

**Plastic Bags**

SIR,—A few months ago a little girl patient of mine was found lying unconscious on the pavement with a "cellophane" bag over her head held in place round the neck by a rubber band. Fortunately, this was quickly removed, and after a short period of unconsciousness she recovered.

I note in *The Times* of May 19 a report that twenty children have died in the U.S.A. over the past year from asphyxiation by using a transparent plastic bag as a space helmet, etc., and that a law has been proposed there to compel the makers of these bags to print a warning notice on them. Since this sort of accident may be more common than is realized and may become more common still with the increasing use of these bags, I feel justified in reporting this incident.—I am, etc.,

Amble, Northumberland.

R. P. ROBERTSON.

**POINTS FROM LETTERS****Thank the First-aider**

Mr. FREDK. C. REEVE (Hove, Sussex), formerly technical editor of *First Aid and Nursing*, writes: May I appeal, through your columns, to all surgeons, but especially to casualty officers? Only those who have been associated with the voluntary ambulance movement for many years know the enormous value of a few words of praise and congratulation offered by the surgeon to the first-aider who has correctly treated a casualty brought to him. . . I would ask all surgeons, therefore, not to omit those few words of praise when deserved.

**Personal Medical Record Disks**

Dr. L. I. NORMAN (Blackheath) writes: Dr. K. Southgate's letter (*Journal*, April 25, p. 1122) on medical records is certainly interesting. It is based on the assumption that all doctors keep notes, and further that these are legible. I do not think the facts are so. Most doctors who keep notes usually do so for their own benefit, and not for those who follow after. I base this assumption on the medical records that follow new patients to this practice.

**Radiation and Leukaemia**

Dr. PAUL HAMMET (Bilston, Staffs) writes: May I voice my dismay at the apparent lack of concern evinced by the authorities over the rate of increase of ionizing radiation, specifically the doubling of osteophilic strontium-90, particularly since it is becoming increasingly doubtful that there is such a phenomenon as a "safe limit"—i.e., a critical aplasiogenic or sarcogenic dosage or dose rate? Certainly the results of studies recently published (see *Journal*, April 25, p. 1095) show how unwise it is to be unduly complacent in view of the statistical increment in the incidence of deaths from acute and myeloid leukaemia, which can hardly all be due to increased use of radiological apparatus. . . . Our vocation is to preserve health and life. Is it not clearly our inescapable duty to protest in unison and with emphasis against the nuclear psychosis afflicting our world? Or do we prefer to wait until we are poisoned in our surgeries, or even blasted with radioactive fire on the golfing green?

**Too Many Tonsillectomies?**

Dr. C. MEKSUPA (Bangkok) writes: I have read with interest the letter by Mr. J. McFarland (*Journal*, February 21, p. 509). Being a general practitioner, I am doubtful about his statement concerning the use of antibiotics in tonsillitis. If it is agreed that tonsillectomy should be the last resort, then I think antibiotics are strongly indicated whenever there is an acute attack. In my experience the unlimited use of antibiotics is the only means of avoiding the operation, especially in the young and early cases.

**Obituary**

G. C. RAMSAY, C.I.E., O.B.E., M.D., D.T.M.&amp;H.

Dr. G. C. Ramsay died in Ayr on May 15. More than anyone else he had shaped the attitudes towards the methods and possibilities of controlling malaria in India in the days before D.D.T. made it relatively easy, bringing a fine brain and much industry to solve a problem of great importance. His original studies of epidemiology and entomology led to the formulation of principles of control which were entirely new in India, and which for the first time made it possible to control transmission of the intense malaria which occurs in Assam and parts of Bengal.

Born in Dunfermline in 1889, Graham Colville Ramsay was educated at George Heriot's School and Edinburgh University, where he was a medallist in the M.B., Ch.B. finals in 1912 (he later graduated M.D. with commendation). After house appointments he went to Cachar in the Surma Valley of Assam as assistant to Dr. H. J. Glover, who was medical officer to a major group of tea companies in this remote and particularly unhealthy place.

This practice was already exceptionally progressive, and with this record of past achievement and the later management of Dr. Ramsay and his successor, Dr. G. Fraser, it was destined to become unique amongst tea practices by its combination of stability, elaboration of services, standards, and contributions to knowledge.

Ramsay's connexion with India was temporarily broken by the first world war, for he served from 1914 to 1919 in the R.A.M.C. He was first sent to France, but later moved to Mesopotamia, the Hedjaz, and Syria, where he served in personal contact with T. E. Lawrence and became medical officer to King Feisal and to the Arab Medical Administration in Damascus. After the war, in 1919, he married Muriel Fulham and returned to Cachar as principal of the practice, where he developed a passionate interest in the control of the malaria which dominated the health picture of all the inhabitants of the estates for which he was responsible.

The disease was ubiquitous, and no practical measures of control other than continued administration of quinine were available. He undertook a series of epidemiological and entomological studies which resulted in a much more precise definition of the nature of happenings in this intensely malarious area than had previously been possible. He incriminated *Anopheles minimus*, which he showed to be almost the sole vector. He analysed the breeding habits of this carrier and all the other anopheline mosquitoes in his area, and at the same time studied the incidence of malaria in relation to local topography. These studies were hailed at the time as brilliant and fully proved their value in subsequent experience. They made it possible to develop the principle of species sanitation which had been enunciated and practised in Malaya by Malcolm Watson but which had never been extended to India. Ramsay was thus able to show the exact circumstances in which malaria occurred, how it could be avoided, exactly what insect carried it, exactly in what circumstances the insect bred, and how the terrain could be modified to prevent it breeding. His work produced a new era of hope in the control of malaria which was of great importance to the people and the tea

