

triamcinolone (T.). The other four were given the same doses of P. and P.S.G., and 3.5 mg. of betamethasone (B.). All regimens were randomised, with an interval of at least a week after each. Inhibition of pituitary-adrenal axis was assessed by the excretion of the tetrahydro-derivative of substance S (T.H.S.),⁵ which was determined by the method of Henke⁶ on the urines excreted during the 24 hours following metyrapone administration. The accuracy of urine collections for each subject was assessed by creatinine determination according to Taussky.⁷

The results reported in the accompanying table show that urinary excretion of T.H.S. following B., T., and P. is significantly lower than after P.S.G., and point to P.S.G. having a lesser inhibiting effect on the pituitary-adrenal axis than P., T., or B., when administered in single doses.

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IMMUNOSUPPRESSION BY THALIDOMIDE

SIR,—Dr. Hellmann (May 21) has published a hypothesis on the embryotoxic activity of thalidomide. He observes that extremely high doses of thalidomide were able to suppress the immunological response in mice, and suggests that thalidomide, by acting as an immunosuppressive agent, might prevent homograft rejection of malformed foetuses. Before such a hypothesis can be accepted, it will in any case be necessary to: (1) produce evidence that early spontaneous abortions are indeed homograft rejections of malformed foetuses; (2) explain why thalidomide is not teratogenic in mice even in doses which suppress immunological response; and (3) demonstrate that thalidomide suppresses immunological response in the rabbit and the monkey in the low dose in which it has been shown to be teratogenic.

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* * This letter was received just after we had gone to press last week for the issue in which Mr. Bore and Professor Scothorne published their findings that thalidomide, 200 mg. per kg. per day, was teratogenic but did not prolong the survival of skin homografts in New Zealand white rabbits.—Ed. L.

Obituary

EDGAR ALEXANDER PASK

O.B.E., B.A., M.D. Cantab., F.F.A. R.C.S.

Prof. E. A. Pask, whose death on May 30 we announced last week, had held a chair of anaesthetics in Newcastle upon Tyne since 1949.

Born in 1912, the son of a Cheshire business man, he was educated at Rydal School and Downing College, Cambridge, where he took first-class honours in both parts of the tripos. He went to the London Hospital on a scholarship and graduated M.B. in 1937. After two and a half years on the junior staff of the London he was appointed first assistant to Sir Robert Macintosh in the Nuffield department of anaesthetics in the Radcliffe Infirmary, Oxford. Soon after war was declared Pask joined the medical branch of the R.A.F., and he quickly developed an interest in the problems of descent from high altitude by parachute. Later he turned his attention to air-sea rescue and to the development of protective



clothing for aircrews who had to come down in the sea. At this stage he was concerned with the design of lifejackets for airmen wearing special equipment, and he himself was the subject of many hazardous experiments in various theatres of war. For his many contributions to the safety and survival of crews who had to abandon their aircraft he was appointed O.B.E. in 1944, and he was awarded the Snow medal of the Association of Anaesthetists of Great Britain and Northern Ireland in 1946. In 1947 he was appointed reader in anaesthetics in the University of Durham (now the University of Newcastle upon Tyne). Two years later a personal chair was created for him, and this was later converted to an established chair.

Apart from his own very active department he had many local and national interests. He was one of the original members of the committee appointed in 1961 by the university and the board of governors to direct the building programme on the Royal Victoria Infirmary site for a new medical and dental school integrated with the teaching hospital, and when, in 1964, a project team was appointed he agreed to serve as its chairman.

For many years he was a member of the Board of Governors

and an active member of many of its main committees, including the finance and establishment committee, the medical advisory committee (of which he was chairman for three years), and the buildings and planning committee. He was also a member of the board of the Faculty of Anaesthetists in the Royal College of Surgeons of England for 14 years from its inception in 1948 and he was an examiner for the English and Irish Faculties. He served on the council of the Association of Anaesthetists, and he was a past president of the Section of Anaesthetics of the Royal Society of Medicine. He often travelled abroad to lecture and to meet colleagues, especially in the United States and in Canada.

J. K. R. writes:

"Professor Pask won for himself an outstanding position in medical affairs in Newcastle upon Tyne and throughout the North East of England. He had many gifts but perhaps the most notable was his ability to think quickly, clearly, and logically, and at any meeting he could be counted upon to make a telling contribution at the right moment. His ability to sift evidence and to extract what was important was matched by a very effective delivery which ensured that his assessments and views were understood at once by all. He was a formidable opponent in argument and most of his colleagues learnt to be very careful about what they said in his presence. It was a joy (and an education) to watch him trap the unwary for he was always several moves ahead and could be seen to be waiting to pounce at a time of his own choosing. But he never introduced acrimony or bitterness to discussion. Quite the reverse. When he wanted he could be most witty and amusing. He did not undertake his duties as chairman of the project team in a detached or formal way; but engaged his remarkable critical faculty in every problem, however small. His memory for detail in this complex process was seldom at fault, and his grasp of scientific principles affecting the development proposals could always match the knowledge of those directly engaged in the particular subject under discussion.

"His deep concern for the wellbeing and personal feelings of patients was reflected in his approach to anaesthesia—he believed in simplicity and safety. One of the original members of the central committee set up to investigate deaths associated with anaesthesia, he drew attention to serious complications that may follow the use of certain modern techniques. Repeatedly he emphasised that research should have a practical end-point and not simply be a means of achieving publicity for the individual worker. He was continually devising fresh pieces of equipment, especially for patient-monitoring and artificial ventilation; his mechanical skill and wide knowledge of electronics enabled him to do this with apparent ease. These devices were never intended to replace clinical judgment, but