

this technique are given in a paper in the *Lancet*.³ Finally, to those whose work involves giving anaesthetics for dentistry in children I would refer them to Trotter's work, also on the value of methylpentynol as premedication.³—I am, etc.,

Worthing.

F. R. GUSTERSON.

REFERENCES

- ¹ *Coming into Hospital*, Central Council for Health Education. London.
- ² Gusteron, F. R., *Lancet*, 1955, 1, 940.
- ³ Trotter, P. A., *Dent. Pract.*, 1953, August, p. 376.

Agranulocytosis Caused by BZ 55

SIR.—The substance BZ 55 (carbutamide) is much in the news for its ability to lower the blood and urinary sugar in certain diabetic patients. Considerable clinical experience, first in Germany and later in other countries, has pointed to its usefulness and comparative freedom from untoward reactions. It is, however, a sulphonamide derivative (a sulphanilylurea), and all early reports remark upon its potentiality to lower the circulating white cells. We have nevertheless found no specific case report nor even mention of severe agranulocytosis being produced by this drug. During the course of a clinical trial of BZ 55 (supplied by Eli Lilly and Co.) the following case occurred.

A white housewife aged 55 had been diabetic for 13 years. She was taking 12 units of zinc protamine insulin daily, with minimal glycosuria, but fasting blood sugar around 200 mg. per 100 ml. She had suffered from mild angina pectoris for some years, but was otherwise free from diabetic vascular complications. On July 12, 1956, insulin was stopped and BZ 55 started (2½ g. the first day, 1½ the second, and then 1 g. daily). Total white cells were 5,800 per c.mm. A few days later she says she developed a "cold," with catarrh of the nose, throat, and chest, and also an itching, red papular eruption on the left ankle. The cold and the rash remained until the BZ 55 was discontinued, then slowly disappeared. The pruritus did not respond to tripeleminamine (which was the only drug taken apart from BZ 55). She states that she next became weak and felt exhausted (she did not complain of this, nor of the cold, at the time of taking the BZ 55, during which she was seen weekly).

On August 16, with the fasting blood sugar having been reduced to 120 mg. per 100 ml., the BZ 55 was stopped on account of the localized refractory eruption. On August 23, the patient having had no BZ 55 for seven days, the total white cell count was 2,000. On August 25 she became very ill, with a sore throat and temperature of 103° F. (39.4° C.). Penicillin was started. On admission to hospital she was found to have a swollen neck, tender adenopathy, oedema of the pillars of the fauces with white, patchy exudate over the tonsils, and ulcerated gums. Total white cells were 400 per c.mm. with no granulocytes at all. The bone marrow showed a preponderance of the erythrocyte precursors and an absence of mature myelocytes. Red cell and platelet formation was not affected. Blood urea was 29 mg. per 100 ml., fasting blood sugar 135. By August 29 the patient was much improved, the inflammatory changes had diminished, the temperature was normal, and a few early granulocytes were appearing in the peripheral blood. Treatment was symptomatic only, apart from penicillin.

Points of note in this story are: (1) The "cold" and the toxic papular type of rash were probably manifestations of sensitivity to BZ 55, and should perhaps be considered as warnings of possible interference with granulocytosis. Minor eruptions are, however, not uncommon complications of BZ 55 therapy. (2) The weakness and exhaustion were probably symptoms of granulopenia. Perhaps the patient on BZ 55 should be specifically asked about such complaints. (3) There was total agranulocytosis 10 days after the BZ 55 had been stopped, and the severe anginal symptoms did not start until this time.

It must be presumed that the agranulocytosis was produced by the BZ 55. This drug, therefore, is not to be lightly used. It is hoped that the newer substance D 860 (a sulphonylurea), which does not contain the amide group, will prove equally efficacious in blood-sugar lowering, but free of depressant effect on granulocyte maturation.

We should like to thank Dr. L. Mirvish, Dr. V. Shrire, under whose care this patient was admitted at Groote Schuur Hospital, and the house-physician, Dr. I. Sakinowsky, for their co-operation.—We are, etc.,

W. P. U. JACKSON.

J. B. HERMAN.

Capetown.

** The occurrence of agranulocytosis after the administration of BZ 55 was referred to in a "warning note" published in the *Journal* of August 25 (p. 454).—ED., *B.M.J.*

Obituary

E. B. JAMIESON, M.D.

The obituary of Dr. E. B. Jamieson was published in last week's *Journal* (p. 554).

T. B. J. writes: "E. B. J." had been an intimate friend for fifty years. I met him first in the dissecting-room in Edinburgh when I was beginning my second year, and in my fourth year he took me, as one of a small group of students, to spend a summer holiday at his Shetland home. At that time he could walk me off my feet and often did so, while the manner in which he could clamber among the rocks beyond the harbour simply astonished me. A year after I had qualified in 1906 I became the most junior of Cunningham's demonstrators, and we were colleagues in the department for seven years. Thereafter our paths separated and it was not until 1928 that we resumed close contact as members of the small subcommittee of the Anatomical Society which drew up the Birmingham Revision of the Basle Nomina Anatomica. Necessarily most of the work was done by correspondence, and what a correspondent he proved to be. His letters, all in his own hand, varied from a few lines, usually a terse and unanswerable rejection of one of my suggestions, to many pages. In private life he was a man of unvarying courtesy, but where anatomical nomenclature gave rise to different opinions no man could have been so frank and outspoken. When the Birmingham Revision had been accepted by the Society, we maintained a spasmodic but more interesting correspondence, which letters rarely contained any anatomical references.

Most of the anecdotes he recounted in his letters referred to students. "When this boy reached military age he wanted to join the Navy. Couldn't do so since he was a medical student—unless he failed twice in the same professional examination. Like some others he was too afraid of me to fail in anatomy. But he could fail in physiology without giving offence. Did so. Was called up and sent into the Navy." In another letter he told me how his hat had been blown over the railings round the Castle. It was just out of reach of his stick. "It sat rigidly still. As I stood gathering strength and agility to go over the railing, a young soldier came swinging down. I asked him to go over. He walked on without pause, but with a screw-up of the mouth indicating refusal. Then three young ladies appeared from the other direction. Good-looking, not in uniform, but well dressed. They saw my predicament and my age. One of them scrambled over and retrieved my hat with hilarious gaiety, shared by the other two. I said to the young lady that if I had had a moustache I would have offered to kiss her (a kiss without a moustache is like an egg without salt). 'Oh, never mind that,' said she, and did it fair and square, in broad daylight in the open street, to the greatly increased hilarity of the other two."

Another time he sent me a photograph of himself from Shetland sitting in the stern of a small boat. It was a really fine photograph, for it showed him to be in complete control of a difficult, possibly perilous, situation, and he was secretly proud of it, for in his next letter he told me that he had sent a copy of his maritime photograph to his publisher, who, he wrote, "tells me he is thinking of sending it to the Ministry of Information for them to make a poster showing a specimen of the calm, steadfast, grim, and resolute men who are guarding our shores and bringing our food from overseas" (the date was 1943).

His influence on students was quite remarkable. The black velvet skull-cap that he always wore in the department over his prematurely bald head was, perhaps, not entirely dissociated from the feeling of awe that overcame most of them when they arrived for their first interview. His unusual popularity was neither boisterous nor vocal in character, for it always retained some of that initial sense of awe in his presence. He was accepted as a great man.

a man of authority and of wide knowledge, and yet a man who was always readily accessible and willing to give wise counsel, a characteristic which made him for many years the trusted confidant of any student in trouble or in difficulties. He could be stern—no one more so when the occasion demanded disapproval—but he had a very disarming smile and a keen sense of humour that endeared him to all and sundry.

Dr. S. J. LAVERTY, who died at the Lincoln County Hospital on July 23, will be greatly missed by a large circle of friends. He was 61 years of age. Samuel John Laverty was born on October 26, 1894, and was educated at Trinity College, Dublin, graduating M.B., B.Ch. in 1919. After graduation he moved to England and obtained a temporary appointment as medical officer at the Long Grove Mental Hospital, Epsom. In 1921 he joined the staff of the Leavesden Mental Hospital as an assistant medical officer. Having taken the D.P.M. of the English Royal Colleges in 1930, he left Leavesden in the following year to become senior assistant medical officer in the Birmingham Public Assistance Department. Three years later he made his final move, to Lincoln, where he held the appointments of medical superintendent of the Harmston Hall Colony and medical adviser to the Lincolnshire Joint Board for Mental Defectives. After the inception of the National Health Service he was appointed a specialist in psychiatry under the Sheffield Regional Hospital Board. He retired in 1953. His son, Dr. George Laverty, is senior hospital officer at Maudsley Hospital.

J. B. writes: Dr. S. J. Laverty came to Lincolnshire from Birmingham in 1934 as medical superintendent of the Harmston Hall Colony, newly opened under the aegis of the Lincolnshire Joint Board. He contributed greatly to the design of the hospital, and his keen interest in the welfare of the patients under his care, together with his genial, friendly nature, assured a happy future for the hospital. Very soon the hospital became a focal point among the farming community of this part of Lincolnshire, and this led to a constant outflow of patients to work for local farmers. At the time this was an innovation in mental deficiency work, but it certainly was a highly successful step, and many ex-patients have cause to be grateful to the man who had the wisdom to realize that this should be the role of a hospital of this nature in an agricultural district. When he retired in 1953 it was obvious that both staff and patients felt it as a personal loss: as one of his friends expressed it, "He is that rare person, a much-loved medical superintendent." Those of us who knew him personally were deeply impressed by his courage and cheerfulness during the last three years of persistent and progressive ill-health—he was always interested in other people's problems and worries and had a genius for happy, spontaneous friendship.

Dr. R. L. THORNLEY, who was county medical officer of health for the East Riding of Yorkshire for a quarter of a century, died at the Westwood Hospital, Beverley, Yorkshire, on August 16. He was 81 years of age. Robert Lewis Thornley was born on December 15, 1874, and received his medical training at St. Bartholomew's Hospital, qualifying M.R.C.S., L.R.C.P. in 1899. He took the London M.B. in the following year and proceeded to the M.D. in 1903. He then obtained the D.P.H. of the English Royal Colleges in 1904, so quite early, therefore, had clearly decided that he would choose to follow a career in preventive and social medicine. After serving for some years as bacteriologist and health officer for the Government of the Federated Malay States, he returned to England to take up work in the then developing school medical and tuberculosis services, and in 1913 he became tuberculosis officer for the East Riding of Yorkshire. Within two years he was serving in the R.A.M.C. in the first world war. Released from service in April, 1918, to take over the duties of county medical officer for the East Riding, he held that post until his retirement in 1943. After the first world war, as after the

second, there was a period of rapid change and development in the health services administered by local authorities, and to Dr. Thornley fell the duty and opportunity in the county of his choice to lay the foundations upon which developed many of the existing preventive, social, and special hospital services of the area. His task was often made difficult in the long years of the depression by the special problems which economic difficulties caused in a rural county depending so much on the one industry of agriculture, but nevertheless he managed throughout to maintain steady progress. After his retirement he retained his interest in medicine by taking over the duties of medical officer in charge of rehabilitation at the Beverley E.M.S. Hospital. He was for many years a keen motorist, but in his early days this form of transport was not so readily available, and his visits to many of the more isolated parts of the county were made by taking a bicycle or horse-and-trap from the nearest railway station. This gave him a detailed knowledge of the geography of the area, and he developed a special interest in its history. Out of this knowledge and interest grew a deep and sincere affection for the county and county town of Beverley, where, in his attractive house in North Bar Without, he was as a consequence content to spend his final years.—R. W.

Dr. W. D. BECK died on July 27 at his home at Cheriton, Hampshire, after a long illness, at the age of 54. William Distin Beck studied at Birmingham University, taking his B.Sc. in 1922, the M.B., Ch.B. in 1924, and proceeding to his M.D. in 1929. After graduation he held house appointments at the Brompton Hospital, London, and was later appointed assistant tuberculosis officer at Sheffield. In 1934 he joined the Southampton Health Department as clinical tuberculosis officer. He was called up on the outbreak of the second world war in 1939, when he was serving as a Territorial officer in the 7th (Southern) Hygiene Company, and saw service abroad until his discharge in 1945, when he returned to his post in the Southampton health department. On the appointed day, July 5, 1948, Dr. Beck transferred to the chest department of the Southampton Hospital Group and continued in this post until his death. He was held in high esteem and will be greatly missed by his colleagues and patients in the Southampton area. He leaves a widow.—H. C. M. W.

The sudden death of Dr. W. J. POOLE, of Denton, Lancashire, on August 19 while on holiday in North Wales has been a great shock to his patients and colleagues, who will feel his loss deeply. He was only 48 years of age, and a few weeks ago took a very active part at an outdoor picnic held by the Ashton-under-Lyne Division of the British Medical Association. William Joseph Poole was born at Sheffield on September 29, 1907, lived for a while in London, and was educated at St. Francis Xavier's School, Liverpool, from which he gained a scholarship to Liverpool University, where he graduated M.B., Ch.B. in 1930. He was a keen sportsman, playing soccer for the first teams of both his school and university. He was chosen to play for the English Universities, but was prevented from doing so by a family misfortune. He married Miss Lena Thomas, of Nantwich, shortly after graduating, and entered the Indian Medical Service for a few years. While in India his first child, a boy, was born, but he died in infancy. After several assistantships, Dr. Poole settled in general practice at Denton in 1936. His calm and philosophical outlook was always a great comfort to his patients. He took an active interest in local amateur soccer and boxing. For some years he was police surgeon in Denton. He was chairman of the Ashton-under-Lyne Division of the B.M.A. from 1951 to 1953 and represented the Division at the Annual Representative Meeting from 1943 to 1951. The greatest sympathy is extended to his widow and six children, five boys and one girl. The eldest boy is at present studying medicine at Cambridge, and the second is about to begin the study of law.—D. M.

Dr. H. C. C. JOYCE died on August 19 at the age of 63 after a long and painful illness borne with fortitude. Henry Cyril Conwy Joyce was the son of the late Dr. Robert Joyce, of Porth, Rhondda, his mother being the daughter of the late Dr. H. N. Davies, who was the first recipient of the Gold Medal of the British Medical Association awarded in 1877 for outstanding bravery and service in the Tynewydd colliery disaster. Cyril Joyce was educated at Clifton College and from there went on to study medicine at St. Bartholomew's Hospital, qualifying M.R.C.S., L.R.C.P. in 1917. He was very popular among his fellow students, and the late Sir Girling Ball described him as "one of the best of all secretaries the Students' Union ever had." He also played Rugby football for his hospital as well as for Blackheath. After qualification he held the post of house-surgeon to the late Sir Holburt Waring. He afterwards became a surgeon-lieutenant in the Royal Navy and served in the Far East during the first world war, being mentioned in dispatches. After demobilization he settled in general practice in Rhiwbina, Cardiff, and before long proved himself to be one of the most popular and successful practitioners in the district. In 1950 he retired from active practice and took up an appointment as regional medical officer under the Welsh Board of Health. A member of the British Medical Association for nearly forty years, he served on the Welsh Committee from 1949 to 1953, and represented his Division at the Annual Representative Meeting on several occasions since the second world war. He was also chairman of the Cardiff Division in 1951-2.

R. D. O. writes: Cyril Joyce was tall and handsome, with great strength of character and personality. It made no difference whether he was in a sick-room or at a gathering of doctors or friends—his very presence radiated a mixture of gentleness, sincerity, and dignity. He was always a sympathetic listener and yet a great conversationalist. His flow of language was impeccable, and one will long remember his address as president of the Cardiff Medical Society. He was conscious and proud of his ancestry, and it would be interesting to sketch the association of Cyril Joyce's family with the dawn of medical service in the famous Rhondda Valley when his ancestors started practice round about 1840. It seemed natural to him that his life should maintain the highest traditions of his profession. A broad humanity permeated his personal relations, and his scrupulousness determined the high standard of his professional work. Bitter indeed is our loss. We extend our sincere sympathy to his wife, Mrs. Lucy Joyce.

Vital Statistics

Road Accidents in 1955

Last year 5,526 people were killed as a result of road accidents in Britain, a rise of 10% over the previous year's total. In addition 62,106 were notified as having suffered serious injuries and a further 200,290 as having been slightly injured, rises of 8.5% and nearly 14%, respectively, on the experience in 1954. This is the highest number of road casualties yet recorded in Britain.¹ These figures are based on the reports made to the Ministry of Transport and Civil Aviation by the police on every road accident coming to their attention where there is personal injury. The rise in road casualties closely parallels the increase (11%) in the number of motor vehicles licensed during the year. The largest rises occurred during the six summer months, which were singularly fine, and during Christmas week, when more than 6,000 casualties were recorded.

Casualties at night were more likely to be serious than those occurring in daylight: if injured at night the chances of being killed were almost doubled and of being seriously hurt increased in the proportion of 4:3. Many more males

lost their lives and were seriously injured than females: 4,107 males and 1,419 females were killed, and 45,181 males and 16,925 females were seriously injured. Children under 15 years of age accounted for 764 of the 5,526 fatalities, and for 9,951 of the 62,106 seriously injured. Of the children who died, 578 were classed as pedestrians, 124 as pedal cyclists, 54 as passengers in motor vehicles, and 8 as passengers on motor-cycles.

Commenting on the general picture of road casualties in 1955, the Ministry of Transport and Civil Aviation states that the record for children under 10 years of age was generally better than that of children of 10-14. The latter suffered heavy increases in casualties (nearly 18% more than in 1954), quite out of proportion to the increase in number of children of these ages at risk (3% more than in 1954). A major cause of the increase at this age was the worsening casualty record of those injured while bicycling. In the 15-19 age-group there was a similar large increase in casualties compared with the previous year, though here the biggest proportional increase was among motor-cyclists. Casualties to persons of 60 and over rose by about 6%.

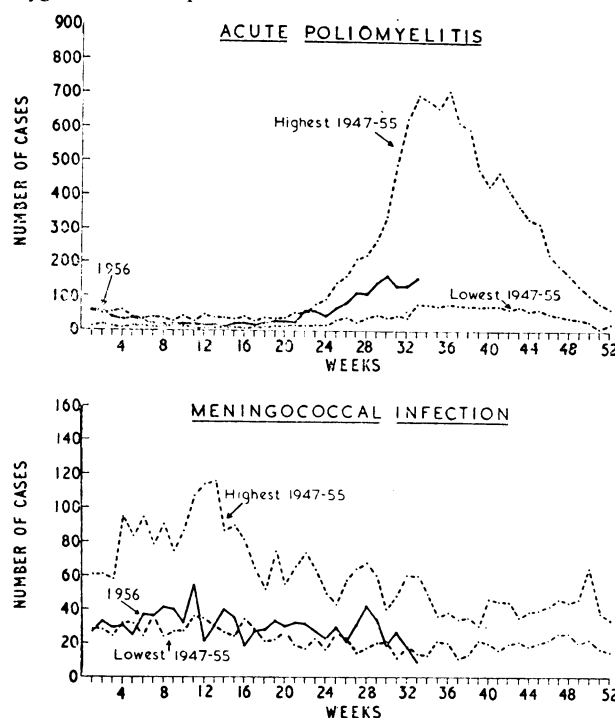
Poliomyelitis

Poliomyelitis notifications in the week ending August 25 (34th week of the year) were as follows; paralytic 63 (58), non-paralytic 114 (97), total 177 (155). This is an increase of 22 compared with the previous week, the figures for which are in parentheses.

Cases notified from the beginning of the year (with rate per 100,000 in parentheses) are as follows for districts of relatively high incidence: Macclesfield M.B. 25 (69), Whitehaven M.B. 22 (87), Ennerdale R.D. 18 (63), Yeovil M.B. 19 (79), Guildford M.B. 43 (86), Manchester C.B. 317 (46), Woking U.D. 25 (45), Reigate M.B. 21 (44), Middleton M.B. 15 (35), Guildford R.D. 17 (36), and Banstead U.D. 12 (32).

Graphs of Infectious Diseases

The graphs below show the uncorrected numbers of cases of certain diseases notified weekly in England and Wales. Highest and lowest figures reported in each week during the nine years 1947-55 are shown thus ----, the figures for 1956 thus —. Except for the curves showing notifications in 1956, the graphs were prepared at the Department of Medical Statistics and Epidemiology, London School of Hygiene and Tropical Medicine.



¹ Road Accidents, 1955: General Summary and Statistical Tables (Ministry of Transport and Civil Aviation). H.M.S.O., 1956. Price 4s. 6d. net.