

CLEAN MILK.

SIR,—I notice that Dr. Chalmers Watson has been drawing attention to the fact that very few hospitals or local authorities go in for Grade A milk, and that none of the leading general hospitals or children's hospitals in Scotland have yet given this subject serious consideration.

The City of Leicester Isolation Hospital and Sanatorium have been using Grade A tuberculin-tested milk for all patients and resident staff since May, 1923, a period of two years. As we have 340 beds for patients, including infectious diseases and cases of tuberculosis (both pulmonary and non-pulmonary, adults and children in all stages), and a resident staff of 88, our average milk consumption is 50 gallons a day.

Our milk supply is tested both bacteriologically and qualitatively by us after delivery here, once a week in summer and twice a month in winter on an average, in order to ascertain if it is up to standard. We have been quite satisfied with the milk since we commenced taking it two years ago.—I am, etc.,

F. A. E. SILCOCK, M.B., D.P.H.,

Medical Superintendent, Leicester Isolation Hospital
and Sanatorium.

May 18th.

SIR,—In a letter just received from Dr. McMichael, M.O.H. Paisley, I am informed that, following on a recent decision of the town council, only certified milk is now supplied to all the patients in the three municipal hospitals in Paisley—the Fever Hospital, the Tuberculosis Hospital, and the Maternity and Child Welfare Hospital. So far as I am aware, Paisley has therefore the distinction of taking the lead in establishing a much needed reform. Reference may also appropriately be made to the model dairy established by Sir R. Philip some years ago for the supply of clean milk to the Tuberculosis Hospital, as part of the general Edinburgh scheme for combating the disease, to the individual pioneer work (in Scotland) of Dr. Calder of Stow as a producer of certified milk on a commercial scale, and to the recent action of the county council of East Lothian in securing clean milk for its sanatorium.

For many years past a considerable amount of valuable work has been done on the subject of milk, notably at the National Institute for Research in Dairying, Reading, under the direction of Dr. Williams. This work, however, has largely remained outside the field of interest of the medical profession as a whole. It would appear that the time is now ripe for medical men to interest themselves in the question in a more intensive way than has so far prevailed. It is probably no exaggeration to say that, viewed from the necessary broad standpoint, there is no more pressing or vitally important question at the present time than the adequate provision throughout the country of a clean milk supply.—I am, etc.,

Edinburgh, May 17th.

CHALMERS WATSON, M.D.

SEVERE DERMATITIS FOLLOWING ULTRA-VIOLET LIGHT.

SIR,—It would be useful if Drs. MacCormac and McCrea would state the type of lamp used in the case of severe dermatitis following ultra-violet light recorded by them in the *JOURNAL* of April 11th (p. 693), and would mention the voltage, the distance of the patient from the lamp, and whether it was possible for him to turn over in his sleep. I have seen several cases of severe dermatitis due to ultra-violet irradiation, but the lesion has always been limited to the part exposed. Moreover, none of these "bad sunburns," although often producing large blisters, have become septic. After blistering the serum exuded from the blister, which then collapsed, and the dead cuticle peeled off. A raw surface was left which quickly healed without pus formation. I have used the rays to treat ordinary heat burns, and these almost invariably healed much quicker than is usual with any other method of treatment.

I think that a patient exposed to any modern source of ultra-violet rays for seventy minutes would suffer from a severe dermatitis unless his skin had been well pigmented

by previous treatment. Undoubtedly all ultra-violet treatment should be supervised by a medical man.

As to the comparative merits of the carbon arc lamp and the newer sources of ultra-violet rays, it is too big a subject to touch on in this letter.—I am, etc.,

Smethwick, May 4th.

CLYDE MCKENZIE, M.B.

X-RAY DIAGNOSIS.

SIR,—The above term is creeping into medical language, and since it is bound to convey a wrong impression its use is unfortunate. The function of the radiologist is to report findings, and the report is one piece of evidence in a case upon which the clinician pronounces final judgement. In a court of law the judge sums up on the evidence given. Certain evidence may stand out above all else in importance, and so it is with radiological evidence. It is often the most convincing of the observations made, but this does not justify the term "x-ray diagnosis." A radiologist, if he be wise, does not attempt to make a diagnosis. He may on occasion suggest a pathological condition consistent with the x-ray appearances.

The correct diagnosis of a case rests upon the history, symptoms, and signs, and the last word is more often given by the latter. One was taught as a student that the first of the senses to be made use of in approaching a case is that of sight. Our sense of sight is limited in a very definite degree to the surface, but it can be extended to observations below the surface by bringing to our aid light of a different wave-length—namely, x rays—and translating the effect by photographic and other means into pictures possible of comprehension by means of human vision. Surely, then, one has not properly exhausted the first step in an examination until radiological evidence has been taken.

It cannot be said that diagnosis is easy, or that correct diagnosis is as common as we should like. Yet correct diagnosis is the very first step towards correct treatment. It is astonishing, then, to hear clinicians attempting to belittle the value of radiological examination. Assistance in any form towards the end in view—namely, the correct interpretation of a case—ought to be welcomed. The practice of underestimating and mistrusting x-ray evidence, at one time so common, is not so now, yet it is too prevalent. The cause of this is no doubt largely due to the fact that the clinician has been let down on occasions by reports based on wrong deductions. One so commonly hears the remark made that radiograms are deceptive, whereas it is the interpretation that is at fault. So long as the profession imagines that an x-ray examination merely consists in taking a photograph, misinterpretation is bound to occur.—I am, etc.,

Hove, May 7th.

C. GUY WHORLOW.

Obituary.

HOWARD H. TOOTH, C.B., C.M.G., M.D., F.R.C.P.,
Consulting Physician to St. Bartholomew's Hospital and the
National Hospital for the Paralysed and Epileptic.

VERY many readers will have seen with deep regret the brief announcement in our last issue of the death of Dr. Howard Tooth, the distinguished neurological physician, which occurred on May 13th after a long illness.

Howard Henry Tooth was a son of the late Frederick Tooth of Hove, Sussex. He was born on April 22nd, 1856, and was educated at Rugby and St. John's College, Cambridge, where he took the B.A. degree in 1877 and the M.A. in 1881. From Cambridge he went to St. Bartholomew's Hospital, obtained the M.R.C.S. and L.R.C.P. diplomas in 1880, and the M.R.C.P. in 1881, and graduated M.B. in the following year. He proceeded M.D. in 1885, choosing as the subject of his thesis the peroneal type of muscular atrophy. He was elected F.R.C.P. in 1888, and again chose a neurological topic—secondary degeneration of the spinal cord—for his Goulstonian Lectures delivered before the College in 1889; they were published in successive issues of the *BRITISH MEDICAL JOURNAL* during April of that year. He was elected assistant physician to the

Metropolitan Hospital in 1881; to the Hospital for the Paralysed and Epileptic, Queen Square, at the end of 1887; and to St. Bartholomew's Hospital in 1895. On retiring from the active staff of each institution he was elected consulting physician.

During the South African war Dr. Tooth served as physician to the Portland Hospital, and was created C.M.G. in 1901. Later, under Lord Haldane's scheme for the Territorial Force, he was given the command of the Medical Unit, Officers' Training Corps, University of London Contingent, and this experience led to his appointment during the early part of the great war as officer commanding the 1st London Territorial General Hospital, which was staffed by his colleagues of St. Bartholomew's. In 1916 he became consulting physician to the troops in Malta, with the temporary rank of colonel A.M.S., and during the last year of the war he was consultant to the British Forces in Italy. He was twice mentioned in dispatches, and was created C.B. in 1918. Like his friend and colleague Sir Archibald Garrod, he received from the University of Malta the honorary degree of M.D.

Dr. Tooth was for many years examiner in medicine to the Universities of Cambridge and Durham. He was censor of the Royal College of Physicians in 1913-14, and had held office as President of the Neurological Section and Vice-President of the Medical Section of the Royal Society of Medicine. His presidential address to the former section on the "Growth and survival period of intercranial tumours" was published in *Brain* in 1912, and in the following year he contributed a paper on the treatment of cerebral tumours to the International Medical Congress held in London.

Old St. Bartholomew's men in every part of the world, and students from other schools who knew him at Queen Square, have affectionate memories of Dr. Howard Tooth in the wards and out-patient rooms. His teaching was practical, and given usually in the form of a quiet talk between colleagues of equal standing. Handsome, courteous, and upright in bearing, with kindly smile and sympathetic voice, Dr. Tooth won the hearts of all about him.

Dr. Tooth was twice married. His first wife, a daughter of Edward Price, died in 1905; his second wife is a daughter of the Rev. C. S. Chilver. He leaves one son and two daughters.

We are indebted to Dr. H. MORLEY FLETCHER, senior physician to St. Bartholomew's Hospital, for the following tribute:

By the death of Howard Tooth his former colleagues have lost one who had a high place in their affection and esteem. He had to an unusual degree a bright and sunny temperament which endeared him to all, and this was combined with a most transparent honesty of character to which the faintest touch of chicanery was abhorrent. During the many years I had the privilege of knowing him I do not think I ever heard him make a disparaging remark about anyone.

As a neurologist his advice was sought for by his colleagues, and he would spare neither time nor trouble to help in a difficult case. His name is particularly associated with the peroneal type of muscular atrophy, but in more recent years—1912 and 1913—he did valuable work with regard to cerebral tumours.

He had many interests outside his profession: he was devoted to music, and during his residence in London played regularly in orchestra. He was a first-class mechanic, and many of his happiest hours were spent in his well equipped workshop. Later in life he became an ardent gardener, and up to his last illness work in his garden absorbed much of his leisure.

During the war he was one of the staff of No. 1 London General Hospital, and became the officer commanding until he was sent out as consulting physician to the forces at Malta. All who served under him at No. 1 Hospital can recall the pleasant way he had of dealing with the difficulties, both small and great, which are constantly liable to occur during war service, and how much we missed him when he was seconded for foreign service. His sunny presence will be missed by all who knew him. We offer our most sincere sympathy to his widow and children.

Medico-Legal.

LUNACY LAW AND ADMINISTRATION.

HARNETT v. BOND AND ADAM.

THE House of Lords, consisting of the Lord Chancellor and Lords Dunedin, Atkinson, Sumner, and Buckmaster, delivered judgement in the case *Harnett v. Bond and Adam* in the House of Lords on May 15th.

Previous proceedings have been reported in the *BRITISH MEDICAL JOURNAL*—in the King's Bench Division, March 8th, 1924, at pp. 449 et seq.; and in the Court of Appeal, April 12th, 1924, at pp. 692 et seq.

The plaintiff, Mr. William Smart Harnett, a farmer of Sittingbourne, Kent, having been detained as a lunatic at Malling Place, Kent, a home for the reception of lunatics of which Dr. Adam was the manager, under a reception order dated November 10th, 1912, made in accordance with Section 4 of the Lunacy Act, 1890, left the home on December 12th, 1912, on a leave of absence on trial order for twenty-eight days. This order, the form of which was settled by the Law Officers of the Crown, pursuant to Section 55 of the Lunacy Act, 1890, purported to empower the medical officer to take back the plaintiff at any time during the twenty-eight days if his mental condition required it. The plaintiff left the home with his brother, and on December 14th, 1912, he went alone to the offices of the Board of Control in Victoria Street, London, to ask if he could be put under the control of the police rather than his brother. Dr. Bond, a Commissioner in Lunacy, saw him, and, after referring to the file of the plaintiff's case, telephoned to Dr. Adam that the plaintiff was in an excited state and in his opinion unfit to be at large, and detained the plaintiff for three hours until the arrival of two attendants, who took the plaintiff back to Malling Place in a motor car. Upon arrival there Dr. Adam examined the plaintiff and detained him under the reception order. Thereafter, the plaintiff was detained in various mental homes until his escape on October 15th, 1921, when prominent alienists whom he consulted certified him sane. The plaintiff then brought an action against Dr. Bond and Dr. Adam, alleging conspiracy, assault, and false imprisonment, jointly and severally.

The case was tried before Mr. Justice Lush and a special jury, who found that the plaintiff was sane on December 14th, 1912; that Dr. Bond caused his detention at Victoria Street until the attendants arrived; that he did so for the purpose of his being detained at Malling Place; that Dr. Bond did not honestly believe that the plaintiff was of unsound mind, or was unfit to be at large, or was dangerous to himself or others, but that he did believe that the plaintiff had escaped from his brother's charge, and that was the reason he sent him back; that Dr. Adam honestly believed the plaintiff was of unsound mind and unfit to be at large on December 14th, but that he did not take reasonable care in taking the plaintiff back. Mr. Justice Lush directed the jury that in assessing damages they might take into consideration the whole period of the plaintiff's detention up to October 15th, 1921, if they thought it was the direct consequence of the acts of defendants on December 14th, 1912.

The jury awarded £20,000 damages against Dr. Bond and Dr. Adam jointly, and £5,000 against Dr. Bond for the detention at the offices for which he was alone responsible.

In the Court of Appeal (1924, 2 K.B. 517), Bankes, Warrington, and Scrutton, L.J.J., held that this was a misdirection, for, even if the original detention was unlawful, it was not the direct cause of the plaintiff's subsequent detention, the act of retaking, his recertification on reception at Croydon Mental Hospital on February 25th, 1913, and other certificates of doctors and reports of visitors, each constituting a *novus actus interveniens* breaking the chain of causation. They held, further, that the form of the leave of absence order was warranted by Section 55, Subsection 3 (b) of the Lunacy Act, 1890, and that this order and the original reception order justified the manager in taking back the plaintiff and detaining him; also that the manager was protected by Section 330 of the Act of 1890, as he acted in good faith and there was no evidence upon which the jury could have arrived at their answer that he did not exercise reasonable care. A new trial was ordered against Dr. Bond for the detention at the offices, and judgement was entered for Dr. Adam.

This decision of the Court of Appeal was affirmed by the House of Lords, who further held that the manager was empowered by the leave of absence order to retake a patient on leave wherever he might be found; that the onus was on the plaintiff to prove that the manager had not used reasonable care in exercising this power; that if such power were exercised negligently then the remedy (if any) would be by an action for negligence and not by an action for false imprisonment.

The Lord Chancellor's Judgement.

The following is the text of the judgement delivered in the House of Lords, on May 15th, by the Lord Chancellor (Viscount Cave):

This is an appeal by the plaintiff in the action against orders of the Court of Appeal in England reversing a judgement of Mr. Justice Lush in his favour for £5,000 against the defendant Bond, and for £20,000 against the defendants Bond and Adam jointly, and ordering a new trial of the action as against the defendant