

POINTS FROM LETTERS

Holiday Patients

Dr. R. LEONARD LEY (Great Yarmouth) writes: I am well aware that neither the Government nor the B.M.A. Council has the time or the knowledge to consider details under the New Health Act. A nice problem has just occurred to me. How are doctors at seaside resorts expected to deal with the doubled populations presented to them during the holiday months?

New Act Necessary

Dr. A. R. EATES (London, S.W.3) writes: . . . Do please demand a holding up of the Act for five years, during which we might be called upon to help the Government to evolve something good, save the nation, and avoid the eternal disgrace of being accessory before the fact of the introduction of a scheme which will certainly fail. A new Act is absolutely necessary.

British Medical Libraries

Mr. ARCHIBALD L. GOODALL (Hon. Librarian, R.F.P.S., Glasgow) writes: I was very interested to read the article of Mr. W. R. Le Fanu on "British Medical Libraries" (April 24, p. 798). I write to call attention to a library which Mr. Le Fanu does not mention—that of the Royal Faculty of Physicians and Surgeons of Glasgow. In its historical section this collection is in many ways unique and worthy of an important place in British medical libraries.

In current periodical literature we subscribe to over 180 journals, including many not easily obtainable elsewhere in Britain. It is available to Fellows of the Royal Faculty, to postgraduate students, and to members of the Royal Medico-Chirurgical Society of Glasgow. In association with the Royal Society of Medicine our collection is available to all research workers, and we have a microfilm reader making the world literature easily reached through the Royal Society of Medicine or the Surgeon-General's Library.

Ambiguity of Act

Dr. J. W. BARNETT (London, S.W.7) writes: . . . We must insist, and keep the B.M.A. up to it, that all amendments (not concessions) proposed by the B.M.A. should be accepted. In addition all clauses of the Act should be further examined and amended to ensure removal of the ingenious and deliberate ambiguity which is such a feature of the Act and allows the Minister full scope to adjust it as and how and when it suits him. Even when all the amendments are accepted, operation of the Act should be postponed till the Minister has provided at least part of the tools for the job—i.e., the extra hospitals, beds, and nursing and domestic staff. Without these essentials the Act must fail in operation, and well the Minister knows it. He also knows that he will have to explain its failure to Parliament and the people. That is easy. He has insulted and antagonized the medical profession and refused all amendments, and of course the wicked doctors who decline to work an unworkable Act will be made the scapegoats. . . .

Penile Carcinoma

Dr. G. P. CHARLEWOOD (Johannesburg) writes: I was interested in Mr. W. Sampson Handley's letter (Dec. 20, 1947, p. 1050) and in the subsequent correspondence. I saw seven cases of carcinoma of the penis in India. In every one the prepuce was loaded with smegma. In none had the patient ever drawn back his prepuce. Circumcision should certainly be performed for those who prefer not to wash. . . .

Representation of Profession

Dr. C. HAROLD WILSON (Sheffield) writes: At a Group meeting in Sheffield recently the recent development in the situation caused by the Minister's offer to introduce an Amending Bill was discussed. Much alarm was caused by Lord Moran's speech in the House of Lords in reply. What authority or right has Lord Moran to say that any reasonable doctor should accept the terms and now co-operate to make the Act a success? Lord Moran, eminent though he may be, does not represent the profession, and particularly the general practitioners. . . . The meeting also expressed the opinion that the Council should be urged to stand out firmly for the retention of the ownership and goodwill of practices. This principle is of far more importance than any of the others, and on this principle the best interests of the patient and the liberty of the doctor depend.

Carbon Monoxide and Cancer

Dr. RICHARD KERRY (Montreal) writes: It is a striking fact that conditions found in cancer—progressive devitalization of red cells, anaemia, exhaustion—would be produced by a focus of carbon monoxide poisoning in the body. If carbon monoxide be the end product of tissue metabolism, and the balance of evidence indicates that it is, it is evident that if growth in any part of the body outstrip adequate blood supply there will be chronic carbon monoxide poisoning, progressive destruction of erythrocytes and exhaustion. . . .

Obituary

PROF. A. H. BURGESS, M.Sc., F.R.C.S., LL.D.

We announce with regret the death of Prof. A. H. Burgess who was for many years Professor of Clinical Surgery in the University of Manchester. Prof. Burgess died suddenly, at the age of 74, on May 6 in Edinburgh, where he was attending the annual conference of the Association of Surgeons of Great Britain and Ireland, of which he was at one time President. In 1929 he was President of the British Medical Association.

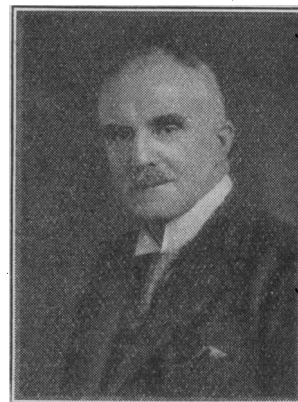
Arthur Henry Burgess was born at Shelford, Lancashire, on Feb. 2, 1874. After leaving school he spent a year in a shipping house in Manchester before entering Owens College

where he graduated B.Sc. in zoology in 1892. In this same year he won the Dauntsey entrance scholarship in medicine and was the Dalton Natural History Prizeman. He was awarded the junior and senior Platt Exhibitions in Physiology in the next two years. Burgess continued with his work in zoology and took the M.Sc. in 1895. A year previously he had also won the Victoria University scholarship in medicine. He took all the medals for class examinations, and concluded his brilliant undergraduate career with the Turner Medical and Dumville Surgical Prizes for 1896, the year when he graduated M.B., Ch.B. with first-class honours. The conjoint examination Burgess took in his stride at the same time. Resident surgical posts in the Manchester Royal Infirmary, the Royal Children's Hospital, and Crumpsall Municipal Hospital followed over the next few years, and he took the F.R.C.S. in 1899. He was then appointed visiting surgeon to the Crumpsall Hospital, and honorary surgeon to the Children's Hospital and to the Christie Cancer Hospital.

Burgess introduced modern methods in the practice of surgery in Manchester. He was taught to operate in a long apron with a bib held by tapes round the neck, with rolled-up sleeves and ungloved hands. He adopted at Crumpsall the all-enveloping white overall with a gap only for the eyes. This was such an innovation that a cartoon appeared in the students' *Gazette* showing Dr. E. S. Reynolds, then medical superintendent of the hospital, gazing in mild surprise at this apparition. Burgess was also depicted holding a cystoscope half as long as his own tall self, for he was the first surgeon in the city to become proficient in the use of this instrument. He also gave special attention to intestinal surgery in the days of Murphy's button and Senn's decalcified bone plates, experimenting on the cadaver with various methods applied to a gut which he had dissected out, filled with water, and suspended from a height in order to produce the required pressure. Burgess was one of the early operators for acute appendicitis, and impressed the Manchester Medical Society at one of its meetings in 1907 by showing four specimens that he had removed that day; in each of these cases the appendix was gangrenous. In 1912, in a paper published in the *Journal*, he analysed 500 consecutive cases operated on for acute appendicitis.

Elected honorary assistant surgeon at the Royal Infirmary in 1905, Burgess continued in active work there until 1934, when he retired on reaching the age of 60. His last appearance as a member of the active staff took the form of a clinical round on S5, which was attended by many of his colleagues and a score of his former house-surgeons.

Burgess soon became well known as the leading young surgeon in Lancashire and built up a large consulting and operative practice. Tall and spare in build, he was no dawdler over his work, as the elderly accident-room nurse found when



I. F. W. Schmidt