his illness which were important to him as a wage-earner and as one of a family. As a result of this, patients were apt to acquire quite a wrong idea of their illness from the mutterings and noddings of a group of doctors at the bedside. Surely it is a complete waste of experience, talent, and modern science if, through neglect of a simple basic principle, we are left with a correctly diagnosed and correctly treated but completely bewildered and apprehensive patient. Surely we can train ourselves to speak to patients in a language they understand and to make sure that they do understand what we are trying to tell them.

I know, Sir, that this topic is hackneyed, but I cannot believe it to have been over-emphasized yet. I hope you will find room in your columns for this letter.—I am, etc.,

J. C. HOGARTH,
Major, R.A.M.C.

Doctors and the Social Trend

SIR,—When reading the *Journal* of Sept. 1 my attention was drawn to a letter from Dr. Norman P. Henderson (p. 302). Among other things Dr. Henderson refers to the Soviet full-time medical service by stating: ". . . in the event of the full-time service failing (as it has to a large measure in Russia) . . ." Far from having failed, the full-time medical service in the Soviet Union operates extremely successfully. This has been proved in peace as well as in wartime. It was, therefore, with considerable surprise that I noted Dr. Henderson's statement, and I should be interested to know what actually was in Dr. Henderson's mind when making this allegation.—I am, etc.,

London, W.2. S. SARKISOV.

SIR,—It might seem churlish to criticize the work of our Russion ally, but Drs. Culbert (Sept. 15, p. 369) and Fieldman (Sept. 22, p. 406) press the issue and make it necessary that criticism and the facts should be offered.

In *Health Protection in the U.S.S.R.*, by N. A. Semashko, the publisher's note aptly records the "great numbers of books on the Soviet Union. Indeed the lack of really precise and definite information has been noticeable as the plethora of impressions." Dr. Fieldman's references are typical additions, exemplified in Prof. Adrian's article by an enthusiastic description of how he was "dazzled as before by stately entertainment," returning laden with "gifts of reprints and books," etc. Terminating on a more sober note he finds "in physiology there have been few outstanding advances in recent years, in the U.S.S.R. or anywhere else." It seems rather trifling for Dr. Fieldman to quote "impressions" on physiology as examples of efficiency, or otherwise, of Russian State medicine. Prof. Sorsby's contribution admits that "our knowledge of Soviet medicine is at all times inadequate and at times grossly misinformed." Dr. Fieldman's third reference, *Socialised Medicine in the Soviet Union* (1937), some eight years out of date, was originally compiled for followers of the extreme left, but in parts to-day conflicts with the more moderate and modern author of *Red Surgeon* (1944), by G. Borodin. It is evident from this book that the Russian medical services did fail at times owing to the fault of organization and pathetic shortage of medical equipment, drugs, and personnel, and yet over twenty-seven years had been spent in preparation. The author laments the shortage of surgeons, and relates how physicians had to turn surgeons, with sometimes disastrous consequences. Corroboration of these facts is found in *American Review of Soviet Medicine* for Feb., 1945. Yet Dr Culbert feels that the Russian accomplishments "would hardly have been possible with any other form of organization."

In the Czarist Empire in 1913 there were fewer than 20,000 doctors, and as the authors of *Red Medicine* (1934) observe, "the people . . . outside the large cities were almost destitute of medical aid." To-day about 150,000 doctors practise, but still the number is inadequate. Nevertheless with this seven-fold increase some improvement of the health of the nation was inevitable—as indeed has come about—irrespective whether State-controlled or no control at all. When, however, we consider vital statistics of disease in Russia compared with other countries, including our own, for equal units of population the differences are striking and the backwardness of Russia apparent.

As for research, what has come out of vast organizations like the Institute of Experimental Medicine, Moscow, comparable to recent discoveries in other European countries, such as the sulphonamides, penicillin, or sex hormones? In *Science and Planned State*, by John R. Baker (1945), is the astonishing revelation that sex hormones were banned from study under the first five-year plan.

And Semashko himself states that "the most popular doctors and professors are able to earn extra money from private medical practice in addition to their salary from the State." It does seem extraordinary that such is permitted and that the Soviet service finds this additional help from private practice necessary.

Owing to limitation of space I am unable to respond to Dr. Bailey.—I am, etc.,

London, W.1. NORMAN P. HENDERSON.

*** We cannot continue this correspondence.—ED., *B.M.J.*

Tea Tubercle bacilli

Tea-making and Tuberculous Milk

SIR,—An article by Hiscox (1944) has drawn attention to the bacteriological aspects of high-temperature short-time (H.T.S.T.) pasteurization of milk. In discussing the spread of bovine tuberculosis by milk, Cutbill and Lynn (1944) drew attention to the lack of evidence of widespread habitual raw-milk drinking in the area covered by their investigation, but confirmed the almost universal practice of taking milk in tea or similar beverages.

A search through the literature failed to reveal any information about the effect of using tuberculous milk in hot beverages. The classical work of North and Park (1927) gives the thermal death-point of tubercle bacilli, and it was therefore only necessary to determine the temperatures to which milk would be exposed when used as an ingredient of tea. Surprisingly high temperatures of the order of 155° F. are retained by tea over periods up to 20 minutes after infusion—high enough to kill tubercle bacilli in 30 seconds. Where such conditions prevail infected milk would be rendered sterile. To confirm the correctness of such deductions we prepared tea in a normal household manner; five minutes later the hot infusion was poured into a cup containing heavily infected tuberculous milk. After the elapse of 30 seconds a portion was withdrawn from the cup, cooled rapidly, and centrifuged, and a guinea-pig was inoculated with a portion of the untreated deposit suspended in saline. The remainder of the deposit was stained by Ziehl-Neelsen's method and also cultured on Loewenstein's media. Ten minutes after the initial infusion a further cup of tea was poured out, when the temperature had dropped somewhat lower, and treated exactly as the first cup. The complete experiment was repeated a few weeks later, using the same technique but different utensils and a milk inoculated with a known virulent bovine strain. The guinea-pigs and cultures were negative in all instances. The deposits from the tea-cup showed large numbers of tubercle bacilli which were apparently dead. Both raw milks produced severe general tuberculosis in guinea-pigs, and typical dysgonic strains were isolated on culture.

The conditions of tea-making and consequent temperature gradients vary so widely in practice that it would be unwise to draw too sweeping deductions from our findings. Reliance on the sterilization of milk by hot tea or other beverage without precisely defining the conditions would be folly. This protective factor does enter into epidemiological investigations of the spread of bovine tuberculosis and appears to be of a high order.—I am, etc.,

L. J. CUTBILL.

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Permission to Practise for Enemy Aliens

SIR,—I would ask the controversialists engaged in discussing the many current problems of undeniable importance to the medical profession to pause for a moment and give thought to a matter involving our humane outlook and our sense of fairness. There are in our midst a number of so-called enemy alien doctors, who, having suffered every conceivable indignity,

including, in some cases, imprisonment in the notorious Dachau camp, and what seemed to many of them a greater indignity, internment in one of our camps, were permitted by us because of our dire need to attend our sick during the later years of the war, performing their duties conscientiously and well. Permission for them to practise here ceases in February unless other arrangements are made.

I am informed that we are awaiting the decision of the Government on this question, but I cannot help feeling that in actual fact the Government is waiting for an expression of medical opinion, and I write to suggest that those enemy-alien doctors who have served us to the best of their ability during the war be granted permission to continue in practice here, for it cannot be demanded or expected that many of them would be ready to return to the land which had treated them so outrageously and caused them many years of unhappiness, such as few have to bear.—I am, etc.,

London, W.8. HAROLD H. SANGUINETTI.

Obituary

T. WILSON PARRY, M.A., M.D., F.S.A.

We regret to announce the death of Dr. T. Wilson Parry, for many years a greatly respected practitioner in North London whose antiquarian researches in a special field made him well known to archaeological circles.

Thomas Wilson Parry was born at Sydenham, Kent, on July 23, 1866, son of Joseph Chatwin Parry. From Amersham Hall School he entered St. John's College, Cambridge, in 1884, took the B.A. with honours in the Natural Sciences Tripos of 1887, and the M.A. in 1891 while doing his clinical course at St. George's Hospital. He qualified M.R.C.S., L.R.C.P. in 1892, and graduated M.B., B.Ch. in 1894, and M.D. in 1905 with a thesis on Ménière's disease, a subject to which he returned two years later in a paper read before the Tottenham Branch of the B.M.A. While in practice at Crouch End Hill Wilson Parry held a commission as surgeon-captain in the 3rd City of London Volunteer Regiment for five years, and in the war of 1914–18 he served as M.O. to the 5th Battalion of the Middlesex Regiment; he was also for many years a lecturer for the St. John Ambulance Association, which made him an honorary Life Member, and examiner for the Red Cross Society. He invented two appliances—a seton knife-needle, and a curved sublingual clinical thermometer. From 1916 onwards he published a series of papers on trephining among prehistoric and primitive peoples. The first of these was on the motives for its practice and the methods of procedure, read before the British Archaeological Association; the second, read before the History of Medicine Section of the Royal Society of Medicine, was on the prehistoric trephined skulls of Great Britain, with detailed description of the operation probably performed in each case; the third was an examination of the collected evidence of trephination of the human skull in Great Britain in prehistoric times, read at the third International Congress of the History of Medicine; and the fourth was on trephination of the living human skull, read to the Lister Society of King's College Hospital. Wilson Parry joined the B.M.A. in 1894, and twice held office in the History of Medicine Section at Annual Meetings, was a Fellow of the Society of Antiquaries and the Geological Society, and a past-president of the North London Medico-Chirurgical Society.

Sir WALTER LANGDON-BROWN writes:

Although Dr. Wilson Parry had retired from practice for a number of years he will still be remembered by many with admiration and affection. His father, a bank manager, played an important part in the defence of Lucknow. Parry was educated at Amersham Hall, then a well-known nonconformist school, which numbered amongst its distinguished alumni such men as Augustine Birrell, Buckston Browne, and Cozens-Hardy. Thence he proceeded to St. John's College, Cambridge, and to St. George's Hospital, where he held several resident appointments. He started practice at Youlgreave, Derbyshire, in 1894, but eight years later moved to Crouch End, where the rest of his professional life was spent. Sympathetic, gentle, and courteous, he endeared himself to his patients, and to these qualities was added a fine clinical acumen which made him representative of the best traditions of the general practitioner. Devoted as he was to practice, it by no means exhausted his activities; his status as an anthropologist secured his election as a Fellow of the Society of Antiquaries, and he became the leading authority on prehistoric trephining. His poetic gifts were both graceful and learned, as is shown in his sonnet sequence *Great Names* and in his fairy poems, which reveal his tender insight into the minds of children. Sincerely religious, one felt his essential goodness; he loved whatsoever things are lovely and of good report. In 1937 he became seriously incapacitated by ill-health, against which he struggled gallantly, but was able to continue with some of his literary work. It was a great joy to him that in 1942 he was well enough to be able to revisit his beloved university. But the improvement was only temporary, and the end came peacefully on Sept. 21.

In 1894 he married Miss Sophie Cole, by whom he had two sons, both now in the medical profession, and one daughter who, to their great grief, died as the result of a bathing accident at the age of 19. The sympathy of all who remember him will go out to Mrs. Wilson Parry, whose devoted care and companionship sustained him all his days.

Sir ERNEST GRAHAM-LITTLE writes:

Dr. Wilson Parry and I entered the wards of St. George's Hospital at the same time and clerked for the same physician, and a close friendship between us thus ensued which was unbroken up to his death. He was gifted in many directions as well as in medicine. He had a happy talent for verse, especially in the form of the sonnet, and was accustomed for many years to send to his friends—and I was a constant recipient—Christmas greetings conveyed in a very delightful sonnet. He had made a serious study of the history of trepanning, and had established the ancient existence of its practice by examining prehistoric skulls. He was a staunch upholder of the best ethical traditions of the profession, he enjoyed a large practice, and was much loved by a wide circle of patients. He was especially fortunate in his family life, and was greatly gratified that his two sons elected to adopt medicine as their profession.

RICHARD TRAVERS SMITH, M.D., F.R.C.P.I.

We regret to record the death on Sept. 28 of Dr. Travers Smith, late Professor of Materia Medica and Therapeutics in the University of Dublin, whose passing will be mourned by a large circle of friends, both within and outside the medical profession.

Richard Travers Smith was born on May 26, 1872, the second son of John Chaloner Smith, of Bray, Co. Dublin. He was educated at Strangeways School and later at Trinity College, Dublin, where he graduated M.B., B.Ch. in 1894, proceeding to the M.D. in 1896. Almost immediately after graduation he went to Vienna to pursue a course of postgraduate study. This was unexpectedly cut short owing to the death of his father, and he was obliged to return after a few months to Dublin and to start practice. He worked extremely hard as a general practitioner, taking many pupils whom he coached for their medical examinations, thus laying the foundation of his later work as a teacher, for which he enjoyed a well-deserved reputation. It was not long before his aim to devote himself to internal medicine was realized and he took his place as a physician on the staff of the Richmond, Whitworth, and Hardwicke Hospitals in Dublin. He became a Fellow of the Royal College of Physicians of Ireland in 1899, and was eventually a Censor of the College, and Professor of Materia Medica and Therapeutics in the University. He came over to this country in 1915 for the war, and was appointed to the Military Hospital in Colchester in charge of a medical division with the rank of major in the R.A.M.C. After demobilization he was appointed honorary physician to the Miller General Hospital for South-East London and consulting physician to the West Middlesex Hospital. After his retirement from the active staff of these institutions, on reaching the age limit, he was made honorary psychotherapist to the West End Hospital for Nervous Diseases, and continued to hold this office until the time of his death.

A correspondent writes: Those of his colleagues who knew him well and were most closely associated with his professional work will remember Travers Smith (Dick Smith, as he was affectionately known to his intimate friends) as a great gentleman and a fine physician of the old school. Although in the latter part of his career he devoted himself mostly to the practice of psychological medicine, in which he had always taken a special interest, he never let go his hold on general medicine, and the influence of his earlier training and work as a general physician was always apparent in