Correspondence

Tudor Edwards Memorial

SIR,—Subscriptions are invited to a fund for the establishment of a memorial to the late Mr. Arthur Tudor Edwards, M.D., M.Ch., F.R.C.S., who died on August 25, 1946, at the age of 56.

The remarkable progress of chest surgery in this country is in large measure due to Tudor Edwards's work. His pioneering in this branch was in the main the chief stimulus to its expansion. His singleness of purpose, and the high standard which he set for himself and all those who worked with him, raised a small but important branch of surgery to its present position as one of the great surgical specialties. As the result of this development, men and women have been restored to life and health for whom previously medical science offered no effective aid. Tudor Edwards literally devoted his life to his work. He was unsparing in his service to his patients in all walks of life and many came to him from other countries. On the outbreak of war, in addition to his other work, he undertook the organization of thoracic surgery for the Emergency Medical Service of the whole country and for the Army and Royal Air Force. He carried this heavy burden throughout the war despite the gravest warnings and with the full knowledge that his life thereby would be shortened. One of his greatest contributions was his training and inspiration of younger men who came to him from all parts of this country and from abroad.

There could be no better memorial than to continue this work which was so close to his heart: the training of young surgeons to build on the foundations he so securely laid. It is proposed that a Travelling Scholarship shall be founded in Tudor Edwards's name, to enable suitable candidates to study thoracic surgery in special centres. This also will fulfil an urgent national need. For this purpose, a capital sum of at least £10,000 will be required. The Royal College of Surgeons and the Royal College of Physicians have agreed to administer the fund and carry out the conditions of the Trust. Donations and subscriptions under deed of covenant should be sent to: The Hon. Treasurer, The Rt. Hon. Lord Courtauld-Thomson, K.B.E., C.B., Brompton Hospital, London, S.W.3.—We are, etc.,

HORDER (chairman),	I. W. MAGILL,
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Brompton, S.W.3.

Calories

SIR,—The claims that we are seriously short of calories are, at least, exaggerated, but it is unfortunate that Government spokesmen should continue to claim that the average calories per head per day are in the neighbourhood of 2,900. It is fully explained in "Food Consumption Levels in the United States, Canada, and the United Kingdom" that these figures are derived from estimates of the amounts of food imported and produced in the country. The surveys of the Ministry of Food are made on representative families. They show that the average per head ranges from 2,300 to 2,400. Meals taken outside cannot raise the total to more than 2,650. The gap between the amounts that we can get and 2,900 is only too obvious.

The calculations of Bransby and Magee in the *British Medical Journal* of April 19 (p. 525) show how difficult it is to reach the standards of the League of Nations without excessive consumption of potatoes and exchange of points for B.U.s; and 2,900 per head per day, as an average for the whole population, is well above this standard. The figures given by J. C. Drummond (*Sth. med. J.*, 1946, 39, 18) show that the average 2,273 calories consumed in 1944 amounted to just under 97% of requirements; very similar figures were found in similar surveys made before the war.

With the larger amounts now eaten outside the home the average in representative families must be well up to require-

ments. But that does not justify the claim that we are getting as much as 2,900 calories, nor does it mean that bread rationing does not make it difficult for some individuals to get enough calories.—I am, etc.,

London.

JOHN MARRACK.

"Costoclavicular Compression"

SIR,—The paper by Prof. E. D. Telford and Mr. S. Mottershead (March 15, p. 325) raises again the question of the cause of disappearance of the radial pulse with certain positions of the arm in some cases of cervical rib. Are the effects on the main artery of the limb mechanical, due to its compression by the scalenes as suggested by J. B. Murphy in 1906 and Wingate Todd in 1911 or to its being squeezed between the clavicle and the rib as claimed by K. C. Eden in 1939 and supported by Wilfred Trotter? Are they due to the effect on sympathetic nerve fibres in the lowest trunk of the plexus produced by stretching over the rib as Wingate Todd postulated in 1913 and Telford and Stopford elaborated in 1930? Or are they, as Telford and Mottershead have now recently suggested, caused by the two heads of the median nerve gripping the artery when the arm is pulled downwards? Most surgeons who have had experience of these cases will probably agree with Telford and Mottershead that there is no one cause common to all cases. These writers have shown that forcible depression of the shoulder widens rather than narrows the costoclavicular interval, but lest it be thought that costoclavicular mechanical compression cannot therefore be a cause, we would refer to a recent case which came under our observation.

A boy aged 15 was seen in September, 1946, with a pulsating swelling above the inner end of the right clavicle which proved to be the subclavian artery rendered unduly prominent as it passed over the lower splayed out end of a complete cervical rib. There were no symptoms, and it was decided to leave well alone. The boy then began work on a machine which involved much use of his right arm and soon found that from time to time the arm began to ache. He was re-examined, and it was found that elevation of the shoulder obliterated the radial pulse. It was clearly demonstrated that this was due to the inner end of the clavicle moving upwards and slightly backwards towards the large cervical rib and compressing the artery at this level. At operation this was verified; there was an aneurysmal dilatation of the artery with some periarteritis at this site. Removal of the lower end of the rib freed the artery from compression by the moving clavicle.

Our object in referring to this case is to emphasize that costoclavicular compression of the subclavian artery may occur from upward and backward movement of the arm, and in certain cases such movement may be as effective in obliterating the main artery as may depression of the shoulder girdle in other cases.—We are, etc.,

LAMBERT ROGERS.
ARNOLD S. ALDIS.

Cardiff.

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The Vole Bacillus

SIR,—Your timely leader (May 31, p. 770) on the recently published monograph on the "Murine Type of Tubercle Bacillus" (the vole acid-fast bacillus) by A. Q. Wells, the discoverer of the vole bacillus vaccine, merits the closest attention of all interested in the subject of active immunization against tuberculosis. Having last year paid a visit (sponsored by the Public Health Committee of the County Borough of East Ham, for whom I act as consultant physician for tuberculosis and diseases of the chest, and to whom I am greatly indebted) to the Scandinavian countries, I had the opportunity of studying for myself the work done there. The enthusiasm for B.C.G. in Norway, Sweden, and Denmark was widespread, but nothing I saw impressed me more than the work of Prof. Arvid Wallgren, of Stockholm, who has certainly been the pioneer of B.C.G. vaccination in Sweden, where he began his work at Gothenburg in 1926. His confidence in the value of B.C.G. persists, although it is pertinent to note, with reference to your leader, that he himself urged that it would be of greatest value if we