BIRTHDAY MEDICAL HONOURS

The names of the following members of the medical profession were included in a Birthday Honours List published in *Supplements* to the *London Gazette* on June 2 and 4:

Baronetcy

Sir JOHN FRASER, K.C.V.O., *M.C.*, M.D., Ch.M., F.R.C.S.Ed., Regius Professor of Clinical Surgery, Edinburgh University. Honorary Surgeon in Scotland to the King.

K.C.B. (Military Division)

ALEXANDER HOOD, C.B., C.B.E., M.D. Lieut.-Gen., late R.A.M.C. Honorary Physician to the King. Director-General, A.M.S.

Knighthood

HERBERT LIGHTFOOT EASON, C.B., C.M.G., M.D., M.S., F.R.C.S. President, General Medical Council.

JOHN HUTSON, O.B.E., V.D., M.B., C.M., D.P.H. For public services in Barbados.

C.B. (Military Division)

FRANK CUNINGHAME COWTAN, M.R.C.S., L.R.C.P. Air Vice-Marshal. Honorary Surgeon to the King.

WILLIAM HAROLD EDGAR, O.B.E., M.D., B.S. Surg. Rear-Admiral. Honorary Physician to the King.

ALISTER ARGYLL CAMPBELL MCNEILL, M.B., B.Ch. Major-Gen., Indian Army. Honorary Surgeon to the King.

OSWALD WILLIAM MCSHEEHY, D.S.O., O.B.E., M.B. Major-Gen., late R.A.M.C. Honorary Surgeon to the King.

C.M.G.

WILDER GRAVES PENFIELD, M.D., F.R.S.C., Hon. F.R.C.S. Head of the Neurological Institute of Montreal; Professor of Neurosurgery, McGill University.

C.I.E.

RAI BAHADUR ANIL CHANDRA BANERJEA, M.B., B.S., D.P.H. Director of Public Health, United Provinces.

HENRY CHARLES DEANS RANKIN, O.B.E., M.B. Col. (temp. Brig.), R.A.M.C. Honorary Surgeon to the Viceroy. D.D.M.S., General Headquarters, India.

C.B.E. (Military Division)

HARRY AITKEN HEWAT, M.B., Ch.B., D.T.M.&H. Air Commodore, R.A.F.

WILLIAM ERNEST TYNDALL, *M.C.*, M.B., D.P.H. Lieut.-Col. (temp. Brig.), R.A.M.C.

C.B.E. (Civil Division)

ALBERT ERNEST ARCHER, M.D., Lamont, Alberta. President, Canadian Medical Association.

GEOFFREY JEFFERSON, M.S., F.R.C.S. Consultant Adviser to the Minister of Health in Neurosurgery; Professor of Neurosurgery, Manchester University.

O.B.E. (Military Division)

GEORGE JAMES ALEXANDER, *M.C.*, M.B., F.R.C.S. Lieut.-Col., R.A.M.C.

FREDERICK KNOWLES ESCRITT, M.R.C.S., L.R.C.P. Major (temp. Lieut.-Col.), R.A.M.C

WILLIAM ARTHUR HOPKINS, M.D., B.Ch., M.R.C.P. Surg. Cmdr., R.N.

ARCHIE MCCALLUM, V.D., M.D. Surg. Capt., R.C.N.V.R.

CECIL HOMER PLAYFAIR. Lieut.-Col., R.C.A.M.C.

KHAN MOHAMMED SANA. Capt. (temp. Major), I.M.S., Indian Army.

IVAN STUART WILSON, *M.C.*, E.D., F.R.C.S. Col., New Zealand Military Forces.

O.B.E. (Civil Division)

WALTER MARTIN ASH, M.B., D.P.H., F.R.C.S.Ed. County M.O.H. for Derbyshire. For services to Civil Defence.

ROGER CALLEJA, M.D. Colonial Medical Service. Senior Medical Officer, Nyasaland Protectorate.

PETER S. CAMPBELL, M.D., C.M. Medical Officer, Public Health Department, Nova Scotia.

DAVID SYDNEY DAVIES, M.D., B.Ch., F.R.C.S. Physician at His Majesty's Legation at Teheran.

ROBERT DAVIES DEFRIES, M.D. For outstanding services in medical research.

GERALD SYLVESTER HARVEY, M.B., B.Ch. Surg. Capt., R.N. (ret.). Senior Medical Instructor and Deputy Commandant, Ministry of Home Security School, Falfield.

ROBERT THOMAS HICKS, M.R.C.S., L.R.C.P. Major, I.M.S. Civil Surgeon, Cuttack, Orissa.

ERNEST VILLIERS HUNTER, L.M.S. For missionary medical work in the Uganda Protectorate.

A. LESAGE, M.D. Dean, Faculties of Medicine, University of Montreal. For valuable services to medical research.

EDWARD SALTERNE LITTLEJOHN, M.R.C.S., L.R.C.P. Medical Superintendent, L.C.C. Certified Institution, Epsom.

PATRICK FREDERICK MCFARLAN, M.B., Ch.B., F.R.C.S.Ed. Chairman of the Board of Directors, Stirling Royal Infirmary.

The Honourable WALTER SYMINGTON MACLAY, M.D., M.R.C.P. Medical Superintendent of Mill Hill Emergency Hospital.

CHINTAMIN GOVINDA PANDIT, M.B., B.S., Ph.D., D.P.H., D.T.M. Director, King Institute, Guindy.

JELAL MOOCHOOL SHAH, M.B.E., M.R.C.S., L.R.C.P. Lieut.-Col., I.M.S. (ret.). Superintendent, J.J. Group of Hospitals, Bombay.

I.S.O.

HUGH HUNTER COWPERTHWAITE, M.D., M.S. Visiting Surgeon, Department of Public Health and Welfare, Newfoundland.

JOHN JOSEPH HEAGERTY, M.D., C.M. Director, Public Health Services, Department of Pensions and National Health, Canada.

M.B.E. (Military Division)

CLIVE ORMSBY BARNES, M.B. Capt., R.A.M.C.

CHARLES FRANKLIN EGAN. Capt., R.C.A.M.C.

RONALD EDSCER JOHNSON, M.B., Ch.B. Capt., R.A.M.C.

JOHN CLIFFORD RICHARDSON. Major (acting Lieut.-Col.), R.C.A.M.C

CHARLES GORDON SCORER, M.B., F.R.C.S. Temp. Surg. Lieut., R.N.V.R.

ARTHUR CARMAN SINGLETON. Major, R.C.A.M.C.

M.B.E. (Civil Division)

JOHN BREBNER, L.M.S. Capt., I.M.S. Civil Surgeon, Chittagong, Bengal.

P. A. CREELMAN, Charlottetown. Head of the Tuberculosis Service, Prince Edward Island.

MILTON AUGUSTUS STRIEBY MARGAI, M.B., B.S. Medical Officer, Sierra Leone.

FREDERICK CHARLES MIDDLETON, M.D. For valuable work as Secretary, Saskatchewan Cancer Clinic Service.

KALIDAS MITRA, M.B., D.P.H., D.T.M.&H. Officer-in-Charge, Nutrition Scheme, Bihar.

MUHAMMAD JUNAID OURAISHI, M.R.C.S., L.R.C.P. Colonel in State Forces and Chief Medical Officer, Rampur State.

A. MARGUERITE SWAN, Winnipeg. Chairman of the Manitoba Nutrition Committee.

ROWLAND PATERSON WILSON, M.B., Ch.B., F.R.C.S.Ed. Medical Officer-in-Charge of the Giza Eye Hospital and Laboratory in Cairo.

Hon. M.B.E. (Civil Division)

NAIF AMIN HAMZEH, M.D. Medical Officer, Government Hospital, Haifa, Palestine.

Kaisar-i-Hind Gold Medal

GALEN FISHER SCUDDER, M.D., D.T.M. Scudder Memorial Hospital, Ranipet, North Arcot District, Madras.

Correspondence

Reaction to Typhus Vaccine

SIR,—It may interest some of your readers who are contemplating a course of typhus vaccine if I relate my personal experience following a second injection of Cox's typhus vaccine.

The first injection of a second course (the first course of three injections was twelve months before and symptomless) had no local or constitutional reaction, and a week later I received the second injection—on Nov. 24, 1942, at 12.30 p.m. On the following day at 4.30 p.m. I experienced the most alarming symptoms, for, suddenly, while sitting down to tea, I became aware of a tachycardia, and a few moments later, without any impairment of reasoning power, I felt that my mind had left my body and I appeared to be looking down on myself sitting in a chair. I felt convinced that I was experiencing the transition stage between life and death. It was not until some months later, while relating this experience to a well-known epidemiologist, that I had my attention drawn to this state of dissociation as a symptom of typhus which was frequently referred to by Murcheson in his treatise on *Continued Fevers of Great Britain*, and recently described by Dr. Melville Mackenzie in the *Proceedings of the Royal Society of Medicine* (1941, Nov. 21, **35**) as follows: "Dissociation delusions are often characteristic in the later stages of typhus. Thus the patient asks for his chin to be taken off for shaving, for his legs to be hung up at the foot of the bed or in the wardrobe, or he imagines that he has left a leg lying about downstairs." Dr. Mackenzie states that he has been so struck by this type of delusion that it may be of great value in the diagnosis of typhus in the second week of the disease.—I am, etc.,

Southampton. H. C. MAURICE WILLIAMS.

Control of the Head Louse

SIR,—Dr. Gamlin's observations on the new methods of treatment for head lice deserve careful attention. Some of his conclusions are, I believe, unjustified, but all are significant.

The lethane hair oil has been investigated in many centres by a great number of doctors and nurses, the almost unanimous opinion being that it is better than others hitherto used, both on grounds of efficiency and convenience. This was a judgment of comparison: as regards absolute effectiveness there was a considerable difference of opinion. The figures that Dr. Gamlin

quotes (0.916% to 35% failures) are the extremes of the range of variation. I believe that this difference of absolute values depends on the relative efficiency of the operators in two respects—viz., thoroughness of application and care in examination for surviving larvae. Dr. Gamlin rightly describes the way in which a few small larvae can be overlooked. As regards efficiency of treatment, this mainly depends on the amount applied, which is difficult to standardize owing to variations in the amount of hair.

The statement that thiocyanates kill nits is called into question, so that I would like to quote laboratory data proving that this is true. By lightly spraying lice or nits with solutions of various insecticides it is possible to determine the amounts necessary to kill 50 or 100%. Figures for the substances in question are as follows:

	Amount (mg./sq. cm.) to give a complete kill of:	
	Lice	Nits
A. β-butoxy-β′-thiocyanodiethyl ether	0.027	.... 0.036
B. Thiocyanethyl laurate	0.090	(Not determined)
C. Lauryl thiocyanate..	0.077	.... 0.186

(N.B.—Lethane hair oil contains 6.25% A and 18.25% B.)

It is clear that minute quantities of thiocyanate are lethal to louse eggs. Failure to obtain a complete kill in practice must be due to the difficulty in wetting every nit on an infested head with a small quantity of fluid.

The volatile principle in "lethane 384 special" which Dr. Gamlin mentions is the β-butoxy-β′-thiocyanodiethyl ether. The other ingredients (thiocyanethyl laurate and lauryl thiocyanate) are scarcely volatile (vapour pressures similar to that of mercury). Much oily material can be drained out of a head by contact with pillows and hats.

In the original paper by Prof. Buxton and myself (*Journal*, 1942, **1**, 464) we stated that the insecticide should not be distributed by combing. That has sometimes been misread as a positive injunction not to use steel combs. Removal of nits may be desirable for several reasons—e.g., aesthetic, to reassure patients or parents, or to differentiate new infestations. Fine combing can easily be combined with the lethane treatment by applying the oil after combing, if conscientious nurses or orderlies can give the time. But lethane treatment alone will probably be more readily used by many infested persons not under discipline or compulsion. In our experiments Buxton and I obtained about 95% success with one treatment only. Two treatments spaced a week apart should give a vanishing proportion of failures.—I am, etc.,

J. R. BUSVINE.

Psychiatric Treatment in General Hospitals

SIR,—The admirable facilities described by Dr. Dalton Sands (May 22, p. 628) as obtaining at the Sutton Emergency Hospital, and advocated in your leader as measures meriting wider application in post-war reconstruction, nevertheless constitute no real advance upon those obtainable in the best examples of the public mental hospitals to-day. That this should be the case is not surprising, since it was by the adoption of methods already proved in the modern mental hospitals that those of Sutton and similar emergency hospitals were derived. The alleged advantage of the general hospital as against the mental hospital is, in fact, reducible solely to the matter of "stigma," from which it is argued that the former are free. Now this plausible suggestion upon examination has been found to be invalid, since precisely the same stigma we know speedily becomes attached to the "mental ward" of the general hospital; this, we would add, is not surmise, but actual knowledge which could be exemplified and independently attested. To suppose that the substitution of the word "neuropsychiatric" for "mental" will change the connotation is to underestimate the powers of public discernment. To attempt to relegate the mental hospitals proper to their former melancholy role of custodianship largely of the chronic incurable (our diminishing heritage of pre-therapeutic days) not only would be a poor return to those who have initiated and evolved those therapies, which Dr. Sands now seemingly wishes to appropriate for more particular use elsewhere, but would be a public disservice, since, if implemented, it would deprive the mental hospitals of opportunities for further advances, because potential recoverability is here an indispensable prerequisite. Fortunately, the public have already become aware of the merits of, and facilities offered by, the mental hospitals of to-day, and the success of the voluntary system testifies that the bogy of "stigma" is a rapidly diminishing deterrent.

The following statistics refer to the Warlingham Park Hospital, which is the mental hospital for the County Borough of Croydon, and serves a population of approximately 240,000:

Year	Total Number of Direct Admissions			
	Certified	Temporary	Voluntary	Total
1932 ..	119	0	6	125
1942 ..	40	12	225	277

They demonstrate clearly that there has been a revolution in the mode of admission duing the last decade. The great increase in the number of admissions is not attributable to any increase in the incidence of mental illness, but to the rapidly diminishing prejudice against mental hospitals, resulting in large numbers of psychoneurotics as well as psychotics seeking admission. They also demonstrate how the number of patients needing certification in an area can be materially reduced when full use is made of the provisions of the Mental Treatment Act, combined with active therapeutic procedures.

Dr. Sands's figures regarding the financial advantages of neuropsychiatric units are particularly misleading. They are based on the assumption that his patients would have been untreated and become chronics had they been admitted to mental hospitals. On the contrary, there are many county and county borough mental hospitals where exactly the same facilities for treatment are available to the patients as obtain at the Sutton Emergency Hospital, at a cost to the ratepayers of below 35s. a week, which is less than half the sum he mentions as the cost of their treatment in a general hospital.

While we recognize the desirability of having mental wards or blocks attached to the great teaching hospitals, we are of the opinion that the mental health of the community will be best served not by setting up new centres of treatment and calling them neuropsychiatric units but by concentrating attention on the already existing mental hospital, and would urge that the first change called for is a substantial increase in the numbers of both the medical and the nursing staffs of the mental hospitals. Such changes, combined with the full utilization of the provisions of the Mental Treatment Act, would transform our hospitals, and incidentally might prove that the "chronic insane" are not so chronic after all.—We are, etc.,

T. PERCY REES.
W. H. SHEPLEY.

Warlingham Park Hospital, Surrey.

SIR,—Dr. Dalton Sands's article (May 22, p. 628) on the treatment of psychiatric patients in general hospitals marks a distinct advance in the approach to the extensive psychiatric problem, and I suggest that he send, with his compliments, a reprint to the Board of Control, so that the matter may be brought officially to their notice. It is true that Dr. Sands's cases were carefully selected. But, in view of the control possible by modern methods of treatment, the time has clearly come when all large general hospitals should have a neuropsychiatric ward or unit to which every clinical type of psychiatric disorder could be admitted.—I am, etc.,

FREDERICK DILLON.

London, W.1.

Slow Union of Fractures

SIR,—As a general surgeon I approach the subject of slow union of fractures with trepidation and due humility. However, my experience of fractures dates from before the last war and, of late years, has been extensive. Certain aspects of the problem have not had the attention they deserve. Causes of slow union may be classified as constitutional and local. In these days stress is laid on the latter to the exclusion of the former. Experts have, quite rightly, broadcast the importance of accurate reduction and adequate immobilization. My object in writing this letter is to bring forward the suggestion that there is a specific constitutional factor, peculiar to the individual, which is responsible for callus formation. How, otherwise, can one account for the great variation in time taken to obtain union in similar fractures in patients of similar type? Again, in some patients muscle may lie between the bone ends and yet union will take place by means of a bridge of bone over the muscle.