRAILSFORD (Birmingham) writes: Because we are short of x-ray films essential radiographic services are being jeopardized, but the reason why we are short of these essentials is because they are being extravagantly wasted, chiefly by those clinicians who fail to give adequate consideration to the need of the radiographic examination and to assess the true value of the evidence to the patient which this expensive service yields. If a careful census of films used were made and their merits assessed it would be found that the percentage wastage was in the region of over 70 and often over 90, and the tuberculosis and chest service would easily top the list in waste. For over 10 years I have been repeatedly urging in and out of the medical journals the need for the exercise of reasonable care in the use of x-ray films. I forecast the present outcome before the wastefulness of the present service; it may have come sooner but for this cry in the wilderness. I saw the same waste in the U.S.A., and even against opposition did not miss any opportunity of drawing attention to it.

Ruptured Spleen

Dr. J. MURRAY BLACK (Dunfermline, Fife) writes: Recent articles in the *British Medical Journal* by Sir James Learmonth (July 14, 1951, p. 67) and Mr. Harold Edwards on splenectomy stimulated me to look up the records in the Dunfermline and West Fife Hospital regarding the incidence of traumatic rupture of the spleen. I find that during the year ended November, 1951, five cases were operated on. Considering that A. K. Hendry (in *British Surgical Practice*, vol. 8) gives the London Hospital figures as 32 cases in 34 years, the occurrence of five cases in one year at a small provincial hospital must be unusual.

Initiative

Dr. P. C. LEWIS (Hove) writes: I was called out one evening to see a little boy, and on arrival found that he was suffering from sore throat and earache. The auditory canal was full of wax and the drum head thus obscured. I had not brought my ear syringe with me, and it was essential to remove the wax. As no syringe was available it occurred to me that the little boy might have a water pistol. Discovering that one was in the house (confiscated for obvious reasons), it was brought forward and one shot displaced the wax to reveal a red but not bulging drum.

Correction

Dr. S. RUSSELL JAMIESON writes that he omitted to thank Mr. Peter Gaskill, of the Department of Education of the Deaf at Manchester University, for information contained in paragraphs two to five of the discussion in his paper on "Tuberculous Meningitis" (*Journal*, January 12, p. 84).

Obituary

NIGEL CORBET FLETCHER, O.B.E., M.B.

Dr. N. Corbet Fletcher, formerly Surgeon-in-Chief of the St. John Ambulance Brigade, died in London on December 21, aged 74 years.

The son of the late Dr. J. Corbet Fletcher, Nigel Corbet Fletcher was educated at Merchant Taylors' School; Queen's College, Cambridge, to which he won a classical scholarship; and University College Hospital. Qualifying in 1904, he graduated in the following year. He won the Fellowes Gold Medal at University College Hospital, where he held resident posts as house-physician and senior obstetric assistant. In 1906 he started practice in Hampstead, where he worked to within a few days of his death. His reputation grew quickly and he was soon respected and admired throughout the whole district. Fletcher was a fine athlete, and played Rugby football for his school, his university, and for Middlesex. He was twice capped for England, in 1901 and 1903. In 1908 he married Mabel Isabel Browne. His married life was ideally happy, and it was a great blow to him when his wife died in 1942.

Major A. C. White Knox, Surgeon-in-Chief of the St. John Ambulance Brigade, writes: Corbet Fletcher's great hobby was the St. John movement, and he gave his first lecture for the association in 1908 to a class of employees of the old L.N.W. Railway. He was associated with the late Sir James Cantlie in teaching first aid at the Regent Street Polytechnic and the College of Ambulance. In 1915 he took over the answering of queries in the magazine *First Aid*, and 13 years later became the honorary medical correspondent to the Order's own magazine. His concise and sometimes pungent remarks in these magazines made readers look forward with interest to next issues. He lectured and examined many classes in first aid and home nursing for the railways, police, and many other large organizations where a knowledge of first aid was becoming essential. In 1916 Corbet Fletcher became divisional surgeon to the Hampstead Division of the No. 1 (Prince of Wales's) District. He was promoted to Assistant Commissioner and later to Surgeon-in-Chief, a post which he held from 1936 to 1950. He wrote numerous books on first-aid work, and was awarded the O.B.E. for his services to the movement. He held the Service Medal, and between 1918 and 1937 was made Honorary Associate, Officer, Commander, and finally Knight of the Order of St. John.

In the 25 years that I knew Nigel Corbet Fletcher, or "N. C. F.," by which initials he was known throughout the whole St. John world, I would say that his outstanding qualities were a lovable nature, hidden sometimes under a gruff exterior, and a great courage which carried him forward under the difficulties of failing health. His name is a landmark in the first-aid world, and his work will stand for many years to come as a great example of the St. John motto, *Pro Fide—Pro Utilitate Hominum*, "For the Faith and For the Service of Mankind."

R. FOSTER KENNEDY, M.D., F.R.S.Ed.

Dr. Robert Foster Kennedy's death on January 7 was recorded in last week's *Journal* (p. 165).

Dr. Robert Marshall writes: The first determining point in Foster Kennedy's career was when he was appointed house-physician at the National Hospital in