the administration of small doses over long periods is superior to large doses over short periods, which argues a superiority in the use of radium as compared with that of radon, and this, I think, can be proved in practice.—I am, etc.,

Newport, Sept. 3rd. W. HOWITT HASTINGS.

OCCIPITO-POSTERIOR POSITIONS.

SIR,—Dr. Kathleen Vaughan, in the *Journal* of July 19th (p. 121), states that occipito-posterior positions are unknown among races which habitually squat for urination and defaecation. For four years I was in charge of Maseno Hospital in the Kavirondo Reserve in Kenya, and we repeatedly saw cases with this complication. These people, the "Jaluo," not only squat for urination and defaecation, but also for the greater part of parturition. At present statistics are not available in Africa, but it would be interesting to know what occurs in India, where, I believe, this position is commonly used.—I am, etc.,

D. STRANGWAYS DIXON
Lingfield, Sept. 3rd. (of Limuru, Kenya Colony).

SIR,—In your issue of July 19th, under the above heading, I find a rather surprising observation made by Dr. Kathleen Vaughan that "it may be of interest that occipito-posterior positions seem to be unknown among races that habitually squat for urination and defaecation." Perhaps it is not generally known in Europe that almost all races in India, as a rule, squat for urination and defaecation, and obstetricians in India could cite cases after cases of occipito-posterior positions in their experience. From my own personal experience of several hundreds of deliveries I can safely assert that no fewer than 8 to 10 per cent. of cases are those of occipito-posterior positions.—I am, etc.,

F. R. PARAKH, M.D., M.R.C.S., M.R.C.P.I.,
Consulting Obstetric Surgeon, Parsee
Bombay, Aug. 10th. General Hospital.

NASAL SINUSITIS AND GENERAL MEDICINE.

SIR,—Owing to a short absence from London the letter from Mr. T. Harrison Butler (August 23rd, p. 305) has only just come to my notice. He has taken the term "all my eye" as though it were applied to the observation that focal sepsis may be the cause of ocular inflammation. Actually it was quoted in connexion with the term "abdominal eye," as the title of a poem which many years ago ridiculed a claim to diagnose every ailment by the ophthalmoscope. Mr. Butler himself says that any focal sepsis may cause optic neuritis and other ocular inflammations, thus exposing by his own words the fallacy of the term "abdominal eye," which implies some peculiar form of optic neuritis as a sequel to abdominal infections, particularly those of the gall-bladder. The mild flippancy, which Mr. Butler resents, represents the correct attitude towards so crude an absurdity.

In the book mentioned it is suggested that errors of refraction may be caused by focal sepsis. Mr. Butler says that of course the writer meant, not the optical abnormality, but the symptoms resulting from such errors, which, apart from sepsis, would have caused no trouble. This distinction is the very point criticized, and it might have been expected that an ophthalmologist would be the last to defend a lack of precision. It is a pity that Mr. Butler should neglect the main purpose and theme of the review, which was far from unsympathetic.—I am, etc.,

August 29th. THE REVIEWER.

THE PERFORMANCE OF NECROPSIES BY GENERAL PRACTITIONERS.

SIR,—I was pleased to see the letter from "Rusticus" in the *Journal* of August 9th, and still more so to see it followed by others. I have been impressed for years by the absurdity of the fact that we, unpractised, with no skilled assistance, and with makeshift appliances on unsuitable premises, are expected to undertake the sometimes difficult task of finding out the cause of death.

The ideal remedy would be the provision of skilled district pathologists with all proper aids. I suppose the financial obstacle is insuperable. At any rate, no adequate person can be expected to undertake a responsible and sufficiently complete examination of a body, in existing circumstances, for a fee of a guinea and a half, unless he is under an obligation to do it.—I am, etc.,

Colwyn Bay, Aug. 25th. S. L. B. WILKS, M.D.

SIR,—I do not quite agree with the opinions expressed by "Rusticus," "A Country Doctor," and "Country G.P." in the *Journals* of August 9th and 23rd, about the performance of necropsies by general practitioners. It is regrettably true that general practitioners have very few opportunities of conducting necropsies; but much useful information and knowledge may be gained by taking advantage of such opportunities when they do arise.

In my few years of experience I have had to perform three post-mortem examinations at the direction of the coroner. In the first case (a woman, aged 50) several small aneurysms were found on the circle of Willis at the base of the brain, and the largest of these was ruptured, causing an extensive subdural haemorrhage. This accounted for the symptoms of meningeal irritation which preceded death. The second case was that of a man who was killed by lightning. No pathological lesion was found to account for death. In the third case (a man, aged 73) there was a haemorrhage into the pericardial cavity, due to a rupture of the anterior wall of the first part of the aorta, just above the aortic valves. This portion of the aorta was dilated, and the anterior wall was abnormally thin. No other gross lesion was found.

These three cases were very interesting and instructive. I should be sorry if general practitioners were denied the privilege of performing necropsies, even though they may not have an expert knowledge of pathology and forensic medicine. In cases of difficulty a specialist's opinion can always be obtained. I deprecate the performance of necropsies in private houses, and consider that a mortuary should be available in every district.—I am, etc.,

Bristol, Aug. 30th. RAYMOND T. BINNS, M.B., B.S.

SIR,—In 1894 I republished in the form of a pamphlet—"The State and the Doctor"—two papers originally contributed to the *Medical Magazine*. I think the following extract sums up the position to which attention was called by "Rusticus":

"Were the State to employ medical men in the way I propose, room might be made for certain appointments which I have long thought might be made with great advantage; I refer to a class of officers, one for each county, who would be medical jurisconsults. That is, men who have made a special study of jurisprudence and were practised in the art of giving evidence, and were also good practical pathologists. It is often almost painful to read the evidence given by medical men at inquests where a sharp cross-examination takes place. The medical man has usually come to a right decision in his own mind upon the case, but when the 'possibilities' and 'are you prepared to says' come in the lawyer makes such hay of him. . . . One feels that medical men are often made to state what is more or less than their opinion by their inability to withstand cross-examination. Moreover, this sort of case occurs: a man is found dead or dying by the police; any medical man living in the vicinity is summoned; on his evidence the coroner is communicated with, a post-mortem ordered and made; by-and-by unsuspected criminal evidence is imported into the case, and perhaps the body has to be exhumed to find that the first examination has practically destroyed the tissues or organs so that no efficient observation can be made. Much of this would be avoided by letting the first medical man testify to fact only, and taking the evidence of the county jurisconsult on the scientific possibilities of the case."

—I am, etc.,

Bournemouth, Aug. 24th. GEORGE MAHOMED.

SIR,—After thirty years' experience as a rural practitioner may I venture to agree with "Rusticus." A seven miles journey on a cold winter night; a young local constable who retires after the first incision; a small room with an old four-poster bed and a candle; one pail of water

and a dirty towel: result, next day, a verdict of "fatty heart." Add to these details a fee which a railway porter would scoff at, out of which must be provided a tip to the aforesaid constable, and another to the local charwoman to clean up the mess. The whole thing is a farce. In these days of telephones and motors surely a specialist could be appointed. As "a Government official" he would, of course, get an adequate fee, out of which he could tip the poor old general practitioner to give him essential particulars.—I am, etc.,

August 24th. "G. P."

SIR,—Since my last communication I have come to the conclusion that the unconscious villain of this grisly farce is the non-medical coroner. He, with all the might of the law behind him, commands the family doctor of the dead person to perform the post-mortem examination. This unfortunate gentleman now finds himself in a sorry fix. The law will not allow him to take the only honest course and refuse outright; for the law, like the coroner, assumes every doctor to be an expert pathologist. He cannot well confess his incompetence to the coroner and ask to be excused. He would be misunderstood by coroner, patients, and public alike, and a less modest and perhaps less scrupulous colleague would profit. So he does what we all do. He keeps a still tongue, a stiff upper lip, and breathes an inward prayer that some quite unmistakable cause of death will allow him to sleep that night with an untroubled conscience.

For the medical coroner who chooses his post-mortem performers at random it is difficult to find any excuse, for he ought to know better. At the best he is spending public money with but slight hope of an adequate return, and at the worst he is a consenting party in a not very creditable piece of medico-legal humbug. I have been informed of one coroner in a large city who employs only skilled pathologists. I hope there are others, but I do not know of them.

The matter is serious. The most innocent-looking case upon which an unpractised doctor has to perform a necropsy may well have its end in the criminal court, with the life of a fellow creature in the balance. How often in the last twenty years have we heard of exhumations for second post-mortem examinations, and how often has the unfortunate doctor who performed the first been brought into undeserved contempt? The number, I believe, is not inconsiderable. It behoves us as a profession, therefore, to see to it that a high degree of skill is brought to all post-mortem examinations from the beginning.

The remedy is so simple. It amounts to this. The delusion under which lay coroners apparently labour, that every doctor is an expert pathologist, and every cowshed and back scullery is a suitable post-mortem room, must be finally dispelled. Doubtless we shall fall sadly in the estimation of these gentlemen, but it cannot be helped. As it is true, we had better confess it rather than wait till we are found out. Once they have recovered from the shock of this intelligence the cure follows naturally. Every cottage hospital has a mortuary, and a post-mortem room is a simple and logical addition. Motor hearses are common, and would-be pathologists will not be lacking.

We general practitioners have had our domains invaded by the myrmidons of many branches of official medicine. To some our welcome has been chilly, even frosty. Should the "county autopsy officer" ever come into being I, for one, shall take him to my bosom as a brother.—I am, etc.,

August 23rd. RUSTICUS.

IDIOPATHIC HAEMORRHAGE IN THE NEWBORN.

SIR,—In reply to Dr. Montague Dixon's query in your issue of August 30th (p. 336), he will find that the good effect of the injection of parental whole blood is described in an article by Helmholz in the *American Journal of Diseases of Children*, 1915, x, p. 194. Subsequently J. E. Welch showed that an equally good effect can be procured by the use of normal horse serum.—I am, etc.,

London, W.1, Aug. 31st. HUGH THURSFIELD.

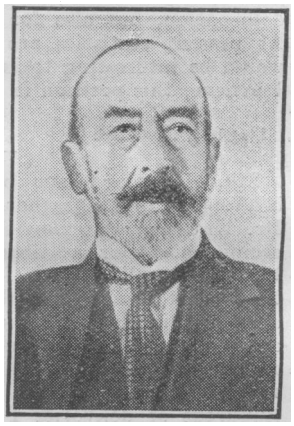
Obituary.

CHARLES BUTTAR, M.A., M.D.,

Chairman, Executive Subcommittee, Central Medical War Committee.

By the death of Dr. Charles Buttar on August 31st, after an operation, the medical profession has lost a man of great ability and public spirit, who applied a critical and independent mind to many and diverse professional problems.

Charles Buttar was born in London on June 6th, 1867, and had a thorough grounding in the classics at Westminster School. Entering Pembroke College, Cambridge, with a scholarship, he took a good place in the Classical Tripos, and then began to read for medicine, obtaining honours also in the Natural Sciences Tripos of 1889, and becoming M.A. three years later. At St. Bartholomew's Hospital he did well, and after graduating M.B., Ch.B. in 1892 and taking the Conjoint diplomas he served in turn as house-surgeon and assistant anaesthetist at Barts, house-surgeon to the Metropolitan Hospital, and clinical assistant at the Western Ophthalmic Hospital. He obtained the D.P.H. in 1895, and proceeded to the M.D. degree in the following year. With this all-round equipment Buttar became a general practitioner, and worked for many years in Kensington and Bayswater, winning the confidence of his patients and the respect of his colleagues. Very quick at absorbing professional knowledge and ready in applying it, he was also business-like in organizing the day's work, so that amid the claims of a town practice he found opportunity to go about in other circles and exercise his acute brain in many directions—political, philosophical, administrative, and scientific. He was one of the earliest medical men to drive a car, and was closely associated with the formation of the Motor Union, which, in 1910, amalgamated with the Automobile Association. Before the amalgamation he had served on the Motor Union's committee of medical motorists. In 1924 he was elected to the committee of the Automobile Association. He took a practical interest in all matters affecting the safety and comfort of motorists, and his wide experience as a driver was invaluable in the provision of warning signs, road improvements, and the development of A.A. services to touring members.



Though he had long been a member of the British Medical Association, Buttar did not come to the front in its affairs until the National Insurance crisis, when he joined forces with the opponents of the bill because of its threat to the freedom of the individual doctor, whose interests he always had at heart. He was elected to the Council on four occasions between 1912 and 1923, and served on various standing committees, including the Journal, Finance, Central Ethical, Hospitals, and Naval and Military Committees; he also took an active part in the work of the Ministry of Health Committee, the Post-Graduate Courses Committee, the Non-Panel Committee, and a special committee appointed to consider expansion of military medical services in the event of a national emergency. Soon after the armistice he was one of the moving spirits in a small committee formed to advise the Council on the rearrangement of business at the Association's headquarters; in fact, whenever there seemed to be need for fresh ideas and a critical outlook Buttar was usually put upon the body appointed to make inquiries. He attended all the Annual Meetings in recent years, and was vice-president of the Section of Medical Sociology at Newcastle in 1921. Perhaps his most successful work for the medical profession was done during the war. He saw