to find she is being paid at the same rate as a ward maid. (3) The care of nurses is left far too much to matrons. The hospital committee should supervise the matron's work by appointing at least one member of the medical staff and a lay member of the board and governors, who should meet the representatives of the nurses at least quarterly and hear their complaints and suggestions. (4) Matrons should *never* be allowed to remain in one hospital more than five years.

These measures should lead to a gradual improvement, but drastic steps must be taken to rapidly increase recruitment. It is universally admitted that the hiatus between the school-leaving age and the age that a girl can start nursing loses thousands of recruits yearly. A girl who is earning a good wage and has regular hours and freedom after work is not likely to take up nursing and its restrictions. Only the very keen and the relatively unemployable will become recruits. Apropos of the latter it would be incredible, if one had not suffered it for years, how large a percentage of the candidates for the Preliminary Examination ought never to have been accepted as probationers. Their chances of ever qualifying are nil, and they are only fit for the most menial jobs. One cannot blame the matrons who accept them; it is that or nothing. One cannot blame their tutors; they are unteachable.

Now there is an obvious remedy. It is an expensive one, but nurses are *essential*. I would insist that from the earliest school-days girls are interested in nursing; one or two hours a week they dress up in nursing uniform with a red cross, and are given bandaging lessons with dolls and lessons in bed-making, etc. As they get older they would have lectures explaining to them how being nurses would teach them personal hygiene, cooking for the sick, preventive medicine, the care of their children, etc. In their pre-leaving years they would be examined. Successful candidates leaving school at 15 would become paid pupils of the State and attend special schools. They would pass examinations each year and be eliminated and passed on for another year.

Before they reached their eighteenth year they would have passed their Preliminary Examination and would enter on their hospital duties proper completely untrammelled by the subjects of anatomy, physiology, and hygiene, and would be able to concentrate at once on real nursing. I submit that on these lines the nursing profession would be reborn and over-subscribed.—I am, etc.,

Great Yarmouth, Norfolk.

LEONARD LEY.

Sarcoma in Intra-abdominal Testis with Torsion of Pedicle

SIR.—I was interested to read the report of Drs. A. H. Bennett and W. G. Shaw (Feb. 15, p. 256) of a case of ectopia testis with seminomatous change and torsion. The coincidence of the triple pathology must be very rare. I am therefore prompted to record an almost exactly similar case that I encountered in 1931 in Singapore. Unfortunately my notes of the case were lost owing to the Japanese occupation of the country, but the facts, briefly, were these.

A young adult male was admitted with abdominal pain of sudden onset, and no testis was present in the right side of the scrotum. Laparotomy showed a haemorrhagic peritoneal exudate and a dark plum-coloured globular tumour the size of a fist with tightly twisted narrow pedicle arising from the right side of the pelvis. It looked exactly like a twisted ovarian cyst. Excision. Recovery. Later history unknown.

The pathologist's report in this case stated that the tumour was a sarcoma in an intra-abdominal testis with torsion of the pedicle.—I am, etc.,

London. S.W.1.

E. C. CHITTY.

Persistent Anaemia in a Breast-fed Infant with Erythroblastosis Foetalis

SIR.—It is worth while underlining Dr. Rosemary Davies's case report published in your issue of Jan. 25 (p. 138). I will be absolutely brief in deference to your inevitable shortage of space, but the point in question is by no means well known. Eighteen months ago I also saw a child, born jaundiced, with erythroblastosis foetalis. Transfusions had to be continued owing to persistent fall in the red cell count until at the age of two months the breast milk was tested and found to contain anti-Rh agglutinins. Cessation of breast-feeding brought the haemolysis and the need for further transfusions, seven having been given, to an abrupt end.—I am, etc.,

Edgware, Middx.

F. HARWOOD STEVENSON.

Obituary

G. O. LAMBERT, M.D., F.R.C.P.

Dr. Gordon Ormsby Lambert, of Reading, died at the age of 69 at Bucklebury, Berks, on Jan. 26 after a short illness. He had had an active and distinguished career and had only recently retired from practice. Educated at Lancing and at St. John's College, Cambridge, where he took his B.A. degree in 1898, he completed his medical training at Charing Cross Hospital, qualifying M.B., B.Ch. in 1901. After holding various house appointments at his own and at other hospitals he came to Reading early in the present century, and proceeded M.D. in 1906. He was appointed medical registrar to the Royal Berkshire Hospital in 1913, assistant physician in 1914, and physician in 1923. In 1942, after being senior physician for many years, he was elected F.R.C.P. The same year he retired from the active staff of the hospital, though still holding the post of cardiologist, and was made a consulting physician. His private practice, however, he continued until his recent retirement. Dr. Lambert's services were much in demand in the district as a consultant in medicine, of which he had a very wide knowledge. He was a good diagnostician and most conscientious over his work, which he took very seriously; no one could have surpassed him in the thoroughness of his examinations. He rarely missed anything. Some may have thought that occasionally his treatment was rather overabundant in its many details, but it was based on scientific reasoning and he was in no wise biased against surgical assistance, if he thought it necessary or even remotely helpful. He had a most unselfish character and was always kind and considerate. Dr. Lambert contributed a number of articles to the medical press, chiefly on cardiac conditions, in which he was particularly interested. He was at one time joint editor of the Royal Berkshire Hospital Reports. Philosophy also attracted him; he was the author of a booklet recently published, entitled *Happiness in a Modern World*. He was twice president of the Reading Pathological Society and had been a member of the British Medical Association since 1912. He was president of the Reading Division in 1931-2. In addition to his professional work he at one time took some part in local politics, and was for four years a member of the town council. It is sad to think that after so long a time spent in the service of others Dr. Lambert should not have been spared to enjoy the quiet country life that he had looked forward to and had only just begun to taste.—W.B.S.

JOHN WALLACE, O.B.E., M.B., C.M.

By the death of Dr. John Wallace on Feb. 13, Weston-super-Mare has lost its oldest medical practitioner. Dr. Wallace was born in Fife in December, 1856, and although in his ninety-first year he was such an exceptionally vigorous man that he was able to continue his practice and other interests until a few days before his death. While he was a first-year student at Edinburgh University his father died suddenly and young Wallace had to return home to manage the family farms. He remained engaged in farming and stock-breeding and raising until 1885, and to learn business methods he served a year in the office of a chartered accountant in Edinburgh. In 1886 he married and with his wife spent two years in Italy, Germany, and France studying forestry and dairy farming.

It was not until he was 30 that he decided to take up again the study of medicine. He was probably influenced in this decision by his younger brother—afterwards Sir David Wallace and a well-known surgeon in Edinburgh—who had already qualified. He returned to Edinburgh University, graduated M.B., C.M. in 1892 and obtained the B.Sc. (Public Health) in the following year. After a period as assistant to Sir Henry Littlejohn, the medical officer of health for Edinburgh, further study at Berne, and some mental hospital experience, Dr. Wallace settled in medical practice in Weston-super-Mare in 1896, over fifty years ago. Here he quickly became a trusted family physician, but so great was his tireless energy and versatility that he successfully developed many other interests.