

a high intrinsic value, and are grown on a comparatively small scale, therefore expenditure on the destruction of insects and fungi attacking them is economically justified; but for farm crops, only indirect methods of dealing with pests and diseases are practical. Like the medical officers of health, the plant pathologists concerned with agricultural crops must study conditions in which disease occurs and aim at developing preventive rather than the much more costly curative measures. Wireworms are present in practically all agricultural land; but the farmer who can maintain satisfactory standards of fertility and husbandry will suffer little loss from moderate wireworm populations.

The problem of how to balance the necessary periods of rest under grass when wireworm populations increase, with periods under arable culture when they are dispersed, has still to be tackled. This is long-range work that will require comprehensive biological, ecological and insect physiological studies. The change from war-time to peace-time agriculture will provide the field conditions required for the work. The solution of this problem would assist in the establishment of a flexible agriculture and remove from the mind of the farmer the fear that the benefits accruing from resting land under grass would be dissipated by the depredations of wireworms.

¹ Bulletin 128. "Wireworms and Food Production." (H.M. Stationery Office. 1s.)

² *Ann. App. Biol.*, 31, 52 (1944).

OBITUARY

Sir Buckston Browne

GEORGE BUCKSTON BROWNE came of a line of medical men, he being a representative of the fifth generation. He was born on April 13, 1850, of wealthy parents, his father being Dr. Henry Browne, physician to the Manchester Royal Infirmary and lecturer on medicine, and his mother, Ann Hadfield. He was an only son; two sisters rose to eminence in the civic life of Manchester. His mother died while he was still in his boyhood; the father, who was deeply religious, and son drifted apart; it is customary to blame the Victorian father for the clash which separated son from father, but those who knew Sir Buckston in his later years will realize that the clash may have been due as much to the son's opinionative wilfulness as to the father's Calvinism.

However this may be, Buckston Browne, in 1866, when he was sixteen years of age, resolved to leave the paternal home; he asked for, and was given, an allowance of £3 per week with which to feed, clothe and educate himself. He had been at Amersham Hall School for four years and had passed the matriculation examination of the University of London. He went to London, resolved to carry out his boyish ambition of becoming a medical man. With this object in view he entered as a medical student of University College; he laboured day and night to make himself proficient in his profession; in 1873 he won by open contest the proud position of being 'house surgeon' to Sir John Erichsen. Then in 1874, at the age of twenty-four, he entered the world of 'incomes'; he had become a member of the Royal College of Surgeons; he augmented his paternal allowance by earning £8 a month by demonstrating in the dissecting room and coaching in anatomy at the rate of 2s. 6d. an hour.

It was at this juncture of his affairs that Buckston Browne engaged himself as private assistant to Sir Henry Thompson at the rate of £200 a year. Sir Henry was surgeon to University College Hospital, and recognized as the leading authority on all diseases of the genito-urinary system. At the time he entered into this contract with Sir Henry Thompson, he made a love marriage, choosing as his wife Helen Elizabeth Vaine, of Sparsholt, Hants. He was often heard to declare that his success in his profession was due, not to his patron, but to his wife. It was a happy companionship which endured for fifty-two years, coming to an end in 1926. They had two children, a son and a daughter; the daughter became the wife of Mr. Hugh Lett, surgeon to the London Hospital—later Sir Hugh Lett, Bart., president of the Royal College of Surgeons; the son, George Buckston Browne, won the D.S.O. in the first World War, dying in 1919 from war service, leaving a son, the sixth George Buckston Browne, who died in 1924, the last of the male line.

The first period of Buckston Browne's professional life in the West End of London was spent in the service of Sir Henry Thompson and in laying the basis of his own practice. He had no hospital appointment to commend him; he had failed to pass the fellowship examination of his college; but he possessed a rare delicacy of manipulative skill and a profound knowledge of all ailments of the bladder, particularly those due to enlargement of the prostate. On Sir Henry Thompson's retirement, all such cases found their way to Buckston Browne's consulting rooms; elderly gentlemen who nowadays suffer from enlargement of the prostate submit themselves to the one major operation, but at the period with which we are dealing, they were educated to lead what was known as the 'catheter life' under the immediate care of their surgeon. Buckston Browne devoted himself to his practice so wholeheartedly that in less than forty years he had attained a financial success which has rarely been equalled in the annals of medical London.

Thus it came about that in the year 1927, Buckston Browne found himself a wealthy but lonely man; he had lost the companionship of his wife; his son and grandson were dead; his larger ambition, to participate in public life, was unsatisfied. In this year the British Association, meeting in Leeds, appealed for a fund which would enable it to purchase Darwin's home at Downe, Kent, and preserve it as a national memorial. Buckston Browne at once offered to provide the money needed. In his youth he had sat under Huxley at the School of Mines and had been a lifelong admirer of Darwin. The goodwill of the Darwin family made the purchase of Down House possible. He spent upwards of £10,000 on the restoration of the house and grounds, adding a gift of £20,000 for its upkeep. The British Association was thus able to open house and grounds to the public on June 7, 1929.

Buckston Browne then turned his beneficent activities towards his old college, the Royal College of Surgeons of England. On February 4, 1931, he addressed a letter to the Council of the College in which this sentence occurs: "I ask you to grant me the great privilege of building and endowing an Institution of Surgical Biological Research in which surgeons, particularly young surgeons, will have full opportunity for carrying out their investigations".

Ultimately, he conveyed stock to the value of £105,000 to carry out his scheme. He remembered

how essential John Hunter found his farm at Earl's Court to be for the completion of his experimental work, and hoped that the institution or farm he had in mind would serve young surgeons as an 'Earl's Court'. He bought land adjacent to the Darwin estate as a site for his institution, now known as the Buckston Browne Farm for Surgical Research. It was opened in 1933, but with the coming of war all its research workers were called to the field, the laboratories being taken over by the Emergency Health Service. With the return of peace we may hope to see it restored to its old activities.

Among his intimate friends Buckston Browne numbered Sir Thomas Barlow: both were from Lancashire; they met as students at University College; they occupied houses in Wimpole Street which faced each other. On January 11, Sir Buckston was carried to his old hospital, suffering from a

fracture of the neck of his femur; he died on January 19, well advanced into his ninety-fifth year. As he lay in the hospital, where seventy-three years before he had been house surgeon, his senior friend shook off the burden of life, having reached his hundredth year.

In 1931 the University of Aberdeen conferred its honorary LL.D. on Sir Buckston in recognition of his services to surgery. In 1932 he received the honour of knighthood, when he discarded "George" from his name, wishing to be known as Sir Buckston Browne.

A. KEITH.

IN *Nature* of October 28, 1944, an obituary notice was printed of Prof. Gustav Gilson: we have since been informed that Prof. Gilson died on January 1, 1944.

NEWS and VIEWS

Anglo-French Society of Sciences

At the beginning of the War, a number of scientific men in England and France became conscious of the lack of close knowledge and contact between the science and scientific workers of the two countries. As a result, they founded in April 1940 an Anglo-French Society of Sciences to assist the removal of this lack of mutual knowledge. The Society was organized in two groups, under the presidencies of Prof. P. A. M. Dirac and Prof. F. Joliot. The occupation of France interrupted normal proceedings, but during the occupation some members became very prominent in the French resistance movement. The liberation of France has enabled the Society to hold its first conference, which was on the topic of "The Solid State", and was held in London on January 20 at the Society for Visiting Scientists. Prof. F. Joliot and Mme. Irene Curie-Joliot travelled from France to take part in the proceedings, and were accompanied by Prof. Wyart, Dr. J. Laval and Dr. Mathieu. Papers were read at the conference by Prof. N. F. Mott, Sir Geoffrey Taylor, Dr. Laval, Dr. Mathieu, Dr. Guinier, Prof. Wyart and others.

Members of the Society were entertained to tea at the House of Commons by Sir Robert Bird, chairman of the Anglo-French Parliamentary Committee. In reply to speeches by Sir Robert Bird and Mr. E. W. Salt, chairman of the Parliamentary and Scientific Committee, Prof. Joliot spoke on the contribution of science to international understanding, and its place in the conduct of affairs. Science tends to clarity of mind and rational method, and it should be introduced into all aspects of a nation's life, including many where it may not hitherto have been customary. Prof. J. Hadamard referred to David Hume's famous remark that British soldiers fight and die in order that British judges may judge according to their conscience; the devotion of the English and French to that ideal is a binding link between them.

Medical Education in Great Britain

In a reply on January 18 to a question in the House of Commons regarding the Goodenough Report on Medical Schools, Mr. Willink stated that the Government recognizes the fundamental importance of medical education and research to the future of the health services of the country, and accepts the

principle of increased grants for the purposes of medical education and research to be distributed by the University Grants Committee through the universities to medical schools, postgraduate schools and institutes and hospitals used for teaching and research. The Government also accepts the suggestion that for a limited period these additional grants should be separated from the block grants received by universities for their work as a whole. As regards the views expressed in the report on the importance of affording to women equal opportunities to those enjoyed by men for medical training and for obtaining postgraduate experience, the Government has decided that future payments of grants to medical schools should be conditional on the adoption by the school of the principle of admitting a reasonable proportion of students of both sexes. It is proposed also that the University Grants Committee, in consultation with the university authorities concerned, should be responsible for determining from time to time whether the action taken by each of these schools complies reasonably with the principle. Equal importance is also attached to the revision of the medical curriculum, and acceptance of the principle of increased grants for medical education and research depends on the early completion of such a revision.

Tuberculosis Mortality in the United States

ACCORDING to J. Yerushalmy, principal statistician, H. E. Hilleboe, senior surgeon, and C. E. Palmer, surgeon, United States Public Health Service (*Public Health Rep.*, 58, 1457; 1943), the average annual number of deaths from all forms of tuberculosis in the United States in the period 1939-41 was 10,429 (45.9 per 100,000 of the population). Mortality from tuberculosis was 41 per cent higher among males than among females, and three and a half times as high among non-whites as among whites. Death-rates for all forms of tuberculosis were higher in the older age-groups than in the younger. Among children and young adults the rates were higher for females than for males; but in the older groups the rates were much higher for males. Nearly one half of all tuberculosis deaths occurred at the ages 20-44. The death-rate from tuberculosis for males was higher among residents of large cities than among residents in intermediate sized cities, and that of the latter was much