

University of Capetown, regrets the treatment received by Dr. Lawrence, and records its opposition to any form of discrimination against students." It was further decided that a copy of this motion be sent to the *British Medical Journal*.

The facts mentioned by Dr. Lawrence are substantially correct. However, probably very little can be done to remedy the present situation, as the factors involved are not those which apply to an isolated case, but lie in a far wider province. Nevertheless, the Medical Students' Council, which has only just been formed, proposes to discuss the position in greater detail and will try to do what it can to see that every student has the fullest opportunity to benefit from his medical education.

In conclusion, it must be stressed that the Medical Students' Council does not claim to speak for the University, but only for the students whom it represents.—I am, etc.,

Capetown.

E. A. ALLEN,
Secretary, Medical Students' Council.

POINTS FROM LETTERS

Etiquette

Mr. GEOFFREY MYERS (London, W.1) writes: When I was a student, twenty years ago, it was taught to us, *en passant*, that elegance demanded a certain formula being adopted in the authorship of medical articles submitted to the medical literature, that form being that authors should be named in alphabetical order and never in order of age, professional seniority, or for any reason other than alphabetically. It is therefore with some measure of nostalgia for the days when form meant something that I notice now, in every issue of this and almost every other medical periodical, a departure from that highly commendable tradition. An article by Brown and Walters (using entirely fictitious names) should state that it is by Brown and Walters, and never by Walters and Brown, merely because Brown happens to be a registrar while Walters is his chief. Abrahams and Murray (again fictitious) should remain Abrahams and Murray, and not become Murray and Abrahams because Murray happens to be the President of the Royal College of this or that. . . . I once heard it said (and have always practised it myself) that upon acquiring hospital staff status one should address one's staff colleagues by their surnames without any prefix, the exceptions being those sufficiently well known to be called by their first names. I have, however, not found that this is a generally adopted procedure in all hospitals. Perhaps it would be well if it were.

"Anthisan" in Whooping-cough

Dr. L. SHELDON (London, N.W.10) writes: A little boy aged 4 years developed an urticarial rash during the third week of whooping-cough. Anthisan 0.05 g.—one tablet three times a day—was ordered. Much to my surprise, the cough reflex was completely abolished for 48 hours, and during this period the boy had two convulsions. His lungs fortunately remained clear throughout. He was given "cremomerazine" as a precautionary measure, and an expectorant mixture, and during the next 24 hours had seventeen paroxysms of coughing.

Correction.—The authors of the paper, "Two Cases of Simmonds's Disease" (April 28, p. 924), much regret that inadvertently no acknowledgment was made to the department of pathology, Reading area, for the great help and large number of investigations made on these two patients.

Sweden and New Zealand lead world statistics of the lowest rates of infant mortality, according to a report issued by the World Health Organization. Iceland, Holland, and Australia come next. Not only an indicator of the state of child health but also of that of the whole population, the figures show a rate of mortality of 23 per 1,000 infants in Sweden under the age of 1. Corresponding figures for the United States are 31, Britain 32, Denmark and Switzerland 34. Comparative figures for child mortality to-day and 50 years ago indicate that the rate has been steadily declining since the beginning of the century. In Sweden it has decreased from 98 to 23, in Belgium from 172 to 63, in Spain from 186 to 64, and in Australia from 104 to 28.

Obituary

Sir ALBERT COOK, C.M.G., O.B.E. M.D.

Sir Albert Cook died at Kampala on April 23 at the age of 81, after a long and distinguished career devoted to the people of Uganda.

Albert Ruskin Cook was born in London, the son of the late Dr. W. H. Cook, of Hampstead, and was educated at St. Paul's School and Trinity College, Cambridge. At both these seats of learning he swept the board of scholarships and prizes. After taking the B.Sc.(London) he gained a first class in both parts of the Cambridge Natural Science Tripos. At St. Bartholomew's Hospital, where he was Shuter Scholar, he graduated M.B. in 1895. He could then, with the ball at his feet, have become a Harley Street consultant if he had wanted to, but he elected in 1896 to go to the infant Protectorate of Uganda for the Church Missionary Society. In those days there was not a road in East Africa of any kind other than native paths, nor any form of transport other than human, and Cook and thirteen other young missionaries trudged the whole 850 miles from the coast to Kampala through country where some of the tribesmen were still resentful of white domination—though the most truculent of them, the Masai, had learned a lesson at the hands of the blood-thirsty German, Karl Peters, not many years before. The only woman of the party, Sister Katharine Timpson, of Guy's Hospital, later became Cook's wife. On reaching Kampala Cook opened his medical practice in a disused smithy, but soon the first buildings of Mengo Hospital were erected, 141 patients being admitted during the first year. The Uganda Mutiny broke out very shortly after his arrival, and during its suppression by Macdonald and a small force of British officers and men Cook's services to the sick and wounded were invaluable.

About that time he was joined by his younger brother, John Howard Cook, M.S., F.R.C.S., who died in 1946 (*Journal*, 1946, 2, 519). The two brothers in 1901 were the first to diagnose sleeping sickness in East Africa, and they rendered an immense service to the development of civilization in that country by providing medical and surgical care of the very highest class to the Baganda (the inhabitants of Uganda) and to European officials, soldiers, settlers, and traders. When fighting broke out in German East Africa in 1914 Mengo was the only hospital of any standing in Uganda, and it became the base hospital in the Lake Victoria region under Cook's superintendence. He and his wife were tireless in their attention to the sick of all races who poured into the hospital. In 1917 Cook founded the first school for African medical assistants in Uganda, and the following year the deep concern which he shared with his wife for maternity work and child welfare was demonstrated by the founding of a maternity training school, from which graduated the first qualified African midwives in Uganda. Cook's organizing and medical abilities were devoted to his hospital, which by 1931 was the most up-to-date in the country. The Baganda, who had developed a certain civilization of their own before the advent of the white man, warmly appreciated the benefits which European medical science had to offer through the brothers Cook, and the work at Mengo went steadily from success to success. The younger

brother eventually returned to England, but when Albert retired in 1934 he remained in Uganda. By that time Mengo Hospital had many branch dispensaries, a maternity training school with several branches, a medical school, and a nurses training college. Patients came to consult Cook at Mengo from as far afield as India and South Africa.

The list of his appointments is impressive: consulting physician to the European Hospital, Kampala, and to the Mengo Hospital; vice-president of the Church Missionary Society; president of the Uganda Branch of the B.M.A.; president of the Uganda Literary and Scientific Society; mentioned in dispatches for service in the Uganda Mutiny, and again for war service in Uganda from 1914 to 1917; O.B.E., 1918; C.M.G., 1922; silver medal of the African Society, 1928; Knight Bachelor, 1932; representative of Uganda at the Coronation, 1937; Croix de Chevalier de L'Ordre de Léopold. But all these honours never dulled his sense of vocation. He was always first and foremost a missionary, and Mengo has always been in the fullest sense a mission hospital. Sir Albert Cook spent his retirement in Uganda among the people he loved so well. In collaboration with Lady Cook, who died in 1938, he published a handbook of midwifery in Luganda (the language of the Baganda) as well as a medical vocabulary and phrase book. His volume of *Uganda Memories* appeared in 1945. The death of "Cook of Uganda" removes from the scene of his labours a man worthy of mention alongside Livingstone himself among the great Englishmen and missionary doctors of modern times.

Dr. ARCHIBALD NEVILLE McLELLAN, consulting gynaecologist to the Victoria Infirmary, Glasgow, died in Liverpool on March 5. He studied medicine at Glasgow University, graduating M.B., C.M. in 1894. Developing an early interest in gynaecology, he took the L.M. (Rotunda) in 1896. For some time he was a demonstrator in the anatomy department at Glasgow University and prided himself on his knowledge of pelvic anatomy, which later stood him in good stead in the surgery of the pelvis. For over 30 years he was on the staff of the Royal Maternity and Women's Hospital, Glasgow, and for a similar period was gynaecological surgeon to the Victoria Infirmary. He took a great interest in university teaching and for many years was assistant to the professor of midwifery, the late Professor Murdoch Cameron. An internal examiner in midwifery and gynaecology to Glasgow University, he was also an examiner to the Central Midwives Board of Scotland. In 1929 he was elected a Fellow of the Royal College of Obstetricians and Gynaecologists.

Professor R. A. Lennie writes: A most able clinician and meticulous operator, McLellan had ample opportunity of demonstrating his surgical skill, more especially as in his early days gynaecological surgery was in its infancy. He kept well abreast of the times and welcomed any new technique or surgical procedure. His operative results were excellent, and he had the confidence of a large circle of practitioners in the south side of Glasgow. He was much beloved by his patients, colleagues, and friends, being a most kind and courtly gentleman, with whom it was a pleasure and privilege to be associated. He was of a retiring disposition and had few outside interests, though he was interested in music, and in his declining years derived much personal pleasure in composing new settings for many of the old Scottish songs and ballads. He reached a ripe old age and was gracious to the end. He belonged to an era of medicine where voluntary service, tradition, and

kindliness were accepted qualities—and these he possessed to an outstanding degree. In his death, medicine has lost one of the finest members of the older school.

Dr. EUSTACE JOHN PARKE OLIVE, consulting physician to the Warnford Hospital, Leamington, died suddenly on April 14 aged 88. He had a distinguished career as a student at St. John's College, Cambridge, and St. Bartholomew's Hospital. After graduating M.B., B.Chir. in 1889, he held house appointments in his own hospital and then migrated to the General Hospital, Birmingham, where he was house-surgeon to Gilbert Barling. In 1892 he took the F.R.C.S., and two years later proceeded M.D. About this time he went to Leamington, where he was appointed to the staff of the Warnford Hospital, and spent his long life of professional service in that town. During both world wars he was actively employed, being awarded the O.B.E. at the end of the first. Always ready for emergency work, in his later years he equipped himself as a very competent anaesthetist. He led a full and valuable life and earned the gratitude of many.

Medico-Legal

DOCTOR'S ACTION AGAINST HOSPITAL BOARD TO PROCEED

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

On March 28, 1951, the First Division of the Court of Session in Edinburgh allowed an appeal¹ against a decision given by Lord Sorn in November, 1950, dismissing an action against the Greenock and District Hospital Board by Dr. John Walker, of Broomhill Avenue, Glasgow. Dr. Walker's case is that in June, 1947, the board agreed to appoint him resident physician-superintendent of the Gateside Infectious Diseases Hospital, but in October, 1947, refused to appoint him. He had meanwhile held himself free from other commitments. Dr. Walker claims £8,000 damages for breach of contract.

By the defence, the board contends that it was a condition of the agreement that it should be confirmed in writing, but that it never was so confirmed; that written evidence of the contract, being a contract for more than a year, was required, but that Dr. Walker did not allege there was any; that the board was induced to enter into the agreement by false and fraudulent misrepresentations by Dr. Walker; and that the action was barred by Section 166 of the Public Health (Scotland) Act, 1897, which protects authorities from liability in damages for their *bona fide* acts in execution of their statutory duty.

In allowing the appeal and sending the action for trial the Lord President, Lord Cooper, dealt with the board's allegation of fraudulent misrepresentation against Dr. Walker. The board's case was that he had not disclosed that in 1942, after a Ministry of Health inquiry, he had been dismissed from the office of county medical officer of Northumberland. It was common ground that afterwards he had held the appointment of chief medical officer to the County of Zetland until 1944.

The Greenock post, carrying a basic salary of £900, was obviously different in character from that of chief medical administrator of a large English county. Lord Cooper could not see why failure in such a capacity in 1941 should necessarily or probably imply incapacity for the Greenock post in 1947, and the apparent attitude of the Board that Dr. Walker was thereby permanently disqualified from holding any post in the service of the public health authority, however small the post might be, was wrong. The board's forlorn attempt to argue that the contract had been broken in the public interest was untenable. Accordingly the action must be sent to proof.

¹ *Manchester Guardian*, March 29.