

POINTS FROM LETTERS

External Cardiac Massage

Dr. A. P. MAGONET (London W.1) writes: Before Christmas you published an annotation on external cardiac massage (November 26, p. 1582). The principle involved was pressure over the lower end of the sternum, followed by relaxation, 60 strokes to the minute. Because of the successful result the following incident may be of interest.

As medical officer of the National Sporting Club I sometimes am called to attend the members of the club who suddenly become ill. I was asked to see a man aged about 50 who had suddenly collapsed. I could feel no pulse, hear no heart sounds, and respiration was at a standstill. Recalling the annotation, I decided to try this technique. With my left hand I placed a bottle of smelling-salts to his nose and with the upper part of my right hand I pressed and relaxed my hand over the lower part of his sternum. For the first half-minute nothing happened, then slowly he began to show signs of life and then began objecting to the pressure I was exerting over his breastbone. With the help of others we carried him into a room and placed him in front of an open window. When the boxing was over and I was ready to leave, my recent patient walked over to me and said, "Thanks for your help."

An Abandoned Trial

Drs. H. S. HABIBIS and STELLA MURRAY (London W.2) write: As general practitioners studying the use of one of the monoamine oxidase inhibitors in depression by means of simultaneous straight and double-blind controlled trials, we were interested in the findings of Dr. P. M. O'Flanagan and Mr. D. Walton (December 24, p. 1888). However, we think that there is an explanation for their disappointing results with one of these drugs. Cases of depression referred to psychiatrists at hospital represent only a small minority of those seen in large numbers in general practice. Those referred to hospital consist, we believe, mainly of patients with what is usually described as "endogenous" depression and would be those least likely to respond to monoamine oxidase inhibitors; of the non-endogenous types, the exclusion of all patients showing features of anxiety (as Dr. O'Flanagan and Mr. Walton did) would automatically exclude those most likely to respond to these drugs. In general practice, we are finding that depression is very common, but it is often missed, as it is usually disguised or mixed with other symptoms. Many cases conform with those described by West and Dally¹ as "atypical depression"; others are cases of reactive depression. These illnesses may go undiagnosed for months or years, the sufferer coming to his doctor with somatic complaints such as fatigue, insomnia, mild hysteria, or psychoneurotic manifestations, and nearly all patients exhibit anxiety. In many cases prolonged and severe anxiety seems to be the cause of the depression.

REFERENCE

- ¹ West, E. D., and Dally, P. J., *Brit. med. J.*, 1959, 1, 1491.

Infectious Mononucleosis

Dr. I. M. LIBRACH (Romford, Essex) writes: Dr. B. L. E. C. Reedy (February 25, p. 595) is mistaken in including me with Drs. D. P. Mullan, B. Dalton, and A. N. M. Davidson in their observations on palatal petechiae. My letter did not mention these and was concerned primarily with the role of the Paul-Bunnell test in diagnosis.

Randomize

Dr. HANS CURRIE (Newmarket) writes: Dr. N. Wynn-Williams in the summary of his article (February 18, p. 469) on the control of respiratory infections in children states that he "randomized" his 96 children into two groups. . . . I suppose that when he had done this frightful thing to these children he instructed his registrar to "tetracycline" one group and "placebonize" the other.

Obituary

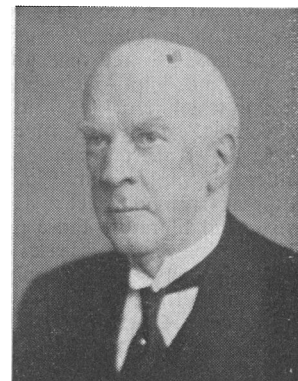
Sir THOMAS FAIRBANK, D.S.O., O.B.E., M.S.
F.R.C.S.

Sir Thomas Fairbank, consulting orthopaedic surgeon to King's College Hospital and consulting surgeon to the Hospital for Sick Children, Great Ormond Street, died on February 26, at the age of 84. An influential figure in British orthopaedic surgery, he did much to improve the treatment of skeletal deformities in children.

Harold Arthur Thomas Fairbank was born on March 28, 1876, the son of a general practitioner at Windsor. From Epsom College he won an open entrance scholarship to Charing Cross Hospital, graduating M.B. in 1898, and qualified in dentistry in the following year, though he never practised as a dental surgeon. After holding the post of house-surgeon at his teaching hospital, he served as a civil surgeon in the South African War, seeing the surrender of Cronje to Lord Roberts at Paardeberg. On his return to England he took the F.R.C.S. in 1901 and proceeded M.S. in 1903. He began his long association with the Hospital for Sick Children, Great Ormond Street, at this time, for he held the post of resident superintendent there before he became surgical registrar and, later, orthopaedic surgeon to Charing Cross Hospital, the first London hospital to elect a surgeon for orthopaedic work only. He was also elected to the surgical staff at Great Ormond Street, where he had Arbuthnot Lane and Thomas Barlow as colleagues. He developed great powers of clinical observation and began to study congenital dislocation of the hip and the less commonly described skeletal diseases of children. A visit to the United States in 1914 enabled him to study the development of orthopaedic surgery in Boston, New York, and other centres.

Holding a commission in the R.A.M.C. (T.F.), Fairbank was mobilized with the 84th Field Ambulance on the outbreak of war in 1914, and served with this unit in France and Flanders—for some time at Ypres—and in Macedonia before being appointed consulting surgeon to the British Salonika Force. While holding this appointment he travelled widely on bad roads and in bad weather to help many young surgeons in the Doiran and Struma areas and was instrumental in organizing an invaluable training centre for post-operative and convalescent patients: in the second world war such units became known as rehabilitation centres.

On his return to London Fairbank was asked to take charge of the newly established orthopaedic department at King's College Hospital, and he soon became recognized as one of the leading orthopaedic surgeons in Britain. In addition to a large practice, he was working at King's, Great Ormond Street, Queen Alexandra's Military Hospital, Millbank, and at the Lord Mayor Treloar Cripples' Hospital, Alton. Eventually he became consulting surgeon at all these hospitals. He was one of four members of the staff who initiated the idea and planned a country hospital as part of the Hospital for Sick Children. At King's he organized the orthopaedic department, ensuring that it was suitable for the patients and for teaching undergraduates. He inaugurated at that hospital an out-patient fracture



[Walter Stoneman]