

general, and the ship surgeon in particular; (3) proper equipment for adequate treatment of V.D. in ships that carry surgeons; (4) serious consideration to be given to the fact that in ships that carry a surgeon only a minority of seamen who have cause to consult him for suspected or apparent V.D., although the seaman heartily dislikes visually apparent V.D. either in himself or in his shipmates.

Since the very great majority of ships carry no surgeon the seaman, by long-established custom, keeps his ailments for medical attention when he gets ashore—if by then they still distress him. The idea of treatment on board ship is perhaps still foreign to the merchant sea-going profession. Moreover, in the past, treatment of V.D. on board ship could be, at best, only inadequate; it was hardly better on shore; and while the last three decades have brought a great improvement of treatment, it has lagged at sea far behind the standard on shore. There is still some foundation for the traditional idea in the seaman's mind that not much benefit will accrue to him from bothering the ship surgeon on such a matter. The main barrier, however, keeping him from the ship surgeon in the matter of V.D. is dislike and suspicion of its being logged against him—as by law it must be if his ship surgeon deals with it. The same seaman, however, evinces no objection to the hospital doctor's logging V.D. against him in a clinic's records, even when done in his presence. The ruling difference appears to be not only that the clinic is publicly pledged to secrecy—though that is highly valued—but also that the hospital doctor is not his boss, and the clinic books are not open to inspection by bosses—master, mate, owner—as is the ship's log. Easy to understand, not easy to reform, yet reformed it ought to be.—I am, etc.,

H. M. HANSCHALL,
Director, V.D. Clinic,
Albert Dock Seamen's Hospital,

London, E.16.

The Contaminated Injection

SIR,—Your annotation on the contaminated injection (May 15, p. 608) draws attention to the problem of filling a hypodermic syringe with sterile air under adverse surrounding conditions, and suggests a cumbersome procedure as a solution. The problem is simply overcome by using a platino-iridium needle and a spirit lamp. A platino-iridium needle can be raised to a white heat in a spirit flame without harm, and while holding its point in the flame and at the same time withdrawing the piston you have a medium through which sterilized air can be drawn and which no spore can withstand. I have used this method many hundreds of times without harming the needle or the glass syringe. It has the added advantage that the same needle can be used where many injections have to be given at one sitting, it being perfectly sterilized each time. The ordinary needle could be used in the same way in an emergency, but it would be quickly ruined by such treatment.—I am, etc.,

Portland.

M. J. SAUNDERS.

Universities and Colleges

UNIVERSITY OF MANCHESTER

A one-day course of lectures on health in the factory has been arranged for industrial managers on Sunday, July 4, by the Extra-mural Department of the University in conjunction with the Association of Industrial Medical Officers. The course begins at 10.45 a.m., when Dr. H. Trumper will speak on the responsibility of management for the health of the worker, followed at 12 noon by Dr. T. M. Ling on psychological factors in industrial health. At 2.15 p.m. Mr. G. P. Barnett will speak on management's part in accident prevention.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

The following candidates have passed the Primary Fellowship Examination:

R. C. Bell, D. T. A. Brown, B. N. Catchpole, B. S. Crawford, J. F. Dark, F. X. Darne, J. R. G. Edwards, E. J. Field, J. P. Haile, A. G. Leacock, R. I. T. Lloyd, S. T. McCollum, R. A. C. Owen, V. G. Patel, R. D. Richards, Mary F. Richardson, R. B. K. Rickford, F. Robinson, K. E. D. Shuttleworth, G. F. Smart, J. B. L. Taylor, G. T. Watts, M. R. Williams.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

Sir Henry Dale, G.B.E., P.R.S., will deliver the Frederick Price Lecture on "A Prospect in Therapeutics" in the Hall of the College on Friday, July 2, at 5 p.m.

Obituary

SIR ARTHUR NEWSHOLME

Dr. J. D. ROLLESTON writes:

The sympathetic obituary of this great man in the issue of the *Journal* for May 29 has an important omission—namely, the lack of any mention of his keen interest in the alcohol problem. For many years he was a member of the Society for the Study of Inebriety and Drug Addiction, and in 1927-9 was its president. In 1928 he attended the 19th International Congress against Alcoholism held at Antwerp, where he delivered a masterly address on "The Place of the Alcohol Question in Social Hygiene." His *International Studies* (1931) contain an instructive account of anti-alcohol activities in Denmark, Sweden, Switzerland, Italy, Yugoslavia, Poland, and Czechoslovakia, while his work on *Red Medicine* (1933) gives a description of the campaign against alcoholism in Soviet Russia.

Sir FRANCIS FREMANTLE, M.D., M.P., writes:

Your tribute to Sir Arthur Newsholme mentions his work on tuberculosis. I would remind your readers of his report to the Local Government Board and his article in the *Journal of Hygiene* (July, 1906, 6, No. 3) showing the special influence of segregation in workhouses and workhouse infirmaries in the reduction of the phthisis death rate. The breadth of his inquiry in this and other countries, the thoroughness and honesty of his statistical evidence, the credit given to other known factors, the searching criticism of accepted argument, gave a new and convincing proof of the value of the abused Poor Law and of institutional treatment as such. As a young county M.O.H., on a pilgrimage to him at Hove some 40 years ago, I had much valuable advice, of which one phrase has endured: "Study vital statistics, Fremantle; they will prove anything you want." I always wondered if he meant "prove" in the Pauline sense.

The following appreciation of EDWARD HARTE, M.B., B.Ch., D.P.H., deputy medical officer of health, Harrogate, comes from Dr. D. Derry Payne, medical officer of health, Harrogate, and Dr. J. Tudor Lewis, medical officer of health, Barnsley: We would not wish the recent sad death of Dr. Edward Harte to pass without paying a tribute to his strong character and great personality, qualities which enabled him to bear the bludgeonings of a hard fate with a laugh and a joke. We first knew him when he joined the public health staff in Croydon. A slowly progressive illness "accidentally discovered" had caused him to give up his practice in Blackpool. After taking his D.P.H. he entered the Public Health Service and very soon became a great success. When one of us went to Harrogate as M.O.H., Harte soon followed as deputy. He was outstandingly successful with children, and the mothers all had an abounding confidence in him. To the many administrative problems of a public health department he brought a sane common sense, and he had the gift of making himself liked by all his colleagues, medical and lay. What attracted people most was perhaps his great spirit and sense of humour. He could and did see fun in everything, and his quickness of phrase and richness of expression were astonishing. Although he knew he was doomed we never once heard him complain of his fate; he rather liked to joke about it, and when he got a retinal haemorrhage he was amused and laughed that his senior colleague "had bought a pup." This was typical of Harte. Reading was his main relaxation, but at one period he had played a good game of golf. He was also a very keen bird-watcher, and his knowledge of this subject was extensive. We have lost a dear friend and a valued colleague. The profession generally and the Public Health Service in particular will be much the poorer by his untimely passing.

Dr. W. HENDERSON STEPHEN died at Southend-on-Sea on May 28 in his 75th year after a long illness. A graduate of Aberdeen in 1891, and of farming ancestry, he had fought his way by his own tireless industry and settled, first at Preston, and later, for 20 years, at Smethwick, where he built an outstanding practice by his thoroughness and by his kindness, cheerfulness, and sense of humour. He had been an ardent Territorial, serving 1914-16, and retiring as lieutenant-colonel. Settling in partial retirement at Southend, he again achieved a successful practice until two years ago, when his health failed. He had been a member of the B.M.A. for nearly 50 years and was a past chairman of the South Essex Division.

The Services

Brigadier R. M. Luton, M.C., Canadian Army, was appointed C.B.E. (Military Division) in the Birthday Medical Honours.

Fl. Lieuts. G. D. Graham and N. Livingstone, R.A.F.V.R., have been appointed M.B.E. (Military Division).

Capt. J. W. Logan, R.A.M.C., has been awarded the D.S.O., and Capt. J. D. Dow, E. J. Kerr, and Lieut. R. G. Boyd, R.A.M.C., have been awarded the M.C. in recognition of gallant and distinguished services in North Africa.

The following medical officers have been mentioned in dispatches: Group Capt. C. T. O'Neill, O.B.E., and Wing Cmdr. L. Freeman, R.A.F.; Squad. Ldrs. W. A. S. Falla, A. Wilson, R. G. D. Forward, R. G. Griffiths, W. Hopkins-Jones, Fl. Lieuts. O. T. Brown, N. G. Farrell, and A. Russell, R.A.F.V.R.

The *London Gazette* announces the appointment to O.B.E. (Civil Division) of Capt. (temp. Major) WILLIAM BRUCE KIRKLAND, M.B., B.S., Chief Medical Officer, Northern Territory Medical Service, Commonwealth of Australia. The announcement reads as follows: During the air raids on Darwin Dr. Kirkland was in charge of the hospital and was continuously on duty. In very difficult circumstances and with only broken equipment he remained for some weeks to deal with the air-raid casualties. After the first air raid many patients were successfully evacuated to safer accommodation. Dr. Kirkland rendered outstanding services in conditions of grave danger.

CASUALTIES IN THE MEDICAL SERVICES

Prisoner of War.—Capt. H. A. Deverell, R.A.M.C.

Died.—Lieut.-Col. H. R. Pomroy, A.A.M.C.

Officially Reported Prisoner of War.—Surg. Lieut. A. P. Curtin, R.N.V.R.

Killed.—Surg. Lieut. J. H. Graves, R.N.V.R.

Reported Missing in North Africa.—Capt. I. E. W. Gilmour, R.A.M.C.

Prisoner of War in Japanese Hands.—Lieut.-Col. T. Hamilton, A.A.M.C.

Medical News

A joint meeting of the Nutrition Society and the Food Group (Society of Chemical Industry) will be held on Saturday, July 3, beginning at 11 a.m., at the London School of Hygiene and Tropical Medicine, when the subject of discussion will be "Milk." The chair will be taken by Prof. H. D. Kay, and papers will be read by Mr. J. L. Davies ("The Production, Supply, and Marketing of Milk"), Dr. A. T. R. Mattick ("Bacteriological Aspects of Milk Processing and Distribution"), and Dr. S. K. Kon ("The Chemical Composition and Nutritive Value of Milk and Milk Products"). The participants in the discussion will include Dr. W. R. Wooldridge, Prof. A. W. Ashby, and Prof. G. S. Wilson.

Under the auspices of the Association of Austrian Doctors in Great Britain Dr. A. Czech will give a lecture on "The Past and Future of Austrian Health Services," with lantern slides, on Thursday, July 1, at 6 p.m., in the Conway Hall, Red Lion Square, W.C.1. Guests will be welcomed.

Surgeon Rear-Admiral Cecil P. G. Wakeley will present a talking cinematograph film, illustrating first aid in the Navy, in the Council Chamber, the County Hall, West Street, Chichester, on Saturday, July 3, at 3 p.m.

The Derry Gardens, on the top of the well-known store of that name next to Kensington High Street Station, will be open on behalf of St. Bartholomew's Hospital from July 5 to 10 inclusive.

The trustees of the Lady Tata Memorial Fund announce that, on the recommendation of the Scientific Advisory Committee, they have agreed, if circumstances permit, to make the following awards for research in blood diseases, with special reference to leukaemia, in the academic year beginning on Oct. 1, 1943: grants for research expenses—Dr. J. Furth (New York), Dr. P. A. Gorer (London), Dr. A. H. T. Robb-Smith (Oxford), Prof. L. Doljanski (Jerusalem); part-time personal grant and grants for assistance and research expenses—Dr. W. Jacobson (Cambridge).

Official information has been received that Drs. W. Ainslie, R. E. Anderson, M. C. Bain, H. Allan, R. I. Macbeth, J. M. Sclater, and C. S. Wilson have been interned in Changi Camp, Singapore.

In the *Journal* of June 5 (p. 701) we printed an appeal for funds for a British Hospital to be built in Stalingrad. Since then medical men have sent in a number of donations, which now amount to £400. No donation is too small, and we hope that doctors will not hesitate to dip their hands into their pockets for an object so worthwhile.

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1.

ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

Authors desiring REPRINTS should communicate with the Secretary of the Journal Board, B.M.A. House, Tavistock Square, W.C.1, on receipt of proofs. Authors over-seas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

ADVERTISEMENTS should be addressed to the Advertisement Manager (hours 9 a.m. to 5 p.m.). Orders for copies of the *Journal* and subscriptions should be sent to the Secretary.

TELEPHONE NO.—B.M.A. and B.M.J.: EUSTON 2111.

TELEGRAPHIC ADDRESSES.—EDITOR, *Aitiology Westcent, London*; SECRETARY, *Medisecra Westcent, London*.

B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.

ANY QUESTIONS?

Resistance to Tanning

Q.—*A man aged 26 is undergoing a course of artificial sunlight. He obstinately refuses to tan and is in consequence perpetually desquamating. He is dark-haired but has a very fair skin. I presume there is a marked lack of pigment which produces this state of affairs. I have had him on iron and the usual prophylactics against peeling, without any improvement. From a psychological point of view I should like him to obtain a good tan. I shall be grateful for any suggestions.*

A.—If the mercury vapour lamp is used a trial might be made of the carbon arc, or of the sun, the rays of which have a deeper penetration into the epidermis. The power of pigmentation if not naturally present cannot be provoked, and fair-skinned people require to be treated by artificial sunlight with caution. Desquamation is the sign of active response of the skin, and tanning the protective result.

Habitual Abortion

Q.—*A woman has had a series of spontaneous abortions and wishes to have a child. How should she be treated?*

A.—The treatment of so-called habitual abortion is largely empirical unless a cause can be found. General systemic disease—particularly nephritis and hypertension—and local pelvic disease—such as retroversion and malformations of the uterus—should be excluded. If no cause is apparent, a recent suggestion has been to have the blood of both husband and wife tested for incompatibility from the point of view of Rh factor. At present this is possible only at a few of the larger laboratories. Syphilis does not cause early abortions, but should be excluded if the abortions have occurred after the twentieth week of pregnancy.

Assuming that such investigations give negative results, then nothing further is necessary until the patient becomes pregnant again. She should be advised to defer pregnancy until six months after the last abortion and to report immediately one menstrual period is missed. No pelvic examination should then be made, but the diagnosis should be established by an Aschheim-Zondek test on the urine. This test may also give some indication of hormone imbalance such as gonadotrophic hormone deficiency. The patient should be instructed to live as quiet a life as possible, avoiding in particular riding in mechanically propelled vehicles, heavy work, and coitus. Various medical forms of treatment have been suggested from time to time, and although definite proof is lacking most clinicians are of the opinion that they have some value. The most commonly employed are progesterone, 2 mg. intramuscularly twice weekly up to the thirty-second week of pregnancy; thyroid, 1 gr. nocte; and vitamin E, 6 mg. once or twice daily until term. These three can be combined with advantage and should be begun as early as possible in pregnancy. In place of progesterone, ethisterone, 5 mg. t.d.s. by mouth, can be given. It has a similar, if less powerful, action on the uterus. Finally, the patient should be assured of an adequate intake of iron, calcium, and vitamins A, B, C, and D. These are conveniently given in the form of a compound tablet.

Antibody in Convalescent Measles Serum

Q.—*Is there any serological method for the estimation of antibody in convalescent measles serum?*

A.—There is none as yet. There is no doubt, of course, that, given a measles antigen, the serological assay of measles serum would be possible. But for a virus antigen to be satisfactory for these serological tests a high concentration of virus is essential. Blood or nasopharyngeal washings from cases of early measles, although virulent, would probably contain insufficient antigen to be of use as an antigen even in a complement-fixation test, which works with a lower "threshold" of antigen than agglutination or precipitation. The recent claim to have cultivated measles virus on the chorio-

BRITISH MEDICAL JOURNAL

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

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containing

War Notices

Notes on the Work of the Association

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Meetings of Branches and Divisions

Service Appointments

Correspondence, etc.

VOLUME I 1943

INDEX TO SUPPLEMENT FOR VOLUME I, 1943

A

- Aberdeen Branch: City of Aberdeen Division, meeting, 16
 Absenteeism and certification, 30
 Adrenaline: Hypodermic needles and syringes for self-administration, 58
 Appointments, 28, 52, 72, 74, 76
 ASSOCIATION, BRITISH MEDICAL:
 Beveridge Report, 53
 Branch and Division Meetings, 16, 22, 28
 Consultants and Specialists Group: Regional meetings, 58, 60, 66—Entry to, 64—Metropolitan Region, meeting, 67—Membership of, 71
 Council, election of, 52, 74
 — Proceedings of, 23; Boyd Bequest, 23; Mr. Bishop Harman, 23; Beveridge Report, 23; Parliament and Publicity, 25; Insurance capitation fee, 25; Swansea Hospital dispute, 25
 Government and profession: Joint Meeting of Representative Body and Panel Conference, 43
 Government's proposals: Mass meeting of Metropolitan Counties Branch, 61
 Hospital policy, 6
 Insurance Acts Committee: A "Beveridge" Special Conference?, 21, 35—Capitation fee, 21, 35, 75—Publicity, 21—Comprehensive medical service, 63
 Library, 16
 Minutes of A.R.M., correction, 4
 Ophthalmic Group Committee, meeting, 72
 Psychological Medicine Group Committee elected, 38
 Public Health Committee, 26
 Special Representative Meeting, 49
 Association, British Medical Students': Congress, December, 1942, 5
 ATKINSON, E. C.: A scheme for diagnostic and key hospitals, 2—B.M.A. and Beveridge Report, 53
 AVERY, Harris: Certificates and compulsory national service, 76

B

- BADENOCH, A. Guthrie: Medical planning and the elderly patient, 53
 BEAUCHAMP, Arthur: Health centres, 47
 — P. M.: Planning by the doctor's wife, 37
 Belfast Division: Meeting, 54
 Beveridge Report, 15, 17, 27—And medical planning, 27
 BIRRELL, J. A.: The Panel Conference, 29
 BLADON, D. Murray: Reinstatement in N.H.I. of Service personnel, 7
 Bowie, E. O., application for dismissal of refused, 27
 BROWN, J. A.: Free choice of doctor and certification, 7
 — James Jackson, disciplinary case of, 33

C

- Campbell, Walter, disciplinary case of, 34
 Capitation fee, 75
 Carr, Arthur, disciplinary case of: leave to serve notice of motion to quash order granted, 38
 Cars, insurance of, under Business Scheme of War Damage Act, 21
 — and tyres, requisitioning of, 4
 Certificates and compulsory national service, 76
 — for pre-natal allowances, 34
 Certification, free choice of doctor and, 4, 7, 11
 Child welfare in the United States, 56
 Commission, Medical Planning, Interim Report of: Views of constituent bodies on, 1—Corrigendum, 12
 Committee, Scottish Medical Advisory: First meeting of, 42
 Communist Party: Health services, proposals for, 7

Correspondence

- Association, British Medical, and Beveridge Report, 53—Consultants and Specialists Group, entry to, 64
 Basic principles, 58
 Beveridge Report, 15, 27—And medical planning, 27—General public and, 40—Informing the public, 63
 Certificates and compulsory national service, 76
 Defeatist attitude, 64
 Disclaimer, 58
 Doctor, free choice of, and certification, 4, 7, 11
 — freedom from want for, 29
 Doctors, absent, 65
 — as civil servants, 58
 — as civilian, compensation for, 22
 — G.P.'s part in planning, 48—G.P.'s wife, 65
 — rural, 59
 — serving: And medical reorganization, 39—Practices of, 69—Views on salaried service, 72
 First things first, 42

Correspondence (continued):

- Guildford Division meeting, 39
 — Practitioners' Group, 75
 Health centres, 47
 Hospitals, new provident scheme for Londoners, 37
 Industrial medical attendance, 7, 22, 29
 Insurance, National Health: Reinstatement of Service personnel, 7—Disciplinary machinery, 15, 29—Capitation fee, 29
 Leadership, a call for, 59—This leadership business, 74
 Materialism in planning, 55
 Medical planning and the elderly patient, 53
 — practices, monetary value of, 37
 — profession: Representation of, 40—And the politicians, 53—Preserving our freedom, 53—A vote of the, 72
 — resettlement, 76
 — Service, Highlands and Islands, 48
 — national, 47
 — State, 41, 55—And private practice, 37
 — services and public health, 65
 — national ophthalmic, 15
 — and sickness benefit: an invidious distinction, 65
 Medicine, a fair deal for, 47
 Naval medical officers' pay, 29
 Panel Conference, views on, 22, 29
 Planning by the doctor's wife, 37
 Policy, general and medical, 55
 Politician, trust the?, 70
 Questionary, a, 69
 Sheffield Practitioners' Group, 75
 Study groups, 41
 Treatment *en masse*, 41
 Unbacked negotiations, 37
 United action: a suggestion, 64
 Vaccination, 38—An experience, 27
 Why reorganize?, 41, 59

Corrigenda, 12, 42, 54

COUNCIL, GENERAL MEDICAL:

- Disciplinary inquiries, 33, 69, 71, 73
 Summer Session, 68, 71

- Cox, Alfred: New hospital provident scheme for Londoners, 37
 CRAM, H. R.: Medical and sickness benefit: an invidious distinction, 65

D

- DAIN, H. Guy: Free choice of doctor and certification, 4
 Davidson, James: Authority to possess dangerous drugs withdrawn, 69
 Davies, A. G., failure of to comply with direction of N.S.O. under Defence (General) Regulations, 72
 de Caux, Francis Percival, disciplinary case of, 34
 Defeatist attitude, 64
 Disclaimer, 58
 Doctor, free choice of, and certification, 4, 7, 11
 Doctors, absent, 65
 — as civil servants, 58
 — as civilian, compensation for, 22
 — consultant services available to G.P.s, 70
 — freedom from want for, 29
 — G.P.'s part in planning, 48—G.P.'s wife, 65—Overworked G.P.s and medical officers of local authorities, 60
 — medical examination of, for military service, 25
 — petrol allowances, 11
 — rural, 59
 — serving: And medical reorganization, 39—Practices of, 69—Views on salaried service, 72
 — towels for, 32
 DRIVER, A. H.: Industrial medical attendance, 22

E

- Edmunds, Ivor Llewellyn, disciplinary case of, 71
 EDWARDS, F. E.: The profession and the politicians, 53
 — L. C. J.: Monetary value of medical practices, 37
 Eighty fateful days, 65
 ELKIN, A. C.: Freedom from want for doctors, 29
 ELLIS, David: Medical resettlement, 76
 E.M.S.: Pathologists' fees, 10, 34
 EUNSON, L. H.: Industrial medical attendance, 7, 29
 Evans, David Washington, disciplinary case of, 73
 Exercises, postural and remedial, 46
 Eye Service, National, 28—Post-war, 72

F

- Fees: Increase in, 21—For medical examination of N.F.S. personnel, 65—National Deposit Friendly Society members, 21
 FFOLIOTT, Arthur G. C.: Informing the public, 63

First things first, 42

- Fox, William W.: Insurance capitation fee, 29
 Freedom, preserving our, 53
 FRENCH, Alistair: Serving doctors and medical reorganization, 39
 Fund, Medical War Relief, 12, 13, 26, 36, 54, 60, 74

G

- Gavin, Alec Gordon Douglas, authority to possess dangerous drugs withdrawn, 48
 Glasgow Division, meeting, 66
 GOLDING, H. M.: Beveridge Report and medical planning, 27
 Government and medical profession: Joint meeting of Representative Body and Panel Conference, 43
 GRANT, James: Compensation for civilian doctors, 22
 Gray, Alan, disciplinary case of, 34
 GRINLING, Philip N.: Sheffield Practitioners' Group, 75
 Group XI: Election, 42
 Guildford Division meeting, 39
 — Practitioners' Group, 75

H

- HARBOUR, A.: N.H.I. disciplinary machinery, 15
 Harper, Andrew Dorset, disciplinary case of, 34
 HARRIS, R. W.: The future of the country's medical services, 9—N.H.I. disciplinary machinery, 29
 HARTLEY, L. B. (and others): Guildford Practitioners' Group, 75
 — Leslie: At a Division meeting, 40—First things first, 42—Materialism in planning, 56
 Health centres, 47
 — public: Policy, 26—And school medical officers, 70
 — Services, Communist Party proposals, 7
 HEANEY, E. E. (and others): Guildford Practitioners' Group, 75
 Hiley, R. Melville, presentation to, 57
 Hill, Arthur Hilary Clifton, disciplinary case of, 33
 Hines, Arthur, disciplinary case of, 74
 HOLLIS, G. J. (and others): Guildford Practitioners' Group, 75

HOSPITALS:

- Diagnostic and key, scheme for (E. C. Atkinson), 2; correspondence, 12
 New provident scheme for Londoners, 27; correspondence, 37
 Policy of B.M.A., 6
 Regionalization in Scotland, 6

- HOUSDEN, Geoffrey M.: Representation of the profession, 40
 Hyde Division, meeting, 66

I

- Insurance Committees and national medical service, 62

INSURANCE, NATIONAL HEALTH:

- Capitation fee, 29
 Disciplinary machinery, 15, 29
 Hypodermic needles and syringes for self-administration of adrenaline, 58
 Service personnel, reinstatement of, 7

K

- Kennedy, Patrick, disciplinary case of, 71
 Kent and Sussex Branches, election, 42
 KILLICK, C. F. R.: Views on the Panel Conference, 22

L

- LEACH, James: Why reorganize?, 41
 Leadership, a call for, 59—This leadership business, 74
 Lethane oil, to be prescribed as part of medical benefit, 60
 LEWIN, J.: Basic principles, 58
 LIPETZ, S.: Medical services and public health, 65
 London, night medical service for, 8

M

- MCCRACKEN, Ian E.: Eighty fateful days, 65
 MCCURRICH, H. J.: Unbacked negotiations, 37; correction, 42
 MACDONALD, Duncan: State Medical Service, 55
 Macdonald, James Stewart, disciplinary case of, 34
 McHarg, Charles Liddell, disciplinary case of, 69
 MACKAY, G. W. M.: A fair deal for medicine, 47—Absent doctors, 65
 MACKENZIE, M. St. Clair: The G.P.'s part in planning, 48

McLeod, Ian Fleming: Authority to possess dangerous drugs withdrawn, 48
 MACWILLIAM, E. U.: Policy, general and medical, 55—This leadership business, 74
 *MAPLES, E. E.: State Medical Service, 41
 Medical attendance, industrial, 7, 22, 29
 — charity, bequests, 21
 — officers, public health, recruitment of, 40
 — planning, and elderly patient, 53
 — Research, 31
 — practices, value of, 37
 — Practitioners (Fees) Regulations, 1940, 26
 — profession, representation of, 40—And the politicians, 53—Vote of the, 72
 — resettlement, 76
 — Service, Highlands and Islands, 48
 — national, 47
 — ophthalmic, 15
 — night, for London, 8
 — State, 41, 55—And private practice, 37
 — services, future of (R. W. Harris), 9—And public health, 65—And sickness benefit: an invidious distinction, 65
 Medicine: Future of, in Great Britain: proposals of "Medical Planning Research," 31—A fair deal for, 47
 MERCER, W. (and others): Guildford Practitioners' Group, 75
 Metropolitan Counties Branch, mass meeting: the Government's proposals, 61
 Milk, condensed, for infants, 15
 MILLIGAN, E. H. M.: State Service and private practice, 37
 MILLINGTON, E.: Informing the public, 64
 Molloy, Patrick Joseph, disciplinary case of, 71
 MOORE, A. E.: The Beveridge Report, 27
 — L. H. G.: Serving officer's views on salaried service, 72
 — Richard H.: Trust the politician?, 70
 MOTTESHEAD, William: Why reorganize?, 59

N

Naval medical officers' pay, 29
 North Glamorgan and Brecknock Division: Presentation to Dr. R. Melville Hiley, 57
 Nottingham Branch: Absenteeism and certification, 30

O

O'CONNOR, Donald M.: Free choice of doctor and certification, 12—Vaccination, 38
 O'SULLIVAN, E. J.: A vote of the profession, 72

P

PALMER, W. H.: Scheme for diagnostic and key hospitals, 12
 Panel Committee, Glasgow: Resolution on medical service and local authorities, 58
 — Conference, 29—Views on, 22
 — Special, 50; correction, 54

PARK, Harold: Entry to Consultants and Specialists Group, 64
 PATERSON, J. A. (and others): Guildford Practitioners' Group, 75
 PERRY, Walter L. N.: A defeatist attitude, 64
 Petrol for meetings, 52
 — coupons, unused, 58
 Planning: By the doctor's wife, 37—Materialism in, 55
 Policy, general and medical, 55
 PORTEOUS, L. Duncan: A call for leadership, 59
 PRIDHAM, J. A.: The rural doctor, 59
 Prisoners of war, books for, 36
 Public, informing the, 63

Q

Questionary, a, 69

R

Radiology, planning for, 36
 REES, J. O. M. (and others): Guildford Practitioners' Group, 75
 ROSS, Alex M.: Preserving our freedom, 54
 Rubber gloves, 14
 RUSSELL, Victor: A questionary, 69

S

Sawmy, Paravasthu Gopaula, disciplinary case of, 73
 SCHOFIELD, A. T.: Serving doctors and medical reorganization, 39

SCOTLAND:

Glasgow Panel Committee, resolution, 58
 Hospital regionalization, 6
 Scottish Medical Advisory Committee, first meeting, 42

Sequeira, J. H.: Return from Kenya, 10
 Services, Maternity and Child Welfare, future of, 46
 SHARP, B. Buckley: Free choice of doctor and certification, 12
 SHAW, B. H.: Doctors as civil servants, 58
 Sheffield Hospitals Assistants and Residents Medical Planning Discussion Group, meeting, 57
 — Practitioners' Group, 75
 SMITH, W. L. Winslow (and others): Guildford Practitioners' Group, 75
 Soap preparations, unrationed, 15
 South Middlesex Division, meeting, 66
 STEELE, G. H.: Study groups, 41
 — Russell: The Beveridge Report, 27
 Stewart, Donald McGregor, disciplinary case of, 34
 Study groups, 41
 Sutton, William Vincent Saint John, disciplinary case of, 71

T

Tarapore, Dinshaw Framroze: Inquiry by Minister of Health, 36
 THAKORE, M. D.: National Ophthalmic Medical Service, 15
 THOMAS, A. K.: Vaccination—an experience, 27
 THOMPSON, Kathleen: The G.P.'s wife, 65
 — Thomas Rolland Stuart, disciplinary case of, 74
 Thornley, R. L., retirement of, 74
 Thornton, Andrew: Authority under Dangerous Drugs Acts restored, 52
 Towels for doctors, 32
 Trust the politician?, 70
 Tuberculosis, information required by Ministry of Health, 29
 TURNER, Terence: G.P.'s part in planning, 48
 Tyres: Getting best out of, 8—For doctors' cars, 76

U

ud Din, Miraj: Authority under Dangerous Drugs Regulations withdrawn, 34
 Unbacked negotiations, 37
 United action: a suggestion, 64
 United States, child welfare in, 56
 UNSWORTH, L. F.: Insurance capitation fee, 29

V

Vaccination, 38—An experience, 27
 Victorian Branch, report of, 22

W

WALTERS, G. A. Bagot: A national medical service, 47
 Ward, Ernest, presentation to, 42
 — G. Humphrey (and others): Guildford Practitioners' Group, 75
 — Gordon: a disclaimer, 58
 WATSON, Kenneth: Serving doctors' practices, 69
 Welsh, William Alexander Stevenson, disciplinary case of, 71
 WEST, J. Frankland: Does the public know?, 40
 West Norfolk Division: basic principles, 58
 White, Oswald: Authority to possess dangerous drugs withdrawn, 48
 Whitehead, Christopher, disciplinary case of, 71
 Why reorganize?, 41, 59
 Williams, Eric Llewelyn, disciplinary case of, 71
 WISEMAN, A.: The Beveridge Report, 15

Y

YOUNG, A. Kenneth: United action: a suggestion, 64

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INDEX TO VOLUME I FOR 1943

READERS in search of a particular subject will find it useful to bear in mind that the references are in several cases distributed under two or more separate headings—for example, Brain and Cerebral; Heart and Cardiac; Liver and Hepatic; Renal and Kidney; Cancer and Carcinoma; Child and Infant; Goitre and Thyroid. Subjects dealt with under various main headings in the JOURNAL have been set out in alphabetical order under their respective headings—for example, "Annotations," "Correspondence," "Leading Articles," "Obituary," "Reviews," etc. Original Articles are indicated by the letter (O).

A

- ABBOTT, W. N.: Pulmonary disease in miners, 581
 — W. O.: *Decompression of the Intestinal Tract*, 73
 Abdomen: Abdominal wounds in war: treatment of individual lesions (Sir James Walton), 61 (O)
 — severe gunshot wound of (W. P. Griffin), 352
 — blast injury to, by depth charge (D. D. Pinnoch and P. Wood), 537 (O); correspondence, 648
 — regional analgesia for operations on (book review), 666
 Abel, Rudolf, death of, 367
 Abortion, habitual, 807
 Abortus fever (D. G. Leys), 187 (O); correspondence, 299, 394, 425, 677—Bovine brucellosis (leading article), 387
 ABRAHAM, Sir Adolph: Vitamins and physical efficiency, 394, 580—The M'Naghten rules, 707
 Absence, sick, among munition workers, 110
 Absenteeism in industry, 303, 429
 ABT, Isaac A. and Arthur F.: *The 1942 Year Book of Pediatrics*, 789
 Abyssinia: Memorial hospital to Princess Tsahai, 87—Medical services for, 239
 ACADEMY, ROYAL, OF MEDICINE IN IRELAND:
 Section of Medicine: Giardia lamblia infestation, report on, 456—Military tuberculosis, 517
 Section of Obstetrics: Pseudo-hermaphroditism, 486—Action of drugs on the uterus, 643
 Section of Pathology: Adrenal neuroblastoma, 51
 Section of Anatomy and Physiology: Functions of the pyloric canal, 142
 Section of Obstetrics: Placental polypus, 229
 Accident service, future civil: report on, to British Orthopaedic Association, 484
 Accidents, analysis of statistics, 29
 — industrial, statistics, 744
 — need for national policy, 360
 Acetarsol vaginal compound, 478
 Acid, alkali, and meals, effect of, on blood level and excretion of sulphapyridine in children (H. Ellis C. Wilson), 507 (O)
 — phosphatase and prostatic cancer (leading article), 571
 Adam, Thomas Blane, obituary notice of, 431
 Adams, Alfred, obituary notice of, 237
 — D.: Jamaica Medical Service, 148
 Adder bite, 55, 769
 Addison's disease, desoxycorticosterone in: a comparison of different methods of administration (D. M. Dunlop), 557 (O)
 Adenocarcinoma. See Cancer
 Adoption of children, 115, 235
 ADRENALS:
 Adrenal cortical therapy, 433
 — neuroblastoma, 51
 — pituitary disorders (S. L. Simpson), 247
 Adrenalectomy and loss of hair in rats (L. Stein and E. Wertheimer), 217
 Desoxycorticosterone acetate and natural extracts of suprarenal cortex, 701
 Fulminating purpura and adrenal haemorrhage, 22, 120
 Haemorrhagic suprarenal infarction, 22
 Africa, visits to, by medical advisers to Colonial Office, 79
 Agglutination reactions, abnormal, of a strain of *Leptospira icterohaemorrhagiae* (J. C. Broom and H. C. Brown), 783 (O)
 Agriculture: Cottages for farm workers, 240
 Aiton, Temp. Surg. Lieut. Archibald Barr, "missing, believed killed," 117
 Akwei, Eustace, disclaimer by, 622
 ALBERT, S. (and Hans SELYE): Gonad-protecting power of steroids, 679
 ALCOCK, Helen Bower: Future of women in medicine, 393
 Alcocke, Nicholas, surgeon to Henry VIII and Edward VI, 20
 Alcohol, venereal disease and, 528
 ALEXANDER, Harry L.: *Synopsis of Allergy*, 353
 Alimentary tract dysfunction, psychological factors in, 518
 Alimentation, intravenous (leading article), 416
 Alkali, acid, and meals, effect of, on blood level and excretion of sulphapyridine in children (H. Ellis C. Wilson), 507 (O)
 Alkaptonuria, diagnosis of (J. Noël Gould and Tudor Glyn Thomas), 788
 ALLAN, Malcolm: Contaminated injection, 776
 Allen, Edgar, death of, 650
 — Frank James, obituary notice of, 86; corrigendum, 148
 — Frederick M.: Calorie control diabetic diet, 676
 — F. R. W. K.: Hand and finger lesions, 654
 Allergy: Social aspects of (E. M. Fraenkel), 216 (O)—Synopsis of (book review), 353—To liver extract, 370, 528, 613—Irritant spectacle frames, 493, 552, 648
 — nasal (R.S.M.), 674
 ALLOTT, E. N.: Blood serum in Raynaud's disease, 455
 AMBERSON, J. Burns (and others): *Modern Aspects of the Anti-tuberculosis Program*, 255
 America: Association for the Advancement of Psychoanalysis, New York, 208—Tuberculosis studies from (book review), 255—American Library in London, 651
 — South, cancer research in, 14
 Amino-acridine compounds. See Flavines
 Amnioplastin as absorbable tissue isolator (Lambert Rogers), 423
 AMOR, Arthur J.: *X-ray Atlas of Silicosis*, 2nd ed., 192—The nature of industrial medicine, 514
 Amphetamine sulphas, use of, in facilitating electrically induced convulsions (K. C. Bailey), 250 (O)
 Amputation stumps, cineplastic, review of book on, 696
 Anaemia: Iron for, 242—Is it prevalent? (leading article), 449; correspondence, 612—Hypopituitarism, hypogonadism, 776
 — haemolytic, of the newborn, Rh factor in (T. W. Lloyd), 132
 — macrocytic, of pregnancy and puerperium (H. W. Fullerton), 158 (O)—Following partial gastrectomy (A. J. Rhodes and A. Grunberg), 726
 — pernicious: Of pregnancy (leading article), 105; correspondence, 233—Intolerance to liver extract in (E. Delikat), 539 (O); correspondence, 613—Treated with pyloro-duodenal extract and liver in tablet form (binaemon) (J. Stewart Lawrence), 567—Treatment with an experimental proteolysed liver preparation; preliminary observations (L. J. Davis and others), 655 (O)
 Anaesthesia: For laryngofissure (C. W. Lewis), 162; correspondence, 230, 302, 334, 395, 458—Case of anaphylaxis after (novutox), (R. Armattoe), 191—Oxford ether vaporizer, 232, 556—With special reference to dentistry (book review), 353—Brain volume during (annotation), 357—Recent advances (book review), 415—And analgesia in obstetrical practice (R.S.M.), 577
 — endotracheal, review of book on, 478
 — peroral intratracheal, universal apparatus for (G. Humby and M. Hawksley), 317 (O)
 — refrigeration (leading article), 573
 — regional (annotation), 700
 — trichlorethylene, 398—In plastic surgery (R. A. Gordon and R. P. W. Shackleton), 380 (O)—A note on (J. Haworth and A. Duff), 381 (O); correspondence, 489, 582
 Anaesthetic deaths, epiglottitis in, 590
 Anaesthetics afloat, review of book on, 221
 Analgesia, ethyl chloride (J. D. Rochford and B. T. Broadbent), 664
 — regional, for abdominal operations (book review), 666
 Anaphylaxis after novutox anaesthesia (R. Armattoe), 191
 Anatomical nomenclature, 492
 Anatomy of central nervous system, review of book on, 478
 — principles of, and the peripheral nerves (Section of Physical Medicine, R.S.M.), 197
 ANDERSON, A. B.: Lactation tetany, 517
 — A. F.: Scientific freedom and social medicine, 393
 — B. G. (and J. F. SADUSK): Chancre of the gum, 56
 — C. Woodroffe (and W. Powell PHILLIPS): *Preventive Inoculation*, 353
 ANDERSON, Thomas: Chemotherapy in pneumonia, 485—Some aspects of the chemotherapy of pneumonia, 717 (O)
 — W. L. (and D. B. BRADSHAW): A case of malignant tertian malaria, 508; correspondence, 613, 622, 678, 714
 ANDRATSKHKE, B. (and C. H. ROGERSON): Mild depressive psychosis, 780
 ANDREWES, C. H.: Influenza vaccination, periodicity, and virus, 643
 Androstenediol, action of, with testosterone (Hans Selye and S. Albert), 679
 Aneurysm of the hepatic artery, a note on, with reference to a rare cause of severe gastro-intestinal haemorrhage (G. Gordon-Taylor), 504 (O)
 Annotations:
 — Anaesthesia, brain volume during, 357
 — refrigeration, 573
 — regional, 700
 Anti-social behaviour disorders, 195
 Any Questions? 226
 Appendicitis, appendical mechanics and, 511
 Arthritis, rheumatoid, peripheral nerves in, 640
 Asthma, theophylline for, 731
 Blindness, causes of, 387
 Blood groups, determination of, 764
 Boyd, Dr. Robert: Gift to Manchester, 138
 Brain, hypoglycaemia and the, 672
 Bronchiectasis and collapse, 77
 Brucellosis, bovine, 387
 Buzzard, Sir Farquhar, 226
 Cancer, oesophageal, surgery of, 48
 — prostatic, castration for, 545
 Children: Four-year plan for nurseries, 639
 Collapse and bronchiectasis, 77
 Contracture, ischaemic, treatment of, 108
 Czechoslovak medical degrees conferred at Oxford, 325
 Desoxycorticosterone and fluid metabolism, 513
 — and natural extracts of suprarenal cortex, 701
 Diabetes: Oestrogen treatment of, 107—Treatment of diabetic coma, 166—Retinal venous changes in, 546
 Diet, influence of, on renal volume, 226
 — and trinitrotoluene poisoning, 671
 Drugs of addiction, control of, 512
 Epidemiology of streptococcal infections, 195
 Europe, starvation in, 46
 Feeding, communal, standardization in, 293
 Food yeast, 294
 France, Southern, starvation in, 166
 Front line, a county borough in (the review of *War over West Ham*), 764
 Harben gold medal, 482
 Health Education Journal, 388
 — for girls, 672
 — and hygiene, industrial, 356
 — units for West Indies, 639
 Hospital, British, for Stalingrad, 701
 Housing, an inquiry, 700
 Hydrocephalus, communicating, surgery of, 357
 Hygiene, tropical, 638
 Indexes, half-yearly, 260
 Infantile mortality, causes of, 19
 Influenza prevention, 17
 Injection, the contaminated, 608
 Jaundice and yellow fever vaccine, 77
 — inquiry into growing incidence of, 609
 Keratoconjunctivitis, epidemic, 418
 Ketosis and gonadotrophin secretion, 419
 Liver function, hippuric acid synthesis and, 546
 — puncture, 78
 — side-tracking the, 482
 Lung-dusting experiments, 18
 Lungs: Pulmonary congestion and oedema, 451
 Lymphophata venereum, 17
 Medical folklore, 452
 — journalism: 75th birthday of the *Practitioner*, 731
 — practitioner as teacher, 701
 — training, breadth or depth in? 640
 Medicine, industrial, research in, 672
 Milk, compulsory pasteurization, 512
 Mosquitoes, control of, in Britain, 482
 Mouth, occupation and the, 356
 Nerve injuries, peripheral, aids to the investigation of (M.R.C. War Memorandum), 78

Annotations (continued):

- Nerve injuries, peripheral. diagnosis of, 138
Neutrons, slower, 481
Newborn, care of the, 259
Orchitis of mumps, operation for, 138
Pasteurization, doctors agree about, 258
Pathological laboratories, supplies for, 18
Penicillin, 481
Periarteritis nodosa, new light on, 608
Phenobarbital, skin reaction to, 763
Plague abroad, 699
Pleuritis, aseptic obliterative, silver nitrate for, 419
Pneumonia, primary atypical, aetiology unknown, 225
Poliomyelitis virus in water, 545
Polyneuritis, infectious, 292
Pregnancy, tetany in, treatment of, 418
Progesterone and vitamin E, 259
Propamidine, 324
Protein reservoir, 572
Quinine substitutes, 452
Riboflavin and corneal vascularization, 545
Russia, surgical mission to, 701
Scabies on the screen, 451
Shipwrecked, help for the, 167
Silicosis in Sweden, 260
Sprue syndrome, pathogeny of, 639
Starvation in Europe, 46
— in Southern France, 166
Surgery of tendons, 325
Tract for the times (hours of work), 609
Tuberculin and radiological survey, combined, 47
Tuberculosis, endobronchial, 294
— experimental, 196
— incubation period in, 260
— pulmonary, diet in, 574
Tuberculous cavities, treatment of, 763
Ulcer, duodenal, physiological gastrectomy for, 388
— peptic, pathogenesis of, 165
— of the oesophagus, 573
Vaccination, B.C.G., 167
Vaccine, yellow fever, and jaundice, 77
Venereal disease, cerebral reactions to anti-syphilitic therapy, 671
— statistics of, 137
— in Sweden, 574
Vitamin C and carbohydrate metabolism, 608
— E, progesterone and, 259
Vitamins and physical fitness, 417
Wasting disease and lesions of the nervous system, 195
Wilson, Sir Charles, the Prime Minister's physician, 78
Woman, the heaviest, 108
Wounds, antiseptic treatment of, 106
Youth registration and hours of work, 730
- Anoxia, crush injury and, 708
Anstey-Chave, Thomas, obituary notice of, 399
Antaki, Capt. Albert Joseph, death of, 117
Antiseptics, surface: present status of amino-acridine compounds (flavines) (C. H. Browning), 341 (O); leading article on, 355; correspondence, 486
Anti-social behaviour disorders (annotation), 195
Aorta, pregnancy and labour in a case of congenital coarctation of the (C. M. Walker), 90 (O); correspondence, 302, 426, 528, 738
Appeal tribunals, medical staffing of, 240
Appendicitis: Incidence in Sweden, 150—Probable influence of health education on improving mortality rate in (D. B. Armstrong), 277 (O)—Appendical mechanics and (annotation), 511—Three cases of prolonged faecal fistula following operation for (P. T. Crymble), 532 (O)
A.P.T.: keeping it cool and upright, 775
APTHORP, J. O. E.: Placental polypus, 230
ARCHER, N. (and E. SINGER): Successful treatment of influenzal meningitis with sulphonamides, 286 (O)
— Col. Samuel Arthur, death of, 367
Ariboflavinosis, 645
Armour, Theodore Robert William, obituary notice of, 430
ARMSTRONG, D. B.: Probable influence of health education on the improving appendicitis mortality rate, 277 (O)
Armstrong-Jones, Sir Robert, obituary notice of, 175
Army: Disciplinary cases, form of report by psychiatrists in, 5—Rehabilitation in, 337—Proportion of men rejected, 368—Vaccination, in, 400—Medical regrading and employment in, 400—Proportion of men invalided for neurosis, 432—Education on venereal diseases, 553—Blood transfusion service, 610. *See also* Services, War
Arteriosclerosis, cramp in, 340
Artery, hepatic, a note on aneurysm of, with special reference to a rare cause of severe gastro-intestinal haemorrhage (G. Gordon-Taylor), 504 (O)
— innominate, ligature of, 172, 301
Arthritis and intestinal streptococci, 654
— rheumatoid: Soluseptasine for, 30—Peripheral nerves in (annotation), 640
Asbestosis and silicosis, medical board for, 368
Ascorbic acid, use of, in treatment of two cases of familial idiopathic methaemoglobinemia (James Deeny and others), 721 (O)
ASHFORD, W. A.: *Air Raid First Aid*, 541
Aspirin and gastric haemorrhage, 714, 768
Association for the Advancement of Psychoanalysis, New York, 208
Association, British Medical: Jubilee membership of husband and wife, 60—A member resigns (leading article), 135; correspondence, 200, 230, 267, 300, 332—And the Beveridge Report (leading article), 193; correspondence, 266, 299, 330, 362, 428—A safe milk supply; deputation to the Minister of Food, 265—A united front (leading article), 354—Consultation with Government on Beveridge Report, 359; Representative Committee, 359—Interdepartmental Committee on Medical Schools: memorandum of evidence, 702—Orthopaedic: Surgical treatment of osteomyelitis due to a penetrating wound (G. Perkins), 441 (O)—Military orthopaedics (special meeting), 483—And Empire Rheumatism Council: statement on prevention of crippling, 50; correspondence, 54, 111
— of Physical Medicine, 621
— Records: Memorandum on what records can be safely destroyed, 589
— Capetown Postgraduate Medical, 621
— Central Provident, 705
— of Clinical Pathologists: Report of meeting and papers, 455
— County Councils: Meeting with Minister of Health, 368
— European, of Clinical Pathologists: Proposals for, 364—Inauguration of, 515
— Family Planning, 644
— of Industrial Medical Officers, 79
— Mental After-Care: 63rd annual meeting, 298
— of Municipal Corporations: Meeting with Minister of Health, 368
— National, for Prevention of Tuberculosis: Closing of colony for boys, Burrow Hill, 589—26th annual conference, 641
— Royal Medico-Psychological: Symposium on prefrontal leucotomy (leading article on), 510
— Scottish National Blood Transfusion: Plasma drying unit opened, 464
— Socialist Medical: Report of meeting, 339—Representatives' meeting with Minister of Health, 464
Asthma and other conditions in occupations and military service (E. M. Fraenkel), 216—*Physical Exercises for*, 4th ed., 287—In childhood (Sir A. Hurst), 403 (O); R.S.M. meeting on, 422; correspondence, 520, 550, 584—Psychological factors in (C. H. Rogers), 406 (O)—Psychogenic factors in bronchial (leading article), 416—Sulphonamides in, 551—Treatment by nicotinic acid (G. Melton), 600 (O)—Theophylline for (annotation), 731
Atebrin, dose of, in malaria, 770
ATHOLL, Duchess of (and others): British Hospital for Stalingrad, 711
ATKINS, W. R. G.: Vitamin C saturation test, 254
Atropine glaucoma (J. E. Martin), 631 (O); correspondence, 708
AUBERT, E. F. (and others): Withdrawal of blood for transfusion, 708
Austen, H. W. C., obituary notice of, 304
Australia: "Flying Doctor Service," 11
Avitaminoses in Middle East Forces, 375
- B**
- Bacilli, saprophytic acid-fast, 455
— typhoid, experiences of typing of, by means of Vi bacteriophage (A. Felix), 435 (O)
BACKWELL, M.: Teaching first aid, 82
Bact. typhosum type D4, an epidemiological study (W. H. Bradley), 438 (O)
Bacteria, sulphonamide-resistant, 201
Bacteriophage treatment of bacillary dysentery (Arthur Compton), 424
Bagassosis and byssinosis (leading article), 46; correspondence, 110, 397
BAILEY, J. Shackleton: B.M.A. and Beveridge Report, 266
— K. C.: Amphetamine sulphas, use of, in facilitating electrically induced convulsions, 250 (O)
— K. Vernon: A wheeled stretcher or equipment carrier, 542
Bailhache, Major Eric, death of, on service, 176
BAIRD, Dugald: Stillbirths and premature labour in hospital and specialist practice, 51
BAKER, Richard S. W.: Lederle's pertussis antigen in treatment of whooping-cough, report of an investigation, 562 (O); correspondence, 678
Balantidiosis, a case of, 145
BALFOUR, Margaret: Nutrition in pregnancy, 297
BALLANCE, G. A.: Irritation of the urinary tract by "doped" beer, 540
Bandage, barrel, 589
BANKS, H. Stanley: Chemotherapy for meningococcal infections, 485
BANNISTER, Freda B. (and R. R. MACINTOSH): *Essentials of General Anaesthesia*, 353
Banting, Sir Frederick, notes on a book on, 448
BARBER, H. W.: Lupus erythematosus, 580
BARCROFT, Sir Joseph: Nutritional functions of the placenta, 297
— (and others): Minimum human requirements, 460
BARENDT, Geoffrey H.: Paying for V.D. treatment in mental hospital, 21
BARFORD, J. L.: An adapted cork, 90
— L. J.: Gastro-enteritis in infants, 581
BARLING, B.: Sulphonamide therapy, 484
BARLOW, Hilda: Cancer research, 611
— K. E.: Chemist's shop in Denmark, 178—Undisclosed Government plans, 518
BARLOW, Sir Thomas: R.M.B.F. Christmas gifts, 84
Barkworth, Mrs. Emily Wilson: Bequest for education of doctors' sons, 115—Opposition of R.C.S. to extension of scope of trust, 273
BARNARD, H. F.: Periodic medical examination, 56
Barnes, Lieut. G. F., killed in action, 683
— J. M.: The treatment of burns, 408 (O)
Barnett, Burgess, appointed M.B.E. (citation), 632
BARRETT, Sir James W.: Phlyctenular ophthalmia, 231—Incidence of V.D., 645
BARRITT, Maxwell M.: Improved Pappenheim stain for detection of gonococci in smears of pus, 254
BARRON, John N.: Hand and finger lesions, 55
BATES, J. Vincent: Post-scarlatinal thrombophlebitis migrans, 665
BATTEN, Lindsey W.: Freedom to practise, 328
Battye, Lieut.-Col. Walter Rothney, obituary notice of, 617
BAUER, Julius: *Constitution and Disease*, leading article on, 510; correspondence, 612; publication in U.K., 667
BAUWENS, P.: Appreciation of W. J. Turrell, 271
R.C.G. vaccination (annotation), 167
BEADNELL, C. M.: German explosive bullets, 171
BEATTIE, W. M.: Age and perforation of peptic ulcer, 434
BEDSON, S. P.: Recent work on virus diseases, 642
Beer, "doped," irritation of the urinary tract by (G. A. Ballance), 540
Bee-stings, mosquitoes, and chloroform, 462
Bees: Diet and queening, 30
BEESON, Paul B. (and Ethel WESTERMAN): Cerebrospinal fever. Analysis of 3,575 case reports with special reference to sulphonamide therapy, 497 (O)
BEGGS, S. T.: Training in preventive medicine, 556
Béguin, Prof. Paul, obituary notice of, 586
Behaviour, anti-social, disorders (annotation), 195
Behr, Michael: obituary notice of, 272
Belgium: Birth weight in, 298—Famine in, 641—Nutrition and child mortality in, 773
BELL, Arthur S. J.: Teaching first aid, 173
— Doyne: Dietetics of pregnancy, 301
— G. H.: Factors influencing lactation, 517
Bell's palsy, bilateral, a case of (A. A. McIntosh Nicol), 221
BENNETT, T. Izod: Vitamin deficiency, 199
BENNANS, T. H. C.: Investigations during an outbreak of bulous impetigo neonatorum, 623
BENSTED-SMITH, W. F.: Houses to live in, 584
BENTLEY, J. H. (and others): Doctors and the future, 649
Benzyl benzoate: Supplies available for treatment of scabies, 119—Scabies treated with one application of (John R. Graham), 413 (O)
BERGMANN, Ernst (and Rudolf NISSEN): *Cineplastic Operations on Stumps of the Upper Extremity*, 696
BERKELEY, Comyns (and others): *Midwifery*, by Ten Teachers, 7th ed., 13
— (and Victor BONNEY): *Textbook of Gynaecological Surgery*, 4th ed., 568
BERTWISTLE, A. P.: Pain and cancer, 737
Beveridge Report: B.M.A. and (leading article), 193; correspondence, 266, 299, 330, 362, 428—Freedom and, 235—In House of Lords, 305, 338—Parliamentary debate on, 273—Parliament and (leading article), 291—From Beveridge to Brown (leading article), 449; correspondence, 518—Government consultation with medical profession, 359, 428, 464
BEVINGTON, Sheila M.: *Nursing Life and Discipline*, 447
BICKNELL, Franklin (and F. PRESCOTT): *The Vitamins in Medicine*, 320
BIGWOOD, Charles Y.: *Urology in War Wounds and Other Emergencies of the Genito-urinary Organs, Surgical and Medical*, 789
BIGWOOD, E. J.: Birth weight in Belgium, 298
— (and others): A European Association of Clinical Pathologists, 365
Bilharziasis in the Middle East Forces, 375
Biliary pain, some observations on (Alastair A. Douglas), 10 (O)
BILLINGHURST, W. B.: Coarctation of the aorta as an obstetrical complication, 302
"Blaemom," 567
Biochemistry and morphogenesis: Review of book on, 286—For medical students, 520
BIRCH, C. Allan: Pfeiffer's bacillus meningitis: recovery after sulphydryde, 72
BIRD, H. Marcus (and others): Post-operative respiratory complications in Service cases, 754 (O)
BIRKS, P. H.: Symptomatology of malaria, 784 (O)
Bishop, P. M. F.: Appointments system at fracture clinic, 488
BLACKER, C. P.: War industry and neurotics, 422
BLACKLOCK, D. B.: Obituary notice of Prof. Warrington Yorke, 585
Blackwood, F. J. C., obituary notice of, 365
BLACKWOOD, W.: Experimental findings in immersion foot, 798
BLAIR, R. Bertram: Case notes for salvage, 462
— R. G.: B.M.A. and Beveridge Report, 266
BLAND, H. W.: B.M.A. and Beveridge Report, 299
Blankets and pads, electric, and electromedical apparatus, control of, 49
BLAXLAND, A. J.: Phosphorus poisoning from German bullets, 170
Blindness: Prevention of, 55—Civilians blinded through enemy action, 150—Causes of (annotation), 387
BLINOFF, N.: Surgeons and surgery in Leningrad, 134

- Blood: Effect of pH of, on haemolysis, with special reference to blackwater fever (F. Smith and R. W. Evans), 279 (O); correspondence, 360, 458, 521, 551, 684—Methaemoglobin in normal human, 340—Sedimentation rate, 370—Increase of histamine in, after severe burns (B. Rose and J. S. L. Browne), 446—Chemical luminescence test for, 583, 709
- blisters, oral, 745
 - diseases: clinical pathology of, 455
 - donors in Scotland, 589
 - groups, determination of (annotation), 764
 - grouping, forensic (book review), 758
 - level: Acid, alkali, and meals, effect of, on blood level and excretion of sulphonylpyridine in children (H. Ellis C. Wilson), 507 (O)
 - pressure: Methedrine, a new blood-pressure-raising drug: use of, in surgical operations (H. Dodd and F. Prescott), 345 (O)
 - products, human, jaundice following administration of (H. V. Morgan and D. A. J. Williamson), 750 (O)
 - transfusion: Problems of (book review), 221
 - Safety device for suction pump used for obtaining blood for transfusion (E. M. Watson), 321; correspondence, 707—Investigation of haemolytic reactions (P. L. Mollison) (Report to M.R.C.), 529 (O), 559 (O)—Accidents and deaths, 576—Army service, 610—In nocturnal haemoglobinuria (J. V. Dacie and Douglas Firth), 626 (O)
- BLOOD, W.: Sick records and industrial medicine, 514
- BLUM, K.: Weil's disease, 231
- BLUSGER, Isak Nahum, obituary notice of, 367, 431
- BLYTH, William: Pitresin diagnosis of idiopathic epilepsy, 100 (O); correspondence, 364
- B.M.J. lost through enemy action, 398
- Board, Central Midwives: President elected, 526
- Conjoint, in Scotland: Licentiates admitted, 553—Pass lists, 205
 - Medical, for Silicosis and Asbestosis, 368
- BODIAN, David (and Howard A. HOWE): *Neural Mechanisms in Poliomyelitis*, 44
- BODLEY, Alfred Lang, obituary notice of, 366
- BOLAND, S. J.: *Giardia lamblia* infestation, 456
- BOLUS, P. R.: War stress and incidence of neurosis, 422
- BOND, Col. James Henry Robinson, death of, 239
- BONNEY, Victor (and Sir Comyns BERKELEY): *Text-book of Gynaecological Surgery*, 568
- Books and diversions, 120
- BOON, T. H. (and others): Withdrawal of blood for transfusion, 707
- BOOTH, G. H. H.: A persistent brow presentation, 320—State subsidy for medical education, 767
- BORING, Edwin G.: *Sensation and Perception in the History of Experimental Psychology*, 447
- BOTHMAN, Louis (and others): *1942 Year Book of the Eye, Ear, Nose, and Throat*, 133
- Bourgeois, Surg. Lieut. J. de L., "missing, presumed killed," 431
- BOURNE, Aleck: Prematurity and nutritional deficiency, 199—Foetal development, 297—"Negligence" in obstetrics, 328
- Geoffrey: *Return to Reason: An Essay in Political Diagnosis*, 104—Scientific freedom and social medicine, 227, 490; correspondence, 298, 331, 361, 392, 427, 490; leading article on, 323—Medicine and politics, 673, 738
 - L. B. (and J. V. O'SULLIVAN): Ante-natal and gynaecological clinic within a factory, 51
- BOUSFIELD, Guy: Medical reorganization: the constitutional position, 675
- BOWMAN, M. (and C. R. DONOVAN): Encephalitis in Manitoba, 118
- BOYD, J. S. K.: Enteric group of fevers in prisoners of war from the Western Desert, with special reference to prophylactic inoculation, Jan., 1941, to Feb., 1943, 719 (O); leading article, 728
- Boyd, Robert: Obituary notice of, 117—Gift to Manchester (annotation), 138
- Boyle's apparatus, field-pattern, modification for CO₂ absorption with (J. Montgomery), 129 (O); correspondence, 232
- Brackett, E. G., obituary notice of, 367
- BRADBEER, W. H.: Thread for sutures in tonsillectomy, 233
- BRADFORD, R. I. C.: Two cases of rubella meningo-encephalitis, 312 (O)
- BRADLEY, W. H.: Tests for vaccines, 229—Epidemic nausea and vomiting, 309 (O)—An epidemiological study of *Bact. typhosum* type D4, 438 (O)
- BRADSHAW, D. B. (and W. L. ANDERSON): A case of malignant tertian malaria, 508; correspondence, 613, 678, 714
- Braham, Capt. G. N., obituary notice of, 650
- BRAILS福德, James F.: X-ray department at health centre, 83—Radiographic postero-medial border of the lung (linear thoracic paraspinal shadow), 219 (O)—Appreciation of Godfrey Brookes Dixon, 337—Incidence of pulmonary tuberculosis (mass radiography), 646
- BRAIN:
- Cerebral activity in psychotic disorders (K. C. Bailey), 250
 - contusion, treatment of (Lambert Rogers), 151; correspondence, 331
 - reactions to antisypilitic therapy (leading article), 671
 - Damage, electric convulsion therapy and, 23
 - Frontal white fibres, cutting the (leading article), 510
- BRAIN (continued):
- Gas infection of the brain as one form of the serious complications of cerebro-cranial injuries (Report by Committee of Soviet scientists), 785
 - Hypoglycaemia and the brain (annotation), 672
 - Volume during anaesthesia (annotation), 357
- BRAIN, R. T.: Skin diseases in war, 145—Treatment of scabies, 556
- W. Russell: Coma and malnutrition, 80—Encephalitis and allied conditions, 296
- BRAITHWAITE, J. Vernon: *Infant Feeding in General Practice*, 2nd ed., 697
- Leonard Ralph, obituary notice of, 24, 57
- BRAY, George: Nasal allergy, excluding hay-fever, 674
- G. W.: Management of asthmatic child, 422
 - P. T. (and J. C. CRUICKSHANK): Meningitis due to *Diplococcus mucosus*, a report to M.R.C., 601 (O)
- Brazil: Medical Society of Pernambuco, 87
- Bread factor in a wartime human dietary (M. R. Richards), 161 (O)—The national loaf, 176, 240—Bread and milk, 681—Composition of national bread, 808
- Breast, dressing for cancer of, 29—Mammary cancer in mice (leading article), 385
- feeding: factors influencing lactation, 517, 590
- BREWER, Angus E.: Use of sulphaganidine in bacillary dysentery, 36 (O); correspondence, 82, 303
- Bridge, John Crosthwaite: retirement as Senior Medical Inspector of Factories, 29
- BRIM, C. J.: Job's illness, pellagra, 74
- BRINCKER, J. A. H.: Post-vaccinal encephalitis, 199
- Bringan, Surg. Capt. James Campbell, obituary notice of, 585
- BRISCOE, Lady: Neurosis in the Land Army, 422
- Bristol, population of, review of book on, 508
- Hospitals Fund, 87
- British Journal Photographic Almanac, 84th issue, note on, 287
- Pharmaceutical Codex, 1934, Fifth Supplement, 13
 - Pharmacopoeia: Amendments, 178—Reprinted, 589—6th Addendum, 797
 - *Rebels and Reformers* (H. Roberts), 542
 - Standards: Information on, 86—Specification for haemoglobinometers (Haldane type), 14, 150
 - Institution: Universal decimal classification, 90
- BROADBENT, B. T. (and J. D. ROCHFORD): Ethyl chloride analgesia, 664 (O)
- Walter: Mitral systolic murmurs, 145
- BROCK, A. J.: Doctors and the future, 739
- Bronchiectasis, collapse and (annotation), 77
- Brookes, Major W. L., death of, 400
- BROOKS, W. D. W.: Tuberculosis in wartime, 423; correspondence, 519, 648
- BROOM, J. C.: Weil's disease, 300
- (and H. C. BROWN): Abnormal agglutination reactions of a strain of *Leptospira icterohaemorrhagiae*, 783 (O)
- BROWN, D. Kathleen: Service cases of venereal disease on demobilization, 84
- G. Malcolm (and others): The action of radiant heat cradles, 66 (O)
 - H. C. (and J. C. BROOM): Abnormal agglutination reactions of a strain of *Leptospira icterohaemorrhagiae*, 783 (O)
 - John W.: Atypical pneumonia in American Army, 515
 - K. Temple: A new syndrome? 654
 - Lieut. Sheila Dorothy Markham, death of, 651
 - Stanley Mewburn, obituary notice of, 430
- BROWNE, F. J.: On the value of vitamin B₁ in prevention of toxæmia of pregnancy, 445 (O)
- J. C. H.: V.D. in the Merchant Navy, 645
 - J. C. McC.: A simple method of serum transfusion in the field, 384
 - J. S. L. (and B. Rose): Increase in blood histamine after severe burns, 446
 - O'Donnell: A case of pseudohermaphroditism, 486
- BROWNING, C. H.: The present status of amino-acridine compounds (flavines) as surface antiseptics, 341 (O); leading article, 355; correspondence, 486
- Brownlee, James, obituary notice of, 366
- Bruce, Col. William, death of, 89
- Brucellosis, bovine (annotation), 387
- Bruise, colour of a, 745
- Bubo, tropical. See Lymphogranuloma inguinale
- Buchanan, Donald, obituary notice of, 339
- George Burnside, obituary notice of, 366
 - James, obituary notice of, 85
 - Peter S., obituary notice of, 365
- BUCKLEY, C. W.: Pasteurization of milk, 113
- Buerger's exercises in comfort, 120
- Buist, Henry, obituary notice of, 586
- Bulawayo, new hospital opened, 240
- Bullets, German explosive, 111, 170
- phosphorus poisoning from, 160
- BULMER, Ernest: Military medicine in the Middle East, an experience of 13,542 cases, 374 (O); correspondence, 462
- BULSTRODE, J. C.: Wheeled stretcher for resuscitation, 746
- Burkhardt, Jean Louis, death of, 650
- BURGES, F. A. L.: A member resigns, 200
- R. C. L.: Value of study groups, 518
- BURKITT, R. W.: Treatment of blackwater fever, 737
- BURNETT, C. W. F.: Interstitial emphysema during labour, 678
- BURNS, A. Delisle: B.M.A. and Beveridge Report, 330
- Burns, caustic soda, their prevention and treatment (H. Terry), 756 (O)
- perforated oesophagus following (L. C. Robson), 414
 - phosphorus (revised Ministry of Health instructions), 229
 - radium and radon, 29
 - severe, increase of blood histamine in (B. Rose and J. S. L. Browne), 446
 - treatment of (J. M. Barnes), 408 (O)
- BURTON, Air Commodore: War strain and neurosis in R.A.F., 422
- A. H. G.: Cardiac invalidism in children, 303
 - Col. Charles Frank, death presumed, 117
 - Isobel W.: Cotton-wool sandwich, 528
- BURY, Judson S.: War neuroses, 426
- BUSVINE, J. R.: Control of the head louse, 734
- Butcher, Lieut.-Col. Trevor Aveling, killed in action, 27
- BUTLER, Col. William: Vaccination for small-pox in London in 1905, 199
- BUTTAR, Edward: Appreciation of H. W. C. Austen, 304
- BUTTON, Martin: Scientific freedom and social medicine, 427
- BUXTON, Lieut.-Col. St. J. D.: Orthopaedic service in Middle East, 483
- Buzzard, Sir Farquhar, annotation on proposed memorial to, 226
- BYRD, John D.: The word "rehabilitation," 487
- Byssinosis and bagassosis (leading article), 46; correspondence, 110
- C**
- Caesarean section: Curiosities of (L. A. Parry), 20
- In dystocia (L. G. Higgins), 212 (O); correspondence, 361
- CAIRNS, D. R.: Intra-uterine rupture of umbilical cord, 521
- Hugh: Planning for treatment of head injuries, 313 (O); correspondence, 457, 550, 579
 - (and H. HOLBORN): Head injuries in motorcyclists, with special reference to crash helmets, 591 (O)
- CALANDRE, Luis: *Tratamiento de las Enfermedades del Corazón*, 447
- Calcium in pregnancy, 370, 550, 613, 678
- Calder, Capt. George Macbeth, death from wounds, 493, 552
- Jane Scott: Future of women in medicine, 329
- Calorie control, a new dietetic treatment of diabetes mellitus (A. C. Crooke and Ella Scott), 64 (O); correspondence, 143, 200, 234, 302, 333, 361, 457, 676
- CAMBRAY, F.: Red Cross and prisoners, 517
- CAMERON, J. Inglis: Scientific freedom and social medicine, 362
- S. J. (and J. and E. D. HEWITT): *A Glasgow Manual of Obstetrics*, 4th ed., 163
- CAMM, G. L. (and others): Vitamins and physical fitness, 243 (O); annotation, 417; correspondence, 394, 486
- CAMPBELL, J. Argyll: Lung tumours in mice and man, 179 (O); leading article on, 194; correspondence, 269
- William: Buerger's exercises in comfort, 120
- Canada: Aid to Russia Fund, 733—Winnipeg Medical Society, 273
- Cancer: Adenocarcinoma of jejunum, case of (A. H. Sangster), 12—Research in South America, 14—Stillboestrol in, 55—Nutrition in relation to incidence of, 79—Charles L. Mayer awards (New York), 87, 779—Maintenance of patients, 240—Endocrines and (S. L. Simpson), 250—Oestrogens and, 434—Planning in treatment of (Frank Ellis), 570 (O); correspondence, 706—Imperial Cancer Research Fund, report of research, 661—Adenoma, multiple foetal, of thyroid, case of (Charles Maclay), 695—Pain and, 737
- breast: Dressing for, 29—In mice (leading article), 383
 - bronchial: Primary carcinoma at age of 44 years (C. Elaine Field and J. P. Quilliam), 691 (O)
 - Campaign, British Empire, research continuing, 79
 - of larynx, treatment of (leading article), 45
 - lung: Lung tumours in mice and man (J. Argyll Campbell), 179 (O); leading article on, 194; correspondence, 269
 - oesophageal: Surgery of (annotation), 48; correspondence, 169—Analysis of 473 hospital cases registered in London, 79
 - prostatic: Castration for (annotation), 545—Acid phosphatase and (leading article), 571
- CANFIELD, Colonel: American experience of allergic rhinitis, 674
- CANNON, D. J.: Placental polypus, 230
- CANT, W. (and others): Withdrawal of blood for transfusion, 707
- CANTERBURY, Archbishop of: Health education and venereal diseases, 290
- (and others): British hospital for Stalingrad, 711
- "Capacity to pay": a false premise, 578
- CAPENER, Norman: Joint Committee on Rheumatism and Orthopaedics, 111

- CAPPS, F. C. W. (and R. M. VICK): Preserving medical freedom, 493
- Carbon dioxide: Modification for absorption of, with field-pattern Boyle's apparatus (J. Montgomerie), 129 (O); correspondence, 232, 334—A new circle-type absorber (W. A. Mushin), 130 (O)—Absorber improvised at sea from respirator parts (Surg. Cmdr. H. Parry Price), 569
- CARDWELL, Mary: Future of women in medicine, 393
- CARLING, Esther: Pasteurization of milk, 112—Rushcliffe Committee's report, 300
- CARMICHAEL, C. H. ROSS: Mitral systolic murmurs, 172
- Cartilages, semilunar, observations on injuries to, in Service patients (S. Alan S. Malkin), 6 (O)
- CARY, Falkland L.: Doctors and the future, 739
- Case notes for salvage, 462
- Cassidy, J. G., killed on service, 712
- CASSON, Elizabeth: Supply of occupational therapists, 622
- CASTLEDEN, L. I. M. (and I. L. HAMILTON-PATERSON): Three cases of intracardiac tumour, 398
- Castration for prostatic carcinoma (annotation), 545
- Casualties in rough country, 654
- Cattle, Charles Henry, obituary notice of, 335
- CAVE, Paul: Mass radiography units, 172
- CAWADIAS, A. P.: Starvation in Europe, 364—Red Cross principles and organizations in the light of history, 516
- Cerebral. *See* Brain
- Certificate of disablement under Workmen's Compensation Act, 755
- CHALKLEY, Arthur F.: Treatment of impetigo, 90
- Chambers, Major John Ferguson, death of, on service, 176
- Chance of the gum (J. F. Sadusk and B. J. Anderson), 56
- Charities Register and Digest*, 1943, note on, 192
- CHAPLIN, C.: Myasthenia gravis, 21
- CHAPMAN, P. F.: Marching and standing, 584
- CHARLES, J. R.: Pasteurization of milk, 171
- CHARTRES, E. A.: Filaria worm in the eye, 269—Venereal diseases, 331, 522
- Cheatle, Lady, obituary notice of, 85
- Cheese, infected, typhoid fever due to (annotation), 730
- Cheirpompholyx, 276
- Chemist's shop in Denmark, 178
- Chemothorapy and serotherapy in cerebrospinal (meningococcal) meningitis, an analysis of 3,206 case reports (A. A. Jubb), 501 (O)
- in pneumonia (T. Anderson), 485—Some aspects of, in pneumonia (T. Anderson), 717 (O)
- Chest, pathology of closed injuries of (J. V. Wilson), 470 (O)
- Chiang Kai-shek, Mme. awarded Hon. Fellowship of Royal College of Surgeons of England, 574
- Chicken-pox, recurrent, 30
- Chilblains, treatment of, 370
- Children: Unwarranted cardiac invalidism in, 114—Adoption of, 115, 235, 240—Nature of the rheumatic child (D. Hubble), 121 (O), 154 (O)—Investigation into the standard of milk supplied to (A. G. Watkins), 140—X-ray investigation of stridor in a child (Ruth M. Stevenson), 221—Investigation of growth rates, 306—Asthma in childhood (Sir A. Hurst), 403 (O); R.S.M. meeting on, 422; correspondence, 520, 550—Blood level and excretion of sulphapyridine in, effect on of acid, alkali, and meals (H. Ellis C. Wilson), 507 (O)—The town child: a critical study (leading article), 571—Chairs of child health, 584, 649—Four years' plan for nurseries (annotation), 639—Bridgeheads of child health in the five ages of childhood (Charles McNeil), 715 (O)—Nutrition and mortality in Belgium, 773
- China, Free, experiences in a military hospital in (H. T. Laycock), 262
- medical supplies for, 464
- Chisholm, William, awarded (posthumously) the Albert Medal, 586
- CHITTENDEN, F. J.: Plants causing irritation, 799
- Chloroform, bee-stings, mosquitoes, and, 462
- Chorea: nature of and relation to rheumatism (D. Hubble), 124
- CHRISTIAN, H. A.: *The Principles and Practice of Medicine* (originally written by Sir William Osler), 14th ed., 163
- CHRISTIE, A. B.: A case of acute aseptic meningitis, 41
- Ronald V. (and M. Wright): A substitute for the flowmeter in oxygen therapy, 287
- CHRISTOPHERS, Sir Rickard: Malaria control in India, 326
- Chromosomes in nerve cells, 684
- Church cellar murder discussed at Medico-Legal Society, 619
- CHURCH, D. M. C.: Enterospasm and spastic colitis, 496
- Cirrhotosis of the liver (leading article), 165
- CLAPHAM, B. (and others): Effects of vitamins on experimental hyperthyroidism, 245 (O)
- CLARK, F. Le Gros: Public health aspects of infant nutrition, 765
- CLARKE, Richard: Bee-stings, mosquitoes, and chloroform, 462
- CLARKSON, A. Kerr: Disclaimer, 208
- Claudication: intermittent, treatment of, 308
- CLAYE, Andrew M.: Caesarean section in dystocia, 361—Analgesia and anaesthesia in obstetrical practice, 377
- CLAYTON, T. M.: Treatment of scabies by T.E.T.M.S., 443 (O), 519
- CLAYTON, William: *Theory of Emulsions and their Technical Treatment*, 4th ed., 104
- CLEARINK, P. A.: Bagassosis, 397
- CLEGG, Hugh: *How to Keep Well in Wartime*, 478
- CLENDON, Douglas: Trichlorethylene anaesthesia, 398—Nasal intubation, 803
- Climacteric depression, convulsive treatment of (Elizabeth P. Dodds), 603
- Climate, human control of, review of book on, 163
- CLOSE, H. G.: Saprophytic acid-fast bacilli, 455
- Clostridia of gas gangrene, specific identification of chief pathogenic (G. F. Petrie and D. Steabben), 377 (O)
- Clothing, physiology of (leading article), 224
- Clow, Surg. Lieut. M. J., awarded Albert Medal in gold, 586
- COBB, W. A.: A suction endotracheal union, 667
- COCKSHUT, R. W.: B.M.A. and Beveridge Report, 330—The Government's proposals, 739
- Colbeck, Edmund Henry, obituary notice of, 25
- Cold, common: Disclaimer, M.O.H., Weston-super-Mare, 90—Virus of (S. P. Bedson), 642
- COLDREY, Eric: Pasteurization of milk, 52
- COLE, Warren H. (and C. B. PUESTOW): *First Aid: Surgical and Medical*, 568
- COLEMAN, E. Hayling: Histamine for psoriasis, 556
- Colitis, chronic ulcerative, treatment of, by pneumoperitoneum (H. Neumann), 9 (O); correspondence, 113
- spastic, enterospasm and, 402, 496
- Collapse and bronchiectasis (annotation), 77
- therapy, extending the use of, 519, 581
- COLLEGE, Lionel: Appreciation of Sir StClair Thomson, 174—Anaesthesia for laryngofissure, 230—Carriers of nose and throat infections, 391
- College, Epsom: St. Anne's Scholarships, 119, 400
- Sherman Bigg Fund, 400—France Pension, 400
- International, of Surgeons, 513
- Royal Australasian, of Surgeons, 273
- of Obstetricians and Gynaecologists: Council meeting, 618—Councillors elected, 618—Diplomas awarded, 463—Fellows admitted, 618—Fellowships conferred, 618—Members admitted, 205, 618—Quarterly meeting, 205
- of Physicians of Edinburgh: Bathgate Memorial Prize, 683—Fellows admitted, 683—Fellows elected, 238—Fellows introduced, 238—Henry Arthur Dalziel Ferns Bursary, 683—Quarterly meeting, 238—Research in 1941, 87
- COLLEGE, ROYAL, OF PHYSICIANS OF LONDON: Comitia held, 238, 526
- Diplomas granted, 238, 618
- Examiners elected, 618
- Fellows admitted, 772
- elected, 618
- Licences to practise conferred, 618
- granted, 238
- Members admitted, 238, 618, 772
- Memorandum on "Design of Dwelling Houses" (leading article), 136; correspondence, 201
- President (Lord Moran) elected, 526
- Propit bequest, 47
- Radiological and Tuberculin Survey, 47
- College, Royal, of Surgeons of Edinburgh: Fellows admitted, 27
- COLLEGE, ROYAL, OF SURGEONS OF ENGLAND: Abraham Thomas Vicary Lecturer, 1943, 272
- Appointments, 651
- Board, Central Midwives, representative on, 524
- of Examiners, 651
- Bradshaw Lecturer, 1943, 272
- By-laws, new, 272
- Centenary celebrations, 772
- Council: Quarterly meeting, 147—Meetings, 272, 368—Constitution of, 368
- Diplomas granted, 147, 272, 368, 524, 651, 772
- Elections, 147, 272, 368
- Examiners, Court of, 272, 524, 651
- external, 651
- Fellows, diplomas granted, 772
- elected, 524
- Fellowship (Honorary) awarded to Madame Chiang Kai-shek, 574
- Hunterian Lectures, 432
- Professors, 1943, 272, 524, 712
- Jacksonian Prize: Winner, 1942, 524; subject, 1943, 524
- John Hunter Medal and Prize, 524
- Leverhulme Scholars, 651
- Members, diplomas granted, 772
- Moynihan Lecturer, 772
- Pass lists, 804
- Professorship conferred, 651
- Regulations revised, 273
- Scientific Report, 1941-2, 264
- COLLIER, Howard E.: X-ray apparatus at health centres, 234
- Collins, Henry Warner, called to the Bar, 178
- COLLIS, W. R. F. (and M. A. MAJEKODUMI): The premature infant: management and prognosis, 31 (O); correspondence, 234
- Colonies, health units in, 709
- Secretary of State for: On Jamaica Medical Service, 148—On recruitment to Colonial Medical Service, 148
- Commission, Miners' Welfare, 148
- Committee, Blood Transfusion Research: Transfusion accidents and deaths, 576
- Clinical Cancer Research, 79
- Committee, Famine Relief: Food conditions in Europe, 14
- Food Rationing Advisory, 682
- Industrial Health Advisory: Establishment and membership of, 368—And Industrial Health Research Board, 464
- Interdepartmental, on Dentistry, 525, 788
- Joint Standing, of Empire Rheumatism Council and British Orthopaedic Association: Statement on prevention of crippling and list of members of committee, 50—Correspondence, 54, 111
- Medical Advisory, 464
- M.R.C., on Tuberculosis in Wartime, 110
- on Nutrition Surveys, 484
- Parliamentary Medical, 240
- Social Services, 206
- on Penicillin, 553
- Representative, report on discussions with Minister of Health, 640
- Rushcliffe, on Nurses' Salaries: First report, 264; correspondence, 300, 365
- Scottish, of British Social Hygiene Council: Venereal disease, 381
- Select, on National Expenditure: Report on Health and Welfare of Women in War Factories, 164
- Traumatic Shock, of M.R.C., 209
- University Grants: Funds, 774
- COMPTON, Arthur: Bacteriophage treatment of bacillary dysentery, 424
- CONEL, J. LeRoy: *Postnatal Development of the Human Cerebral Cortex* (Vol. II: *The Cortex of the One-month Infant*), 44
- Conference, National, of Social Work, *Proceedings of*, Selected Papers, 68th Annual Conference, 696
- Constipation and sterility (E. Schleyer), 71
- Constitution and Disease*, by Julius Bauer, leading article on the constitutional factor, 510; correspondence, 612
- Contraception: Unreliable vaginal pessaries, 30—And sterility, 776
- Contraceptives, manufacture of, 525
- Contracture, ischaemic, treatment of (annotation), 108; correspondence, 172
- Convulsion therapy, electric: And brain damage, 23, 146—Use of amphetamine sulphates in facilitating (K. C. Bailey), 250 (O)—And climacteric depression (Elizabeth P. Dodds), 603
- COOKE, R. G.: Scientific freedom and social medicine, 614
- Cooper, Lt.-Col. Eric Leonard, death on service of, 176
- T. Astley: Any questions? 335
- COORAY, Gerald H.: Surgical emphysema complicating pregnancy, 120
- Cord, spinal, surgical diseases of, review of book on, 509
- umbilical, intra-uterine rupture of (Kathleen McClintock), 446; correspondence, 521
- Cork, adapted, 90
- CORNER, William: Allergy to liver extract, 528
- Coroner, reporting deaths to, 23
- Coroners' districts in London, 506
- Correspondence: Abortus fever, 299, 394, 425, 677
- Absence, sick, among munition workers, 110
- Absenteeism in industry, 303, 429
- Accident policy, need for a national, 360
- Adder bite, 55, 769
- Adoption of children, 115, 235
- Adrenals: Fulminating purpura and adrenal haemorrhage, 22—Haemorrhagic supranal infarction, 22
- Alimentary tract dysfunction, psychological factors in, 518
- Allergy: Irritant spectacle frames, 493, 552, 648
- Amino-acridines. *See* Flavines
- Amnioplast as absorbable tissue isolator, 423
- Anaemia, is it prevalent? 612
- Anaesthesia, trichlorethylene, 398, 489, 582
- Anatomical nomenclature, 492
- Any questions? 335
- Aorta, coarctation of, as obstetrical complication, 302, 426, 738
- Appointments system at fracture clinic, 488
- Ariboflavinosis, 645
- Artery, innominate, ligation of, 173, 301
- Aspirin and gastric haemorrhage, 768
- Association, British Medical: A member resigns, 200, 230, 267, 300, 332
- and Beveridge Report, 266, 299, 330, 362, 428
- European, of Clinical Pathologists, 364
- Asthma in childhood, 520, 550
- Dr. Johnson's, 584
- sulphonamides in, 551
- Bagassosis, 397
- Balanitidiosis, a case of, 145
- Bee-stings, mosquitoes, and chloroform, 462
- Beveridge Report, freedom and, 235
- Biochemistry for medical students, 520
- Birth weights on a sliding scale, 706
- Blackwater fever, treatment of, 737
- haemolysis in, 551, 802
- Blast injuries, abdominal rigidity in, 648
- Blindness, prevention of, 55
- Blood: Chemical luminescence test for, 583, 709—pH and haemolysis, 360, 458—In blackwater fever, 551—Changing the pH, 521—Withdrawal of, for transfusion, 707
- Brain: Cerebral contusion, treatment of, 331
- damage, electric convulsion therapy and, 23, 146
- Bullets, German explosive, 111, 170

Correspondence (continued):

- Byssinosis, 110
 Canada: A case of Waterhouse-Friderichsen syndrome, 22
 Cancer: Stilboestrol for, 55—Planning in the treatment of, 706—Pain and, 737
 —lung, aetiology of, 269
 —oesophageal, surgery of, 169
 "Capacity to pay": A false premise, 578
 Carbon dioxide absorption technique, 232, 334
 Case notes for salvage, 462
 Children: Chairs of child health, 584, 649
 Cleft palate, tube grafts in, 581
 Colitis, chronic ulcerative, treatment of, 113
 Committee, Joint, on Rheumatism and Orthopaedics, 54
 —Rushcliffe: Report of, 300
 Constitutional factor, 612
 Contracture, ischaemic, treatment of, 172
 Convulsion therapy, electric, and brain damage, 23, 146
 Coroner, reporting deaths to, 23
 Crush injury and anoxia, 708
 Desert sores, 334
 Diabetes: "Caloric control" diabetic diet, 143, 200, 234, 302, 333, 361, 457, 676
 —diet in, 676
 —and insulin in, 737
 —oestrogen treatment of, 202
 Diaphragm, eventration of, 201, 397
 Diet-drink, a nutritious, 584
 Diphtheria during immunization, 171, 202, 232
 —and diphtheria carriers, 332
 Diseases, skin, in war, 145
 Dislocation of acromio-clavicular joint, treatment for, 22
 Disproportion, radiological diagnosis of, 233
 Doctor, free choice of, 392
 Doctors: Rationed distribution of, 23—Education grant for sons of, 115—And the future, 649, 801
 Drowned, resuscitation of the, 645
 Drugs for myasthenia gravis, 21
 Dysentery at sea, treatment of, 82, 614
 —bacterial, treatment of, 303
 —bacteriophage treatment of, 424
 —carrier, 54
 —phage for, 769
 Eczema, erythematous, histamine and insulin in, 426
 Emphysema, surgical, 552
 Encephalopathy, arsenical, 771
 Epilepsy, idiopathic, pitressin diagnosis of, 364
 Erythroblastosis foetalis, 53
 Ether: The Oxford vaporizer, 232
 Ethyl chloride spray in pleuritic pain, 202
 Fees, private, of salaried medical officers, 234, 430
 Filaria worm in eye, 169, 269
 First aid for fractured spine, 82, 614
 First aid, teaching, 82, 173
 Flavines as surface antiseptics: influence on healing, 486
 Food: Feeding the world's population, 771
 Foot-and-mouth disease in man, 300, 365, 520, 582, 614
 Fractures, slow union of, 735, 769
 Freedom to practise, 328, 427
 —scientific, and social medicine, 331, 361, 392, 427, 490, 614
 Fund, Royal Medical Benevolent, 84
 Gastro-enteritis in infants, 458, 486, 581, 613
 Glaucoma, atropine, 708
 Government and profession: Consultation between, 428—Partnership or bondage? 518
 —proposals, 679
 —undisclosed plans, 518
 Haemoglobinometry and use of the haematocrit, 331
 Haemolysis, blood pH and, 360, 458
 —in blackwater fever, 551, 802
 Haemorrhage, adrenal, and fulminating purpura, 22
 Hand and finger lesions, 55
 Hands, preparation of, for operation, 53, 114, 303
 Head injuries, planning for treatment of, 457, 550, 579, 647
 —lice, control of, 647
 Health centre, x-ray department at, 23, 83, 146
 —negative, cult of, 766
 —search for, 146
 —units in the Colonies, 709
 Heart: Unwarranted cardiac invalidism in children, 114, 202, 303—Mitral systolic murmurs, 145, 172, 332, 459, 582
 Hernia, direct inguinal, 612, 678
 —multiple muscle, 738
 Hospital, British, for Stalingrad, 711
 —mental, paying for V.D. treatment in, 21
 Hospitals: Mental wards, admissions to, in wartime, 614—Ward sisters' salaries, 365
 Houses to live in, 201, 268, 489, 584
 Human requirements, minimum, 460
 "In the discard," 802
 Indian Army Medical Corps, 677
 Injection, the contaminated, 678, 804
 Insurance, social, and medical practice and research, 803
 Intestinal obstruction, 81
 Iron, absorption of, 83
 Kala-azar, diagnostic test for, 552
 Laryngofissure, anaesthesia for, 230, 302, 334, 395, 458
 Lenses, prescription of, 424
 Little Audrey and the doc, 398

Correspondence (continued):

- Liver extract, intolerance to, in pernicious anaemia, 613
 London Emergency Bed Service, 709
 Louse, head, control of, 734
 Lupus erythematosus, acute disseminated, sulph-anilamide in, 460, 580
 M'Naghten Rules, the, 707
 Malaria: Treatment of, 770—Dose of atebirin in, 770
 —malignant tertian, treatment of, 613, 678
 Marching and standing, 583
 Measles associated with unusual nervous signs, 203
 —haemorrhagic, 22
 Medical education: Planning of, 676, 800—State subsidy for, 767
 —examination, periodic, 56
 —freedom, preserving, 493
 —profession, unity in, 579, 679—Problematical future, 675, 739—Achieving reform, 709—Government's proposals, 710, 739—State control of, 739—Proposals and discussions, 801
 —records in wartime, 23
 —reorganization: the constitutional position, 675
 —service, a national, 615
 —State, 710—Specialists and, 710
 —Services, future of, 801
 —students, selection of, 767, 800
 —superintendent, the, 522
 Medicine: Independence for, 709—And politics, 738, 766—What of the patient? 490
 —aviation, 677
 —military, in Middle East, 462
 —preventive, 579
 —social, scientific freedom and, 298
 —specialist in, 145
 Milk, pasteurization of, 22, 52, 80, 112, 147, 171
 —raw, danger of, 767
 Miners, pulmonary disease in, 581
 Myasthenia gravis, 21
 Nasal intubation, 803
 Neuroses, war, 299, 333, 426, 459
 —their nature and significance, 396
 —morale, and social psychology, 549
 Newsholme, Sir Arthur, and Russian medicine, 771
 Obstetrics: Brow presentation, 460—Caesarean section in dystocia, 361—Emphysema, interstitial, during labour, 552, 582, 678—Puerperium, case for a shortened, 644, 706, 768—Umbilical cord, intra-uterine rupture of, 521
 Oedema of extremities at sea, 708, 803
 Ophthalmology: Ophthalmia, phlyctenular, 231—Retrocorneal phenomenon, an unusual, 736
 Orbicularis oris in facial paralysis, 170
 Pancreatitis as complication of mumps, 114
 pH. See Blood
 Phosphorus poisoning and blood urea, 56
 —from German bullets, 170
 Pleurisy and peritonitis, diagnostic "tricks" for, 737
 —and pleural effusion, 301, 397
 Poliomyelitis, Kenny treatment of, 615
 Postgraduate study, organization of, 643
 Practice, private, 578
 Pregnancy, calcium intake in, 550, 613, 678
 —dietetics of, 144, 204, 231, 268, 301, 363, 460
 —pernicious anaemia of, 233
 Promin (=promanide), local application of, in tuberculous lesions, 81, 111
 Psychiatry, three years of military, 111, 202, 233
 —treatment in general hospitals, 735, 800
 Puerperium, shortened, 644, 706
 Pulse, charting the, 84
 Purpura, fulminating, and adrenal haemorrhage, 22
 Pylorus: Pituitary extract for congenital pyloric stenosis, 145
 Radiography: Staffing mass miniature units, 81, 146, 172, 398, 487, 616
 —mass, and incidence of pulmonary tuberculosis, 770
 Radiologists and the future, 802
 Rehabilitation for skin cases, 392
 —the word, 487
 Research: Strategy and tactics in, 550—In Continental clinic, 583
 Resolution and endurance, 648
 Respiration, artificial, 83, 173, 270, 490, 584
 Scabies, 647—Treatment of, 519
 Septicaemia, fulminating meningococcal, treatment of, 363, 521
 Shipwrecked, help for the, 269
 Skin-carrier rate, pyogenic skin infections and, 269
 Skin lesion, tanning for, 519
 Small-pox, treatment of, 113, 234
 —in Glasgow, 1942, 334
 —in Scotland in 1942, 270
 —in Swindon, 425
 Spina bifida, 232
 Spine, fractured, first aid for, 82
 Starvation in Europe, 270, 364
 Sterility: Prevention of, 203—Advice on, 644, 707, 769, 802
 Sterilization of dry powders, 426
 Stilboestrol for immature infants, 234
 Stretcher, wheeled, or equipment carrier, 648
 Study groups, value of, 518
 Sulphapyridine, treatment of vomiting after, 459, 551
 Sulphonamide-resistant bacteria, 201

Correspondence (continued):

- Suprarenal. See Adrenals
 Tendons, surgery of, 426
 Tetanus, 55
 Thrombophlebitis of the cavernous sinus, 203
 Tonsillectomy, thread for sutures in, 233
 Tuberculin, treatment with, 736
 Tuberculosis: Local application of promin (promanide) in tuberculous lesions, 81, 112—Periodicity of relapses in, 332—In wartime, 423—Extending use of collapse therapy, 519, 581, 648, 679—Maintenance of dependants of tuberculous patients, 617—And exposure to infection, 802
 —bovine, in South Africa, 708
 —pulmonary, incidence of, 646, 770
 Typhus group, nomenclature of, 201
 —vaccine, reaction to, 734
 Ulcer, peptic, a deficiency disease, 302, 489
 Vaccination in India, 770
 Vaccinia, generalized, and vaccination, 425
 Venereal disease: Notification of, 21—Paying for treatment in mental hospital, 21; corrigendum, 120—Control of, 53—Service cases on demobilization, 84—Prophylactic centres to combat, 113—Incidence of, 645—In the Merchant Navy, 645, 803
 Venereal diseases, 331, 430, 460, 492, 522
 Vision, night, testing for, 146, 270, 736
 Vitamin A deficiency, subclinical, 425
 Vitamins and physical efficiency, 394, 487, 580
 War: Medical records in wartime, 23
 Waterhouse-Friderichsen syndrome, 22
 Weil's disease, 231, 300, 395, 424
 Whooping-cough: High flying for whoopers, 54—Pertussis antigen in treatment of, 678
 Women in medicine, future of, 329, 393, 428, 461
 X-ray apparatus at health centres, 234
 —department at health centre, 23, 83
- CORRIGENDA:**
 Banerjee, Capt. P. C., correction of obituary notice, 27
 B.M.A. deputation to Ministry of Food, date of, 308
 Harvey, Major-Gen. Alexander William Montgomery (name corrected), 27
 Howard, Russell, date of death of, 25
 Lawrence, identity of E. O. and J. H., 622
 Medical Corps in U.S.S.R., 60
 Milk, investigation into standard of, 276
 Pridmore, Coll. W. G., obituary notice of, 524
 Scabies, treatment of, 496
 Surgery of communicating hydrocephalus, 434
 —of tendons, 466
 Venereal disease, notification of, 120
- Corry, Capt. Samuel David, obituary notice of, 742
 Cortex, cerebral, development of, review of book on, 44
 CORY, J. W. E.: B.M.A. and Beveridge Report, 266
 —Richard A. S.: Sterilization of dry powders, 426
 Cotton-wool sandwich (R. Fawcitt), 352; correspondence, 528
 Council of British Ophthalmologists: Prescription of lenses, 424
 —Central, for Health Education: Appeal for lecturers, 87—Issue of leaflets, 119—Conference on health education and venereal diseases, 290
 —Colonial products research, 150
 —Empire Rheumatism: And British Orthopaedic Association: statement on prevention of crippling, 50—Correspondence, 54, 111—Sixth annual report of, 358
 —Federal, of Australian Aerial Medical Services: name changed, 11
 —General Medical: *British Pharmacopoeia* amendments, 178
 —Medical Research: *Aids to Investigation of Peripheral Nerve Injuries* (War Memorandum No. 7), 197—National Institute for Medical Research and, 337—Present members of, 337—Report to, by A. Felix, on experiences with typing of typhoid bacilli by means of Vi bacteriophage, 435 (O)
 —Medical Research of Ireland: Award of grants, 683
 —National Baby Welfare, 555
 COUPER, E. C. R.: Gastro-enteritis in infants, 458
 COURTNEY, A. D.: Unusual case of obstruction by worms, 725
 COX, Alfred: Tribute to Sir StClair Thomson, 204
 CRABTREE, H. G.: Work on carcinogenesis, 611
 Cradles, radiant-heat, action of (G. Malcolm Brown and others), 66 (O)
 CRAGO, Mary: Mantoux test versus patch test, 603
 CRAIG, D. B.: Disclaimer, 276
 Craighead, Lieut-Col. Alexander Clifton, obituary notice of, 618
 CRAIK, K. J. W.: Specifications for dark-adaptation tests, 632 (O)
 —Robert, death of, 175
 CRAILE, R.: Treatment of intestinal carriers of enteric group of organisms, 604
 Cramps: In arteriosclerosis, 340, 622—In an elderly woman, 402—Nocturnal, 402
 Crash helmets, with special reference to head injuries in motor-cyclists (Hugh Cairns and H. Holbourn), 591 (O)
 CRICHTON-MILLER, H.: Psychotherapy in general hospitals, 800

- Crile, George Washington, obituary notice of, 116, 271
- Criminal negligence, a conviction quashed, 619
- Crippling, Prevention of: Statement of Joint Standing Committee of Empire Rheumatism Council and British Orthopaedic Association, 50—Correspondence, 54, 111
- CRITCHLEY, Macdonald: *Shipwreck-Survivors: A Medical Story*, 726
- CROFT, Lord: Medical attention of Home Guard, 206
- CROOKE, A. C. (and Ella SCOTT): Calorie control: a new dietetic treatment of diabetes mellitus, 64 (O); correspondence, 143, 200, 234, 302, 333, 361, 457
- CROOKS, James: Nasopharyngeal infection and asthma, 423
- CROPPER, C. F. J.: The pre-clinical years, with special reference to the teaching of physiology, 389; correspondence, 520
- CROWE, H. Neville: Appreciation of John Lionel Stretton, 336
- Samuel J. (and others): *The 1942 Year Book of the Eye, Ear, Nose, and Throat*, 133
- CRUICKSHANK, Alistair G.: Asthma in childhood, 550
- J. C. (and P. T. BRAY): Meningitis due to *Diplococcus mucosus*, a report to M.R.C., 601 (O)
- Crush injury and anoxia, 708
- CRYMBLE, P. T.: Three cases of prolonged faecal fistula following operation for appendicitis, 532 (O)
- CULBERT, T. D.: Trichlorethylene anaesthesia, 582
- Culbertson, Carey, death of, 367
- CULPIN, Ernest: The epiglottis in anaesthetic deaths, 590
- CUMMINGS, A. J. (and others): British Hospital for Stalingrad, 711
- CUNNINGHAM, J. F.: Placental polypus, 230
- CURPHEY, E.: Pituitary extract for congenital pyloric stenosis, 145
- CURRAN, Surg. Capt. Desmond: War stress and incidence of neurosis, 422
- CUTLER, Col. E. C.: Military orthopaedics, 483
- CUTNER, Morris: Post-herpetic pain and paresis, 120
- Cutter, William Dick, death of, 367
- Cyclotron, medical applications of the (leading article), 543; corrigendum, 622
- Cyrilas-Williams, Capt. William Richard, killed in action, 683
- Czechoslovak Government: Allocation of beds at Hammersmith Hospital, 87
- Medical Association in Great Britain, Bulletin of, 14
- degrees at Oxford (annotation), 325

D

- DACIE, J. V. (and F. MURGATROYD): Effect of pH of blood on haemolysis, 458
- (and Douglas FIRTH): Blood transfusion in nocturnal haemoglobinuria, 626 (O)
- DAGLISH, G. H. (and others): Scientific freedom and social medicine, 428
- Dale, Sir Henry, awarded Harben Gold Medal, 482
- R. H.: Appreciation of Mr. I. N. Blusger, 431
- DALEY, Doreen: Brow presentation, 460
- DALLING, T.: Abortus fever, 677
- DALRYMPLE-CHAMPNEYS, Sir W.: Abortus fever, 394
- Darby, Capt. W., death of, 524
- DARBYSHIRE, F. G.: Filaria worm in the eye, 654
- Dark-adaptation tests, specifications for (K. J. W. Craik), 632 (O)
- DARLEY-USMAR, G. R.: Prevention of sterility, 203
- DAVIDSON, Andrew: Rehabilitation in Scotland, 86
- Antony: Small-pox in Scotland in 1942, 199
- L. S. P. (and others): Treatment of pernicious anaemia with an experimental proteolysed liver preparation, 655 (O)
- S. (and others): Minimum human requirements, 460
- DAVIE, T. B. (and others): Withdrawal of blood for transfusion, 707
- T. M.: Adder bite, 769
- DAVIES, Wing-Comdr. Ainsworth: Non-specific epidermitis, 296
- F.: Planning of medical education, 800
- Francis: Some observations relating to the planning of medical education, 547; correspondence, 676
- G. L.: Scabies, 647
- G. Llewellyn: B.M.A. and Beveridge Report, 266
- H. Morriston: Collapse therapy, 679
- J. N. P.: What of the patient? 490
- Justin: Reinstatement as surgeon to Leicester County Police refused after war service, 49
- DAVIS, Fl. Lieut.: R.A.F. Official Medical History of the War, 456
- E. D. D.: Clinical aspects of acute pyogenic infections of nose and throat, 391
- Eli: Atypical pneumonia, 516
- L. J. (and others): Treatment of pernicious anaemia with an experimental proteolysed liver preparation, 655 (O)
- Loyal: *Principles of Neurological Surgery*, 192
- Davison, Charles, death of, 367
- George: Weil's disease, 424
- Sir Ronald: Insurance for all and everything, 569
- DAWSON, G. A.: Treatment of vomiting after sulphapyridine, 551

- Day, Ewing Wilber, death of, 650
- J. C. L.: Selection of medical students, 767
- Deafness: Prostigmine for, 308—Exemption from purchase tax of batteries for deaf-aid appliances, 652
- DEANER, S. (and others): Haemothorax due to strangulated diaphragmatic hernia, 72
- Death: Reporting to coroner, 23—From notifiable infection, disposal of body, 242
- Deatker, Asst. Surg. F. G. F., death of, 524
- DEENY, James (and others): Familial idiopathic methaemoglobinemia, with a note on the treatment of two cases with ascorbic acid, 721 (O)
- "De Fabrica," fourth centenary of, leading article on, 791
- DELIKAT, Elizabeth: Intolerance to liver extract in pernicious anaemia, 539 (O)
- DELIKATOVA, A. (and others): A European Association of Clinical Pathologists, 365
- DELLA VIDA, B. L. (and others): A European Association of Clinical Pathologists, 365
- Denmark: Infectious diseases' increasing, 150—Chemist's shop in, 178
- DENNIS, C.: Appendicectomy and appendicitis (annotation), 511
- Denny, Surg. Rear-Admiral Herbert Reginald Harry, obituary notice of, 617
- Dentistry: *Dentists Register*, 1943, 759—Maxillo-facial injuries, review of book on, 758
- DE POURTALES, H.: Red Cross and politics, 517
- Dermatitis: After local sulphanilamide treatment of a wound (I. M. Macgregor), 414—Prevention of, 525
- respirator, notes on treatment of (E. Colin Jones), 757
- DE SANCTIS, Adolph G.: *Advances in Pediatrics*, 789
- Desert sores, 334—Relation of sunlight to (J. M. Henderson), 657 (O)
- Desoxycorticosterone acetate (doca): Gynaecomastia produced by (R. D. Lawrence), 12—Need for economy in use of, 433—And fluid metabolism (annotation), 513—In Addison's disease: a comparison of different methods of administration (D. M. Dunlop), 557 (O)—And natural extracts of suprarenal cortex (annotation), 701
- DE SWIET, G.: Domestic and industrial medicine, 514
- Diabetes mellitus: A new dietetic treatment of, by calorie control (A. C. Crooke and Ella Scott), 64 (O); correspondence, 143, 200, 234, 302, 333, 361, 457, 676—Oestrogen treatment of (annotation), 107; correspondence, 202—And endocrine disorders (S. L. Simpson), 248—Review of book on, 383—Retinal venous changes in (annotation), 547—Diet in (R. H. Micks), 598 (O); correspondence, 676, 737
- Diabetic coma, treatment of (annotation), 166
- Diagnosis, first aid to, review of book on, 666
- Diaphragm, case of eventration of (A. J. E. Mills), 97 (O); correspondence, 201, 397
- Diarrhoea, bacteriology of, 276
- DICK, G. F.: *The 1942 Year Book of General Medicine*, 353
- (and E. W. EISEL): Peptic ulcers under oral treatment with milk and cream, 350
- J. Staveley: Scientific freedom and social medicine, 298
- DICKIE, W. S.: Preparation of the hands for operation, 114
- DICKIN, E. P.: Military psychiatry, 233
- Dickinson, Surg. Lieut. W. R. B., reported missing, presumed killed on active service, 463
- Dictionary, medical, review of, 605
- DIECKMANN, William J.: The toxemias of pregnancy, 636
- Diet: For worker and queen bees, 30—Influence of, during pregnancy (Nutrition Society, Scottish Group), 51—Influence of, on renal volume (annotation), 226—A nutritious diet-drink, 584—In diabetes (R. H. Micks), 598 (O); correspondence, 676, 737—And trinitrotoluene poisoning (annotation), 671
- calorie control: a new dietetic treatment of diabetes mellitus (A. C. Crooke and Ella Scott), 64 (O); correspondence, 143, 200, 234, 302, 333, 361, 457, 676
- Dietary, human, bread factor in wartime (M. R. Richards), 161 (O)
- Dietetics of pregnancy (leading article), 16; correspondence, 144, 204, 231, 268, 301, 363, 460
- DIEUAIDE, Francis R.: *Civilian Health in Wartime*, 383
- Digestive complaints, review of book on, 758
- Digitalis, maintenance treatment with (Alfred S. Rogen), 694 (O)
- DILLON, Frederick: Psychiatric treatment in general hospitals, 735
- DINGLEY, A. R.: Nasal intubation: dangers and difficulties from the rhinological aspect, 691 (O); correspondence, 803
- Diphtheria: Control of (leading article), 15—Statistics, 58—With perforation of larynx, 60, 120—During immunization (G. A. Garrett), 102; correspondence, 171, 202, 232—Immunization, Ministry of Health circular on, 141; answer in Parliament, 206; in Northants, 423—And tuberculosis, combined infection of the throat with (J. J. Lineham), 162—And diphtheria carriers, 332—Outbreak in E. Yorks traced to milk supply, 400—Treatment of carriers, 434—Among immunized children, statistics 1940-2, 464—In the immunized, 496—And immunization in Germany, 553—Duration of prophylaxis, 589—Immunization and incidence, 712—Keeping A.P.T. cool and upright, 775

- Diplococcus mucosus*, meningitis due to, report to M.R.C. (P. T. Bray and J. C. Cruickshank), 601 (O)
- Disclaimers, 208, 276, 622, 746
- Disease, foot-and-mouth. See Foot-and-mouth
- occupational, and the mouth (annotation), 356
- Weil's. See Weil's
- Diseases, infectious. See Infectious
- respiratory. See Respiratory
- skin. See Skin
- tropical. See Tropical
- venereal. See Venereal
- wasting. See Wasting
- Dislocations, acromio-clavicular joint, treatment of, 22
- Disproportion. See Obstetrics
- Diuretic, a mercurial, "mersaly," 478
- Divine, T. A., prisoner of war in Singapore, 683
- Dixon, Godfrey Brookes, obituary notice of, 336
- DLUGOSZ, HENRYK: Foot-and-mouth disease in man, 189 (O); correspondence, 300, 365, 520, 582
- "Doca" (desoxycorticosterone acetate): gynaecomastia produced by (R. D. Lawrence), 12—Need for economy in use of, 433
- Doctors: Rationed distribution of, 23, 30—Call-up and protection of practices (parliamentary questions), 58—Education grants for sons of, 115—Alien, private practice of, 145; after the war, 773—Free choice of, 392, 525—Little Audrey and the doc., 398—Relieving the G.P., 587—And the future, 649, 739, 801—Names of prisoners and internees in Japanese hands, 775, 807
- DODD, Harold (and F. PRESCOTT): Use of methedrine, a new blood-pressure-raising drug, in surgical operations, 345 (O)
- DODDS, Elizabeth P.: Convulsive treatment of climacteric depression, 603
- DONALD, H. G.: Diphtheria and diphtheria carriers, 332
- DONEGAN, J. F.: Subdivisions of the stomach, especially the pyloric canal, 142
- DONOVAN, C. R. (and M. BOWMAN): Encephalitis in Manitoba, 118
- DOORLY, A. R. C.: Thrombophlebitis of the cavernous sinus: recovery, 42; correspondence, 203
- DORAN, F. S. A.: Out-patient organization: a successful appointments system in a fracture clinic, 420 (O); correspondence, 488
- DOUGLAS, Alastair A.: Some observations on biliary pain, 10 (O)
- DOWNIE, A. W.: Prophylaxis of pertussis, 229
- Drapes, Thomas Lambert, obituary notice of, 272
- Dressing of open wounds and ulcers, transparent wrapping material for (M. Ellis), 697
- DREW, Capt. W. R. M.: Atypical pneumonia, 516
- Drowned: Complicity in resuscitation of (F. C. Eve), 535 (O); correspondence, 645—Resuscitation by rocking (N. Howard Mummery), 759
- Drug-resistant organisms, 808
- Drugs: And cerebral activity (K. C. Bailey), 251—Action of, on the uterus, 643
- of addiction, control of (annotation), 512
- DRUMMOND, R. (and others): Withdrawal of blood for transfusion, 707
- DUBLIN, Louis J. (and others): *Modern Aspects of the Anti-tuberculosis Program*, 255
- DUFF, Alexander (and J. HAWORTH): A note on trichlorethylene anaesthesia, 381 (O); correspondence, 398, 489
- D. G.: Casualties in rough country, 654
- DUKE-ELDER, Sir Stewart: *The Practice of Refraction*, 4th ed., 447—Review of *The Art of Seeing*, by Aldous Huxley, 635
- DUNLOP, B.: Feeding the world's population, 771
- D. M.: Desoxycorticosterone in Addison's disease, a comparison of different methods of administration, 557
- DURAN-JORDA, F. (and others): A European Association of Clinical Pathologists, 365
- DYKE, S. C.: Blood examinations and diagnosis, 455
- (and others): A European Association of Clinical Pathologists, 365
- Dysentery: Treatment of at sea, 82; correspondence, 614—In military medicine in Middle East (E. Bulmer), 374 (O)
- bacillary: Use of sulphaguanidine in (August E. Brewer), 36 (O); correspondence, 82, 303—Control of (leading article), 106—Bacteriophage treatment for (A. Compton), 424—Phage for, 769—carrier, 54
- Dysmenorrhoea, treatment of, 340
- Dystocia, Caesarean section in (L. G. Higgins), 212 (O); correspondence, 361

E

- EAGER, Richard: Three years of military psychiatry, 111
- EARDLEY-HOLLAND: Special medico-legal problems in obstetrics, 327
- EARENGEY, Judge W. G.: Negligence in the operating theatre, 327
- EASON, H. L.: Appreciation of Sir William Arbuthnot Lane, 116
- EAST, W. Norwood: Chadwick Trust lecture (annotation), 195
- EASTWOOD, C. G.: A disclaimer, 90
- W. J., obituary notice of, 649
- EBAUGH, Franklin G. (and Charles A. RYMER): *Psychiatry in Medical Education*, 103
- ECCLES, W. McAdam: Appreciation of Sir StClair Thomson, 175
- Eczema, erythematous, histamine and insulin in, 426

- EDDISON, A. G.: Absenteeism in industry, 303
- EDGAR, Bowman: First-aid for fractured spine (Kirkconnell method), 82
- Edgeworth, F. H.: obituary notice of, 235
- Edinburgh Catechism Series: Part V. *Anatomy* (revised and enlarged by C. R. Whitaker), 255
- national drying plant for preparation of plasma, 589
- Royal Infirmary: Travel vouchers for sufferers from malignant disease, 651
- EDWARDS, Brigadier: Non-specific epididymitis, 296
- E. C.: Tetanus in the puerperium, 382—Age and perforated gastric ulcer, 556
- F. E.: B.M.A. and Beveridge Report, 331
- Harold (and W. STEWART): Hernia through the foramen of Winslow, emerging through the gastro-hepatic omentum, 343 (O)
- L. R. L.: An outbreak of epidemic catarrhal jaundice, 474 (O)
- W.: Little Audrey and the doc., 398
- Effort syndrome in Iceland (D. E. Rodger), 351 (O)
- Effusion, pleural, and pleurisy, significance of in differential diagnosis (R. R. Trail), 98 (O)
- Eire: Registrar-General's quarterly return, 495
- EISELE, C. W. (and C. P. DICK): Peptic ulcers under oral treatment with milk and cream, 350
- Ejaculation, premature (ejaculatio praecox), 653
- ELAM, John: Oxford ether vaporizer, 232—Anaesthesia and anaesthesia in obstetrical practice, 577—Preventive medicine, 579
- Electromedical apparatus and electric pads and blankets, control of, 49
- ELLIS, Frank: Planning in the treatment of cancer, 570 (O); correspondence, 706
- M.: Transparent wrapping material for dressing open wounds and ulcers, 697
- ELLISON, J. B.: Gastro-enteritis in infants, 486
- ELLMAN, Philip: Staffing mass miniature radiography units, 146—Atypical pneumonia, 316
- ELLSBERG, Charles A.: *Surgical Diseases of the Spinal Cord, Membranes, and Nerve Roots: Symptoms, Diagnosis, and Treatment*, 509
- E.M.S.: Rehabilitation in an E.M.S. orthopaedic unit (S. A. S. Malkin and G. Parker), 315 (O)—Special neurosis centres, 4—Revised salaries of whole-time officers, 339
- EMERSON, Kendall (and others): *Modern Aspects of the Anti-tuberculosis Program*, 255
- Emphysema, interstitial, during labour (Roger Stanley), 477; correspondence, 552, 582, 678
- of the hand, 746
- surgical, 552—Complicating pulmonary tuberculosis, 120
- Emulsions, notes on a book on, 104
- Encephalitis in Manitoba, 1938-41 (C. R. Donovan and M. Bowman), 117—After vaccination, 198—After measles with severe Parkinsonian rigidity: recovery (B. Meyer), 508—Review of book on, 636
- Encephalomyelitis and allied conditions, recent experience of (Section of Neurology, R.S.M.), 296
- Encephalopathy, arsenical, a complication occurring during the treatment of syphilis (R. B. Nelson and others), 661 (O); correspondence, 771
- haemorrhagic, a case following arsenical therapy (James P. A. Halcrow), 663 (O)
- Endemiology: An epidemiological study of *Bact. typhosum* type D4 (W. H. Bradley), 438 (O)
- Endocrinology, increasing importance of, in general medicine (S. L. Simpson), 247 (O)
- Endotracheal union, a suture (W. A. Cobb), 667
- England and Wales: Stillbirths and neonatal deaths, 51—Registrar-General's quarterly returns, 59, 465
- Enteric group of fevers in prisoners of war from the Western Desert, with special reference to prophylactic inoculation, January, 1941, to February, 1943 (J. S. K. Boyd), 719 (O); leading article, 728. And see Typhoid
- of organisms, treatment of intestinal carriers of (R. Craile), 604
- Enterospasm and spastic colitis, 402, 496
- Ephedrine, reactions to (R. A. Murray Scott), 414
- EPIDEMIOLOGY:
- Annual summary, 118
- Cerebrospinal fever, 495, 554
- Diphtheria, 554, 774
- Dysentery, 554
- Impetigo neonatorum, bullous, investigations during outbreak of (T. H. C. Benians), 623 (O)
- Infectious diseases and vital statistics, 28, 59, 88, 118, 149, 177, 207, 241, 275, 307, 339, 369, 401, 433, 465, 526, 554, 588, 620, 652, 682, 713, 744, 774, 806
- Influenza, 207, 554
- Jaundice, catarrhal (L. R. L. Edwards), 474 (O)
- Measles, 307, 465, 554
- Quarterly returns: England and Wales, 59, 465—Northern Ireland, 59, 495, 806—Scotland, 369, 774—Eire, 495
- Paratyphoid, 554
- Pemphigus epidemics, 455
- Pneumonia, acute, 554
- Scabies, compulsorily notifiable, 775
- Scarlet fever, 554
- Small-pox, 88
- in Scotland in 1942, 198
- Streptococcal infections (annotation), 195
- Tuberculosis, 620
- Typhoid, 554
- Typhus in Germany, 177
- Vomiting and nausea (W. H. Bradley), 309 (O)
- Whooping-cough, 554
- Winter epidemics, 554
- Epi-glottis in anaesthetic deaths, 590
- Epilepsy, idiopathic, pitressin diagnosis in (William Blyth, 100 (O); correspondence, 364—Review of book on, 568
- ERICKSON, Theodore C. (and W. PENFIELD): *Epilepsy and Cerebral Localization. A Study of the Mechanism, Treatment and Prevention of Epileptic Seizures*, 568
- Eruption, toxic, 496
- Erysipelas, liq. ferri perchlor. for, 466
- Erythroblastosis foetalis, 53
- Ether, Oxford vaporizer, 232, 556
- Ethiopia. See Abyssinia
- Ethyl chloride: Spray in pleuritic pain, 202—Anaesthesia (J. D. Rorchford and B. T. Broadbent), 664 (O)
- EUNSON, L. H.: Hypnosis, 90
- EURICH, F. W.: Non-fatal effects of exhaust-fume poisoning, 326
- Europe: Food conditions in, 14—Starvation in (annotation), 46—Correspondence, 270, 364
- EVANS, A. G.: Incidence of pulmonary tuberculosis of adult type in the R.A.F., results of mass radiography of 75,000 cases, 565 (O); correspondence, 647
- David S. (and others): The action of radiant-heat cradles, 66 (O)
- Griffith: Trophic necrosis, skin-grafting, and vitamin C, 788
- Horace: Hypertension and renal disease, 799
- Surg.-Lieut. Philip Raymond, heroism of, 515
- R. Winston (and F. SMITH): Effect of the pH of the blood on haemolysis, with special reference to blackwater fever, 279 (O); correspondence, 360, 458, 528, 551, 684
- William: Mitral systolic murmurs, 8 (O); correspondence, 114, 145, 172, 202, 332, 459, 582
- EVE, F. C.: Complacency in resuscitation of the drowned, 535 (O); correspondence, 645—Artificial respiration, 584
- EWING, M. R.: Direct inguinal hernia, 612
- Exanthemata, acute, folk-lore of, 109
- Exercise therapy, principles of (Ernest A. Nicoll), 747 (O)
- Experiments, design of, note on book on, 192
- Exposure and thirst at sea (leading article), 729
- Eye: Removal of filaria worm from (M. C. T. Reilly), 103; correspondence, 169, 269, 402—Ear, nose, throat, and review of 1942 Year Book, 133
- injury: Guests at St. Dunstan's, 109
- Eyesight, review of book on, 447
- F
- Factories: Senior medical inspector of, 29
- FAIRBAIRN, W. R. D.: The war neuroses: their nature and significance, 183 (O); correspondence, 299, 333, 396, 426, 459, 549
- FAIRFIELD, Letitia: Legal position of sterilization, 328—Anaesthesia and anaesthesia in obstetrical practice, 578—Birth weights on a sliding scale, 706—Future of medical services, 733
- FALKNER, Ninian: Placental polypus, 230
- FARQUHARSON, Eric L.: *Illustrations of Surgical Treatment: Instruments and Appliances*, 2nd ed., 321
- FARRIS, Edmond J. (and John Q. GRIFFITH), editors of *The Rat in Laboratory Investigations*. By a staff of 30 contributors, 73
- FAWCITT, Richard: Cotton-wool sandwich, 352—Malignant tertian malaria, 622
- Feeding, communal, standardization in (annotation), 293
- Fees, private, of salaried medical officers, 234, 430
- Feet: Pain in the fore-foot, 555—Treatment of the fractured great toe (G. N. Taylor), 724 (O)
- FELIX, A.: Experiences with typing of typhoid bacilli by means of Vi bacteriophage, 435 (O)
- FELL, Lieut. David Walton, death of from wounds, 58
- Fellowship, Henry George Plimmer, 589
- Fergus, John Freeland, obituary notice of, 399
- FERGUSON, Andrew (and JOHN YUDKIN): A critique of the Bishop Harman test for night vision, 633 (O)
- Arnold Samuel, obituary notice of, 553
- Ferguson-Davie (née Hull), Charlotte Elizabeth, obituary notice of, 462
- FERNANDEZ, Z. P.: Mass radiography and incidence of pulmonary tuberculosis, 770
- FERRIER, H. J.: Staffing of miniature mass radiography units, 616
- Fever, abortus (D. G. Leys), 187 (O); correspondence, 299
- blackwater, effect of pH of the blood on haemolysis, with special reference to (F. Smith and R. W. Evans), 279 (O); correspondence, 360, 458, 528, 551—Treatment of, 737
- cerebrospinal, analysis of 3,575 case reports, with special reference to sulphonamide therapy (Paul B. Besson and Ethel Westerman), 497 (O). See also Meningitis
- glandular, meningeal reaction in case of (J. Shaffer and J. C. R. Weir), 218 (O)—Two case reports (R. J. Lumsden), 567
- typhoid: Case of *Bact. typhosum* resistant to sulphathiazole and sulphanilamide but defeated by sulphaguanidine (E. E. Katwinkle), 477—Case of due to infected cheese (annotation), 730—Endemiological study of *Bact. typhosum* type D4 (W. H. Bradley), 438 (O)—Experiences with typing of typhoid bacilli by means of Vi bacteriophage (A. Felix), 435 (O)
- yellow: Vaccine, jaundice and (annotation), 77
- Control of mosquitoes in Kenya, 500
- Fevers, acute specific, prophylaxis of (Section of Disease in Children, R.S.M.), 229
- and fever nursing, review of book on, 667
- FIELD, C. Elaine (and others): A standardized plan of treatment for gastro-enteritis in infants, 371 (O); correspondence, 458, 456, 581
- (and J. P. QUILLIAM): Primary bronchial carcinoma at the age of 4 years 4 months, 691 (O)
- FIELLER, E. C. (and others): Dietetics of pregnancy, 231
- Filaria worm, removal from eye (M. C. T. Reilly), 103; correspondence, 169, 269, 402, 654
- FINDLAY, G. M.: "Calorie control" diabetic diet, 201
- Finland: Medical faculty established at Abo, 150
- FINLAND, M.: Staphylococcal pneumonia in patients with clinical influenza, 505
- FINZI, N. S. (and F. FREUND): Treatment of wounds and inflammation by x rays and radium rays, 34 (O)
- First aid in Royal Navy, 759
- review of books on, 541, 568
- teaching, 82, 173
- training in, for Civil Defence purposes (A.R.P. Handbook), 383
- treatment of fractured spine, 60, 82, 614
- for Home Guard casualties (book review), 697
- universal splint (F. O'Sullivan), 448
- FIRTH, Douglas (and J. V. DACIE): Blood transfusion in nocturnal haemoglobinuria, 626 (O)
- Fischer, Isidor, obituary notice of, 238
- Fischer-Wasels, Prof. Bernhard, death of, 493
- Fish-liver oil capsules available, 494
- FISHER, E.: Tetanus, 776
- Lettice: Adoption of children, 115
- O. E., prisoner in Singapore, 683
- R. B.: *Design of Experiments*, 2nd ed., 192—Dietetics of pregnancy, 144, 460
- Fistula, prolonged faecal, three cases of, following operations for appendicitis (P. T. Crymble), 532
- FITCH, W. K.: *Gas Warfare*, 104
- Fitness, physical, vitamins and (A. A. Harper and others), 243 (O); correspondence, 394, 486, 580, 648
- FITZGERALD, O.: *Giardia lamblia* infestation, 456
- Flavines (amino-acridine compounds), their present status as surface antiseptics (C. H. Browning), 341 (O); rehabilitation of (leading article), 355; correspondence, 486
- FLEMING, A.: Methods of spread of acute pyogenic infections of nose and throat, 391
- Prof. G. P.: Factors influencing lactation, 516
- FLEMMING, Charles E. S.: Future of medical services, 801
- FLETCHER, C. M.: B.M.A. and Beveridge Report, 330
- N. Corbet: Liq. ferri perchlor. for sore throat, 466
- FLEW, J. D.: Shortened puerperium, 707
- FLOWERS, C. E.: Official medical history of the war, 456
- Food: Feeding, minimum standards of (leading article), 479—Feeding the world's population, 771—*Food, Health, Vitamins* (R. H. A. and V. G. Plimmer), 384—Inspection, 587—Index to the Literature of Food Investigation (H.M. Stationery Office), 183—In industrial canteens, 295—Investigation, director appointed, 589
- Ministry of: B.M.A. deputation to, on pasteurization of milk, 265
- Food yeast (annotation), 294
- Foot-and-mouth disease in man (Henryk Dlugosz), 189 (O); correspondence, 300, 365, 520, 582, 614
- Footner, George Rammell, obituary notice of, 741
- Foramen of Winslow, hernia through, emerging through gastro-hepatic omentum (H. Edwards and W. Stewart), 343 (O)
- FORBES, Gilbert: Tetrachlorethane poisoning, 348 (O)
- Robert: Preservation of professional confidence in obstetrics and gynaecology, 328
- Foreign bodies, sharp-pointed, swallowed, treated with cotton-wool sandwich (R. Fawcett), 352
- FORMBY, Lieut.-Col. Myles: Allergic rhinitis, 674
- FORREST, Devereux: Nit-wits, 590
- Foundation, Ella Sachs Plotz, for Advancement of Scientific Investigation: Grants to workers, 240
- Wellcome: Medical supplies for Russia and China, 240
- FOWLER, Major: American experience of allergic rhinitis, 674
- Fractures: Bilateral fracture of the patella (J. J. Murphy), 725—Slow union of (leading article), 669; correspondence, 735, 769—Treatment of the fractured great toe (G. N. Taylor), 724 (O)
- FRAENKEL, E. M.: The dysentery carrier, 54—Social aspects of allergy, 216 (O)—Research in the Continental clinic, 583
- FRAENKEL-CONRAT, H. L.: Effect of oestrogens on insulin content of rat pancreas brought about through pituitary, 43
- France: Weight of Paris school children, 1941-2, 29
- Starvation in Southern (annotation), 166
- FRANCIS, Alexander: Nasal defence, 402
- Dr.: Allergic rhinitis, 675
- FRANDSEN, Dr.: Infectious diseases in Denmark, 150
- FRANKEL, E.: Diet and insulin in diabetes, 737
- FRANKLYN, Charles A. H.: Doctors and the future, 801
- FRANSMAN, S. (and others): A European Association of Clinical Pathologists, 365
- Freedom and the Beveridge Report, 235

- Freedom, medical, preserving, 493
— scientific, and social medicine (Geoffrey Bourne), 227; correspondence, 298, 331, 361, 392, 427, 490, 614
— or unlimited, 622
— to choose doctor, 392
— to practise, 326, 427
FREMANTLE, Sir Francis: Venereal disease, Regulation 33B, 25—Appreciation of Sir Arthur Newsholme, 804
FREUND, F. (and N. S. FINZI): Treatment of wounds and inflammation by x rays and radium rays, 34 (O)
FROST, A. C.: Analgesia and anaesthesia in obstetrical practice, 577
Frostbite after shipwreck, 169
FRY, A.: Spina bifida in binocular twins, 131; correspondence, 232
— W. Kelsey (and others): *The Dental Treatment of Maxillo-facial Injuries*, 758
Fuel and Power, Minister of: On mines medical services, 148
FULLERTON, H. W.: Macrocytic anaemia of pregnancy and the puerperium, 158 (O)
"Functional" disorder, definition of (D. Hubble), 121
Fund, Bristol Hospitals, 87
— Canadian Aid to Russia, 733
— King Edward's Hospital for London: Grants to preliminary training schools for nurses, 600
— Lady Tata Memorial: Grants for research expenses, 807
— National Science (New York): Charles L. Mayer awards, 87
— Royal Medical Benevolent: Christmas gifts, 84—Annual general meeting, 794
FURLONG, Major Ronald: Minor orthopaedic injuries, 483

G

- GABARRO, P.: A new method of grafting, 723 (O)
GABRIEL, W. B.: A new St. Mark's Hospital dilator, 636
Gag for dysfunction of temporo-mandibular joint following mandibular injury (John W. Hallam), 569
— mouth, for laryngoscopy (Surg. Cmdr. H. Parry-Price), 605
GAINSBOROUGH, Hugh: Medicine and politics, 738
Gallie, Major-Gen. James Stuart, obituary notice of, 712
GAMLIN, R.: Control of head lice, 647
GARBER, S. T.: *Stedman's Practical Medical Dictionary*, 15th ed., 605
GARDINER, R. H.: Intestinal obstruction, 81
GARDNER, Isabel M.: Shortened puerperium, 706
GARLAND, T. O.: Health education and venereal disease, 290
— Tom: Medicine and politics, 738
GARRETT, G. A.: Diphtheria during immunization, 102; correspondence, 171, 202, 232
GARROD, L. P.: Pasteurization of milk, 80—Statement to Minister of Food (B.M.A. deputation), 265
GARROW, R. P.: Unwarranted cardiac invalidism in children, 114
GARRY, Prof. R. C.: Strain of pregnancy, 51
Gas gangrene: Specific identification of the chief pathogenic Clostridia (G. F. Petrie and D. Steabben), 377 (O)
— infection of the brain as one form of the serious complications of cerebro-cranial injuries (report by Committee of Soviet Scientists), 785
— warfare, book review, 104
GASKELL, H. S.: Mitral systolic murmurs, 332, 582—Coarctation, 426
Gastrostomy, partial, macrocytic anaemia following (A. G. Rhodes and A. Grunberg), 726
— physiological, for duodenal ulcer (annotation), 388
Gastro-duodenal surgery in the aged (Norman C. Tanner), 563 (O); correspondence, 714
Gastro-enteritis in infants, standardized plan of treatment for (C. E. Field and others), 371 (O); correspondence, 458, 486, 581—Neonatal epidemic, sulphaguanidine in (J. L. Henderson), 410 (O); correspondence, 613
Gastro-intestinal disorders, acute, chemotherapy in (W. Gunn), 485
— haemorrhage. See Haemorrhage
GAUTIER, Dr. (League of Nations): Post-vaccinal encephalitis, 199
GAVIN, Alex.: Liq. ferri perchlor. for sore throat, 528
GAVRONSKY, J. O. (and others): A European Association of Clinical Pathologists, 365
GAYLOR, J. B.: Persistently cold limbs following shipwreck, 798
Gentian violet for threadworms, 714
Germany: Typhus in, 177—Fine for summoning a doctor, 178—Diphtheria and immunization in, 553
Giardia lamblia infestation: Report to Royal Academy of Medicine in Ireland, 456
GIBBES, Surg. Lieut. G. H.: Artificial respiration, 270
GIBBERD, G. F.: *Short Textbook of Midwifery*, 3rd ed., 222
Gibbes, Lewes Nicholas, obituary notice of, 86
Gill, Amar Singh, award for bravery in Burma (citation), 295
— A. Wilson (and A. J. McCall): Lymphadenoma and leukaemia, 284 (O)

- GILL, Dorothy: Nephritis following varicella, 44
GILLESPIE, E. H.: Staphylococcal typing, 455
— John R.: Pleurisy and pleural effusion, 397
— Noel A.: *Endotracheal Anaesthesia*, 478
— R. D.: *Psychological Effects of War on Citizen and Soldier*, 133—Training and the neurotic, 422
GILLIESPY, R. O.: Treatment of vomiting after sulphapyridine, 459
GILLIATT, William (and others): *Midwifery*, by Ten Teachers, 7th ed., 13
GILMORE, H. Carson: Pasteurization of milk, 22
GIRDLESTONE, G. R.: Appreciation of W. Bremner Highest, 649
Girling, Charles John, obituary notice of, 237
Glasgow: Cancer research, 79—Royal Infirmary School for Nurses jubilee, 87—Small-pox outbreak in 35 cases, 1942 (J. Glen), 198—Comments, criticism, and comparison (C. K. Millard), 288; correspondence, 334
Glaucoma, atropine (J. E. Martin), 631 (O); correspondence, 708
GLEN, J.: 35 cases of small-pox, Glasgow, 1942, 198
Gloves, rubber, supplies of, 433
Glycine for myasthenia gravis, 21
GLYN-HUGHES, F. (and A. M. SPENCE): Sulphanilamide in acute disseminated lupus erythematosus, 460—(And others): Arsenical encephalopathy. A complication occurring during treatment of syphilis, 561 (O); correspondence, 771
GODDEN, W.: Stillbirths and neonatal deaths in farm practice, 51
GOHAR, M. A.: Centrifuge tube for collection of leucocytes, 542
GOLDBLATT, M. W. (and S. H. OAKESHOTT): Inactivation of phosphorus on the skin, 128 (O)
GOLDMAN, L.: Artificial respiration, 83
GOLDSTONE, B. W.: A new and simple method for subcutaneous ligation of varicose veins, 753 (O)
Gonadotrophin secretion, ketosis and (annotation), 419
Gonads, the (S. L. Simpson), 249
Gonococci, improved Pappenheim stain for detection of, in smears of pus (M. M. Barritt), 254
Gonorrhoea and sterility (S. Schleyer), 71. See also Venereal Diseases
GONSALVES, Percy: Partnership or bondage, 518
— V. P.: Indian Army Medical Corps, 677
GORDON, I. (and others): *Medical Jurisprudence: A South African Handbook*, 287
— Roderick A. (and R. P. W. SHACKLETON): Trichlorethylene anaesthesia in plastic surgery, 380 (O); correspondence, 398, 489
Gordon-Taylor, Surgeon Rear-Admiral Gordon: Appreciation of L. R. Braithwaite, 24—A rare cause of severe gastro-intestinal haemorrhage, with a note on aneurysm of the hepatic artery, 504 (O)—Review of *Pathology of Trauma* by A. R. Moritz, 666
GOUGH, W. Brian: A member resigns, 267
GOULD, J. Noël (and Tudor Glyn THOMAS): Diagnosis of alkaptonuria, 788
GOURLAY, R. John: Interstitial emphysema of the hand, 746
Gout, treatment of, 808
Government and the profession, 359, 428—Undisclosed plans, 518—The proposals, 679, 710, 739
— conference: Health services in industry, 514
Grafting, a new method of (P. Gabarro), 723 (O)
GRAHAM, Everts A.: Editor of 1942 Year Book of General Surgery, 727
— George: Calorie control, 457
— John R.: Scabies treated with one application of benzyl benzoate, 413 (O); correction, 496; correspondence, 496
— Stanley: Factors influencing lactation, 517
GRAHAM-LITTLE, Sir E.: Venereal disease, Regulation 33B, 26—Call-up of doctors and protection of practices, 58—Private practice of alien doctor, 148—Insured persons and Protection of Practices Scheme, 149
GRANT, A. (and H. WOTZILKA): Treatment of fulminating meningococcal septicaemia, 521
— Madeleine (and others): *Psychology for Individual Education*, 103
GRASSE, Samuel: The Government's proposals, 679
GRAVES, J. H. (and others): Scientific freedom and social medicine, 428
— Surg. Lieut. J. H., killed, 807
GRAY, G. Douglas: Military psychiatry, 202
— W. M.: Irritant spectacle frames, 648
Greece: Starvation in, 364—Food supplies for, 681
GREEN-ARMYtage, V. B.: "Pitfall" (medico-legal) of puerperal sepsis, 328—Sterility and contraception, 776
GREENE, Raymond: Test of resolution and endurance, 648—Frost-bite and immersion foot, 798
GREENFIELD, J. G.: Encephalitis, 297
Greenwood, Prof. Allen, death of, 493
GREGG, A. L.: *Tropical Nursing. A Handbook for Nurses and Others going Abroad*, 2nd ed., 605
Grey matter (cerebrum and spinal cord), position of, 621
GRIFFIN, W. P.: Severe gunshot wound of the abdomen, 352
GRIFFITH, John G. (and Edmond J. FARRIS), editors of *The Rat in Laboratory Investigations*. By a staff of 30 contributors, 73
GRIFFITHS, H. E.: Consultation between Government and profession, 428
— J.: Mines medical services, 148
"Growing pains": Clinical significance of (D. Hubble), 122—And the subacute rheumatic state (D. Hubble), 123—Nature of (D. Hubble), 124

- Growth rates in school children, investigation of, 306
GRUNBERG, A. (and A. J. RHODES): Macrocytic anaemia following partial gastrectomy, 726
GUEST, Haden: Venereal Disease, Regulation 33B, 25
GUIRDHAM, A.: Oestrogen treatment of diabetes, 202—The constitutional factor, 612
GUNN, W.: Chemotherapy in acute gastro-intestinal disorders, 485
GUTHRIE, Douglas: Tribute to Sir StClair Thomson, 204
— D. J.: Mucin as nose and throat antiseptic, 391
GUTTMANN, Eric: Prognosis in civilian head injuries, 94 (O)—Treatment of head injuries, 579
Gynaecological surgery, review of book on, 568
Gynaecology, paediatric, review of book on, 568
Gynaecomastia produced by desoxycorticosterone acetate (doca) (R. D. Lawrence), 12

H

- Haemarthrosis, recurrent, 714
Haematemesis and malena, with special reference to bleeding peptic ulcers (F. Avery Jones), 689 (O)
Haematocrit, haemoglobinometry and the use of (report to Traumatic Shock Committee of M.R.C.), 209 (O); leading article on, 223; correspondence, 331
Haemoglobinometer (Haldane type), British standard specification No. 1079/1942, 14, 150
Haemoglobinometry and the use of the haematocrit (report to Traumatic Shock Committee of M.R.C.), 209 (O); leading article on, 123; correspondence, 331
Haemoglobinuria, nocturnal, blood transfusion in (J. V. Dacie and Douglas Firth), 626 (O)
Haemolysis, effect of the pH of the blood on, with special reference to blackwater fever (F. Smith and R. W. Evans), 279 (O); correspondence, 360, 458, 551
Haemolytic transfusion reactions, investigation of (P. L. Mollison) (report to M.R.C.), 529 (O), 559 (O)
Haemophilia, precautions in, 621
Haemorrhage, adrenal, fulminating purpura and, 22, 120
— gastric, aspirin and, 714, 768
— severe gastro-intestinal, a rare cause of, with a note of aneurysm of the hepatic artery (G. Gordon-Taylor), 504 (O)
Haemorrhagic diseases and haemostasis, book review, 415
Haemothorax due to strangulated diaphragmatic hernia (S. Deane and others), 72
HAGENS, Elmer W. (and others): *The 1942 Year Book of Eye, Ear, Nose, and Throat*, 133
Hair, loss of, in rats, adrenalectomy on (L. Stein and E. Wertheimer), 217
— preparation, analysis of, 775
HALCROW, James P. A.: A case of haemorrhagic encephalopathy following arsenical therapy, 663 (O); correspondence, 771
HALL, Gilbert S.: Haemorrhagic suprarenal infarction, 22
— Flying Officer Harold Patterson, killed in flying accident, 552
— K. (and others): Effects of vitamins on experimental hyperthyroidism, 245 (O)
HALLAM, John W.: A gag for dysfunction of the temporo-mandibular joint following mandibular injury, 569
HALLIBURTON, the late W. D. (and R. J. S. McDOWALL): *Handbook of Physiology and Biochemistry*, 37th ed., 73
HAMILTON, M.: War neuroses morale, and social psychology, 549
HAMILTON-PATERSON, I. L. (and L. I. M. CASTLEDEN): Three cases of intracardiac tumour, 398
HAMMOND, John: Nutrition in pregnancy, 297
— Thomas Edwin, obituary notice of, 462
Hand and finger lesions, 55, 654
Hands, preparation of, for operation, 53, 114, 303, 528
HANSCHALL, H. M.: Venereal diseases, 430—V.D. in the Merchant Navy, 803
Harben gold medal, 482
HARDCASTLE, D. N.: A member resigns, 268
Hardie, R. S., prisoner in Thailand, 683
HARDY, T. L.: Eviration of the diaphragm, 201
HARGREAVES, Hilda: Investigation on mean birth weights of infants, 199
HARLEY, David: *Medico-legal Blood Group Determination: Theory, Technique, and Practice*, 758
HARMAN, N. Bishop: The measure of night vision, 43; correspondence, 146, 270—Night vision tests, 736
HARNETT, W. L. (and Lord HORDER): Planning in the treatment of cancer, 706
HARPER, A. A. (and others): Vitamins and physical fitness, 243 (O); annotation, 417; correspondence, 394, 487, 580—(And W. V. WADSWORTH): Resuscitation of the drowned, 645
HARRIES, E. H. R.: Prophylaxis of acute specific fevers, 229
HARRIS, H. A.: Anatomical basis of physical medicine, 197—Diagnostic "tricks" for pleurisy and peritonitis, 737
— Rufus: Emergency street first aid for air-raid casualties, 541
— Wilfred: Appreciation of Leslie Paton, 741
HART, P. D'Arcy: Sir Arthur Newsholme and Russian medicine, 771

- Harte, Edward, obituary notice of, 804
- HARVEY, H. W. (and H. W. THOMAS): Absorption of iron, 83
- HASLETT, Caroline (and others): British hospital for Stalingrad, 711
- HASSON, James: Prevalence of pityriasis versicolor, 654
- HASTINGS, Somerville: Scientific freedom and social medicine, 392, 615—Medicine and politics, 766
- HATHAWAY, S. R.: *Physiological Psychology*, 415
- HAWKSLEY, Margaret (and G. HUMBY): A universal apparatus for peroral intratracheal anaesthesia, 317 (O)
- HAWORTH, James (and A. DUFF): A note on trichlorethylene anaesthesia, 381 (O); correspondence, 398, 489
- HAWTHORNE, C. O.: Statement to Minister of Food on pasteurization of milk (B.M.A. deputation), 265
- HAXTON, Herbert: Anatomical nomenclature, 492
- Hay, Percival John, obituary notice of, 236
- Hay-fever, prophylaxis for, 242
- HAYES, D. S.: Local application of promin (=promanide) in tuberculosis lesions, 81
- Head injuries, acute, book review, 12
- civilian, prognosis in (Eric Guttman), 94 (O)
- in motor-cyclists, with special reference to crash helmets (Hugh Cairns and H. Holbourn), 591 (O)
- planning for treatment of (Hugh Cairns), 313 (O); correspondence, 457, 550, 579, 647
- Headaches and "silent" sinusitis, 90
- HEALD, C. B. (and others): Joint Committee on Rheumatism and Orthopaedics, 54; correspondence, 111
- Health: Of medical student, 30—On the hoardings, 109—Search for, 146—In West Indies, 400; annotation, 639—Vitamins and, 417
- centre, x-ray department in, 23, 83, 146, 234
- civilian, in wartime (book review), 383
- Department of, for Scotland, 86
- education, probable influence of, on the improving appendicitis mortality rate (D. B. Armstrong), 277 (O)—For girls (annotation), 672
- Journal* (annotation), 388
- industrial, and hygiene (annotation), 356
- mental, planning for (leading article), 728
- Minister of: Venereal disease, Regulation 33B, 26—On insured persons and Protection of Practices Scheme, 149—Medical certificates, 176—On local authorities, 587
- Ministry of: Improved arrangements for treatment of tuberculosis, 110—Circular on free insulin, 125—Circular on venereal diseases, 134—Circular on diphtheria immunization, 141—Circular on extension of length of service of M.O.s, 150—And welfare of women in war factories (report from Select Committee on National Expenditure), 164—Memorandum on treatment of phosphorus burns (E.M.S.I. 396), 229—On phosphate test for heat-treated milk, 464—Salaries of whole-time E.M.S. officers, 339—Consultation with medical profession on Beveridge Report, 359; correspondence, 428; leading article, 670—Rehabilitation in civilian hospitals, a survey, 454—Memorandum on control of head lice, 526—Report on work of, 587—Returns required from local authorities, 683
- negative, cult of, 766
- positive (debate in House of Lords): 650
- problems in the new London (annotation), 793
- public, propaganda, 400
- service plan, comprehensive, 553
- national: Medical auxiliaries in, 464—Proposals, 806
- services, Government's proposals, 650
- units in the Colonies, 709
- HEART:
- Cardiac arrhythmia, quinidine for, 452
- contusion in closed injuries of the chest, 471
- invalidism, unwarranted, in children, 114, 303
- Intracardiac tumour, three cases of (I. L. Hamilton-Paterson and L. I. M. Castleden), 398
- Maintenance treatment with digitalis (Alfred S. Rogan), 694 (O)
- Mitral systolic murmurs (William Evans), 8 (O); correspondence, 114, 145, 172, 202, 332, 459, 582
- Treatment of heart disease, review of book on, 447
- Heat, effects of, in the Middle East Forces, 376
- HEFFERNAN, Patrick: Pulmonary disease in miners, 581
- HEGGIE, R. M. and J. F.: Flavines as surface antiseptics: influence on healing, 486
- HEIN, Lieut-Col. Gordon E.: Atypical pneumonia in American Army, 515
- HENDERSON, Surg. Cmdr.: Treatment of war neurosis, 422
- J. L.: Sulphaguanidine in neonatal epidemic gastro-enteritis, 410 (O), 613
- J. M.: The relation of sunlight to desert sores, 657 (O)—A member resigns, 267
- Norman P.: Staffing mass miniature radiography units, 81, 487—German explosive bullets, 170—Specialists and State service, 710
- HENDRY, Prof. J.: Factors influencing lactation, 517
- HENDTLASS, R. F.: A case of extreme exomphalos, 477
- HENRY, S. A.: Byssinosis, 110
- Herbalists, future of, 368
- HERITAGE, Kenneth: Hypertension and renal disease, 799
- Hernia, direct inguinal, 612, 678
- pain in hernial scar, 434
- strangulated diaphragmatic, haemothorax due to (S. Deaner and others), 72
- through foramen of Winslow emerging through the gastro-hepatic omentum (H. Edwards and W. Stewart), 343 (O)
- Herniae, multiple muscle (Ian D. Kitchin and D. A. Richmond), 602 (O); correspondence, 738
- Herpes zoster and varicella, viruses of, 466, 642
- HERTZ, J. H. (and others): British hospital for Stalingrad, 711
- HERXHEIMER, H. G. J.: Rectal administration of sulphonamides, 90
- HEWER, C. Langton: CO₂ absorption technique, 334—*Recent Advances in Anaesthesia and Analgesia (including O₂ Therapy)*, 415—Anaesthesia for laryngofissure, 458
- HEWITT, J. and E. D. (and S. J. CAMERON): *A Glasgow Manual of Obstetrics*, 4th ed., 163
- Hexobarbitone as hypnotic, 714
- HICK, R. H. P.: Advice on sterility, 707
- HIGGINS, L. G.: Caesarean section in dystocia, 212 (O); correspondence, 361
- Highet, W. Bremner, obituary notice of, 649, 711
- HILL, Bradford: *Principles of Medical Statistics*, 3rd ed., 13
- Charles: Health education and venereal diseases, 290—Health services in industry, 514—Future of medical services, 732
- Horace: Electric convulsion therapy and brain damage, 146
- Sir Leonard: High flying for whoopers, 54—Help for the shipwrecked, 269
- T. Rowland: Planning for treatment of head injuries, 457
- HILTON (and Sir Walter LANGDON-BROWN): *Physiological Principles in Treatment*, 605
- Histamine and insulin in erythematous eczema, 426
- blood, increase of after severe burns (B. Rose and J. S. L. Browne), 446
- for psoriasis, 556
- HOBSON, A. J.: Scientific freedom and social medicine, 361
- HOLBURN, H. (and Hugh CAIRNS): Head injuries in motor-cyclists, with special reference to crash helmets, 591 (O)
- HOLDEN, F. N.: Stilboestrol for immature infants, 234
- HOLMAN, C. C.: Slow union of fractures, 735
- HOLROYD, J. B. H.: Oxford ether vaporizer, 556
- Nasal intubation, 803
- Home Guard, medical attention of, 26
- Office: Pneumoconiosis and Workmen's Compensation Bill, 27
- Security, Minister of: On private practice of alien doctor, 148
- Ministry of: Action of radiant-heat cradles issued by (G. Malcolm Brown and others), 66 (O)
- Hong Kong, prisoners of war in, 177
- Honours: New Year, 50—Birthday, 734, 775
- HOOPLE, Major: American experience of allergic rhinitis, 674
- HOPKINS, Frederick: Decrease in admissions to mental observation wards during war, 358
- Sir Frederick Gowland: Resignation from Sir William Dunn Professorship of Biochemistry, 119—(And others): Minimum human requirements, 460—(And others): British hospital for Stalingrad, 711
- HORDER, Lord: Ex-Service Welfare Society, 422—Advice on sterility, 644
- (and others): Minimum human requirements, 460
- (and W. L. HARNETT): Planning in the treatment of cancer, 706
- Hormones: In non-endocrine disorders (S. L. Simpson), 250—Anterior pituitary sex, 527
- HORNE, J. Landess: Foot-and-mouth disease in man, 614
- HOSKINS, J. L. (and R. E. REWELL): Chemical luminescence test for blood, 709
- Hospital, Birmingham Accident: Annual Report, 549
- United: Clinical teaching of medical students, 87
- British, in North Russia, 239
- for Stalingrad, 701, 711, 807
- Bulawayo, 240
- governors and medical auxiliaries (medico-legal), 522
- Guy's: Appointments system, 119
- Harlow: Wood Orthopaedic, 6
- libraries and diversionary therapeutics, 120
- London: Cancer centre, 683—Director of new accident and orthopaedic department, 775
- mental: Paying for V.D. treatment in, 21
- military, experiences in, in Free China (H. T. Laycock), 262
- planning, in *Art Notes*, 570
- Queen Elizabeth, for Children: Gift from Marie Denny Memorial Trustees, 621
- Queen Mary's (Rochampton): Supply of artificial limbs to workers, 561
- Royal Cancer, London: Republication of selected papers, 448
- St. Bartholomew's: Resolution of medical council on preservation of medical freedom, 493
- St. James's, Balham: Demonstrations by gastic and urological units, 713
- Hospital ships, enemy attacks on, May 1940-May 1942, 805
- Sir Patrick Dun's, Dublin (book on), 104
- surveys: East Anglia and Bucks-Berks-Oxon, 241
- Westminster: Dean appointed, 339, 586
- Hospitals: Out-patient organization (F. S. A. Doran), 420 (O); correspondence, 488—The medical superintendent, future position and functions of (W. J. T. Kimber), 453
- civilian, rehabilitation in (survey by Ministry of Health), 454
- general, treatment of psychiatric patients in: a social experiment (Dalton E. Sands), 628 (O); leading article, 637; correspondence, 735, 800
- London Emergency Bed Service, 709
- mental: Within Army, 4—Decrease in admissions to observation wards during war (F. Hopkins), 358; correspondence, 614
- Merseyside Council, 51
- Midlands, beneficiaries under will of Sir Charles Hyde, 345
- voluntary: Meeting with Minister of Health, 368
- Year-Book*, 1942, 478
- Houghton, Surg. Lieut. Jack Bloor, "missing, presumed killed," 400
- P. W. (and J. N. MORRISON): Treatment of fulminating meningococcal septicaemia, 363
- Hours of work and their influence on health and efficiency: a tract for the times (annotation), 609—Youth registration and (annotation), 730
- Houses to live in (leading article), 136; correspondence, 201, 268, 489, 584
- Housing, an inquiry (annotation), 700
- Howard, Russell, date of death corrected, 25
- HOWARTH, Walter: Anaesthesia for laryngofissure, 334
- HOWE, Howard A. (and David BODIAN): *Neural Mechanisms in Poliomyelitis*, 44
- HOWELL, Trevor H.: Organization of postgraduate study, 643
- HUBBLE, Douglas: Nature of the rheumatic child, 121 (O), 154 (O)
- Hudson, John Harral, reported missing, 88
- HUGGETT, Prof. A. St. G.: Placenta and foetal nutrition, 51—Wartime diet in pregnancy, 297
- Hugo, Lieut.-Col. James Henry, death of, 367
- Hulme, John Walter, called to the Bar, 178
- Human requirements, minimum (Sir Joseph Barcroft and others), 460
- HUMBY, Graham (and M. HAWKSLEY): A universal apparatus for peroral intratracheal anaesthesia, 317 (O)
- HUMPHREY, J. H.: Medicine and politics, 767
- HUMPHRIS, F. Howard: Appreciation of W. J. Turrell, 271
- Hunter, Capt. Frederick, death of, 239
- William: Safe milk and milk products, 208
- HURRELL, D. J.: X-ray department at health centre, 83
- HURST, Sir Arthur: War neuroses, 299, 459—*Medical Diseases of War*, 6th ed., 321—Asthma in childhood, 403 (O); correspondence, 518, 520, 550, 584—Appreciation of C. Lambrinudi, 650
- Aspirin and gastric haemorrhage, 768
- HUTCHINS, Myrtle M.: Shortened puerperium, 768
- HUTCHINSON, J. R.: Maintenance of the dependants of tuberculous patients, 617
- HUXLEY, Aldous: *The Art of Seeing*, reviewed by Sir Stewart Duke-Elder, 635
- Julian S. (and others): Minimum human requirements, 460
- Hyde, Sir Charles: Bequests to hospitals and Birmingham University, 345
- Hydrocephalus, communicating, surgery of (annotation), 357
- Hygiene, Assistant Director of, at War Office, 207
- personal and community (book review), 321
- tropical (annotation), 638
- Hypertension and renal disease (R.S.M.), 799
- Hyperthyroidism, experimental, effects of vitamins on (V. Korenchevsky and others), 245 (O)
- Hypnosis, 90
- Hypnotic, hexobarbitone as, 714
- Hypo- and hyper-chlorhydria, 714
- Hypoglycaemia and the brain (annotation), 672
- Hypopituitarism, hypogonadism, anaemia, 776
- I
- Iceland: Cases of effort syndrome among British Forces in (D. E. Rodger), 351 (O)
- IDLE, E. Doreen: *War over West Ham* (annotation on), 764
- ILLINGWORTH, C. F. W.: *Textbook of Surgical Treatment, including Operative Surgery*, 255
- "Immersion foot" after shipwreck, 169
- Immunity to tuberculosis (G. Gregory Kayne), 777 (O)
- Immunization, diphtheria during (G. A. Garrett), 102; correspondence, 171, 202. See also Diphtheria and Whooping-cough
- the negative phase, 653
- pertussis, 622
- Immunology, review of book on, 133
- Impetigo contagiosa: Treatment of, 90—In the Services, with special reference to its treatment with sulphathiazole (G. A. G. Peterkin and E. Colin Jones), 318 (O)
- neonatorum, bullous, investigations during outbreak of (T. H. C. Benians), 623 (O)
- Impotence, psychological, 466

"In the discard," leading article on Government proposals for the medical profession, 670; Parliamentary debate on, 773; correspondence, 802

INCOME TAX

Absentee practitioner—earned income, 30
 Appointments, 340, 654
 Bad debts, 119
 Bank interest, payment of, 29
 Car: Allowance for assistant providing, 308—
 Depreciation of, 340—Allowance for, 654
 Deduction of tax, 654
 Dissolution of partnership, 89
 Employment, civilian, return to, 308
 Entertainment expenses, 555
 Fees to R.C.P., 119
 Hospital appointment: Board and lodging, 89
 Income: Earned, reduction in, 30—Remaining
 abroad, 150
 Inspectors of taxes: Power in Eire, 89—Inquiries
 by, 178
 Irish resident, war work by, in U.K., 242
 Loan, repayment of, 556
 Marriage: Effect on allowances, 150
 Motor car expenses, 30
 Necessitous practices fund, 746
 Newcomer to England, 527
 Night, absence at, cost of meals, etc., 308
 Parents partially dependent, 556
 Private fees after retiring from public appoint-
 ment, 89
 Purchase of practice, 590
 Receipts "in kind," 746
 Remittances from abroad, 29, 119
 Residence abroad, 276
 Retired practitioner, new appointment, residential
 expenses, 178
 Service in Forces, expenses, 308
 Single person's liability, 119
 Transfer, housing on, 496
 Travelling expenses, 276, 556
 Textbooks, cost of replacing, 556
 War damage contribution, 276, 746
 Wife, allowance for, 60
 — deduction of tax from salary of, 276
 — earnings of, 556, 746
 — employment of, 60
 — income from property in Dublin, 370

India: Malaria control in, 326—Medical aid to
 women of, 390—Social background of health in,
 641—Vaccination in, 770

Indian Army Medical Corps, formation of: Propo-
 sals of the Souttar Mission, 575; correspon-
 dence, 677

Indexes, half-yearly, 260

Indium, toxic properties of (annotation), 793

Infancy, nutritional problems of (Nutrition Society
 meetings), 765

Infant feeding, 242—Review of book on, 697

— mortality. *See* Mortality

— premature: Management and prognosis (W.
 R. F. Collis and M. A. Majekodunmi), 31 (O);
 correspondence, 234

Infants, gastro-enteritis in, standardized plan of
 treatment for (C. E. Field and others), 371 (O);
 correspondence, 458, 486, 581

Infarction, haemorrhagic supranuclear, 22

Infection of the throat, combined with diphtheria
 and tuberculosis (J. J. Linahan), 162

— in the crowded surgery, 556

— notifiable, disposal of person dead from, 242

— pyogenic, prevention of acute, of nose and
 throat (Section of Laryngology, R.S.M.), 391

— streptococcal, epidemiology of (annotation),
 195

— virus, survey of (Society of M.O.H.s), 642

Infectious diseases: In Denmark, 150—And social
 conditions (leading article), 762—In Middle East
 Forces, 376. *See also* Epidemiology

Inflammation, wounds and, treatment by x rays and
 radium rays (N. S. Finzi and F. Freuden), 34 (O)

— membranous, of oropharynx, nose, and con-
 junctiva due to sulphathiazole administration (I.
 M. Schnee), 506 (O)

Influenza: Prevention of (annotation), 17

— clinical, with epidemic staphylococcal pneu-
 monia (M. Finland), 505

— virus (S. P. Bedson), 642

Influenzal meningitis, successful treatment with
 sulphonamides (N. Archer and E. Singer), 286

Injection, the contaminated (annotation), 608;
 correspondence, 678, 776, 804

— intramuscular, site for, 775

Inoculation: Probable tetanus despite inoculation
 with toxoid (R. J. McGill), 40 (O)

— preventive (book review), 353

Institute of Experimental Medicine (for study and
 treatment of cancer), Buenos Aires, bulletin of,
 14

— Imperial, jubilee of, 622

— National, for the Blind: Civilians blinded
 through enemy action, 150

— for Medical Research and M.R.C., 337

— of Public Health and Hygiene: Smith award,
 526

Insufflation, transuterine, and salpingography (A.
 Leech-Wilkinson), 100 (O)

Insulin: Oestrogens on content of rat pancreas, 43

— Free, parliamentary answer on, 125—Ministry of
 Health circular on, 125—And histamine in ery-
 thematous eczema, 426—Diet and, in diabetes,
 737

Insurance, National Health: Insured persons and
 Protection of Practices Scheme, 149

Insurance, social, medical practice, and research, 803
 Intelligence, pediculosis capitis and, in W.A.A.F.
 recruits (Henry R. Rollin), 475 (O)

Intestines: *Problems of Intestinal Obstruction*, four
 papers on, 73—Intestinal obstruction, 81—Treat-
 ment of intestinal carriers of enteric group of
 organisms (R. Craile), 604

Invalidism, cardiac, unwarranted, in children, 114,
 202

Ireland, Northern: Registrar-General's quarterly
 returns, 59, 495, 806—Doctors in the Services, 764

— Major: Allergic rhinitis, 675

Iron: Absorption of, 83—Too much? 340—In diet
 or as drug, 402

— lung improvised in a warship (Surg. Lieut.-
 Cmdr. A. C. K. Yates), 256

J

JACKSON, A. Y.: *Banting as an Artist*, 448

— Margaret C. N.: Advice on sterility, 802

— Mary Percy: Fulminating purpura and adrenal
 haemorrhage, 22

JACOBS, A. L.: Appreciation of Olaf Scheel, 772

— Morris B.: *War Gases: their Identification
 and Decontamination*, 104

Jamaica Medical Service, 148

JAMES, K. Wilson: Sacro-iliac strain, 150

— Norman R.: *Regional Analgesia for Ab-
 dominal Operations: with Special Reference to
 Amethocaine Hydrochloride*, 666

JAMESON, Sir William: Health services in industry,
 514

JARMAN, T. Francis: Promanide in local treatment
 of tuberculosis, 111

Jaundice and yellow fever vaccine (annotation), 77

— epidemic catarrhal, an outbreak of (L. R. L.
 Edwards), 474 (O)—Study to be undertaken by
 M.R.C., 587, 609—Diet for, 684

— following administration of human blood pro-
 ducts (H. V. Morgan and D. A. J. Williamson),
 750 (O)

Jeffrey, Surg. Lieut. Kenneth Cole, missing, pre-
 sumed killed, 89

Jejunum, case of adenocarcinoma of (A. H. Sang-
 ster), 12

JENKINS, C. E. (and M. L. THOMSON): Haemo-
 globinometry and the haematocrit, 331

Jennings, Ernest Charles, obituary notice of, 617

Jeudwine, Lieut.-Col. Wilfrid Wynne, death of, 239

JOBBON, T. B.: Allergic rhinitis, 675

Johnson's (Dr. Samuel) asthma, 584

JOHNSTON, Lennox: Control of venereal disease,
 208

Johnston-Smith, Charles, obituary notice of, 205

JOHNSTONE, D. F.: Diphtheria during immuniza-
 tion, 171

— I. Lloyd: Some useful ophthalmic sulphon-
 amide preparations, 605

— R. W.: *Text Book of Midwifery*, 11th ed., 113

Joints, acromio-clavicular, dislocated, treatment of,
 22—Sacro-iliac strain, 150

JOKE, Ernst: *Aviation Medicine*, 287; correspon-
 dence, 677

Jones, D. N. Rocyn, appointed J.P. for Monmouth-
 shire, 555

— D. S. Morgan: B.M.A. and Beveridge Report,
 362

— E. Colin (and G. A. G. PETERKIN): Impetigo
 contagiosa in the Services, with special reference
 to its treatment with sulphathiazole, 318 (O)—
 Notes on treatment of respirator dermatitis, 757

— F. Avery: Haematemesis and melaena, with
 special reference to bleeding peptic ulcers, 689
 (O)

— J. C.: The Government's proposals, 710

— John Lewis, obituary notice of, 237

— Ralph: Liq. ferri perchlor. for sore throat, 340

JORDAN, Henry H.: *Workmen's Compensation and
 the Physician. A Manual for the Use of General
 Practitioners and Insurance Carriers, with a Dis-
 cussion of Traumatic Neuroses* by Paul H. Hoch,
 13

JOULES, H.: Ward sisters' salaries, 365—A typical
 pneumonia, 516

Joyce, Capt. John Colin Ramsay, death of, on
 service, 176

JUBA, A. A.: Generalized vaccinia, 91 (O); corres-
 pondence, 425—Chemotherapy and serotherapy
 in cerebrospinal (meningococcal) meningitis. An
 analysis of 3,206 case reports, 501 (O)

JUDGE, Jane (and others): *Physiology for In-
 dividual Education*, 103

K

Kala-azar: In the Middle East Forces, 375—
 Diagnostic test for, 532

KATWINKEL, E. E.: *Bact. typhosum* and chemo-
 therapy, 477

Kauntze, W. H., visit to tropical Africa for
 Colonial Office, 79

KAYNE, G. Gregory: Atypical pneumonia, 516—
 Extending the use of collapse therapy, 519—
 Immunity to tuberculosis, 777 (O)

Kelawala, Lieut.-Col. Manekshaw Jamshedji, death
 of, 431

Keay, John, obituary notice of, 237

KEBLE, Cmdr.: Official naval medical history of
 the war, 456

KEFALAS, A.: The contaminated injection, 678

Kelly, Howard, obituary notice of, 236

KENNAWAY, E. L.: Supply of water to rabbits and
 guinea-pigs, 760 (O)

KENNEDY, J. A. (and others): *Mass Miniature
 Radiography*, 415

KENNY, Elizabeth: Kenny treatment of polio-
 myelitis, 615

Kenya: Control of mosquitoes and epidemic yellow
 fever, 500

Keratoconjunctivitis, epidemic (annotation), 418

KERNAN, John Devereux: *Surgery of the Nose and
 Throat*, 383

Kerr, Major A. L., death of, 524

KERRY, Richard: Changing the pH, 521

KERSHAW, John D.: Strategy and tactics in re-
 search, 550

Ketosis and gonadotrophin secretion (annotation),
 419

KEY, M. Aston: Preparation of the hands for
 operation, 114

KIDD, Mary: Shortened puerperium, 768

Kidney: Diet, influence of, on renal volume (annota-
 tion), 226—Hypertension and renal disease
 (R.S.M.), 799

Kilgore, Eugene Sterling, death of, 367

KILNER, S. D. (and others): Post-operative respira-
 tory complications in Service cases, 754 (O)

KIMBER, W. J. T.: The medical superintendent,
 his future position and functions, 453; correspon-
 dence, 522

King Edward's Hospital Fund for London, 1897-
 1942 (leading article), 257

KING, J. E.: Irritant spectacle frames, 552

— Lorna S.: Future of women in medicine, 461

— Preston, obituary notice of, 236

Kirkconnell method for fractured spine, 82

KIRKPATRICK, H. J.: Rationed distribution of doc-
 tors, 23

KIRMAN, Brian H.: Admissions to mental wards
 in wartime, 614

KITCHIN, Ian D. (and D. A. RICHMOND): Multiple
 muscle hernia, 602 (O); correspondence, 738

KNIGHT, Gerald (and J. M. MALINS): "Calorie
 control" diabetic diet, 302

KNOTT, F. A.: Pemphigus epidemics, 455

KNOX, John Stuart: Histamine and insulin in ery-
 thematous eczema, 426

KOHN, B.: Peptic ulcer a deficiency disease, 489

KON, S. K.: Vitamin content of human milk, 765

KORENBERG, Morton (and Z. T. WIRTSCHEFTER):
Diabetes Mellitus, 383

KORENCHESKY, V. (and others): Effects of vita-
 mins on experimental hyperthyroidism, 245 (O)

KVITTINGEN, J.: Syphilis treated with daily multiple
 injections of mapharside, 69 (O)

KYLE, David: Perforated gastric ulcer at 19, 370

L

Laboratories, pathological: Supplies for (annota-
 tion), 18—Supply of water to rabbits and guinea-
 pigs (E. L. Kennaway), 760 (O)

Laboratory animals, welfare of, 808

Labour and National Service, Ministry of: Con-
 ference on health services in industry, 514

— and State medicine (leading article), 761

Lack, Harry Lambert, obituary notice of, 304

Lactation, factors influencing (Nutrition Society),
 517

Laguardia, Gerardo, death of, 367

LAKE, Norman C.: "Capacity to pay": A false
 premise, 578

LAKIN, C. E.: The first medical bulletin, 668

LAMBRINUDI, C.: Fractures of the carpal scaphoid,
 484—Obituary notice of, 617, 650

LAMPARD, M. E.: A member resigns, 322

Lancashire, tuberculosis in, 368

LANE, R. E.: Industrial medicine, 514

— Sir William Arbuthnot, obituary notice of,
 115

LANGDON-BROWN, Sir Walter: Appreciation of
 George Washington Crile, 116—Houses to live
 in, 268—Freedom to practise, 427—Red Cross
 and Order of St. John, 517—State Medical Ser-
 vice, 710—(And HILTON): *Physiological Principles
 in Treatment*, 605

LANGSTAFF, John Brett: *Doctor Bard of Hyde
 Park: The Famous Physician of Revolutionary
 Times, the Man who saved Washington's Life*, 74

Lapping, Douglas James, award for bravery and
 distinguished service in Burma, 295

LARKIN, E. E.: Future of medical services, 733

— R.: Slow union of fractures, 770

Laryngofissure, anaesthesia for (C. B. Lewis), 162;
 correspondence, 230, 302, 334, 395, 458

Laryngoscopy, mouth gag for (Surg. Cmdr. H.
 Parry-Price), 605

Larynx: Cancer, of, treatment of (leading article),
 45—Diphtheria with perforation of, 60

Latto, Surg. Lieut. Robert Rosie, missing, pre-
 sumed killed, 239

LAUDENHEIMER, R.: Pitressin diagnosis of idiopathic
 epilepsy, 364

LAW, Frank W.: Prescription of lenses, 424

LAWRENCE, J. Stewart: Pernicious anaemia treated
 with pyloro-duodenal extract and liver in tablet
 form (=binaemon), 567

— R. D.: Gynaecomastia produced by desoxy-
 corticosterone acetate (doxa), 12—"Calorie con-
 trol" diabetic diet, 143, 234

LAWTHER, Will (and others): British hospital for
 Stalingrad, 711

LAYCOCK, H. T.: Experiences in a military hospi-
 tal in Free China, 262

LAYTON, T. B.: Bed spacing in ear, nose, and
 throat wards, 391—Scientific freedom and social
 medicine, 491

LEACH-WILKINSON, A.: Transuterine insufflation and salpingography, 100 (O)

Leading Articles:

Alimentation, intravenous, 416
Anaemia, is it prevalent? 449
— pernicious, of pregnancy, 105
Association, British Medical: A member resigns, 135—And the Beveridge Report, 193
Asthma, bronchial, psychogenic factors in, 416
Beveridge to Brown, 449
Brain: Cutting the frontal white fibres, 510
Byssinosis and bagassosis, 46
Cancer of the larynx, treatment of, 45
— lung, aetiology of, 194
— mammary, in mice, 385
— prostatic, acid phosphatase and, 571
Children: The town child—a critical survey, 571
Cirrhosis of the liver, 165
Constitution and disease, 510
Cyclotron, medical applications of the, 543; corrigendum, 622
Dietetics of pregnancy, 16
Diphtheria, control of, 15
Disease, infectious, and social conditions, 762
Dysentery, bacillary, control of, 106
Exposure and thirst at sea, 729
Flavins, rehabilitation of, 355
Food: Minimum standards of feeding, 479
Fractures, slow union of, 669
Haemoglobinometry, accurate, 223
Houses to live in (memorandum of R.C.P.), 136
— "In the discard," 670
King's Fund, the, 257
Leucopenia, splenopathic, 292
Liver extracts and their biological effects, 698
Malaria, treatment of, under war conditions, 75
Medical education, some problems of, 698
Medicine, democratic, 323
— industrial, new era in, 164
— State, Labour and, 761
Mental health, planning for, 728
Myasthenia gravis, cause of, 544
Nerve regeneration, 606
Neuroses, experimental, 386
Nuffield foundation, 225
Parliament and the Beveridge Report, 291
Physiology of clothing, 224
Psychiatry in the general hospital, 637
Psychopath, responsibility of, 607
Radiography, mass, units, 637
Rehabilitation: The duty of social medicine, 322
Splints, plaster, unpadded or skin-tight, 257
T.A.B. vaccine vindicated, 728
Tetanus, against, 76
Tuberculous empyema, 792
Ulcer, peptic, a panel on, 479
United front, 354
Vesalius: Fourth centenary of *De Fabrica*, 791

LEAK, W. N.: B.M.A. and Beveridge Report, 428
LEARMONTH, J. R.: Vasomotor disorders in war-time, 797
LEAROYD, C. G.: A member resigns, 300—Oedema of extremities at sea, 803
Lederle's pertussis antigen in treatment of whooping-cough, report of an investigation on (Richard S. W. Baker), 562 (O); correspondence, 678
LEE, Douglas: *A Basis for Study of Man's Reactions to Tropical Climates*, 638
Leeds, cancer research at, 79
LEEDS, C. R. Duncan: Filaria worm in eye, 169
LEGGETT, Bernard: Reporting deaths to coroner, 23
— Unwarranted cardiac invalidism in children, 202
Legs, swollen, cause unknown, 370
Leicestershire: Reinstatement of police surgeon refused after war service, 49—Small-pox outbreak in Leicester, 1903 (compared with Glasgow, 1942) (C. K. Millard), 288
LEITCH, I.: Stillbirths and neonatal deaths in England and Wales, Scotland, New Zealand, 51
LENDNUM, A. C.: Irritant spectacle frames, 552
Leningrad, surgeons and surgery in (N. Blinoff), 134
Leptospira icterohaemorrhagiae, abnormal agglutination reactions of a strain of (J. C. Broom and H. C. Brown), 783
LERNER, Eugene (and others): *Psychology for Individual Education*, 103
Lethane: Medicated hair oil, for eradication of head lice, 275, 526
Leucocytes, centrifuge tube for collection of (M. A. Gohar), 542
Leucodermia, treatment of, 776
Leucopenia, splenopathic (leading article), 292
Leucorrhoea, treatment with acetarsol vaginal compound, 478
Leukaemia, lymphadenoma and (A. Wilson Gill and A. J. McCall), 284 (O)
Leverhulme research scholarships, 208
LEVY, Hermann: Social insurance, medical practice and research, 803
LEWES, D. S.: Mitral systolic murmurs, 459
LEWIN, Octavia: Nasal defence, 178
LEWIS, Aubrey: Neurotic in family life, 422
— C. B.: Anaesthesia for laryngofissure, 162 (O); correspondence, 230, 302, 334
— John A.: Vaccination in India, 770
— J. Stephen: Mitral systolic murmurs, 459
— J. Tudor (and D. D. PAYNE): Appreciation of Edward Harte, 804
— Sir Thomas: Immersion injuries due to cold, 798
LEYS, D. G.: Abortus fever, 187 (O); correspondence, 290, 394, 425, 677; leading article, 387
— Duncan: Rationed distribution of doctors, 30

LEYTON, Nevil: Treatment of migraine, 150
LICHTWITZ, Leopold: *Nephritis*, 191
Life's Unfolding, review of Sir Charles Sherrington's book, 568
Limbs, artificial, supply of, to workers, 561
Lindon, Capt. George Leonard, death of, on service, 176
LINEHAN, J. J.: Combined infection of the throat with diphtheria and tuberculosis, 162
Lips, rough, and infected nails, 653
Liq. ferri perchlor. for sore throat, 340, 466, 528
Little Audrey and the doc., 398
Liver: The chief source of renin activator (Irvine H. Page), 127—Cirrhosis of (leading article), 164
— Side-tracking the (leading article), 482—Function, hippuric acid synthesis and (annotation), 546
— extract: Allergy to, 370, 528—Intolerance to in pernicious anaemia (E. Delikat), 539; correspondence, 613—Case treated with pyloro-duodenal extract and liver in tablet form (= binaemon) (J. Stewart Lawrence), 567—Complete extract ("plexan"), 569—Oral administration of, 746
— extracts and their biological effect (leading article), 698
— proteolysed, preliminary observations on treatment of pernicious anaemia with an experimental preparation of (L. J. Davis and others), 655 (O)
— (Evans), limited supplies available, 727
— puncture (annotation), 78
Liverpool: Mental observation wards during war (F. Hopkins), 358
LIVINGSTONE, Dr.: Atypical pneumonia, 516
LLOYD, T. W.: Rh factor in haemolytic anaemia of the newborn, 132
LLOYD GEORGE, Rt. Hon. David (and others): British hospital for Stalingrad, 711
Local authorities, Minister of Health on, 587
LOEWENSTEIN, Arnold: Ophthalmology and sociology, 14
London County Council: Pathological service of, 14—Meeting with Ministry of Health, 368—Proposed reconstitution of coroners' districts, 506—Appointment of assistant pathologists, 652
— Emergency Bed Service, 709
— health problems in the new (annotation), 793
— scabies to be compulsorily notifiable in County of, 775
Louse, head. See Pediculosis capitis
LOUTIT, John F.: Blood pH and haemolysis, 360
LOWSLEY, Oswald S.: *The 1942 Year Book of Urology*, 727
LUCAS, R. E.: The cult of negative health, 766
LUDFORD, R. J.: Cancer research, 611
LUKIS, Helen: B.M.A. and Beveridge Report, 362
LUMSDEN, R. J.: Glandular fever, 567
Lung disease in miners, 581
— tumours in mice and man (J. Argyll Campbell), 179 (O); leading article on, 194; correspondence, 269
Lungs: Lung-dusting experiments (annotation), 18—Pulmonary congestion and oedema (annotation), 451—Pulmonary contusion and fat embolism in closed injuries of the chest, 472
— radiographic postero-medial border (linear thoracic paraspinal shadow) (J. F. Brailsford), 219 (O)
Lupus erythematosus, acute disseminated: recovery with sulphalimide (J. E. G. Pearson), 253 (O); correspondence, 460, 580
LURIE, M. B.: Experimental tuberculosis (annotation), 196
LUSK, James Wallace, award for bravery in Burma (citation), 295
Lymphadenoma and leukaemia (A. Wilson Gill and A. J. McCall), 384 (O)
Lymphogranuloma inguinale (tropical bubo) (F. A. R. Stammers), 660 (O)
Lymphopathia venereum (annotation), 17
LYSTER, R. A.: Venereal diseases, 492
LYTH, John: *Marcus Aurelius: A Rendering in Verse*, 255
LYTTON, Lord (and others): British hospital for Stalingrad, 711

M

MABANE, Mr., statements in Parliament by: National loaf, 176—Pasteurization of milk, 176
MacAlear, Rev. John, S.J., obituary notice of, 431
— T. B.: Filaria worm in the eye, 654
MACBETH, R. G.: Bed spacing in car, nose, and throat wards, 391
MCALL, A. J. (and A. W. GILL): Lymphadenoma and leukaemia, 284 (O)
McCARRISON, Sir R. (and others): Minimum human requirements, 460
MACCARTHY, D. (and others): A standardized plan of treatment for gastro-enteritis in infants, 371 (O); correspondence, 458, 486
— D. W., killed on active service, 712
— Joyce: The raw milk danger, 767
McCAUGHEY, K. A.: Tanning for a skin lesion, 519
McCLINTOCK, Kathleen: Intra-uterine rupture of umbilical cord, 446; correspondence, 521
MACDONALD, A. H.: Pasteurization of milk, 52, 147
— Donald: B.M.A. and Beveridge Report, 428
— J. H.: Neuroses during air raids on the Clyde, 422
— Norman: Ethyl chloride spray in pleuritic pain, 202
McDOWALL, R. J. S. (and the late W. D. HALLIBURTON): *Handbook of Physiology and Biochemistry*, 37th ed., 73

McELLIGOTT, Wing-Comdr. G. L. M.: Non-specific epididymitis, 290
— M. G.: A Spanish-English medical dictionary, 808
MACEADYEN, Norman: Houses to live in, 201
MacFarlane, Surg. Lieut. James Langford Brownrigg: Killed in action, 117—Mentioned in dispatches, 586
McGAVIN, Donald: Non-specific epididymitis, 295—Ligature of the innominate artery, 301
McGIBBON, C. (and others): Arsenical encephalopathy. A complication occurring during the treatment of syphilis, 661 (O); correspondence, 771
McGILL, R. J.: Probable tetanus despite inoculation with toxoid, 40 (O)
McGOEY, Paul F.: Pelvic lamber, 667
McGRATH, Prof. J.: *Giardia lamblia* infestation, 456
MACGREGOR, A. S. M.: The outbreak of small-pox in Glasgow, 334
— I. M.: Dermatitis after local sulphanilamide treatment of a wound, 414
McILROY, Dame Louise: Preservation of professional confidence, 328
McINTOSH, D. G.: Mitral systolic murmurs, 459
— J. M. (and others): Minimum human requirements, 460
— Jean: Factors influencing lactation, 517, 590
MACINTOSH, R. R. (and F. B. BANNISTER): *Essentials of General Anaesthesia*, 353
MACKAY, Helen: Nutritional problems of infancy, 765
— I. F. S. (and others): Vitamins and physical fitness, 243 (O); annotation, 417; correspondence, 394, 486
McKendrick, Lieut.-Col. Anderson Gray, obituary notice of, 771
MACKENNA, R. M. B.: Rehabilitation for skin cases, 392
MACKENZIE, E. K.: Pasteurization of milk, 52
McKENZIE, Peter: Post-vaccinal picture: Glasgow outbreak of small-pox, 1942, 198
Mackley, Capt. A., death from wounds, 772
MACKWOOD, John: War neuroses: their nature and significance, 396
McLAREN, John: A member resigns, 200
— J.: External application of opium, 370
MacLaren, Col. the Hon. Murray, obituary notice of, 57
MACLAY, Hon. W.: War stress and neurosis, 422
MacLennan, William, obituary notice of, 57, 85
McLEOD, Alan C. (and others): *The Dental Treatment of Maxillo-facial Injuries*, 758
MACLEOD, Kenneth I. E.: Foot-and-mouth disease in man, 300, 582
MACMAHON, J. Ross: Pasteurization of milk, 112
McMANIS, A. G. (and W. G. RICH): Treatment of dysentery at sea, 82
MACMENEMEY, W. H. (and others): Haemothorax due to strangulated diaphragmatic hernia, 72
M'Naghten rules, 707
MACNALLY, Sir Arthur S.: The official medical history of the war (R.S.M.), 455—Appreciation of Sir Arthur Newsholme, 680
McNEIL, Prof. Charles: Factors influencing lactation, 517—The bridgeheads of child health in the five ages of childhood, 715 (O)
McQUEEN, I. A. G.: Haemorrhagic measles, 22
McRae, G. Douglas, obituary notice of, 650
MACROBERT, Lady (and others): British hospital for Stalingrad, 711
MACWILLIAM, E. U.: A member resigns, 200
MAGEE, H. E.: Public health aspects of infant nutrition, 765
Magnesium trisilicate for peptic ulcer, 527
Magnus, Georg, death of, 650
— "Magriz," an antacid, 509
MAIR, William, *Index of Modern Remedies*, 789
MAJEKODUMMI, M. A. (and W. R. E. COLLIS): The premature infant: management and prognosis, 31 (O); correspondence, 234
Malaria: Treatment of, under war conditions (leading article), 75—Control in India (Sir Rickard Christophers in India and Burma Section, Royal Society of Arts), 236—In the Middle East Forces, 374—Treatment of, in England (Alec Wingfield), 476—Dose of atehrin in, 770—Symptomatology of (P. H. Birks), 784 (O)
— malignant tertian, a case of (W. L. Anderson and D. B. Bradshaw), 508; correspondence, 613, 622, 678, 714
— subtertian, treatment of, 770
MALINS, J. M. (and G. KNIGHT): "Calorie control" diabetic diet, 302
MALKIN, S. Alan S.: Observations on injuries to the semilunar cartilages in Service patients, 6 (O)
— (And Gilbert PARKER): Rehabilitation in an E.M.S. orthopedic unit, 315 (O)
MALLESON, Joan: Advice on sterility, 769
Malnutrition: Neurological complications of, 80
Maloney, Edward R., death of, 650
MALPAS, D. D. (and others): Doctors and the future, 649
Malta: Visit to, by medical adviser to Colonial Office, 79—Textbooks for medical students in, 556
Mammary. See Breast
MANCHEE, Miss (chief almoner, St. Mary's): Health education and venereal disease, 290
Manchester, Dr. Boyd's gift to (annotation), 138
MANDELBAUM, M. (and others): A European Association of Clinical Pathologists, 365
MANN, Bertram: Delay in diagnosis and sanatorium treatment of phthisis, 283 (O)
— Ida: A disclaimer, 746
MANNINGTON, Frank: Recurrent chicken-pox, 30
Man-power, medical and ancillary, 587

- MANSON-BAHR, Sir Philip: Appreciation of Prof. Warrington Yorke, 585—*Synopsis of Tropical Medicine*, 789
- Maphaside, syphilis treated with daily multiple injections of (J. Kvittingen), 69 (O)
- Marchand, Dr., Professor of Paris Faculty of Medicine, death of, 367
- Marching and standing, 583
- Marcus Aurelius: *A Rendering in Verse* (John Lyth), book review, 255
- MARKBY, C. E. P.: Doctors and the future, 649
- MARKHAM, S. F.: *Climate and the Energy of Nations*, 163
- Marr, James, obituary notice of, 430
- MARRACK, J. R.: *Food and Planning*, 1st ed., 191—Dietetics of pregnancy, 269, 297
- MARRINER, Humphrey I. (and others): Doctors and the future, 649
- MARSHALL, Prof. C. R.: Methaemoglobin in normal human blood, 340
- Geoffrey: Atypical pneumonia, 516
- J. Cole: Liq. ferri perchlor. for sore throat and erysipelas, 466
- MARTIN, Charles (and others): Minimum human requirements, 460
- Derrick J. (and others): Post-operative respiratory complications in Service cases, 754 (O)
- Ewart: The nasal mucus, 391
- Henry Meredith, obituary notice of, 85
- J. E.: Atropine glaucoma, 631 (O); correspondence, 708
- J. Graham: Wheeled stretcher carrier, 746
- Nicholas H.: Pyogenic skin infections and the skin-carrier rate, 269
- W. B.: Treatment with tuberculin, 736
- W. J. (and W. T. RUSSELL): Dietetics of pregnancy, 204, 301
- Masterman, E. W. G., obituary notice of, 493
- MASTERS, V. F.: Treatment of dislocated acromioclavicular joint, 22
- Mastitis, hypertrophic, 653
- Maternity: Hospitals and nursing homes, provision of, by local authorities, 206—Expectant mothers in factories, 206—Shortage of accommodation in Yorkshire, 208—Beds in London, 240; in England and Wales, 806
- MATTHEWS, Grenville: Treatment of dysentery at sea, 614
- MATTHEW, P. C.: Temperature-taking in tuberculosis, 466
- MATTHEWS, Margaret E.: Influenzal meningitis in a child of 2 treated with sulphapyridine, 540
- MAY, Otto: Health education and venereal disease, 290
- Meals, acid, alkali, and, effect of on blood level and excretion of sulphapyridine in children (H. Ellis C. Wilson), 507 (O)
- MEARS, Eleanor: Future of women in medicine, 461
- Measles: Associated with unusual nervous signs, 203—Sulphonamides in (R. Swyer), 485—With severe Parkinsonian rigidity, followed by encephalitis (B. Meyer), 508
- haemorrhagic, case of, 22
- serum, convalescent, antibody in, 807
- Medical aid to women of India, 390
- boards, cost and staffing of, 240, 306
- centre, industrial, model, 576
- certificates: Payment for (parliamentary question), 58—Excessive number of, 176—Issue of false, 241
- dictionary, Spanish-English, 808
- Directory, 99th ed., 44
- education: The pre-clinical years, with special reference to the teaching of physiology (C. F. J. Cropper), 389—Some observations leading to the planning of (Francis Davies), 547—Organization of postgraduate study, 643; correspondence, 676, 800—Some problems of (leading article), 698—State subsidy for, 767
- examinations: Periodic, 56—Of directed workers, 368—Of soldiers by women doctors, 587
- At detention barracks, 806
- folklore (annotation), 452
- journalism, a birthday in (annotation), 731
- officers of health, plan of, 239
- native, for West Africa, 464
- salaried, private fees of, 234, 430
- serving, legal protection for, 590
- practice: Private, 578—Compensation for loss of, 587—Scheme for protection of, 681
- practitioner as teacher (annotation), 701
- problems in social work (book review), 696
- profession: Consultation between Government and, 359, 428, 712—Representative committee for consultation, 466—Unity in the profession? 579, 679—A problematical future, 675—The Government's proposals, 679, 801, 805—Achieving reform, 709—State control of, 739
- records in wartime, 23
- referees for war workers, 240
- regrading and Army employment, 400
- reorganization: the constitutional problem, 675
- research: Committee for Middlesex County Medical Society to advance, 60—Strategy and tactics in (F. M. R. Walshe), 467 (O); correspondence, 550
- Research Council: Guide to preservation of life at sea after shipwreck, 168—Haemoglobinometry and the use of the haematocrit (report to the Traumatic Shock Committee), 209 (O); leading article on, 223—Sterilization of sulphanilamide powder, 263
- schools, interdepartmental committee on: Memorandum of evidence by B.M.A., 702
- Service, National, 615
- Medical Service, State, 710—Specialists and, 10
- services: Industrial, in wartime, 79—Mines, 148, 240, 525—Jamaica, 148—Colonial, recruitment to, 148—For Ethiopia, 239—For West Africa, 525—Future of (address by Dr. Charles Hill), 732, 801—Reorganization of (House of Lords debate), 742
- students: Health of, 30—Entrants for Glasgow and Edinburgh, Oct. 1943, Ministry of Labour Regulations, 29—Biochemistry for, 520—Selection of, 767, 800
- superintendent, future position and functions of (W. J. T. Kimber), 453; correspondence, 522
- training, breadth or depth in (annotation), 640
- Medicine, specialists in, 145—Review of textbook of, 163—Increasing importance of endocrinology in (S. L. Simpson), 247 (O)—Vitamins in (book review), 320—Freedom to practise, 328—Future of women in, 329, 392, 428, 461—And pharmacy in other countries, 340—And politics (Geoffrey Bourne), 673; correspondence, 738, 766—Independence for, 709
- aviation, review of book on, 287; correspondence, 677
- clinical, the ophthalmoscope in (A. Maitland Ramsay), 685 (O)
- democratic (leading article), 323
- forensic (book review), 697
- General: 1942 Year Book of (book review), 353
- industrial: New era in (leading article), 164—Research in (annotation), 672
- internal, a miscellany (book review), 666
- legal, in South Africa (book review), 287
- military, in the Middle East: an experience of 13,532 cases (E. Bulmer), 374 (O); correspondence, 462
- Minor, a "Practitioner" handbook, 727
- physical, anatomical basis of, 197
- preventive, 579—Training in, 556
- Russian, Sir Arthur Newsholme and, 771
- social: Social aspects of allergy (E. M. Fraenkel), 216 (O)—Scientific freedom and (Geoffrey Bourne), 227; correspondence, 298, 331, 361, 392, 427, 490, 614; leading article on, 323—Rehabilitation: the duty of social medicine (leading article), 322; correspondence, 392
- State, labour and (leading article), 761
- tropical: Review of a manual on, 666, 727—Synopsis of (book review), 789
- war, aspects of in the R.A.F. (D. Stafford-Clark), 139 (O)
- Medico-legal: Church cellar murder, 619—Criminal negligence: a conviction quashed, 619—Hospital Governors and medical auxiliaries, 522—Misuse of medical title, 86
- MEEK, T. H.: *Guide to First-aid Treatment of Home Guard Casualties*, 697
- Melaena and haematemesis, with special reference to bleeding peptic ulcers (F. Avery Jones), 689 (O)
- MELLANBY, Sir Edward: Medical research and industry, 514
- Kenneth: *Scabies*, 636
- MELTON, G.: Treatment of asthma by nicotine acid, 600 (O)
- MELVIN, R. G.: Dr. Johnson's asthma, 584
- MENDELSSOHN, K. (and others): The action of radiant-heat cradles, 66 (O)
- Meningeal reaction in a case of glandular fever (J. Shafar and J. C. R. Weir), 218 (O)
- Meningitis, acute aseptic, case of (A. B. Christie), 41
- cerebrospinal (meningococcal), chemotherapy and serotherapy in. An analysis of 3,206 case reports (A. A. Jubb), 501 (O). *And see* Fever, cerebrospinal
- due to *Diplococcus mucosus* (a report to the M.R.C.) (P. T. Bray and J. C. Cruickshank), 601 (O)
- influenza: Successful treatment of, with sulphonamides (N. Archer and E. Singer), 286 (O)—In a child of 2 treated with sulphapyridine (Margaret E. Matthews), 540
- Pfeiffer's bacillus: recovery after sulphapyridine (C. Allan Birch), 72
- virus, 642
- Meningococcal infections, chemotherapy in (H. S. Banks), 485
- Meningo-encephalitis, rubella, two cases of (R. I. C. Bradford), 312 (O)
- Menstruation, irregular, 496
- Mental patients, mortality among, 337
- Mepacrine hydrochloride and methanesulphonate, manufacturers, dosage, and pack, 452
- MEREWETHER, E. R. A.: Appointed Senior Medical Inspector of Factories, 29—Occupational disease is preventable, 514
- MERRIMAN, B. M.: Allergy to liver extract, 528
- Mersalyl, a mercurial diuretic, 478
- Mersey-side Hospitals Council, 51
- MERSON, G. P.: Unusual triple complication of pregnancy, 120
- Metabolism of fat, review of book on, 790
- fluid, desoxycorticosterone and (annotation), 513
- mineral, phytic acid and (annotation), 794
- Metatarsalgia, Morton's, 808
- Methaemoglobin in normal human blood, 340
- Methaemoglobinaemia, familial idiopathic, with a note on the treatment of two cases with ascorbic acid (James Deeny and others), 721 (O)
- Methedrine, a new blood-pressure-raising drug, use of in surgical operations (H. Dodd and F. Prescott), 345 (O)
- Methedrine, hypoid (d-N-methylamphetamine hydrochloride), 509
- Methyl salicylate liniment, fatal poisoning by (E. Townsend), 382 (O)
- MEYER, B.: Encephalitis after measles with severe Parkinsonian rigidity: recovery, 508
- MICKIEWICZ, J.: Analgesia and anaesthesia in obstetrical practice, 577
- MICKS, R. H.: The diet in diabetes, 598 (O); correspondence, 676, 737
- Middle East, military medicine in: an experience of 13,542 cases (E. Bulmer), 374 (O); correspondence, 462
- Midwifery: Reviews of textbooks of, 13, 133, 222—Shortage of midwives, 206
- Migraine, treatment of, 150
- MILES, Alexander (and G. F. NUTTALL): *Surgical Ward Work and Nursing*, 509
- U. W. N.: Appreciation of John Lionel Stretton, 336
- Capt. W. D., death of, from wounds, 742
- Milk: Pasteurization of, 22, 52, 80, 88, 112, 147, 171, 176, 240, 274, 276, 368, 432, 525—(G. S. Wilson), 261 (O)—Investigation into the standard of, supplied to children (Arthur G. Watkins), 140 (O); correction, 276—Safe, and milk products, 208—Doctors agree about (annotation), 258—Safe supply (B.M.A. deputation to Ministry of Food), 265—Supply and tuberculosis, 306—Outbreak of diphtheria in E. Yorks traced to, 400—The nation's, 494—Compulsory pasteurization (annotation), 512—And bread (Parliament), 681—Local authorities and (Parliament), 682
- human, vitamin content of, 765
- raw, danger, 767
- Miller, Daniel, obituary notice of, 741
- MILLARD, C. Killick: The outbreak of small-pox in Glasgow: some comments, a criticism, and a comparison, 228
- MILLER, H. G.: Pernicious anaemia of pregnancy, 233
- MILLS, A. J. E.: A case of eversion of the diaphragm, 97 (O); correspondence, 201, 397
- MILNER, C. E. H.: A new syndrome, 590
- MIMPRISS, T. W.: Private fees of salaried medical officers, 234
- Mind-body relationship (D. Hubble), 121
- Mines: Medical services, 148, 240, 525
- Miners' cancer, 194
- Mining industry: Dermatitis in, 400—Fitness centre at Glenageary, 587, 760
- MINSKI, Louis: Psychotherapy in general hospitals, 800
- MOBBY, Arthur, award for bravery in Burma (citation), 295
- MOIR, J. Chassar: Radiological diagnosis of disproportion, 142; correspondence, 233
- J. L.: First aid for fractured spine, 614
- Moiser, Bernard, awarded O.B.E. for work for relief of lepers, 88
- MOLLISON, P. L.: The investigation of haemolytic transfusion reactions (report to M.R.C.), 529 (O), 559 (O)
- W. M.: Gargles and lozenges, 391
- MONAHAN, Bryan W.: A member resigns, 230
- MONCRIEFF, Alan: Nutritional problems of infancy ("marasmus," malnutrition, infection, rickets), 765—Statement to Minister of Food on pasteurization of milk (B.M.A. deputation), 265
- Monisse, Asst. Surg. W. T. J., death of, 431
- MONRO, I. C.: Foot-and-mouth disease in man, 520
- MONTGOMERIE, J.: Modification for CO₂ absorption with field pattern Boyle's apparatus, 129 (O)
- MONTGOMERY, Col.: Atypical pneumonia, 516
- MONTUSCHI, E.: Pleurisy and pleural effusion, 301
- MOON, Virgil H.: *Shock, its Dynamics, Occurrence, and Management*, 604
- MOOR, Frewen: Double beds and scabies, 402
- MOORE, A. E.: B.M.A. and Beveridge Report, 362
- Squad, Ldr. Frederick Thomas, appointed O.B.E. (citation), 651
- Irwin: Radium and radon burns, 29
- T.: Placenta and vitamins, 297
- MOORHEAD, Thomas Gillman: *A Short History of Sir Patrick Dun's Hospital, Dublin*, 104
- Morale, war neuroses, and social psychology, 549
- MORAN OF MANTON, Lord (and others): Minimum human requirements, 460
- MORGAN, H. B.: Venereal disease, Regulation 33B, 26
- H. V. (and D. A. J. WILLIAMSON): Jaundice following the administration of human blood products, 750 (O)
- MORGANS, C. Christopher: Intolerance to liver extract in pernicious anaemia, 613
- MORITZ, Alan Richards: *The Pathology of Trauma*, 666
- MORLOCK, H. V. (and N. L. RUSBY): Collapse therapy, 648
- Morphine and shock, 340
- MORRISON, J. N. (and P. W. HOUGHTON): Treatment of fulminating meningococcal septicaemia, 363
- John T.: The medical superintendent, 522
- Mortality, infantile, causes of (annotation), 19
- maternal and infant, 1941-2, statistics, 464
- of mental patients, 337
- Morton, R. A.: *The Application of Absorption Spectra to the Study of Vitamins, Hormones and Coenzymes*, 2nd ed., 44
- Mosquitoes, bee-stings, and chloroform, 462
- control of, in Britain (annotation), 482
- in Brisbane, 621
- in Kenya, 500

Motor-cyclists, head injuries in, with special reference to crash helmets (Hugh Cairns and H. Holbourn), 591 (O)

Mouth, occupation and (annotation), 356

MUDD, Stuart (and W. THALHIMER): *Blood Substitutes and Blood Transfusion*, 221

MULLER, F.: Pancreatitis as a complication of mumps, 114

— Hendrik: Sulphonamide-resistant bacteria, 202

MUMMERY, N. Howard: Resuscitation by rocking, 759

Mumps: Pancreatitis as complication of, 114—Orchitis of, operation for (annotation), 138

MUNRO, Major-General: Knee-joint injuries, 484

— Robert: Liq. ferri perchlor. for sore throat, 528

Murdoch, Andrew, obituary notice of, 524

MURDOCK, Eric T. (and others): Familial idiopathic methaemoglobinemia, with a note on the treatment of two cases with ascorbic acid, 721 (O)

MURGATROYD, F.: Weil's disease, 395—(And J. V. DACIE): Effect of pH of blood on haemolysis, 458

Murmurs. See Heart

MURPHY, John J.: Bilateral fracture of the patella, 725

— Lois Barclay (and others): *Psychology for Individual Education*, 103

— William Martin, obituary notice of, 366

Murray, Col. Henry Walker, death of, 89

— James, obituary notice of, 304

— J. Elliot, treatment of malignant tertian malaria, 613

— Lilian: Future of women in medicine, 429

— Mary (and others): British hospital for Stalin-grad, 711

— R. G.: A member resigns, 200

MURRAY-BROWNE, W. G.: B.M.A. and Beveridge Report, 299

MUSHIN, W. A.: A new circle-type CO₂ absorber, 130 (O)

Myasthenia gravis: Glycine for, 21—The cause of (leading article), 544—Treatment of, 746

MYERS, Bernard: Pasteurization of milk, 112

Myles, Capt. Thomas Picton, death of, 338

N

NAIDU, S. Rajagopal (and N. PITCHANDI): Chemical luminescence test for blood, 583

Nails, infected, 653

NANKIVELL, J. W. (and others): Doctors and the future, 649

Nasal defence, 178, 402

— drops, 654

— intubation: Dangers and difficulties from the rhinological aspect (A. R. Dingley), 693 (O); correspondence, 803

— sinuses, review of book on, 163

National Health Insurance. See Insurance

Nausea and vomiting, epidemic (W. H. Bradley), 309 (O)

Nayland Hall Sanatorium, 589

NEAL, Josephine B. (editor): *Encephalitis: A Clinical Study*, 636

Necrosis, trophic, skin-grafting, and vitamin C (Griffith Evans), 788

NEECH, Jas. T.: Treatment of small-pox, 113

NEEDHAM, Joseph: *Biochemistry and Morphogenesis*, 286

Neff, Erroll Aubrey, obituary notice of, 524

NEGUS, V. E.: A very simple interceptor mask, 391

NELSON, J. A. (and A. O. WHIPPLE): *End-results of Decompression of Intestinal Tract with and without Operation*, 73

— R. B. (and others): Arsenical encephalopathy: a complication occurring during treatment of syphilis, 661 (O); correspondence, 771

Nephritis following varicella (Dorothy Gill), 44—Review of book on, 191

Nerve cells, chromosomes in, 684

— injuries, aids to investigation of peripheral (M.R.C. War Memorandum No. 7), 78—Diagnosis of peripheral (annotation), 138

— regeneration (leading article), 606

Nerves, peripheral, principles of anatomy and (Section of Physical Medicine, R.S.M.), 197

— in rheumatoid arthritis (annotation), 640

Nervous signs, unusual, measles associated with, 203

— system, wasting disease and lesions of (annotation), 195—*Diseases of, described for Practitioners and Students* (F. M. R. Walshe), 3rd ed., 727

NEUMANN, H.: Treatment of chronic ulcerative colitis by pneumoperitoneum, 9 (O); correspondence, 113

Neuralgia, nicotinic acid for, 555

Neuroblastoma, adrenal, 51

Neurology: Neurological complications of malnutrition, 80—Vasomotor complications in wartime, 797

Neuroses, the war: their nature and significance (W. R. D. Fairbairn), 183 (O); correspondence, 299, 333, 396, 426, 459, 549

Neurosis and psychosis: influence of war stress on (Ex-Service Welfare Society), 422

Neurosurgery, review of book on, 192

Neutrons, slower (leading article), 481

New Zealand, stillbirths and neonatal deaths in, 51

Newborn, care of the (annotation), 259

Newcastle-upon-Tyne, cancer research in, 79

NEWCOMER, H. Sidney: Houses to live in, 489

NEWELL, A. G.: Diphtheria during immunization, 202

Newman, Lieut.-Col. Ernest Alan Robert, death of, 367

Newsholme, Sir Arthur: Obituary notices of, 680

804—And Russian medicine, 771

NEWTON, W. H.: Placenta and maternal weight, 297

NICHOLSON, Clark: Pelvic measurements, disproportion, and nutrition, 142

NICOL, A. A. McIntosh: A case of bilateral Bell's palsy, 220

— Hamish: Control of venereal diseases, 53

NICOLE, Ernest A.: Principles of exercise therapy, 747

Nicotinic acid: For neuralgia, 555—For asthma (G. Melton), 600 (O)

Night vision. See Vision

Nimmo, Charles Stuart, obituary notice of, 366

NISSE, Bertram S. (and others): Joint Committee on Rheumatism and Orthopaedics, 54; correspondence, 111

NISSEN, Rudolf (and Ernst BERGMANN): Cineplastic operations on stumps of the upper extremity, 696

Nit-wits, 590

NIXON, W. C. W. (and others): Dietetics of pregnancy, 231

N-methylamphetamine = methedrine, *q.v.*

NORMAN, R. C.: Adoption of children, 235

Northamptonshire, diphtheria immunization in, 1941 to date, 423

Norway, Sterilization Decree, 190

Nose and throat. See Rhino-laryngology

Notes, Letters, Answers, etc.:

Abortion, habitual, 807

Allergy to liver extract, 370, 528

Anaemia, hypopituitarism, hypogonadism, 776

— iron for, 242

Anaesthetics: Oxford ether vaporizer, 556—The epiglottis in anaesthetic deaths, 590

Animals, laboratory, welfare of, 808

A.P.T.: Keeping it cool and upright, 775

Arteriosclerosis, cramp in, 340

Arthritis, rheumatoid, sulseptasine in, 30

— and intestinal streptococci, 654

Aspirin and gastric haemorrhage, 714

Bandage, barrel, 589

Bees, diet of, and queening, 30

Blackwater fever, treatment of, 528

Blood-blisters, oral, 745

B.M.J. lost through enemy action, 308

Bread, the national, 808

Breast-feeding, factors influencing lactation, 590

British Pharmacopoeia amendments, 178

Bruise, colour of, 745

Burger's "exercises in comfort," 120

Burns, radium and radon for, 29

Calcium in pregnancy, 370

Cancer: Of breast, dressing for, 29—Oestrogen and, 434

Casualties in rough country, 654

Chiroprompholyx, 276

Chemist's shop in Denmark, 178, 340

Chicken-pox, recurrent, 30

Chilblains, treatment of, 370

Chromosomes in nerve cells, 684

Claudication, intermittent, treatment of, 308

Colds, common; disclaimer, 90

Colitis, spastic, enterospasm and, 402, 496

Cork adapted for washing contaminated eyes, 90

Corrigenda, 276, 308, 434, 466, 496, 622

Cotton-wool sandwich, 528

Cramps: In arteriosclerosis, 340—In an elderly woman, 402—Nocturnal, 402

Deafness, prostigmin for, 308

Death from notifiable infection, disposal of body, 242

Desert sores, sunlight and, 808

Diarrhoea, bacteriology of, 276

Diphtheria: With perforation of larynx, 60, 120

— In the immunized, 496—Period of prophylaxis, 589

— carriers, treatment of, 434

Disclaimer, 208, 276, 622, 746

Doctors: Rationed distribution of, 30—Legal protection for serving medical officers, 590

Drug-resistant organisms, 808

Dysmenorrhoea, treatment of, 340

Ejaculatio praecox, 653

Emphysema, interstitial, of the hand, 746

Enterospasm and spastic colitis, 402

Eruption, toxic, 496

Filaria worm in eye, 402, 654

Freedom, "scientific" or "unlimited," 622

Gonorrhoea, sulphonamides for, 434

Gout, treatment of, 808

Grey matter, position of, 621

Haemarthrosis, recurrent, 714

Haemophilia, precautions in, 621

Haemorrhage, gastric, aspirin and, 714

Hair preparation, analysis of, 775

Hand and finger lesions, 654

Hands, preparation for operation, 528

Hay-fever, prophylaxis for, 242

Health of medical student, 30

Hernia: pain in hernial scar, 434

Herpes: Post-herpetic pain and paresis, 120—Viruses of varicella and herpes zoster, 466

Hexobarbitone as hypnotic, 714

Horne's syndrome after birth, 776

Hypnosis, 90

Hypo- and hyper-chlorhydria, 714

Notes, Letters, Answers (continued):

Hypopituitarism, hypogonadism, anaemia, 776

Immunization, the negative phase, 653

Impetigo, treatment of, 90

Impotence, psychological, 466

Income tax, 29, 60, 89, 119, 150, 178, 242, 276, 308, 340, 370, 496, 527, 555, 590, 654, 746.

For details see General Index

Infant feeding, 242

Infection in the crowded surgery, 556

Injection, contaminated, 776

— intramuscular, site for, 775

Institute, Infernal, jubilee, 622

Iron: Too much? 350—In diet or as drug, 402

Jaundice, catarrhal, diet for, 684

Keep it short, 654

Legs, swollen, cause unknown, 370

Leucoderma, treatment of, 776

Lips, rough, 653

Liver extract: Allergy to, 370—Oral administration of, 746

Malaria, malignant tertian, 622, 714

Mastitis, hypertrophic, 653

Measles serum, convalescent, antibody in, 807

Medical dictionary, English-Spanish, 808

— students in Malta, textbooks for, 556

Medicine and pharmacy in other countries, 340

— preventive, training for, 556

Menstruation, irregular, 496

Metatarsalgia, Morton's, 808

Methaemoglobin in normal human blood, 340

Migraine, treatment of, 150

Milk, safe, and milk products, 208

— pasteurization of, 276

Morphine and shock, 340

Myasthenia gravis, treatment of, 746

Nails, infected, 653

Nasal defence, 178, 402

— drops, 654

Neuralgia, nicotinic acid for, 555

Newspaper, inaccurate report in, 684

Nit-wits, 590

Nutmeg, addiction to, 745

Obstetrics: Coarctation of the aorta as obstetrical complication, 528

Opium, external application of, 370, 622

Pain in the fore-foot, 555

Paper, waste, 434

Paratyphoid carrier, treatment of, 276

Parkinsonism, treatment of, 276

Pertussis, immunization against, 622

— therapy, vaccine in, 808

Pessaries: Unreliable vaginal, 30—Ring, 590

pH, changing the, 684

Pityriasis versicolor, prevalence of, 654

Pneumonia: Pneumococcal vaccine in, 527—Pathology of atypical, 745

Pregnancy: Unusual triple complication, 120—Calcium in, 370—Food priority for pregnant women, 684

Psoriasis, histamine for, 556

Purpura, fulminating, and adrenal haemorrhage, 120

Rehabilitation: supply of occupational therapists, 622

Sacro-iliac strain, 150

Scabies, 150—And double beds, 402—Treatment of, 496, 556

Sclerosis, disseminated, treatment of, 496

Sedimentation rate, 370

Sex hormones, anterior pituitary, 527

Shock, morphine and, 340

Sinusitis "silent," 90

Skin lesion, tanning for, 684

Small-pox, accurate diagnosis of, 90

Society, London and Counties Medical Protection, 30

Spinal cord constriction, signs of, 683

Spine, fractured, first aid for, 60

Sterility: Management of sterile partners, 776

— And contraception, 776

Stretcher carrier, wheeled, 746

— wheeled, for resuscitation, 746

Sulphonamides: Rectal administration of, 90—List of some of the preparations and conditions for which they are the drugs of choice, 466

Surgery, gastro-duodenal, in the aged, 714

Syndrome, a new, 590, 654

Tanning, resistance to, 807

Temperature, normal range, 683

Tetanus, 776

Therapy, diversional: books and diversions, 120

Thirst at sea, 684

Threadworms, gentian violet for, 714

Throat, sore, liq. ferri perchlor. for, 340, 466, 528

Tuberculosis, pulmonary, surgical emphysema complicating, 120

— sacro-iliac, healed, and child-bearing, 242

— temperature-taking in, 308, 466

Ulcer, gastric, perforated, at 19, 370, 556

— lingual, 621

— peptic: Age and perforation of, 434—Magnesium trisilicate for, 527

Universal Decimal Classification: reprinting, 90

Varicella and herpes zoster, viruses of, 466

Venereal disease: Control of, 208—And alcohol, 528—Gonococcal reinfection and stricture, 555

Virus infection, immunity to, 714

Vitamin C in marmalade and apples, 527

— K, prophylactic use of, 308

Workmen's compensation, medical aspects of, 208

NOVA ET VETERA:

Alcocke, Nicholas, surgeon to Henry VIII and Edward VI, 20

NOVA ET VETERA (continued):

- Bard, Dr., of Hyde Park: the Famous Physician of Revolutionary Times, the Man who Saved Washington's Life (John Brett Langstaff), 74
Blood transfusion, history of, 74
Caesarean section, curiosities of (L. A. Parry), 20
Dissection, bodies for, in Dublin in 1818 (W. B. Heywood), 74
Exanthemata, folk-lore of acute, 109
Gunshot wound in 1814, 733
Lawson Tait's case, 668
Medical bulletin, the first, 668
Meig's syndrome, 668
Nurse, status of, 668

Novvtox, anaphylaxis after conduction anaesthesia with (R. Armattoe), 191
NUFFIELD, Lord: Central Provident Association, 705

— Foundation (leading article), 225
— Provincial Hospitals Trust: Women's Advisory Council, 621

Nurse: In training, review of book on, 447—Assistant, in Scotland, 773—Status of, 668

Nurses: Salaries and emoluments of (first report of Rushcliffe Committee), 264—Recruitment and distribution of, 306—Ward sisters' salaries, 365
—Nurses' Bill, parliamentary debate on, 432, 494, 525, 553, 587—Shortage of, 525—In Scotland, 586; salaries of, 668; Nurses (Scotland) Bill, 650

Nursing in the Tropics, review of book on, 605

— homes, domestic staff of, 651

Nutmeg, addiction to, 745

Nutrition in relation to cancer incidence, 79

— human, review of book on, 191

— maternal, during wartime, 199

— in pregnancy (Nutrition Society), 297

— surveys, 484

NUTTALL, G. F. (and Alexander MILES): Surgical ward work and nursing, 509

NYSTRÖM, Prof. Gunnar: Appendicitis in Sweden, 150

NYSWANDER, Dorothy B.: Solving School Health Problems: The Astoria Demonstration Study, 758

O

OKESHOTT, S. H. (and M. W. GOLDBLATT): Inactivation of phosphorus on the skin, 128 (O)
OAKLEY, Wilfred: Atypical pneumonia, 516

Obituary:

- Abel, Rudolf, 367
Adam, Thomas Blane, 431
Adams, Alfred, 237
Aiton, Temp. Surg. Lieut. Archibald Barr, 117
Allen, Edgar, 650
— Frank James, 86; corrigendum, 148
Anstey-Chave, Thomas, 399
Antaki, Capt. Albert Joseph, 117
Archer, Col. Samuel Arthur, 367
Armour, Theodore Robert William, 431
Armstrong-Jones, Sir Robert, 175
Austen, Harold W. C., 304
Bailhache, Major E., 176
Banerjee, Capt. P. C., 27
Barnes, Lieut. G. F., 683
Battye, Lieut.-Col. Walter Rothney, 617
Bégouin, Prof. Paul, 586
Behr, Michael, 272
Blackmore, F. J. C., 365
Blusger, Isak Nahum, 367, 431
Bodley, Alfred Lang, 366
Bond, Col. James Henry Robinson, 239
Bourgeois, Surg. Lieut. J. de L., 431
Boyd, Robert, 117
Brackett, E. G., 367
Braham, G. N., 650
Braithwaite, Leonard Ralph, 24, 57
Bringan, Surg. Capt. James Campbell, 585
Brookes, Major W. L., 400
Brown, Lieut. Sheila Dorothy Markham, 651
— Stanley Mewburn, 430
Brownlee, James, 366
Bruce, Col. William, 89
Buchanan, Donald, 399
— George Burnside, 366
— James, 85
— Peter S., 365
Buist, Henry, 586
Burckhardt, Jean Louis, 650
Burton, Col. Charles Frank, 117
Butcher, Lieut.-Col. Trevor Aveling, 27
Calder, Capt. George Macbeth, 493, 552
Cassidy, Capt. J. G., 712
Cattle, Charles Henry, 335
Chambers, Major John Ferguson, 176
Cheatle, Lady, 85
Chisholm, William, 586
Colbeck, Edmund Henry, 25
Cooper, Lieut.-Col. Sir Leonard, 176
Corry, Capt. Samuel David, 742
Craighead, Lieut.-Col. Alexander Clifton, 618
Craik, Robert, 175
Crile, George Washington, 116, 271
Culbertson, Carey, 367
Cutter, William Dick, 367
Cyrilas-Williams, Capt. William Richard, 683
Darby, Capt. W., 524
Davison, Charles, 367
Day, Ewing Wilber, 650
Deatker, 1st Class Asst. Surg. F. G. F., 524
Denny, Surg. Rear-Admiral Herbert Reginald Harry, 617

Obituary (continued):

- Dickinson, Surg. Lieut. W. R. B., 463
Dixon, Godfrey Brooks, 336
Drapes, Thomas Lambert, 272
Eastwood, William James, 649
Edgeworth, Francis Henry, 235
Fell, Lieut. David Walton, 58
Fergus, John Freeland, 399
Ferguson, Arnold Samuel, 553
Ferguson-Davie, Charlotte Elizabeth, 462
Fischer, Isidor, 238
Fischer-Wasels, Bernhard, 493
Footner, George Rammell, 741
Gallie, Major-Gen. James Stuart, 712
Gibbes, Lewes Nicholas, 86
Girling, Charles John, 237
Graves, Surg. Lieut. J. H., 807
Greenwood, Allen, 493
Hall, Flying Officer Harold Patterson, 552
Hammond, Thomas Edwin, 462
Harold, Russell, 25
Harte, Edward, 804
Harvey, Major-Gen. Alexander William Montgomery, 27
Hay, Percival John, 236
Hight, William Bremner, 649, 711
Houghton, Surg. Lieut. Jack Bloor, 400
Hugo, Lieut.-Col. James Henry, 367
Hunter, Capt. Frederick, 239
Jeffery, Surg. Lieut. Kenneth Cole, 89
Jennings, Ernest Charles, 617
Jeuwine, Lieut.-Col. Wilfrid Wynne, 239
Johnston-Smith, Charles, 205
Jones, John Lewis, 237
Joyce, Capt. John Colin Ramsay, 176
Keay, John, 237
Kelawala, Lieut.-Col. Manekshaw Jamshadji, 431
Kelly, Howard, 236
Kerr, Major A. L., 524
Kilgore, Eugene Sterling, 367
King, Preston, 236
Lack, Harry Lambert, 304
Laguardia, Gerardo, 367
Lambriudi, Constantine, 617
Lane, Sir William Arbuthnot, 115
Latto, Surg. Lieut. Robert Rosie, 239
Lindon, Capt. George Leonard, 176
McAlear, Father John, 431
McCarthy, Capt. D. W., 712
MacFarlane, Surg. Lieut. James Langford Brown-kerr, 117
McKendrick, Lieut.-Col. Anderson Gray, 771
Mackler, Capt. A., 772
MacLaren, Col. the Hon. Murray, 57
MacLennan, William, 57, 85
McRae, G. Douglas, 650
Magnus, Georg, 650
Maloney, Edward R., 650
Marchand, Dr. (Paris), 367
Marr, James, 430
Martin, Henry Meredith, 85
Masterman, Ernest William Gurney, 493
Miles, Capt. W. D., 742
Millar, Daniel, 741
Monisse, W. T. J., 431
Murdoch, Andrew, 524
Murphy, William Lombard, 366
Murray, Col. Henry Walker, 89
Myles, Thomas Picton, 338
Neff, Errol Aubrey, 524
Newman, Lieut.-Col. Ernest Alan Robert, 367
Newsholme, Sir Arthur, 680, 804
Nimmo, Charles Stuart, 366
O'Grady, Lieut.-Col. Donald de Courcy, 272
Paine, William Henry, 57
Parry, Robert Henry, 204
Parsons, Frederick Gymer, 740
Paton, Leslie Johnston, 741
Pearson, George Bruce, 337
Philips, Lieut. Dudley Vaughan, 89
Pinching, Charles James, 366
Pomroy, Lieut.-Col. H. R., 807
Potter, C. E., 85
Powell, Dan A., 56
— Surg. Lieut. J. E., 239
Pridmore, Col. Walter George, 463; correction, 524
Puckle, Selwyn Hale, 237
Purslow, Geoffrey Charles, 86
Rees, John Morgan, 148
— Surg. Lieut. Philip Alan, 617
Richards, H. Meredith, 57
Riding, Temp. Surg. Lieut. Eric Beresford, 117
Ridout, Constance Elizabeth, 305
Rosanoff, Aaron Joshua, 650
Ross, Thomas William Edmondston, 147
Russell, Gladys Julia Cuthbertson, 25
— Robert Usher, 85
Rutherford, James Mair, 399
Scheel, Olaf, 772
Schofield, John Hugh, 366
Schwartz, Major Zelman, 176
Scott, Arthur Eldon, 553
Shale, Capt. Donald, 176
Shirley, Herbert John, 711
Simpson, Archibald, 771
Sircar, Sir Nilratan, 711
Skoufarides, Capt. Vias Michael, 367
Smith, David King, 650
Snape, Harold, 585
Spicer, Robin Gerald, 338
Sprott, Gregory, 86
Steadman, Frank St. J., 617
Stephen, Lieut.-Col. Lessel Philip, 305
— W. Henderson, 804
Stewart, John, 337

Obituary (continued):

- Stirling, James Mair, 365
Stone, Lieut. Edward Raymond, 400
Storey, Surg. Lieut. T. P., 683
Straton, Arthur Arbuthnot, 585
Stretton, John Lionel, 336
Summerskill, William, 681
Swan, Russell Henry Jocelyn, 335
Tasker, Ronald Henry, 399
Taylor, Alfred Simpson, 367
Teevan, Capt. K., 431
Thompson, George Kenworthy, 117
Thomson, Sir StClair, 173, 204, 235
— Fl. Lieut. Stuart, 176
Thornton, Kenneth Roy, 366
Tull, Capt. J. A. C., 524
Turrell, Walter John, 271
Warnock, Flying Officer Archibald Clark, 742
Watts, Alexander Minter, 237
Weir, Capt. S. I., 176
Welchman, Walter, 367
Weston, Lieut. W. F. J., 524
Wilkinson, William J., 553
Wilson, G. Frederick, 741
Wood, Lieut.-Col. John Lawrence, 239
— Orby Russell Morgan, 205
Yorke, Warrington, 585
- O'BRIEN, G. T.: Miliary tuberculosis, 517
— John G.: Coarctation, 738
— R. A.: Decentralization and co-operative research, 229
- Obstetrics: Radiological diagnosis of disproportion (R.S.M.), 142; correspondence, 233—*Glasgow Manual* of (S. J. Cameron and others), note on, 163—Caesarean section in dystocia (L. G. Higgins), 212 (O)—Placental polypus, 229—Coarctation of the aorta as an obstetrical complication (C. W. Walker), 190 (O); correspondence, 302, 426, 528, 738—A persistent brow presentation (G. H. H. Booth), 320; correspondence, 460—Tetanus in the puerperium (E. C. Edwards), 382—Intra-uterine rupture of umbilical cord (Kathleen McClintock), 446; correspondence, 521—Exomphalos, extreme, a case of (R. F. Hendtlass), 477—Interstitial emphysema during labour (Roger Stanley), 477; correspondence, 552, 582, 678—Anaesthesia and analgesia in obstetrical practice (R.S.M.), 577—Action of drugs on the uterus, 643—Case for a shortened puerperium, 644, 706, 768—*Year Book of, and Gynaecology*, 697—Birth weights on a sliding scale, 706—Childbirth, training for (book review), 758
- Occupation and the mouth (annotation), 356
OCKMAN, D.: Medicine and pharmacy in other countries, 340
- O'CONNOR, Donald M.: "Scientific" or "unlimited" freedom? 622
- ODLUM, Doris: Psychological factors in alimentary tract dysfunction, 518
- Oedema of extremities at sea, 708, 803
- Oesophagus: Surgery of oesophageal cancer (annotation), 48—Perforated, following burns (L. C. Robson), 414—Peptic ulcer of (leading article), 373
- Oestrogen treatment of diabetes (annotation), 107; correspondence, 202
- Oestrogens: Effect on insulin content of rat pancreas, 43—And cancer, 434
- O'Grady, Lieut.-Col. Donald de Courcy, death of, 272
- OLDFIELD, Josiah: A nutritious diet-drink, 584
- OLIVER, T. H.: "Calorie control" diabetic diet, 302
- O'LOGHLEN, J. E.: Eventration of the diaphragm, 397
- O'MEARA, D. G. P.: Age and perforated gastric ulcer, 556
- Omentum, gastro-hepatic, hernia through foramen of Winslow emerging through (H. Edwards and W. Stewart), 343 (O)
- O'MULLANE, J. J.: Peptic ulcer a deficiency disease? 302
- Opacol=sodium iodophthalen, q.v.
- Ophthalmia, phlyctenular, 231
- Ophthalmology: And sociology (Arnold Loewenstein), 14—And endocrines (S. L. Simpson), 250—Prescription of lenses (F. W. Law), 424—Riboflavin and corneal vascularization (annotation), 545—Retinal venous changes in diabetes (annotation), 546—Ophthalmic treatment, review of book on, 604—Some useful ophthalmic sulphonomide preparations (I. Lloyd Johnstone), 605—An unusual retrocorneal phenomenon (H. M. Tietze), 665; correspondence, 736
- Ophthalmoscope in clinical medicine: the interior of the eye considered as a biochemical laboratory (A. Maitland Ramsay), 685 (O)
- Opium, external application of, 370, 622
— Permanent Central Board of League of Nations (annotation), 512
- Orbicularis oris in facial paralysis, 170
- Orchitis of mumps, operation for (annotation), 138
- Order, Venerable, of the Hospital of St. John of Jerusalem: Medical promotions and appointments, 87
- ORR, H. Winnett: *Wounds and Fractures. A Clinical Guide to Civil and Military Practice*, 73
- Orthopaedics: Rehabilitation in an E.M.S. orthopaedic unit (S. A. S. Halkin and G. Parker), 315 (O)—Military orthopaedics, 483
- Osler's *Principles and Practice of Medicine* (H. A. Christian), 14th ed., 163
- OSMUND, Col. T. E.: Non-specific epididymitis, 296

Osteomyelitis due to a penetrating wound, surgical treatment of (George Perkins), 441 (O)
 Osteopaths, future of, 368, 651
 O'SULLIVAN, F.: A universal first-aid splint, 448
 — J. V. (and L. B. BOURNE): Ante-natal and gynaecological clinic within a factory, 51
 Oto-rhino-laryngology in the Services, review of book on, 789
 OUTHWAITE, James E.: Appreciation of L. R. Braithwaite, 57
 Out-patients: A successful appointments system in a fracture clinic (F. S. A. Doran), 420
 OWEN, David: "In the discard," 802
 — R. A. C.: Direct inguinal hernia, 678
 Oxford: Cancer research at Sir William Dunn School of Pathology, 79
 — ether vaporizer, 232
 Oxygen therapy, substitute for flowmeter in (Martin Wright and R. V. Christie), 287

P

Paediatrics, review of two books on, 789
 PAGE, Irvine H.: Liver, the chief source of renin activator, 127
 Pain, biliary, some observations on (Alastair A. Douglas), 10 (O)
 — and cancer, 737
 — pleuritic, ethyl chloride spray in, 202
 — post-herpetic, and paresis, 120
 Paine, William Henry, obituary notice of, 57
 Palate, cleft, tube grafts in, 581
 PALMER, W. H.: Multiple muscle herniae, 738
 Pamaquin, manufacturers, dosage, and pack, 452
 Pancreatitis as complication of mumps, 114
 Paper, waste, 434
 Pappenheim stain, improved, for detection of gonococci in smears of pus (M. M. Barritt), 254
 Paralysis, facial, orbicularis oris in, 170
 PARAMORE, R. H.: Analgesia and anaesthesia in obstetrical practice, 577
 Parasitology, review of book on, 509
 Parathyroids, endocrine disorders of (S. L. Simpson), 249
 Paratyphoid carrier, treatment of, 276
 — fever (annotation), 792
 Paresis, post-herpetic pain and, 120
 PARFITT, Gilbert J. (and others): *The Dental Treatment of Maxillo-facial Injuries*, 758
 PARKER, Gilbert (and S. A. S. MALKIN): Rehabilitation in an E.M.S. orthopaedic unit, 315 (O)
 — G. S.: Foot-and-mouth disease in man, 365
 PARKES, A. S.: Nutrition in pregnancy, 297
 PARKINSON, Lieut.-Col. G. S.: Education and research in industrial medicine, 514
 Parkinsonism, severe, with measles, followed by encephalitis (B. Meyer), 508
 — treatment of, 276
 Parliament and the Beveridge Report (leading article), 291

Parliament, Medical Notes in:

Accidents, industrial, statistics, 744
 Agriculture: cottages for farm workers, 240
 Appeal tribunals, medical staffing of, 240
 Army: Proportion of men rejected for, 368—Vaccination in, 400—Medical regrading and army employment, 400—Men invalided for neurosis, 432—Skin diseases in, 773
 Belgium, nutrition and child mortality in, 773
 Beveridge Report, 273, 305, 338, 464
 Bread: National Loaf, 176, 240—And milk, 681
 Cancer, maintenance of patients, 240
 Children: Child Adoption (1939) Act, 240—Growth rates investigation of, among school children, 306
 China, medical supplies for, 464
 Committee, Food Rationing (Special Diets) Advisory, 682
 — Industrial Health Advisory, 464
 — Interdepartmental, on Dentistry, 525
 — Medical Advisory, 464
 — Parliamentary Medical, 240
 — Social Services, 206
 — Representative of Medical Profession, 464
 — Scottish Medical Advisory, members of, 337
 — University Grants, funds of, 774
 Compensation for practices, 587
 Contraceptives, manufacture of, 525
 Council, Medical Research, National Institute for Medical Research and, 337
 Dermatitis: In mining industry, 400—Prevention of, 525
 Diphtheria: Statistics, 58—Immunization, 206—Outbreak in E. Yorks traced to milk supply, 400—Among immunized children, 464—And immunization in Germany, 553—Immunization and incidence, 712
 Doctor, free choice of, 525
 Doctors: Call up of, and protection of practices, 58—Relieving the G.P., 587—Compensation for practices, 587
 — alien, after the war, 773
 — private practice of, 148
 Food inspection, 587
 Greece: Food supplies for Greeks, 681
 Health: comprehensive service plans, 553
 — National Service: Medical auxiliaries in, 464—Proposals, 806
 — positive, 650
 — public: Propaganda, 400
 — services, Government proposals, 650
 — in the West Indies, 400
 Herbalists, future of, 368
 Home Guard, medical attention of, 26

Parliament, Medical Notes in (continued):

Hospital ships, enemy attacks on, May 1940-May 1942, 805
 Hygiene, Assistant Director of, at War Office, 207
 "In the discard," 773
 Infant mortality, 464
 Institute, National, for Medical Research and M.R.C., 337
 Insulin, free, 58
 Insurance National Health: Insured persons and Protection of Practices Scheme, 149
 Lancashire, tuberculosis in, 368
 Local authorities, 587
 Man-power, medical and ancillary, 587
 Maternity: Provision by local authorities, 206—Expectant mothers in factories, 206—Beds, 240, 806—Maternal and infant mortality, 464
 Medical boards: Cost and staffing of, 240—Number of chairmen of, 306—Fees paid to consultants and specialists, 306
 — certificates, 58, 176
 — examination: Of directed workers, 368—By women doctors, 587—At detention barracks, 806
 — inspections by women doctors, 586
 — officers of health, plan of, 239
 — native, for West Africa, 464
 — practices, protection scheme, 681
 — profession, consultation with Government, 712
 — referees for war workers, 240
 — Research Council: Special study of epidemic catarrhal jaundice, 587
 — Services: recruitment to Colonial, 148—Jamaica, 148—Mines, 148, 240—For Ethiopia, 239—Reorganization of, 742—Consultant service, 744—Government's proposals for, 805
 Mental patients, mortality among, 337
 Midwives, shortage of, 206
 Milk: Pasteurization of, 176, 240, 432, 525—Pasteurization processes and vitamins, 274—Non-pulmonary tuberculosis and pasteurization, 368
 — and bread, 681
 — the nation's, 494
 — supply: And tuberculosis, 306—And local authorities, 682
 Miners: Medical service, 525—Fitness centre at Gleneagles, 587
 Ministry of Health, report on work of, to be published, 587
 Nurses: Recruitment and distribution of, 306—Nurses Bill, 432, 494, 525, 553, 587—Shortage of, 525—In Scotland, 586—Assistant, in Scotland, 773
 Nursing homes, domestic staff of, 651
 Osteopaths, future of, 368, 651
 Penicillin, 525—Committee on, 553
 Pensions Appeal Tribunals, 463, 587
 Potato flour, 206
 Prisoners of war in Hongkong, 177
 Psychoneurosis, members of Forces discharged for, 806
 Rehabilitation: In the Army, 337—Of civilians, 651
 Russia, North, British hospital in, 239
 Services, examination of personnel by women M.O.s, 553
 Sickness, short-term, increase of, 806
 Silicosis Medical Board, 368
 Skin diseases among troops, 239
 Small-pox and vaccinia deaths, 240
 Sulphapyridine, issue of, to troops, 712
 Tuberculosis: Mortality, 206, 432—Milk supply and, 306—Non-pulmonary and pasteurization, 368—Financial help for tuberculous persons, 368, 587—In Lancashire, 368—Tuberculous cattle, removal to markets prohibited, 368—Non-pulmonary, under Government's scheme, 773—Investigations into incidence of, 805
 Vaccination in the Army, 400
 Vaccine lymph, 464
 Vaccinia and small-pox deaths, 240
 Venereal disease: Regulation 33B, 25, 681—Treatment in the Army, 58, 239—Treatment of syphilis under 33B, 177—Cost of propaganda campaign, 274—Treatment of syphilis in the Army, 274—Publicity campaign, 338—Treatment of, 525—Army education on, 553—Compulsory treatment by special practitioner under 33B, 587—Compulsory notification, 773
 Wales, no special diagnostic service for, 240
 War casualties, 773
 X-ray equipment: Miniature, 26—Shortage of therapy and diagnostic tubes, 274
 PARRY, L. A.: Curiosities of Caesarean section, 20
 — Robert Henry, obituary notice of, 204
 — T. Wilson: *The Spirit of "This England,"* 13
 PARRY-PRICE, Surg. Cmdr. H.: Mouth gag for laryngoscopy, 605
 PARSONS, A. R.: Miliary tuberculosis, 518
 — F. Gymer, death of, 462; obituary notice, 740
 — Harold: Planning for treatment of head injuries, 550
 — J. Herbert: Testing for night vision, 146
 — Leonard G.: Erythroblastosis foetalis, 54
 Partnership or bondage, 518
 Pasteurization of milk, 22, 52, 80, 88, 112, 147, 171, 276, 368, 432, 525 (G. S. Wilson), 261 (O)
 —Doctors agree about (annotation), 258—Effect on vitamins, 274—Compulsory (annotation), 512.
 See also Milk
 Patella, bilateral fracture of (J. J. Murphy), 725
 PATERSON, A. Spencer: Case-taking schemes for psychoses and neuroses, 478

PATERSON, M. W.: Industrial medicine, 514
 Pathology: Service of L.C.C., 14—Supplies for pathological laboratories (annotation), 18—Clinical pathological investigations (book review), 353
 —Of closed injuries of the chest (J. V. Wilson), 470 (O)
 Patient, what of the? 490
 Paton, Leslie Johnston, obituary notice of, 741
 PATRICK, James: Appointments system at fracture clinic, 488
 PATTEE, Alida Frances: *Vitamins and Minerals for Everyone*, 759
 PATTISON, Norman: Anaesthesia for laryngofissure, 395
 PAYAN, J. F.: Infection in the crowded surgery, 556
 PAYNE, D. Derry (and J. T. LEWIS): Appreciation of Edward Harte, 804
 PEARCE, Evelyn C.: *Fevers and Fever Nursing*, 5th ed., 667
 — J. Cuthbert: B.M.A. and the Beveridge Report, 362
 PEARSE, A. S.: *Introduction to Parasitology*, 509
 Pearson, George Bruce, obituary notice of, 337
 — J. E. G.: Acute disseminated lupus erythematosus: recovery with sulphanilamide, 253 (O); correspondence, 460
 Pediculosis capitis and intelligence in W.A.A.F. recruits (Henry R. Rollin), 475 (O)—Memorandum on control of head lice (Min. of Health), 526; correspondence, 647, 734
 PEGGE, George: War neuroses, 333
 Pellagra (Job's illness) (C. J. Brim), 74
 Pelvic binder (Paul F. McGoe), 667
 Pemphigus epidemics, 455
 PENDRED, Vaughan: Interstitial emphysema during labour, 582
 PENFIELD, Wilder (and T. C. ERICKSON): *Epilepsy and Cerebral Localization: A Study of the Mechanism, Treatment, and Prevention of Epileptic Seizures*, 568
 Penicillin (leading article), 481—Question in Parliament, 525—Committee to report on, 553
 PENNELL, Alice: Health in India, 641
 PENROSE, J. H.: Private fees of salaried medical officers, 430
 Pensions Appeal Tribunals, 463, 587
 PERCIVAL, G. H.: Economy in fats and oils in treatment of skin diseases, 160 (O)
 Periarthritis nodosa, new light on (annotation), 608
 PERIGAL, Arthur F.: Treatment of small-pox, 234
 Perimetry, *Clinical, Introduction to* (H. M. Traquair), 2nd ed., 163
 PERKINS, George: Surgical treatment of osteomyelitis due to a penetrating wound, 441 (O), 483
 PERN, Sydney: Headaches and "silent" sinusitis, 90
 Pertussis antigen, Lederle's, in treatment of whooping-cough: Report of an investigation (Richard S. W. Baker), 562 (O); correspondence, 678
 — immunization against, 622
 — therapy, vaccine in, 808
 Pervitin = methedrine, q.v.
 Pessaries, ring, 590
 PETERKIN, G. A. Grant (and E. C. JONES): Impetigo contagiosa in the Services with special reference to its treatment with sulphathiazole, 318 (O)
 PETERS, J. P.: *Obstruction of the Gastro-intestinal Tract*, 73
 PETRIE, Col. A. A. W.: War stress and neurosis, 422
 — G. F. (and D. STEABEN): Specific identification of the chief pathogenic Clostridia of gas gangrene, 377 (O)
 Pfeiffer's bacillus meningitis, recovery after sulphapyridine (C. Allan Boich), 72
 pH. See Blood
 Phenobarbital, skin reaction to (annotation), 763
 Phillips, Lieut. Dudley Vaughan, death of, 89
 — James: Surgical emphysema, 552
 — Walter: Dressing for cancer of breast, 29
 — W. Powell (and C. W. ANDERSON): *Preventive Inoculation*, 353
 PHILIPS, Seymour: Atropine glaucoma, 708
 Phosphorus, inactivation of, on the skin (M. W. Goldblatt and S. H. Oakeshott), 128 (O)
 — burns, treatment of (revised Ministry of Health Memorandum), 229
 — poisoning: And blood urea, 56—From German bullets, 170
 Phthisis. See Tuberculosis
 Physiology and biochemistry, review of handbook of, 73
 — of clothing (leading article), 224
 — pre-clinical years, with special reference to the teaching of (C. F. J. Cropper), 389
 — principles of, in treatment, review of book on, 605
 Phytic acid and mineral metabolism (annotation), 794
 PICK, F. (and others): A European Association of Clinical Pathologists, 365
 PICKEN, Prof. R. M. F.: Statement to Minister of Food on pasteurization of milk (B.M.A. deputation), 265
 PICKERILL, H. P.: Bee-stings, mosquitoes, and chloroform, 462—Tube grafts in cleft palate, 581
 PICKWORTH, F. A.: Eosinophilia in allergic rhinitis, 675
 PILCHER, A. M.: Pasteurization of milk, 113
 Pinching, Charles James, obituary notice of, 366
 PINES, A.: First aid for fractured spine, 60
 PINNOCK, D. Denham (and Paul Wood): Blast injury to the abdomen by depth charge, 537 (O); correspondence, 648
 PITCHANDI, N. (and S. Rajagopal NAIDU): Chemical luminescence test for blood, 583

- Pitressin diagnosis of idiopathic epilepsy (William Blyth), 100 (O); correspondence, 364
- Pituitary: Effect of oestrogens on insulin content of rat pancreas brought about by medium of (H. L. Fraenkel-Conrat), 43—Adrenal-pituitary disorders (S. L. Simpson), 247—Anterior pituitary sex hormones, 527
- extract for congenital pyloric stenosis, 145
- Pityriasis versicolor, prevalence of, 654
- Plague abroad (annotation), 699
- Plants causing irritation (F. J. Chittenden), 799
- PLATT, Prof. Harry: Knee-joint injuries, 484
- Pleurisy and pleural effusion, significance of, in differential diagnosis (R. R. Trail), 98 (O); correspondence, 301, 397
- and peritonitis, diaphanotic "tricks" for, 737
- Pleuritic pain, ethyl chloride spray in, 202
- Pleuritis, aseptic obliterative, silver nitrate for (annotation), 419
- "Plexan"=complete extract of liver, 569
- PLIMMER, R. H. A. and V. G.: *Food, Health, Vitamins*, 9th ed., 384
- Pneumoconiosis and Workmen's Compensation Bill, 27
- Pneumonia, a typical (R.S.M. discussion), 515; (Soc. of M.O.H.s.), 642—Pathology of, 745
- chemotherapy in (T. Anderson), 485—Some aspects of chemotherapy of (T. Anderson), 717 (O)
- primary atypical, aetiology unknown (annotation), 225
- staphylococcal, epidemic, in patients with clinical influenza, chemotherapy for (M. Finland), 550
- vaccine, pneumococcal, in, 527
- Pneumoperitoneum, treatment of chronic ulcerative colitis by (H. Neumann), 9 (O); correspondence, 113
- Poisoning, fatal, by methyl salicylate liniment (E. Townsend), 382
- non-fatal effects of exhaust-fume (F. W. Eurich), 326
- tetrachlorethane (Gilbert Forbes), 348 (O)
- Police: Reinstatement of surgeon to Leicester County Police refused after war service, 49
- Poliomyelitis: Pathogenesis of, review of book on, 44—In Manitoba, 1941 (C. R. Donovan and M. Bowman), 118—Virus of, in water (annotation), 545—Kenny treatment of, 615—Virus present in stools, 643
- Politics, medicine and (Geoffrey Bourne), 673; correspondence, 738
- POLSON, Cyril: *Clinical Pathological Investigations*, 353—Pathological aspects of nasal allergy, 674
- Polynuritis, infectious (annotation), 292
- Polypus, placental (Section of Obstetrics, Royal Academy of Medicine in Ireland), 229
- Pomroy, Lieut-Col. H. R., death of, 807
- POPJAK, G. (and others): A European Association of Clinical Pathologists, 365
- POPPELWELL, J. R. F.: German explosive bullets, 111
- "Portrait of a doctor," note on a B.B.C. production, 797
- Postgraduate study. *See* Medical education
- Potato flour, 206
- Potter, C. E., obituary notice of, 85
- Powders, dry, sterilization of, 426
- Powell, Dan A., obituary notice of, 56
- Temp. Surg. Lieut. J. E., "missing, believed killed," 239
- POYNTON, F. John: State control of the medical profession, 739
- PRAAGH, Harold Van: Freedom to practise, 427
- Pregnancy: Diets of (leading article), 16; correspondence, 144, 204, 231, 268, 363, 460—Influence of diet during (Nutrition Society, Scottish Group), 51; correspondence, 550—Pernicious anaemia of (leading article), 105; correspondence, 233—Unusual triple complication, 120—And puerperium, macrocytic anaemia of (H. W. Fullerton), 158 (O)—And labour in a case of congenital coarctation of the aorta (C. W. Walker), 190 (O); correspondence, 302—Healed sacro-iliac tuberculosis and, 242—Nutrition in (Nutrition Society), 297—Calcium in, 370, 550, 613, 678—Tetany in, treatment of (annotation), 418—Toxaemia of, value of vitamin B₁ in prevention of (F. J. Browne), 445 (O)—Review of book on, 636—Food priority for pregnant women, 684
- Pregnenolone, action of, with testosterone (Hans Selye and S. Albert), 679

PREPARATIONS AND APPLIANCES:

- Acetarsol vaginal compound, 478
- Blood for transfusion, safety device for suction pump used for obtaining (E. M. Watson), 321
- Clamps for abdominal surgery (D. Lang Stevenson), 13
- CO₂ absorber improvised at sea from respirator parts (Surg. Cmdr. H. Parry Price), 569
- Dilator, anal, a new St. Mark's Hospital, 636
- Diuretic, mercurial (mersalyd), 478
- Dressing: transparent wrapping material for open wounds and ulcers (M. Ellis), 697
- Endotracheal suction union (W. A. Cobb), 667
- Gag for dysfunction of temporomandibular joint following mandibular injury (John W. Hallam), 569
- mouth, for laryngoscopy (Surgeon Cmdr. H. Parry-Price), 605
- Leucocytes, centrifuge tube for collection of, 542
- Liver, complete extract of ("plexan"), 569
- proteolysed (Evans), 727
- "Magtriz," 509

PREPARATIONS AND APPLIANCES (continued):

- Methedrine, hypoidol (d-N-methylamphetamine hydrochloride), 509
- Oxygen therapy, substitute for flowmeter in (Martin Wright and Ronald V. Christie), 287
- Pelvic binder (Paul F. McGoey), 667
- "Plexan," 569
- Resuscitation by rocking (N. Howard Mummery), 759
- Serum transfusion in the field, simple method of (J. C. McC. Browne), 384
- Sigmoidoscope, new form of (C. P. G. Wakeley), 222
- Splint, first-aid, universal (F. O'Sullivan), 448
- Suction apparatus, portable and non-electric (N. F. Safer and R. Salt), 790
- Sulphanilamide for local application, 13
- Sulphonamides, some useful ophthalmic preparations (I. Lloyd Johnstone), 605
- Stretchers, wheeled, or equipment carrier (K. Vernon Bailey), 542
- Syringe, ampoule (Roche Products, Ltd.), 727

PRESCOTT, Frederick (and F. BICKNELL): *The Vitamins in Medicine*, 320

- (and H. DODD): Use of methedrine, a new blood-pressure-raising drug, in surgical operations, 345 (O)

PRESTON, Francis E.: *The Ophthalmic Prescriber's Codex*, 604

- PRESTWICH, J. C.: The diet in diabetes, 676
- PRICE, Dorothy: Two cases of miliary tuberculosis, 517

- H. Parry: CO₂ absorber improvised at sea from respirator parts, 569

- PRIDMORE, Col. Walter George, obituary notice of, 463; correction, 524

- PRIEST, W. M.: Treatment of bacillary dysentery, 303

- Prisoners of war, books for, 797

- Progesterone and vitamin E (annotation), 259

- Promin (promanide): local application of, in tuberculous lesions, 81, 111

- Propamidine (annotation), 324

- Prophylaxis of acute specific fevers (Section of Disease in Children of R.S.M.), 229

- Prostigmin for deafness, 308

- Protein reservoir (annotation), 572

- Provident schemes, 705

- Pseudoherpangitis, 486

- Psittacosis virus and atypical pneumonia, 642

- Psoriasis: Histamine for, 556—Sarsasaponin for (F. M. Thurmon), 563

- Psychiatric patients, treatment in general hospitals: a social experience (Dalton E. Sands), 628 (O); leading article, 637; correspondence, 735

- Psychiatry, military, three years of, in the United Kingdom (J. R. Rees), 1 (O); correspondence, 111, 202, 233

- Psychology: Reviews of books on, 103, 133, 383, 415, 447—A medical psychologist unbends (book review), 222—Psychological factors in asthma (C. H. Rogers), 406 (O); psychogenic factors in asthma (leading article), 416; correspondence, 518

- Psychological impotence, 466

- social, war neuroses, morale, and, 549

- Psychoneuroses: And endocrine disorders (S. L. Simpson), 249—In the Services, 806

- Psychopath, responsibility of (leading article), 607

- Psychoses and endocrine disorders (S. L. Simpson), 249

- Psychosis, mild depressive (B. Andrasschke and C. H. Rogers), 780

- Psychotherapy in general hospitals, 800

- Puckle, Selwyn Hale, obituary notice of, 237

- Puerperium. *See* Obstetrics

- PUESTOW, Charles B. (and Warren H. Cole): *First Aid: Surgical and Medical*, 568

- PULLINGER, B. D.: Work in cancer research, 611

- Pulse, charting the, 84

- PURCELL, F. M.: A member resigns, 300

- Purpura, fulminating, and adrenal haemorrhage, 22, 120

- Purslow, Geoffrey Charles, obituary notice of, 86

- Pus, improved Pappenheim stain for detection of gonococci in smears of (M. M. Barritt), 254

- PyKE, David: Textbooks for medical students in Malta, 556

- Pylorus: Functions of the pyloric canal, 142—

- Pituitary extract for congenital pyloric stenosis, 145

Q

- Questions (new Queries and Answers column), annotation on, 225; correspondence, 335

- QUICK, Armand J.: *The Hemorrhagic Diseases and the Physiology of Hemostasis*, 415

- QUILLIAM, J. P. (and C. E. FIELD): Primary bronchial carcinoma at the age of 4 years 4 months, 691 (O)

- Quinidine, use restricted, 452

- Quinine: Control of, by Ministry of Supply, 87—

- Substitutes for (annotation), 452

R

- RADCLIFFE, Leon: Preparation of the hands for operation, 303

- RADFORD, Maitland: Health education and venereal disease, 290

- Radiant-heat cradles, action of (G. Malcolm Brown and others), 66 (O)

- Radiography: Postero-medial border of lung (linear thoracic paraspinal shadow) (J. F. Brailsford), 219 (O)

- mass miniature units: Staffing of, 81, 146, 172, 398, 487, 616—In Scotland, 401—In London, 668

- Review of book on, 415—Advisory report on working of (leading article), 637—Results of 75,000 cases in R.A.F. and W.A.A.F. (A. G. Evans), 565 (O); correspondence, 646, 770

- Radiological and tuberculin survey, combined (annotation), 47

- diagnosis of disproportion (J. Chassar Moir, R.S.M.), 142; correspondence, 233

- Radiologists and the future, 802

- Radium and radon burns, 29

- rays and x rays, treatment of wounds and inflammation by (N. S. Finzi and F. Freund), 34 (O)

- RAMSAY, A. Maitland: The ophthalmoscope in clinical medicine: the interior of the eye considered as a biochemical laboratory, 685 (O)

- RANDALL, Minnie: *Training for Childbirth from the Mother's Point of View*, 759

- RAPER, H. S. (and others): Vitamins and physical fitness, 243 (O); annotation, 417; correspondence, 394, 486

- Rat, the laboratory, review of book on, 73

- RAUSHENBUSH, Esther (and others): *Psychology for Individual Education*, 103

- RAVEN, R. W.: *Surgical Care: A Handbook of Pre- and Post-operative Treatment*, 103

- RAW, Stanley C.: Abdominal rigidity in blast injuries, 645

- RAY, M. B. (and others): Joint Committee on Rheumatism and Orthopaedics, 54; correspondence, 111

- READ, Grantly Dick: Analgesia and anaesthesia in obstetrical practice, 577

- Rectal dilator, a new St. Mark's Hospital (W. B. Gabriel), 636

- Red Cross principles and organizations (R.S.M.), 516

- REECE, Norman: Radiological diagnosis of disproportion, 233

- Rees, John Morgan, obituary notice of, 148

- J. R.: Three years of military psychiatry in the United Kingdom, 1 (O); correspondence, 111, 202, 233—Incidence of neurosis and war strain, 422

- T. Percy (and W. H. SHEPLEY): Psychiatric treatment in general hospitals, 735

- Registrar-General: Quarterly returns for Eire, 495; England and Wales, 59, 465; Northern Ireland, 59, 495, 806; Scotland, 369, 774

- Rehabilitation: In Scotland, 86—In an E.M.S. orthopaedic unit (S. A. S. Malkin and G. Parker), 315 (O)—The duty of social medicine (leading article), 322; correspondence, 392—In the Army, 337—

- For skin cases, 392—In civilian hospitals (survey by Ministry of Health), 454; correction, 622—

- The word (J. D. Byrd), 487—Mental After-Care Association meeting, 598—Treatment for civilians, 651—For Scottish miners, 760

- REID, Hugh: Collapse therapy, 679

- REILLY, M. T. C.: Removal of filaria worm from eye, 103; correspondence, 169, 269, 402, 654

- REINHOLD, C. H.: Charting the pulse, 84

- REISS, Frederick: Subclinical vitamin A deficiency, 426

- Relapsing fever in the Middle East Forces, 375

- Remedies, *Index of Modern*, 789

- Renal. *See* Kidney

- Research, strategy and tactics in (F. M. R. Walshe), 467 (O); correspondence, 550, 583, 803

- Respiration, artificial, 83, 173, 270, 490, 594—Compacency in resuscitation of the drowned (F. C. Eve), 535 (O); correspondence, 645, 746—Resuscitation by rocking (N. Howard Mummery), 759

- Respiratory complications, post-operative, in Service cases (H. Marcus Bird and others), 754 (O)

- diseases in the Middle East Forces, 376

- Reviews of Books:

- Allergy, Synopsis of (H. L. Alexander), 353

- Anaesthesia, General, Essentials of (R. R. Macintosh and F. B. Bannister), 3rd ed., 353

- and Analgesia, Recent Advances in (including Oxygen Therapy) (C. Langton Hower), 4th ed., 415

- Endotracheal (Noel A. Gillespie), 478

- Anaesthetics Afloat (Ronald Woolmer), 221

- Analgesia, Regional, for Intra-abdominal Surgery: with Special Reference to Amethocaine Hydrochloride (Norman R. James), 666

- Asthma, Physical Exercises for (Asthma Research Council), 4th ed., revised, 287

- Aviation Medicine (Ernst Jok), 287

- Banting as an Artist (A. Y. Jackson), 448

- Biochemistry and Morphogenesis (Joseph Needham), 286

- Blood Group Determination, Medico-Legal: Theory, Technique, and Practice (David Harley), 758

- Substitutes and Blood Transfusion (S. Mudd and W. Thalheimer), 221

- Bristol, Population of (H. A. Shannon and E. Grebenik), 509

- Britain in Pictures: British Rebels and Reformers (Harry Roberts), 542

- British Journal Photographic Almanac, 84th issue, 287

- Pharmaceutical Codex, 1934, 5th Supplement, 13

- Cancer: Selected Papers from the Royal Cancer Hospital, London, and Chester Beatty Research Institute, 448

Reviews of Books (continued):

- Care of the Aged (Geriatrics) (Malford W. Thewlis), 4th ed., 44
- Cerebral Cortex, Human, Postnatal Development of (J. LeRoy Cone), Vol. II: Cortex of the One-month Infant, 44
- Charities, Annual Register and Digest, 1943, 192
- Childbirth, Training for, from the Mother's Point of View (Minnie Randall), 3rd ed., 759
- Cineplastic Operations on Stumps of the Upper Extremity (Rudolf Nissen and Ernst Bergmann), 696
- Climate and the Energy of Nations (S. F. Markham), 163
- Conference, National, of Social Work, Proceedings of (selected papers), 696
- Constitution and Disease (J. Bauer): leading article on, 510; publication announced, 667
- Dentists Register, 1943, 759
- Diabetes Mellitus (Z. T. Wirtschafter and M. Korenberg), 383
- Diagnosis, Symptom: Regional and General (Wallace Mason Yater), 4th ed., 666
- Dictionary, Stedman's Practical Medical, 15th ed., 605
- Digestive Diseases in General Practice (John H. Willard), 758
- Doctor Bard of Hyde Park: The Famous Physician of Revolutionary Times, the Man who Saved Washington's Life (John Brett Langstaff), 74
- Ear, Nose and Throat in the Services (R. Scott Stevenson), 789
- Emulsions, Theory of, and their Technical Treatment (William Clayton), 104
- Encephalitis: A Clinical Study (ed. by Josephine B. Neal), 636
- Epilepsy and Cerebral Localization: A Study of the Mechanism, Treatment, and Prevention of Epileptic Seizures (Wilder Penfield and Theodore C. Erickson), 568
- Experiments, Design of (R. A. Fisher), 3rd ed., 192
- Eye, Ear, Nose, and Throat, 1942 Year Book (L. Bothman, S. J. Crowe, and E. W. Hagens), 133
- Fevers and Fever Nursing (Evelyn C. Pearce), 667
- First Aid, Air Raid (W. A. Ashford), 541
- Emergency Street, for Air Raid Casualties (Rufus Harris), 541
- in Royal Navy (H.M. Stationery Office), 759
- Surgical and Medical (Warren H. Cole and Charles B. Puestow), 568
- Training in, for Civil Defence Purposes (A.R.P. Handbook No. 10), 383
- Treatment of Home Guard Casualties (T. H. Meek), 697
- Food and Planning (J. R. Marrack), 191
- Gas Warfare (W. K. Fitch), 104
- Gases, War: Their Identification and Decontamination (Morris B. Jacobs), 104
- Gynaecological Surgery, Textbook of (Sir Comyns Berkeley and Victor Bonney), 4th ed., 568
- Gynaecology, Pediatric (Goodrich C. Schaulffler), 541
- Haemorrhagic Diseases and the Physiology of Haemostasis (A. J. Quick), 415
- Head, Acute Injuries of: Their Diagnosis, Treatment, Complications, and Sequels (G. F. Rowbotham), 12
- Health, Personal and Community (C. E. Turner), 6th ed., 321
- Civilian in Wartime (F. R. Dieuaide), 383
- Heart: Tratamiento de las Enfermedades del Corazón (Luis Calandre), 447
- Hospitals Year-Book, 1942, 478
- Immunology (N. P. Sherwood), 2nd ed., 133
- Infant Feeding in General Practice (J. Vernon Braithwaite), 2nd ed., 697
- Inoculation, Preventive (W. P. Phillips and C. W. Anderson), 353
- Insurance for All and Everything (Sir Ronald Davison), 569
- Intestinal Obstruction, Problems of (four papers from University of Pennsylvania), 73
- Jetsam (E. Roland Williams), 569
- Life's Unfolding (Sir Charles Sherrington, O.M.), The Thinker's Library, 568
- Man, Goals and Desires of (P. Schilder), 383
- Marcus Aurelius: A Rendering in Verse (John Lyth), 255
- Maxillo-facial Injuries, Dental Treatment of (W. Kelsey Fry and others), 758
- Medical Directory, 99th ed., 44
- Jurisprudence: A South African Handbook (W. F. Rhodes and others), 287
- Statistics, Principles of (Bradford Hill), 3rd ed., 13
- Medicine, Forensic: A Textbook for Students and Practitioners (Sydney Smith), 8th ed., 697
- General, 1942 Year Book of (ed. G. F. Dick), 353
- Internal, Advances in (ed. J. Murray Steele), 666
- Minor (Practitioner handbook), 727
- Principles and Practice of (Osler's), 14th ed., 163
- Tropical: A Manual (P. E. Turner), 3rd ed., 667, 727
- A Synopsis of (Sir P. Manson-Bahr), 789
- Midwifery, Short Textbook of (G. F. Gibberd), 3rd ed., 222
- by Ten Teachers, 7th ed., 13

Reviews of Books (continued):

- Midwifery, Textbook of (R. W. Johnstone), 11th ed., 133
- Nasal Sinuses: An Anatomic and Clinical Consideration (O. E. Van Aylce), 163
- Nephritis (Leopold Lichtwitz), 191
- Nervous System, Diseases of, Described for Practitioners and Students (F. M. R. Walshe), 3rd ed., 727
- Neuro-Anatomy (Walter R. Spofford), 478
- Neuroses and Psychoses, Case-taking Schemes for (A. Spencer Paterson), 478
- Nose and Throat, Surgery of (J. D. Kernan), 383
- Nursing Life and Discipline (Sheila M. Bevington), 447
- Tropical: Handbook for Nurses, going abroad (A. L. Gregg), 2nd ed., 605
- Obstetrics, Glasgow Manual of (S. J. Cameron, John Hewitt, Ellen D. Hewitt), 4th ed., 163
- and Gynecology, 1942 Year Book of, 697
- Ophthalmic Prescriber's Codex (Francis E. Preston), 604
- Out of Working Hours: Medical Psychology on Special Occasions (Henry Yelloweels), 222
- Parasitology, Introduction to (A. S. Pearce), 509
- Pathology: Clinical Pathological Investigations (C. Polson), 353
- Pediatrics, Advances in (ed. by Adolph G. de Sanctis), Vol. I, 789
- Year Book, 1942 (ed. by Isaac A. and Arthur F. Abt), 789
- Perimetry, Clinical, Introduction to (H. M. Traquair), 2nd ed., 163
- Physiological Principles in Treatment (Langdon-Brown and Hilton), 605
- Physiology and Biochemistry, Handbook of (late W. D. Halliburton and R. J. S. McDowall), 37th ed., 73
- Poliomyelitis, Neural Mechanisms in (Howard A. Howe and David Bodian), 44
- Pregnancy, Toxemias of (William J. Dieckmann), 636
- Psychiatry in Medical Education (Franklin G. Ebaugh and Charles A. Rymer), 103
- Psychological Effects of War on Citizen and Soldier (R. D. Gillespie), 133
- Psychology, Experimental, Sensation and Perception in the History of (E. G. Boring), 447
- for Individual Education (Lois Barclay Murphy and others), 103
- Physiological (S. R. Hathaway), 415
- Radiography, Mass Miniature (R. R. Trail and others), 415
- Rat in Laboratory Investigations (Staff of Thirty Contributors: edited by John P. Griffith and Edmond J. Farris), 73
- Reason, Return to: An Essay in Political Diagnosis (Geoffrey Bourne), 104
- Refraction, Practice of (Sir Stewart Duke-Elder), 447
- Remedies, New and Modern, Index of, 789
- Scabies (Kenneth Mellanby), 636
- School Girls' Year Book, 37th ed., 133
- Health Problems: The Astoria Demonstration Study (Dorothy B. Nyswander), 758
- Science and World Order (Penguin Special), 13
- Shipwreck Survivors: A Medical Story (Macdonald Critchley), 726
- Shock: Its Dynamics, Occurrence, and Management (Virgil H. Moon), 604
- Silicosis, X-ray Atlas of (A. J. Amor), 2nd ed., 192
- Sir Patrick Dun's Hospital, a Short History (T. G. Moorhead), 104
- Spectral Absorption, Application of, to the Study of Vitamins, Hormones, and Coenzymes (R. A. Morton), 2nd ed., 44
- Spinal Cord, Membranes and Nerve Roots, Symptoms, Diagnosis, and Treatment of Surgical Diseases of (Charles A. Elsberg), 509
- Spirit of "This England" (T. Wilson Parry), 13
- Sulphanilamide and Related Compounds in General Practice (W. W. Spink), 2nd ed., 163
- Surgery (Carson's), Modern Operative (ed. by G. Grey Turner), 3rd ed., Vol. I, 696
- General, 1942 Year Book (ed. by Evarts A. Graham), 727
- Neurological, Principles of (Loyal Davis), 2nd ed., 192
- Surgical Care: A Handbook of Pre- and Post-operative Treatment (R. W. Raven), 103
- Treatment, Textbook of, including Operative Surgery (ed. by C. F. W. Illingworth), 255
- Illustrations of: Instruments and Appliances (Eric L. Farquharson), 2nd ed., 321
- Ward Work and Nursing (A. Mills and G. F. Nuttall), 7th ed., 509
- Trauma, Pathology of (Alan Richards Moritz), 666
- Tuberculosis: Modern Aspects of the Anti-tuberculosis Program (J. Burns Amberson and others), 255
- Urology, 1942 Year Book (Oswald S. Lowsley), 727
- in War: Wounds and Other Emergencies of the Genito-urinary Organs, Surgical and Medical (C. Y. Bidgood), 789
- Vision: The Art of Seeing (Aldous Huxley), 635
- Vitamins in Medicine (Franklin Bicknell and Frederick Prescott), 320
- and Minerals for Everyone (Alida Frances Pattee), 759
- War, Medical Diseases of (Sir Arthur Hurst), 3rd ed., 321

Reviews of Books (continued):

- War Surgery, Principles and Practice of: With Special Reference to Biological Method of Treatment of Wounds and Fractures (J. Trueta), 541
- Wartime, How to Keep Well in (Hugh Clegg), 478
- Whitaker's Almanack, 1943, 192
- Workman's Compensation and the Physician: A Manual for the Use of General Practitioners and Insurance Carriers (Henry H. Jordan). With a discussion on Traumatic Neuroses by Paul H. Hoch, 13
- Wounds and Fractures: A Clinical Guide to Civil and Military Practice (H. Winnett Orr), 73
- REWELL, R. E.: Phosphorus poisoning and blood urea, 56
- (and J. L. Hoskins): Chemical luminescence test for blood, 709
- Rh factor in haemolytic anaemia of the newborn (T. W. Lloyd), 132
- Rheumatism: Nature of the rheumatic child (D. Hubble), 121 (O), 154 (O)—Sixth annual report of Empire Council, 358
- Rhino-laryngology: Review of book on, 383—Prevention of acute pyogenic infections of nose and throat (Section of Laryngology, R.S.M.), 391
- RHODES, A. J. (and A. GRUNBERG): Macrocytic anaemia following partial gastrectomy, 726
- W. F. (and others): Medical Jurisprudence: A South African Handbook, 287
- Rhodesia, Southern: Minister of Defence, 369
- Riboflavin and corneal vascularization (annotation), 545; correspondence, 645
- RICH, W. Gordon (and A. G. McMANIS): Treatment of dysentery at sea, 82
- RICHARDS, Henry: Desert sores, 334
- H. Meredith, obituary notice of, 57
- M. B.: Bread factor in a wartime human dietary, 160 (O)
- RICHARDSON, G. O. (and others): A national medical service, 615
- RICHMOND, David A. (and I. D. KITCHIN): Multiple muscle hernia, 602 (O); correspondence, 738
- RIDDOCH, Brigadier George: Appreciation of W. Bremner Highet, 711
- J. W.: Treatment of chronic ulcerative colitis, 113
- RIDING, D. (and others): Treatment of pernicious anaemia with an experimental proteolysed liver preparation, 655 (O)
- Surg. Lieut. Eric Beresford, obituary notice of, 117
- Ridout, Constance Elizabeth, obituary notice of, 305
- ROBERTON, Violet: Health education and venereal disease, 290
- ROBERTS, Harry: Free choice of doctor, 392—British Rebels and Reformers, 542
- Lawrence: Collapse therapy, 648
- Llywelyn: Outbreak of small-pox in Swindon, 425
- Nigel W.: Diphtheria during immunization, 232
- ROBERTSON, Daniel: Diphtheria during immunization, 232
- Douglas (and others): A national medical service, 615
- J. Douglas: Calcium intake in pregnancy, 550, 678
- P. A. M.: A case of balantidiosis, 145
- ROBINSON, R. H. O. B.: Non-specific epididymitis, 295
- V. C.: Scientific freedom and social medicine, 491
- ROBSON, L. C.: Perforated oesophagus following burns, 414
- Thomas (and others): Doctors and the future, 649, 739, 801
- ROCHFORD, J. D. (and B. T. BROADBENT): Ethyl chloride analgesia, 664 (O)
- RODGER, D. E.: Effort syndrome in Iceland, 351 (O)
- ROGAN, John J. (and others): Familial idiopathic methaemoglobinemia, with a note on the treatment of two cases with ascorbic acid, 721 (O)
- ROGEN, Alfred S.: Maintenance treatment with digitalis, 694 (O)
- ROGERS, Lambert: Treatment of cerebral contusion, 151 (O)—Amnioplastin as absorbable tissue isolator, 423
- ROGERSON, C. H.: Psychological factors in asthma, 406 (O), 423; correspondence, 518, 550
- (and B. ANDRATSKHE): Mild depressive psychosis, 780 (O)
- ROLLESTON, J. D.: Small-pox in Scotland in 1942, 270—Appreciation of Sir Arthur Newsholme, 804
- ROLLIN, Henry R.: Pediculosis capitis and intelligence in W.A.A.F. recruits, 475 (O)
- ROOKE, A. Basil (and others): Doctors and the future, 649
- C. J. (and others): Scientific freedom and social medicine, 428
- RORKE, Margaret: Control of venereal disease, 53
- Rosanoff, Aaron Joshua, death of, 650
- ROSE, B. (and J. S. L. BROWNE): Increase in blood histamine after severe burns, 446
- ROSS, Thomas William Edmondston, obituary notice of, 147
- ROSSDALE, G. H.: Independence for medicine, 709
- ROTH, Paul Bernard: Surgery of tendons, 426; corrigendum, 466
- ROUGHTON, Dorothy: Future of women in medicine, 394

- ROWBOTHAM, G. F.: *Acute Injuries of the Head: Their Diagnosis, Treatment, Complications, and Sequels* (with foreword by Norman M. Dott), 12
- ROWLEY, G. D.: Fractures of the carpal scaphoid, 484
- ROWNTREE, B. S. (and others): Minimum human requirements, 460
- ROWSTRON, Noel F.: Notification of venereal disease, 21; corrigendum, 120
- Rubella meningo-encephalitis, two cases of (R. I. C. Bradford), 312 (O)
- RUSBY, N. L. (and H. V. MORLOCK): Collapse therapy, 648
- RUSSELL, Dr.: Analgesia and anaesthesia in obstetrical practice, 577
- A. Wilson: Pertussis antigen, 678
- Dorothy: Encephalitis, 297
- E. N.: Phage for dysentery, 769
- G. L.: Venereal diseases, 430
- Gladys Julia Cuthbertson, obituary notice of, 25
- Robert Usher, obituary notice of, 85
- W. Ritchie: Treatment of cerebral contusion, 331
- W. T. (and W. J. MARTIN): Dietetics of pregnancy, 204, 301
- Russia, British Hospital in North, 239—British Hospital for Stalingrad, 701, 711—Surgical mission to, 701
- Rutherford, James Mair, obituary notice of, 399
- RYCROFT, B. W.: The measure of night vision, 270
- Ryle, John A.: Resignation from Regius Professorship of Physics, Cambridge, 119—Election as Professor of Social Medicine, Oxford, 119
- RYMER, Charles A. (and Franklin G. EBAUGH): *Psychiatry in Medical Education*, 103
- S**
- SADUSK, J. F. (and B. G. ANDERSON): Chancre of the gum, 56
- SAHER, N. F. (and R. SALT): A portable suction apparatus not dependent on a source of electricity, 790
- St. Dunstan's, guests of, 109
- Salpingography, transuterine insufflation and (A. Leech-Wilkinson), 100 (O)
- SALT, R. (and N. F. SAHER): A portable suction apparatus not dependent on a source of electricity, 790
- SAMPSON, Basil F.: Bovine tuberculosis in South Africa, 708
- SAMUEL, Major E.: Atypical pneumonia, 516
- SANDERSON, Dr.: Ministry of Pensions and the Official History of the War, 456
- SANDS, Dalton E.: Treatment of psychiatric patients in general hospitals: a social experiment, 628 (O); leading article, 637; correspondence, 735
- SANGSTER, A. H.: Case of adenocarcinoma of the jejunum, 12
- SANGUINETTI, Harold H.: Achieving reform, 709
- Sarkisov, S. A.: Visit to U.K., 650—Reception to, 719
- Sarsasaponin in treatment of psoriasis (F. M. Thurmon), 563
- Sawyer, Capt. S. D., appointed M.B.E. (citation), 632
- Scabies: Supplies of benzyl benzoate available, 119—Ointment for, 150—Double beds and, 402—Treated with one application on benzyl benzoate (John R. Graham), 413 (O); correspondence, 496, 519, 556, 647; correction, 496—Treatment by T.E.T.M.S. (T. M. Clayton), 443 (O)—On the screen (annotation), 451, 713—Control of (book review), 636—Compulsory notification of, in London, 775
- SCAIFE, Lieut.-Col. C.: Generalized vaccinia and vaccination, 425
- SCARFF, R. W.: Hypertension and renal disease, 799
- SCHAUFLER, Goodrich C.: *Pediatric Gynecology*, 541
- Scheel, Olaf, obituary notice of, 772
- SCHILDER, Paul: *Goals and Desires of Man*, 383
- SCHILLER, Francis: Planning for treatment of head injuries, 647
- SCHLEYER, E.: Three comments on the prevention of sterility, 71 (O); correspondence, 203
- SCHNEE, I. M.: Membranous inflammation of oropharynx, nose, and conjunctiva, due to administration of sulphathiazole, 506 (O)
- Schofield, John Hugh, obituary notice of, 366
- School, Girls', Year Book, 1942-3, note on, 133
- health in New York City, review of book on, 758
- medical field service, 555
- Schwartz, Major Zelman, death of, on service, 176
- Science and World Order* (Penguin Special), 13
- Sclerosis, disseminated, treatment of, 496
- SCOTLAND:
- Assistant nurse in, 773
- Central Midwives Board: elections, 400
- Conjoint Board in: pass lists, 205
- Glasgow: Cancer research, 79—Small-pox outbreak, 1942 (C. K. Millard), 288; correspondence, 334
- Medical Advisory Committee, 337
- student entrants, Oct., 1943, 29
- Nurses' Bill, 494
- salaries, 264
- Nutrition Society: Influence of diet during pregnancy, 51
- Radiography: Miniature mass units, 401
- SCOTLAND (continued):
- Registrar-General's quarterly returns, 369, 774
- Rehabilitation, 86—For miners, 760
- Scottish Committee of British Social Hygiene Council, 381
- Small-pox in 1942, 198; correspondence, 270
- Stillbirths and neonatal deaths, 51
- Scott, Arthur Eldon, obituary notice of, 553
- Ella (and A. C. CROOKE): Calorie control: a new dietetic treatment of diabetes mellitus, 64 (O); correspondence, 143, 200, 234, 302, 333, 361, 457, 676
- H. C.: Toxic reactions to sulphathiazole, 635
- R. A. Murray: Reactions to ephedrine, 414
- SEDDON, Prof. H. J.: Inaccurate report in newspaper, 684
- SELKIRK, W. J. B.: Artificial respiration, 83, 173—Sunlight and desert sores, 808
- SELICK, B. A.: Analgesia and anaesthesia in obstetrical practice, 577
- SELYE, Hans (and S. ALBERT): Gonad-protecting power of steroids, 679
- Sensation and perception studied historically, review of book on, 447
- Septicaemia, fulminating meningococcal, treatment of, 363, 521
- SEQUEIRA, James H.: Scientific freedom and social medicine, 298
- Serotherapy and chemotherapy in cerebrospinal fever (P. B. Beeson and E. Westerman), 499
- (meningococcal) meningitis: an analysis of 3,206 case reports (A. A. Jubb), 501 (O)
- Serum transfusion, a simple method of, in the field (J. C. McC. Browne), 384
- SERVICES:
- Appointments, 27, 58, 89, 205, 238, 239, 272, 294, 431, 552, 586, 617, 632, 651, 807
- Awards, 58, 89, 117, 148, 205, 238, 272, 294, 305, 338, 400, 493, 586, 617, 742, 807—In Burma, for bravery and distinguished services, 295
- Casualties, 27, 58, 89, 117, 176, 206, 239, 272, 305, 338, 400, 431, 463, 493, 524, 552, 586, 617, 651, 683, 712, 742, 772, 807
- Commendations for brave conduct, 89, 400
- Efficiency Decoration of T.A., 205 431, 772
- Effort syndrome in Iceland (D. E. Rodger), 351 (O)
- *First Aid in the Royal Navy*, 759
- Impetigo contagiosa in the Services, with special reference to its treatment with sulphathiazole (G. A. G. Peterkin and E. C. Jones), 318 (O)
- Medical examination in detention barracks, 806
- Mentioned in dispatches, 27, 58, 89, 117, 148, 305, 400, 431, 552, 586, 742, 807
- Missing, 58, 176, 206, 400, 524, 617
- Observations on injuries to the semilunar cartilages in Service patients (S. Alan S. Malkin), 6 (O)
- Permission granted to wear Greek decoration, 58
- Prisoners of war, 27, 58, 89, 117, 148, 176, 206, 239, 272, 305, 338, 400, 431, 493, 524, 586, 683, 712, 742, 807
- in Hongkong, 177
- in Japanese hands, 651, 683
- R.A.F.: Aspects of war medicine in (D. Stafford-Clark), 139 (O)—Incidence of pulmonary tuberculosis of adult type in: results of 75,000 cases (mass radiography) (A. G. Evans), 565 (O)
- R.N.V.R. Officers' Decoration, 89, 586
- Respiratory complications, post-operative, in Service cases (H. M. Bird and others), 754 (O)
- W.A.A.F.: Pediculosis capitis and intelligence in recruits (Henry R. Rollin), 475 (O)
- Waziristan, "gallant and distinguished services" in, 27
- Women M.O.s, examination of men by, 553
- Sex hormones, anterior pituitary, 527
- SHACKLETON, R. P. W. (and R. A. GORDON): Trichlorethylene anaesthesia in plastic surgery, 380 (O); correspondence, 398, 489
- SHAFAR, J. (and J. C. R. WEIR): Meningeal reaction in a case of glandular fever, 218 (O)
- Shale, Capt. Donald James, death of, on service, 176
- SHANKS, S. Cochrane: Radiologists and the future, 802
- SHANNON, H. A. (and E. GREBENIK): *The Population of Bristol*, 509
- SHARP, C. G. Kay: Prevention of blindness, 55
- SHAW, B. H.: Health of the medical student, 30—Changing the pH, 684
- G. E. (and others): Treatment of pernicious anaemia with an experimental proteolysed liver preparation, 655 (O)
- James: Fulminating purpura and adrenal haemorrhage, 120
- SHEA, Bernard F.: Soluseptasine in rheumatoid arthritis, 30
- Sheffield Radium Centre: Director appointed, 401
- SHEPHERD, P. Rae (and others): *The Dental Treatment of Maxillo-facial Injuries*, 758
- SHEPLEY, W. H. (and T. P. REES): Psychiatric treatment in general hospitals, 735
- SHERINGTON, Sir Charles: *Life's Unfolding*, 568
- SHERWOOD, N. P.: *Immunology*, 2nd ed., 133
- Shipwrecked: Help for the (annotation), 167—A guide to preservation of life at sea after shipwreck (M.R.C. Committee report), 168; correspondence, 266
- Survivors from shipwreck (book review), 726—Exposure and thirst at sea (leading article), 729
- SHIRLAW, J. Thomson: Stilboestrol in cancer, 55
- Shirley, Herbert John, obituary notice of, 711
- Shock: Morphine and, 340—Review of book on, 604
- Traumatic, Committee of M.R.C., 209
- Sickness, short-term, increase in, 806
- Sigmoidoscope, new form of (C. P. G. Wakeley), 222
- SILBERSTEIN, F. (and others): A European Association of Clinical Pathologists, 365
- Silicosis: Note on X-ray Atlas of, 192—In Sweden (annotation), 260—Medical Board for, 368
- Silver nitrate for aseptic obliterative pleuritis (annotation), 419
- SIMEY, A. I.: Scarlet fever immunization, 229
- Simpson, Archibald, obituary notice of, 771
- C. Keith: The church cellar murder: identification of victim, 619
- R. E. Hope: Weil's disease, 425
- S. L.: "Calorie control" diabetic diet, 200
- Increasing importance of endocrinology in general medicine, 247 (O)
- SINCLAIR, H. M.: Nutritional deficiency and pregnancy, 51; correspondence, 550—Calcium intake in pregnancy, 613—Vitamins and peripheral neuropathies, 80
- J. J.: Interstitial emphysema during labour, 552
- SINGER, E. (and N. ARCHER): Successful treatment of influenzal meningitis with sulphonamides, 286 (O)
- SINTON, Dorothea W.: Future of women in medicine, 428
- Sinus, cavernous, thrombophlebitis of: recovery (A. R. C. Doorey), 42; correspondence, 203
- Sinusitis, "silent," headaches and, 90
- Sircar, Sir Nilratan, obituary notice of, 711
- Skin: Inactivation of phosphorus on (M. W. Goldblatt and S. H. Oakeshott), 128 (O)—Pyogenic skin infections and the skin-carrier rate (N. H. Martin), 269
- cases, rehabilitation of, 392
- diseases: In war, 145—Economy in fats and oils in treatment of (G. H. Percival), 160 (O)—Among troops, 239, 773—In Middle East Forces, 376
- grafting, trophic necrosis, and vitamin C (Griffith Evans), 788
- lesion, tanning for, 519, 684
- reaction to phenobarbital (annotation), 763
- Skoufariades, Capt. Vias Michael, death of, 367
- SLATER, Dr.: Neurotics returning to civil life, 422
- Eliot: Scientific freedom and social medicine, 331
- SLAUGHTER, E. V.: CO₂ absorption technique, 232
- SLESINGER, E. G.: Non-specific epididymitis, 295
- Small-pox: Accurate diagnosis of, 90—Treatment of, 113, 234—In Scotland in 1942 (R.S.M., Section of Epidemiology and State Medicine), 198; correspondence, 270—And vaccinia deaths, 240—In Glasgow, 1942; some comments, a criticism, and a comparison (C. K. Millard), 288; correspondence, 334, 425
- Smart, A. G. H.: Visit to Middle East and Malta for Colonial Office, 79
- G. A. (and others): A national medical service, 615
- SMEDLEY-MACLEAN, Ida: *The Metabolism of Fat*, 790
- SMEED, Edward: Interstitial emphysema during labour, 678
- SMITH, Alasdair McL.: Abortus fever, 425
- David King, death of, 650
- Denys J. Neal: The case for a shortened puerperium, 644
- D. Priestley: External application of opium, 622
- Felix (and R. W. EVANS): Effect of pH of blood on haemolysis, with special reference to blackwater fever, 279 (O); correspondence, 360, 458, 528, 551, 684
- F. Lawrence: Diphtheria during immunization, 171
- H. Elkington: A problematical future, 675
- H. Gordon: Venereal diseases, 460
- J. A. B.: Factors influencing lactation, 517
- R. E., appointed Health Adviser to National Association of Boys' Clubs, 29—Abandonment of mass quarantine, 229
- S. M. (and others): Haemothorax due to strangulated diaphragmatic hernia, 72
- Sydney: Chairs of Child Health, 584—*Forensic Medicine: A Textbook for Students and Practitioners*, 697
- SMOUT, C. F. V.: Planning of medical education, 676
- Social psychiatry in the Army, 6
- Snap, Harold, obituary notice of, 585
- Society of Apothecaries of London: Court of Assistants meeting, 147—Apprentices bound, 147—Diplomas granted, 147, 463—Admissions to Freedom of the Society, 147—Pass lists, 147, 463—Pre-medical examinations, 147—Representative to Central Midwives Board elected, 463—Examiner in surgery nominated, 463—Scholarships, 463
- of British Neurological Surgeons: Strategy and tactics in research (F. M. R. Walshe), 467 (O)
- Ex-Service Welfare: Annual Medical Conference: The influence of war stress on neurosis and psychosis in the armed Forces, in industry, and in the general population, 422
- Harveian, of London: Buckston Browne Prize awarded, 369
- London and Counties Medical Protection, jubilee of, 30
- Medical, of London: Maternal nutrition, 199
- Election of president, 798
- of Pernambuco, Brazil, 87

- Society of Medical Officers of Health: Ante-natal and gynaecological clinic established in a factory, 51—Sulphonamide therapy, 484—Survey of virus infections, 642
- Medico-Legal (joint meeting with Obstetrical and Gynaecological Section of R.S.M.): Medico-legal pitfalls in obstetrical and gynaecological practice, 327—The church cellar murder, 619
- Middlesex County Medical: Committee to advance medical research, 60—Ward sisters' salaries (Rushcliffe Committee), 365
- Nutrition: Influence of diet during pregnancy, 51—Nutrition in pregnancy, 297—Factors influencing lactation, 517—Nutritional problems of infancy, 765
- Paracelsus, founded in Switzerland, 178
- for Relief of Widows and Orphans of Medical Men: Annual meeting, 659
- Royal: New fellows, 419
- of Arts: *India and Burma Section*: Malaria control in India, 326
- of Edinburgh: Fellows elected, 369
- SOCIETY, ROYAL, OF MEDICINE:
- Section of Disease in Children: Prophylaxis of acute specific fevers, 229
- Epidemiology and State Medicine: Small-pox in Scotland in 1942, 198
- History of Medicine: The Official Medical History of the War, 455
- Laryngology: Prevention of acute pyogenic infections of nose and throat, 391
- Medicine: Atypical pneumonia, 515
- Neurology: Neurological complications of malnutrition, 80—Recent experience of encephalo-mylitis and allied conditions, 296—Vasomotor disorders in wartime, 797
- Obstetrics and Gynaecology: Radiological diagnosis of disproportion, 142; correspondence, 233—Joint meeting with Medico-Legal Society: Medico-legal pitfalls in obstetrical and gynaecological practice, 327—Analgesia and anaesthesia in obstetrical practice, 577
- Physical Medicine: The anatomical basis of physical medicine, 197
- Surgery and of Urology: Non-specific epididymitis, 295
- Urology: Hypertension and renal disease, 799
- Society, Shipwrecked Fishermen and Mariners' Royal Benevolent, 29
- Smoke Abatement, 621
- Winnipeg Medical, 273
- Sodium iodophthalein ("opacol") in treatment of intestinal carriers of enteric group of organisms (R. Craile), 604
- SOLOMONS, Bethel: Placental polypus, 229
- Edward: A case of pseudohermaphroditism, 486
- (and J. D. H. Widdess): Action of drugs on uterus, 643
- Solusseptasin in rheumatoid arthritis, 30
- Soro-HALL, Major: Fractures of carpal scaphoid, 484
- South Africa: Bovine tuberculosis in, 708—Hospital at Bulawayo, 240—Institute for Medical Research, report, 1941, 186—Legal medicine in (book review), 287—Native clinics in Bulawayo, 240
- Souttar Mission: Proposals for formation of Indian Army Medical Corps, 575
- SPACKMAN, E. D.: Treatment of scabies, 496
- W. C.: Diagnostic test for kala-azar, 552
- SPARKS, J. V.: X-ray department at health centre, 23, 146—Staffing of miniature mass radiography units, 398; correspondence, 646
- SPENCE, A. M. (and F. GLYN-HUGHES): Sulphanilamide in acute disseminated lupus erythematosus, 460
- J. C.: Chairs of Child Health, 649—Maternal and child welfare, 765
- (and others): Minimum human requirements, 460
- SPENCER, S. J. G.: Search for health, 146
- Spermatozoa, counting, 621
- Spicer, Lieut. Robin Gerald, killed on active service, 338
- Spina bifida in binocular twins (A. Fry), 131; correspondence, 232
- Spinal-cord constriction, signs of, 683
- Spine, fractured, first aid for, 60, 82, 614
- SPINK, Wesley W.: *Sulfanilamide and Related Compounds in General Practice*, 2nd ed., 163
- Splints, unpadded or skin-tight (leading article), 257
- universal first-aid (F. O'Sullivan), 448
- SPOFFORD, Walter R.: *Neuro-anatomy*, 478
- Sprott, Gregory, obituary notice of, 86
- Sprue syndrome, pathogeny of (annotation), 639
- STAFFORD-CLARK, D.: Thrombophlebitis of cavernous sinus, 203
- STAMM, Major T. T.: Knee-joint injuries, 483
- STAMMERS, F. A. R.: Lymphogranuloma inguinale (tropical bubo), 660 (O)
- STANBURY, W. S. (and others): Withdrawal of blood for transfusion, 707
- Standing and marching, 583
- STANLEY, Roger: Interstitial emphysema during labour, 477; correspondence, 552, 582
- STANNUS, Hugh S.: Ariboflavinosis, 645
- Staphylococcal typing, 455
- Starvation: In Europe (annotation), 46; correspondence, 270, 364—In Southern France (annotation), 166
- Statistics, vital. See Epidemiology
- STEABEN, Dorothy (and G. F. PETRIE): Specific identification of the chief pathogenic clostridia of gas gangrene, 377 (O)
- Steadman, Frank St. J., obituary notice of, 617
- Siedman's Practical Medical Dictionary* (edited by S. T. Garber), 15th ed., 605
- STEELE, Basil L.: Freedom and the Beveridge Report, 235
- J. Murray, editor of *Advances in Internal Medicine*, 666
- STEEN, R. E.: Miliary tuberculosis, 518
- STEIN, L. (and E. WERTHEIMER): Adrenalectomy and loss of hair in rats, 217
- Stephen, Lieut.-Col. Lessel Philip, death of, 305
- W. Henderson, obituary notice of, 804
- STEPHENSON, R. W.: Diphtheria with perforation of larynx, 60—Dose of atabrin in malaria, 770
- Sterility: Three comments on the prevention of (E. Schleyer), 71 (O); correspondence, 203—Advice on, 644, 707, 769, 802—Management of sterile partners, 776—And contraception, 776
- Sterilization of dry powders, 426
- STEVENSON, D. Lang: Clamps for abdominal surgery, 13
- R. Scott: *The Ear, Nose, and Throat in the Services*, 789
- Ruth M.: X-ray investigation of stridor in a child, 221
- STEWART, Donald: Need for a national accident policy, 360
- John, obituary notice of, 337
- R. M.: Vitamins and neurological complications, 80
- W. (and H. EDWARDS): Hernia through foramen of Winslow emerging through gastro-hepatic omentum, 343 (O)
- Stilboestrol: In cancer, 55—For immature infants, 234
- Stirling, James Mair, obituary notice of, 365
- STOCKER, C. J.: A member resigns, 267
- Stomach, subdivisions of (J. F. Donegan), 142
- Stone, Lieut. Edward Raymond, "killed," 400
- STOPES, Marie C.: Unreliable vaginal pessaries, 30
- Storey, Surg. Lieut. T. P., missing, presumed killed, 683
- STOWELL, Thomas E. A.: Anaesthesia for laryngofissure, 302
- Straton, Arthur Arbutnot, obituary notice of, 585
- Streptococcal infections, epidemiology of (annotation), 195
- intestinal, and arthritis, 654
- Stretcher, wheeled, or equipment-carrier (K. Vernon Bailey), 542; correspondence, 648, 746
- Stretton, John Lionel, obituary notice of, 336
- Stridor, x-ray investigation of, in a child (Ruth M. Stevenson), 221
- Study groups, value of, 518
- Suction apparatus, portable and non-electric (N. F. Saher and R. Salt), 790
- SULPHONAMIDE GROUP:
- Sulphadiazine, 466—In staphylococcal pneumonia, 505
- Sulphaguanidine: Use of, in bacillary dysentery (Angus E. Brewer), 36 (O)—In treatment of dysentery at sea, 82—In neonatal epidemic gastro-enteritis (J. L. Henderson), 410 (O); correspondence, 613—Use of, 466
- Sulphanilamide: "Wellcome" brand, for local application, 13—Recovery from acute disseminated lupus erythematosus with (J. E. G. Pearson), 253 (O); correspondence, 460—Powder, sterilization of (M.R.C. findings), 263—Dermatitis after local treatment of wound (I. M. Macgregor), 414—Use of, 466
- Sulphapyridine: Recovery from Pfeiffer's bacillus meningitis after (C. Allan Birch), 72—Treatment of vomiting after, 459, 551—Use of, 466—Blood level and excretion of, in children, effect of acid, alkali, and meals on (H. Ellis C. Wilson), 507 (O)—Influenzal meningitis in a child of 2 treated with (Margaret E. Matthews), 540—Issue of, to troops, 712
- Sulphathiazole: Impetigo contagiosa in the Services with special reference to its treatment with (G. A. G. Peterkin and E. C. Jones), 318 (O)—Use of, 466—In staphylococcal pneumonia, 505—Membranous inflammation of oropharynx, nose, and conjunctiva due to administration of (I. M. Schneel), 506 (O)—Toxic reactions to (H. C. Scott), 635
- Sulphonamide chemotherapy: Notes on a book on, 163—Drugs of choice, 466—Discussion at meeting of Society of Medical Officers of Health (Fever Hospital Medical Service Group), 484—In staphylococcal pneumonia, 505—And pneumococcal vaccine in pneumonia, 527
- Sulphonamide-resistant bacteria, 201
- Sulphonamides: Cerebrospinal fever with special reference to chemotherapy; analysis of 3,575 case reports (Paul B. Beeson and Ethel Westerman), 497 (O)—Rectal administration of, 90—Successful treatment of influenza meningitis with (N. Archer and E. Singer), 286 (O)—For gonorrhoea, 434—In asthma, 551—Useful ophthalmic preparations (I. Lloyd Johnstone), 605
- SUMMERSKILL, Edith: Venereal disease, Regulation 33B and compulsory notification, 25
- William, obituary notice of, 681
- Sunlight, relation of, to desert sores (J. M. Henderson), 657 (O)
- Supply, Ministry of: Control of quinine, 87
- Surgeons and surgery in Leningrad (N. Blinoff), 134
- Surgery, abdominal, clamps for (D. Lang Stevenson), 13
- care before and after operation (book review), 103
- of communicating hydrocephalus (annotation), 357
- gastro-duodenal, in the aged (N. C. Tanner), 563 (O); correspondence, 714
- General, 1942 Year Book of, 727
- neurological, book review, 192
- of oesophageal cancer (annotation), 48; correspondence, 169
- operative, review of book on, 696
- plastic: trichlorethylene anaesthesia in (R. A. Gordon and R. P. W. Shackleton), 380 (O)
- of tendons (annotation), 325; correspondence, 426
- Surgical diseases of spinal cord, review of book on, 509
- Mission to Russia (annotation), 701
- operations: Use of methedrine, a new blood-pressure-raising drug (H. Dodd and F. Prescott), 345 (O)
- treatment, illustrations of (book review), 321
- of osteomyelitis due to a penetrating wound (G. Perkins), 441 (O)
- review of book on, 255
- ward work and nursing, notes on a book on, 509
- SUTHERLAND, D. S.: Statement to Minister of Food on pasteurization of milk (B.M.A. deputation), 265
- Ian: Small-pox in Scotland in 1942, 198
- Sutherland-Rawlings, E.: Prophylactic centres to combat venereal disease, 113
- Sutton, William St. John, sentenced for issuing false certificates, 241
- Sutures in tonsillotomy, thread for, 233
- Swan, Russell Henry Jocelyn, obituary notice of, 335
- SWANSTON, Catherine: Future of women in medicine, 461
- Sweden: Statistics for venereal disease, 25, 26; leading article on, 574—Statistics for appendicitis, 150—Scleritis in (annotation), 260
- SWINDELLS, S. W.: Preparation of the hands for operation, 528
- Swindon, outbreak of small-pox in (L. Roberts), 425
- Switzerland: Paracelsus Society founded in, 178
- SWYER, R.: Sulphonamides in measles, 485
- SYDENSTRICKER, V. P.: Nicotinic acid deficiency, 80
- Syndrome, a new? 590, 654
- Horner's, after birth, 776
- sprue, pathogeny of (annotation), 639
- Waterhouse-Friderichsen, 22
- Syphilis. See Venereal diseases
- Syringe, an ampoule (Roche Products, Ltd.), 727
- T
- TANNER, Jack (and others): British Hospital for Stalingrad, 711
- Norman C.: Gastro-duodenal surgery in the aged, 563 (O); correspondence, 714
- Tanning: For skin lesion, 519—Resistance to, 807
- TARSH, Jack: Sick absence among munition workers, 110
- Tasker, Ronald Henry: Reported missing, 60—Obituary notice of, 399
- Taylor, Alfred Simpson, death of, 367
- F. W.: Chronic ulcers of the limbs, 630
- G. N.: Treatment of fractured great toe, 724 (O)
- G. Orissa: Venereal disease and alcohol, 528
- Teeth: Operative dental treatment in Royal Ordnance Factories, 668
- Teevan, Capt. K., death of, 431
- Temperature, body, normal range, 683
- Temporo-mandibular joint, gag for dysfunction of, following mandibular injury (John W. Hallam), 569
- Tendons, surgery of (annotation), 325; correspondence, 426
- TENNENT, Lieut.-Col. T.: War stress and incidence of neurosis, 422
- TERRY, H.: Caustic soda burns, their prevention and treatment, 756 (O)
- Tetanus: Probable, despite inoculation with toxoid (R. J. McGill), 40 (O)—Case of, 55—Against (leading article), 76—In the puerperium (E. C. Edwards), 382—Earliest symptoms of, 776
- Tetany, treatment of, in pregnancy (annotation), 418
- Tetrachlorethane poisoning (G. Forbes), 348 (O)
- Tetraethylthiuram monosulphide (T.E.T.M.S.), treatment of scabies by (T. M. Clayton), 443 (O)
- Theophylline for asthma (annotation), 731
- THALHIMER, William (and S. MUDD): *Blood Substitutes and Blood Transfusion*, 221
- THEWLIS, Malford W.: *The Care of the Aged (Geriatrics)*, 4th ed., 44
- Thirst at sea, 684; leading article, 729
- THISTLETHWAITE, H.: Irritant spectacle frames, 493
- THOMAS, C. Hamblen: Allergic rhinitis, 675
- H. W. (and H. W. HARVEY): Absorption of iron, 83
- Russell: Pneumoconiosis and Workmen's Compensation Bill, 27
- Tudor Glynn (and J. Noël GOULD): Diagnosis of alkaptonuria, 788
- THOMPSON, A.: Case of adrenal neuroblastoma, 51
- Brian C.: Medicine and politics, 767

- THOMPSON, G.: Absenteeism in industry, 429
— George Kenworthy, obituary notice of, 117
— R. B.: In James Tailor's case, 668
— Winifred M.: Infant feeding, 242
Thomson, E. J.: Artificial respiration, 490
— M. L. (and C. E. JENKINS): Haemoglobinometry and the haematocrit, 331
— Sir St. Clair, obituary notice of, 173, 204, 235
— Fl. Lieut. Stuart, death of, on service, 176
Thorax: Linear thoracic paraspinal shadow (J. F. Brailsford), 219 (O)
THORN, Harold E.: Oedema of extremities at sea, 708
Thornton, Kenneth Roy, obituary notice of, 366
THORPE, F. T.: Electric convulsion therapy and brain damage, 23, 146
— Surg. Rear-Admiral: Thirst at sea, 684
Threadworms, gentian violet for, 714
Throat: Infection of, combined with diphtheria and tuberculosis (J. J. Linchan), 162—Liq. ferri perchlor. for sore, 340, 466, 528
Thrombophlebitis of the cavernous sinus: case of recovery (A. R. C. Doory), 42; correspondence, 203
— migrans, post-scarlatinal (I. Vincent Bates), 665
THURMON, F. M.: Sarsasaponin in treatment of psoriasis, 563
Thyroid gland, disorders of, and endocrinology (S. L. Simpson), 249
— multiple foetal adenomata of (Charles Maclay), 695
TIDY, Sir Henry: Atypical pneumonia, 516
TITZEL, H. M.: An unusual retrocorneal phenomenon, 665; correspondence, 736
TITMUS, Richard: Stillbirth and neonatal mortality, 298
TOMB, J. Walker: Crush injury and anoxia, 708
Tongue: Lingual ulcers, 621
Tonsillectomy, thread for sutures in, 233
TOWNSEND, Eric: Fatal poisoning by methyl salicylate liniment, 382
Toxaemia of pregnancy, value of vitamin B₁ in prevention of (F. J. Browne), 445 (O)
Tract for the times (annotation on *Hours of Work and their Influence on Health and Efficiency*), 609
TRAIL, R. R.: Significance of pleurisy and pleural effusion in differential diagnosis, 98 (O); correspondence, 301
— (and others): Mass miniature radiography, 415
Transfusion. See Blood and Serum
TRAQUAIR, H. M.: The specialist in medicine, 145—*Introduction to Clinical Perimetry*, 2nd ed., 163
Trauma, problems of, review of book on, 666
TRENCHARD, H. J. (and others): *Mass Miniature Radiography*, 415
Trichlorethylene anaesthesia. See Anaesthesia
Trinitrotoluene poisoning, diet and (annotation), 671
Tropical diseases in Middle East Forces, 374
TRUETA, J.: *Principles and Practice of War Surgery, with Special Reference to the Biological Method of Treatment of Wounds and Fractures*, 541—Guest of honour, 794
Tuberculin and radiological survey, combined (annotation), 47
— patch test, 455—Versus Mantoux test (Mary Crago), 603
— treatment with, 736
Tuberculosis: In wartime, 28, 110, 423—Local application of promin (promanide) in tuberculous lesions, 81, 111—Improved arrangements for treatment of, 110—Incubation period (annotation), 260—And diphtheria, combined infection of the throat with (J. J. Linchan), 162—Experimental (annotation), 196—Mortality (Parliamentary answers), 206, 432—Notification of women born in 1923 with history of, 241—Studies from United States (book review), 255—Delay in diagnosis and sanatorium treatment of phthisis (Bertram Mann), 283 (O)—Milk supply and, 306—Temperature-taking in, 308, 466—Periodicity of relapses in, 332—Financial help for tuberculous persons, 368, 587—In Lancashire, 368—Removal of affected cattle, 368—Diagnosis of, 455—Extending the use of collapse therapy, 519, 581, 648, 679—Campaign against (Press conference at Ministry of Health), 576—Mantoux test versus patch test (Mary Crago), 603—Maintenance of dependants of tuberculous patients, 617—Cases notified, 1938-42, with age groups, 620—Treatment of cavities (annotation), 763—Immunity to (G. Gregory Kayne), 777 (O)—And exposure to infection, 802—Investigations into incidence of, 805
— bovine, in South Africa, 708
— endobronchial (annotation), 294
— military (Royal Academy of Medicine in Ireland), 518
— non-pulmonary: And pasteurization, 368—Under Government's scheme, 773
— officers, report on condition of ex-soldiers to be furnished by, 208
— pulmonary: Surgical emphysema complicating, 120—Incidence of, of adult type, in R.A.F.; results of mass radiography of 75,000 cases (A. G. Evans), 565 (O); correspondence, 646, 770—Diet in (leading article), 574
— sacro-iliac, healed, and child-bearing, 242
Tuberculous empyema, leading article on, 792
Tull, Capt. J. A. C., death of, 524
Tumours, intracardiac: three cases (I. L. Hamilton-Paterson and L. I. M. Castleden), 398
— lung, in mice and man (J. A. Campbell), 179 (O); leading article on, 194
TURNER, C. E.: *Personal and Community Health*, 6th ed., 321

- TURNER, G. Grey: Preparation of the hands for operation, 53—Surgery of oesophageal cancer, 169
— Appreciation of Sir St. Clair Thomson, 235—Appreciation of Howard Kelly, 236—Appreciation of G. W. Crile, 271—(Carson's) *Modern Operative Surgery*, 3rd ed., Vol. I, 696
— H. M. Stanley: The dysentery carrier, 54—Absenteeism in industry, 429
— Percy E.: *A Tropical Medicine Manual*, 3rd ed., 666, 727
— R. (and others): *Medical Jurisprudence: A South African Handbook*, 287
Turrell, W. J., obituary notice of, 271
Twins, binocular, spina bifida in (A. Fry), 131; correspondence, 232
Typewriters, licence required for sale and hire, 652
TYTLER, W. H.: Statement to Minister of Food on pasteurization of milk (B.M.A. deputation), 265

U

- Ulcer, chronic, of the limbs (F. W. Taylor), 630
— duodenal, physiological gastrectomy for (annotation), 388
— gastric, perforated at age 19, 370, 556
— lingual, 621
— peptic: Pathogenesis of (annotation), 165—A deficiency disease? 302, 489—Rate of healing under oral treatment with milk and cream (G. F. Dick and C. W. Eisele), 350—Age and perforation of, 434—A panel on (leading article), 479—Magnesium trisilicate for, 527—Of oesophagus (annotation), 573
— bleeding, haematemesis and melaena with special reference to (F. Avery Jones), 689 (O)
Ulcers, open wounds and, transparent wrapping material for dressing (M. Ellis), 697
UNDERWOOD, E. A.: Post-vaccinal encephalitis, 199
— *The Fabrica* of Andreas Vesalius, a quartercentenary tribute, 795
UNGAR, G. (and others): A European Association of Clinical Pathologists, 365
UNGLEY, C. C.: Immersion injuries due to cold, 798
United Kingdom: Three years of military psychiatry in (J. R. Rees), 1 (O); correspondence, 111, 202, 233
United States of America: School health in New York City (book review), 758
Universal decimal classification: British Standards Institute, 90
University of Birmingham: Pharmacology, chair of, established, 238—Sir Charles Hyde's bequests to, 345
UNIVERSITY OF CAMBRIDGE:
Balfour professorship of genetics, 742
Degrees approved 119, 338
— conferred, 119, 147, 176, 238, 338, 463, 742
— by diploma, 205, 618
Fellows elected, 742
Pass lists, 27
Raymond Horton-Smith Prize, 272
Regius Professorship of Physics, 119
Regulations amended, 238, 431
Sir William Dunn Professorship, 119, 618
Vice-Chancellor elected, 742
University of Dublin: Pass lists, 27, 432
— Edinburgh: Degrees conferred, 176, 494—Diplomas conferred, 176, 494—Polish Medical School, 88, 742; degrees conferred, 176, 494
— Glasgow: Degrees conferred, 553, 618—Prizes awarded, 553—Regius Professor of Obstetrics appointed, 772
— Leeds: Pass lists, 27, 463—Scholarships and prizes, 463
— Liverpool: Pass lists, 58, 463

- UNIVERSITY OF LONDON:
Ceylon, University of, to be inaugurated, 58
Convocation, 618
Corrigendum, 86
Diplomas: Academic Postgraduate, in Medical Radiology: Regulations amended, 58; granted, 494—In Psychological Medicine conferred, 618
Examinations: Arrangements, 307—Regulations amended, 586
Goldsmid Entrance Scholarship, 205
Pass lists, 431, 742
Reader in Medicine, title conferred, 494
Prizes, 58
Senate, meeting of, 307
Westminster Hospital Medical School: Dean appointed, 586
William Julius Mickle Fellowship, 307
Women, committee to report on facilities for medical education of, 586
University of Manchester: Pass lists, 586
— National, of Ireland (University College, Cork): Pass lists, 147

- UNIVERSITY OF OXFORD:
Buzzard, Sir Farquhar, 772
Czechoslovak medical degrees conferred (annotation), 325
Degrees conferred, 58, 205, 338, 618, 651, 683
General medical electorate, 338
Radcliffe Scholarship in Pharmacology, 586
Social medicine, professor elected, 119

- University of Pennsylvania Bicentennial Conference (book review on tuberculosis studies), 255
— Sheffield: Appointments, 238, 651—Pass lists, 494
Urea, blood, phosphorus poisoning and, 56
Urinary tract, irritation of, by "doped" beer (G. A. Ballance), 540
Urology, 1942 Year Book of, 727
— in war, review of book on, 789
U.S.S.R.: Surgeons and surgery in Leningrad (N. Blinoff), 134—Report by Committee of Soviet Scientists: Gas infection of the brain as one form of the serious complications of cerebrocranial injuries, 785
Uterus, action of drugs on, 643
— hypoplasia of, and sterility (E. Schleyer), 71

V

- Vaccination: B.C.G. (annotation), 167—Post-vaccinal picture in Glasgow outbreak, 1942 (Peter McKenzie), 198—Resolution by R.S.M., Section of Epidemiology and State Medicine, 199—In Army, 400—In India, 770
Vaccine, lymph, bacteria in, 464
— pneumococcal, in pneumonia, 527
— T.A.B., vindicated (leading article), 728
— typhus, reaction to, 734
— yellow fever, jaundice and (annotation), 77
Vaccinia: Generalized (A. A. Jubb), 91 (O); correspondence, 425—And small-pox deaths, 240
VAN ALYEA, O. E.: *Nasal Sinuses: An Anatomic and Clinical Consideration*, 163
VAN NOSTRAND, Col.: Conscription and neurosis, 422
VARADI, S.: A case of Weil's disease in an Army camp, 126 (O); correspondence, 231, 300, 395
Varicella: Nephritis following (Dorothy Gill), 44—And herpes zoster, viruses of, 466
Varicose veins, a new and simple method for subcutaneous ligation of (B. W. Goldstone), 753
VASQUEZ-LOPEZ, E.: Cancer research, 611
Venereal disease, 331, 430, 460, 492, 522—Notification of, 21; corrigendum, 120—Pay for treatment in mental hospital, 21—Control of, 53, 208
— Service cases on demobilization, 84—Prophylactic centres to combat, 113—Ministry of Health circular on, 134—Statistics of (annotation), 137—Health education and (Central Council for V.D.), 290—Conference on (Scottish Committee of British Social Hygiene Council), 381—And alcohol, 528—Sentence imposed under Regulation 33B, 555—In Sweden (leading article), 574—Incidence of, 645—In Merchant Navy, 645, 803—Colonial Advisory Medical Committee: subcommittee to advise on V.D. in the Colonies, 652

- VEREAL DISEASES:
Gonorrhoea: And sterility (E. Schleyer), 71—Sulphonamides for, 434—Gonococcal reinfection and stricture, 555
Parliamentary debates: Regulation 33B, 25, 587, 681—Example of Sweden, 25—Widespread ignorance, 26—Minister of Health on Regulation 33B, free treatment, safeguards, and Sweden's records, 26—Examination of soldiers on leave, 58—Treatment of syphilis under 33B, 177—Treatment of, in Army, 239—Cost of propaganda campaign, 274—Treatment of syphilis in the Army, 274—Publicity campaign, 338—Treatment of, 525—Army education on, 553—Compulsory notification, 773
Syphilis: Treated with daily multiple injections of mapharside (J. Kvittingen), 69 (O)—Treated with arsenical therapy: encephalopathy occurring as complication of (R. B. Nelson and others), 661—A case of haemorrhagic encephalopathy following arsenical therapy (James P. A. Halcrow), 663 (O); leading article, 671—Early diagnosis and treatment of, 775

- Verwey, John Henry, appointed J.P. for Monmouthshire, 555
VERNON, H. M.: *Hours of Work and their Influence on Health and Efficiency* (annotation), 609
Vesalius, Andreas, the *Fabrica* of: a quartercentenary tribute (E. Ashworth Underwood), 795
Vi bacteriophage, experiences with typing of typhoid bacilli by means of (A. Felix), 435 (O)
VICK, Reginald M. (and F. C. W. CAPPS): Preserving medical freedom, 493
VICKERS, H. E.: Unity in the profession, 679
Virus, poliomyelitis, in water (annotation), 545
— infections: Survey of (Society of M.O.H.s.), 642—Immunity to, 714
Vision, Aldous Huxley on, Sir Stewart Duke-Elder's review of, 635
— night: Critique of the Bishop Harman test (John Yudkin and Andrew Ferguson), 633 (O)
— the measure of (N. Bishop Harman), 43; correspondence, 146, 270, 736
— specifications for dark-adaptation tests (K. J. W. Craik), 632 (O)
Vitamin A subclinical deficiency, 425
— B, value of, in prevention of toxæmia of pregnancy (F. J. Browne), 445 (O)
— C.: Investigation on national sources of, in South Africa, 186—Saturation test (W. R. G. Atkins), 254—In marmalade and apples, 527—Trophic necrosis, skin-grafting, and (Griffith Evans), 788
— content of human milk, 765
— E, progesterone and (annotation), 259
— K, prophylactic use of, 308

Vitamins: Of "royal jelly" (bees), 30—And hormones, spectroscopy of (book review), 44—And physical fitness (A. A. Harper and others), 243 (O); annotation, 417; correspondence, 394, 487, 580—In experimental hyperthyroidism (V. Korenchevsky and others), 245 (O)—Reduced contents of caps. liq. vitamin A et D conc., 275—In medicine (book review), 320—Food, health, vitamins (book review), 384—And minerals for everyone (book review), 759

Volkman's ischaemic contracture, treatment of (annotation), 108; correspondence, 172

Vomiting and nausea, epidemic (W. H. Bradley), 309 (O)

— treatment of, after sulphapyridine, 459, 551

W

WADSWORTH, W. V. (and A. A. HARPER): Resuscitation of the drowned, 645

WAKELEY, C. P. G.: A new form of sigmoidoscope, 222

Wales, no special diagnostic service for, 240

WALKER, C. W.: Adder bite, 55—Pregnancy and labour in case of congenital coarctation of aorta, 190 (O); correspondence, 302, 426, 528

— G. F.: Medical aspects of workmen's compensation, 208

— Joan: Future of women in medicine, 429

— Vera: Diet and allergic rhinitis, 675

WALSHE, F. M. R.: Strategy and tactics in research, 467 (O); correspondence, 550, 583—*Diseases of the Nervous System described for Practitioners and Students*, 3rd ed., 727

WALTERS, F. R.: Tuberculosis and exposure to infection, 802

WALTON, Sir James: Abdominal wounds in war: treatment of individual lesions, 61 (O)—Scientific freedom and social medicine, 298

WANGANSTEEN, Owen H.: *Distension in Intestinal Obstruction*, 73

WAR

Absence, sick, among munition workers, 110

Army blood transfusion service, 610

Asthma and other allergic conditions in military service (E. M. Fraenkel), 216 (O)

Blast injury to abdomen by depth charge (D. D. Pinnock and P. Wood), 537 (O)

Blood groups, determination of (annotation), 764

Bread factor in human dietary (M. B. Richards), 161 (O)

Casualties (British Empire Forces, all ranks), 773

Civilian health in wartime (book review), 383

County borough (West Ham) in the front line (annotation), 764

Dermatitis, respirator, notes on treatment of (E. Colin Jones), 757

Enemy attacks on hospital ships, May, 1940, to May, 1942, 805

Enteric group of fevers in prisoners of war from Western Desert, with special reference to prophylactic inoculation, Jan., 1941, to Feb., 1943, 719 (O); leading article, 728

Factories, health and welfare of women in, 164

Famine Relief Committee: food conditions in Europe, 14

Home Guard, medical attention of, 26

How to Keep Well in Wartime (Hugh Clegg), 478

Industrial medical services, 79

Iron lung improvised in a warship (A. C. K. Yates), 256

Leicestershire police surgeon: reinstatement refused after war service, 49

Malaria, treatment of (leading article), 75

Medical Diseases of War (Sir Arthur Hurst), 6th ed., 321

— History, Official (Sir A. S. MacNalty), 455

— records in wartime, 23

Medicine, military, in Middle East: an experience of 13,542 cases (E. Bulmer), 374 (O)

Mental observation wards, decrease in admissions to (F. Hopkins), 358

Nerve injuries, peripheral, aids to investigation of (M.R.C. War Memorandum No. 7), 197

Neuroses, their nature and significance (W. R. D. Fairbairn), 183 (O); correspondence, 299, 333, 396, 426, 459, 549

Neurosis, proportion of men invalided from Army for, 432

Nutrition, maternal (Medical Society of London), 199

Orthopaedics, military, 483

Pediculosis capitis and intelligence in W.A.A.F. recruits (Henry R. Rollin), 475 (O)

Psychological effects of (book review), 133

R.A.F.: Aspects of medicine in (D. Stafford-Clark), 139 (O)—Incidence of pulmonary tuberculosis in; results of mass radiography of 75,000 cases (A. G. Evans), 565 (O)

Rationing, wartime, and consumption (League of Nations), 479

Rehabilitation in the Army, 337

Respiratory complications, post-operative, in Service cases (H. M. Bird and others), 754 (O)

St. Dunstan's, guests at, 109

Skin diseases in, 145—Economy in fats and oils in treatment of (G. H. Percival), 160 (O)—In Army, 773

Stress and incidence of neurosis and psychosis (ex-Service Welfare Society), 422

WAR (continued)

Surgeons and surgery in Leningrad (N. Blinoff), 134

Surgery (book review), 541

Three years of military psychiatry in the United Kingdom (J. R. Rees), 1 (O); correspondence, 111, 202, 233

Tuberculosis in wartime, 28, 110, 423

Vaccine, T.A.B., vindicated (leading article), 728

Vasomotor diseases in wartime (R.S.M.), 797

Veneral disease, treatment of, in Army, 58

War over West Ham (E. Doreen Idle), 764

Weil's disease in an Army camp (S. Varadi), 126 (O); correspondence, 231, 300, 395

Wounds, abdominal, treatment of individual lesions (Sir James Walton), 61 (O)

— chest, pathology of closed injuries of (J. V. Wilson), 470 (O)

Warnock, Flying Officer Archibald Clark, obituary notice of, 742

— C. M.: Measles associated with unusual nervous signs, 205

Wasting disease and lesions of nervous system (annotation), 194

Water, supply of, to rabbits and guinea-pigs (E. L. Kennaway), 760 (O)

WATKINS, Arthur G.: Investigation into the standard of milk supplied to children, 140 (O)

— Harold E.: Scabies, 150

WATSON, Donald: Unity in the profession? 579

— E. M.: Safety device for suction pump used for obtaining blood for transfusion, 321; correspondence, 707

WATSON-JONES, R.: Report to British Orthopaedic Association on future civil accident service, 484

Watts, A. M., obituary notice of, 237

— A. S.: Tuberculin patch test, 455

WAUCHOPE, G. M.: Calorie control, 361

WAUGH, W. Grant: Treatment of ischaemic contracture, 172

WEBB-JOHNSON, Sir Alfred: Education grants for doctors' sons, 115—Statement to Minister of Food on pasteurization of milk (B.M.A. deputation), 265

Weber, F. Parkes, double anniversary of, 621

WEBSTER, J. H. Douglas: Periodicity of relapses in tuberculosis, 332

Weil's disease in an Army camp, case of (S. Varadi), 126 (O); correspondence, 231, 300, 395, 424

WEIR, J. C. R. (and J. SHAFAR): Meningeal reaction in a case of glandular fever, 218 (O)

— Capt. S. I., death of, on service, 176

Welchman, Walter, obituary notice of, 367

WELLS, C. J. L.: The Government's proposals, 740

WERNHER, Sir Harold: London Emergency Bed Service, 709

WERTHEIM, L.: Tanning for a skin lesion, 684

WERTHEIMER, E. (and L. STEIN): Adrenalectomy and loss of hair in rats, 217

West Indies, health in, 400; annotation, 639

WESTELL, Una M.: Anaesthesia for laryngofissure, 459

WESTERMAN, Ethel (and Paul B. BEESON): Cerebrospinal fever—analysis of 3,575 case reports with special reference to sulphonamide therapy, 497 (O)

Weston, Lieut. W. F. J., death of, in Singapore, 524

WHEELER, Sir W. I. de C.: Ligature of innominate artery, 173

WHIGHAM, J. R. M.: Spina bifida, 232—Age and perforated gastric ulcer, 556

WHIPPLE, A. O. (and J. A. NELSON): *End-results of Decompression of Intestinal Tract with and without Operation*, 73

Whitaker's Almanack, 1943, note on, 192

WHITFIELD, C. A.: A wheeled stretcher or equipment carrier, 648

WHITE, Clifford (and others): *Midwifery*, by Ten Teachers, 7th ed., 13

— William Charles (and others): *Modern Aspects of the Anti-tuberculosis Program*, 255

WHITTAKER, C. R.: *Anatomy: Part V of Edinburgh Catechism Series*, 255

WHITTINGTON, G.: Gastro-duodenal surgery in the aged, 714

Whooping-cough: High flying for whoopers, 54—Lederle's pertussis antigen in treatment of: report of an investigation (Richard S. W. Baker), 562 (O); correspondence, 678—Immunization against, 622

WHYTE, Brig. Hedley: Non-specific epididymitis, 296

WIDDESS, J. D. H. (and E. SOLOMONS): Action of drugs on the uterus, 643

WIGFIELD, Maurice E.: B.M.A. and Beveridge Report, 330—Proposals and discussions, 801

WILCOCKS, Charles: Health units in the Colonies, 709

WILDE, O. G.: Treatment of malignant tertian malaria, 678

WILKIE, O. Hamilton: Health education and venereal diseases, 290

WILKINSON, J. F. (and others): Withdrawal of blood for transfusion, 707

— William J., obituary notice of, 553

WILLARD, John H.: *Digestive Diseases in General Practice*, 758

WILLCOX, J. W. J.: Cramp in arteriosclerosis: a cure, 622

WILLIAMS, E. Rohan: Radiological diagnosis of disproportion, 142

WILLIAMS, E. Roland: *Jetsam*, 569

— E. W. Meurig: The Government's proposals, 679

— H. C. Maurice: Reaction to typhus vaccine, 734

— H. G.: Pasteurization of milk, 112, 276

WILLIAMSON, D. A. J. (and H. V. MORGAN): Jaundice following administration of human blood products, 750 (O)

WILLOX, Leonard S.: A new syndrome? 654

WILLS, Lucy: Is anaemia prevalent? 612

Wilson, Sir Charles, the Prime Minister's physician (annotation), 78—Now Baron Moran of Manton in the County of Wiltshire, 357

— G. F., obituary notice of, 741

— H. Ellis C.: Effect of acid, alkali, and meals on blood level and excretion of sulphapyridine in children, 507 (O)

— Hugh: Tetanus, 55

— J. V.: Pathology of closed injuries of chest, 470 (O)

— S. P.: Venereal diseases, 522

WINDSOR-MCLEAN, L. A.: Sedimentation rate, 370

WINFIELD, R. B.: Private practice, 578

WINGFIELD, Alec: Treatment of malaria in England, 476 (O), 770

WINSTER, Lord: Health education and venereal disease, 290

WIRTSCHAFER, Zoltan T. (and M. KORENBERG): *Diabetes Mellitus*, 383

Woman, heaviest (annotation), 108

Women: In war factories, health and welfare of, 164—Of India, medical aid to, 390—In medicine, future of, 329, 392, 428, 460—Medical inspection by women doctors, 586

WOMERSLEY, Sir Walter: After-care of war neurotics, 422

WOOD, J. A.: Selecting the medical student, 800

— Lieut.-Col. John Lawrence, death of, 239

— Orby Russell Morgan, obituary notice of, 205

— Paul (and D. Denham PINNOCK): Blast injury to abdomen by depth charge, 537 (O); correspondence, 648

WOODMAN, Musgrave: Allergic rhinitis, 674

WOODS, R. S.: Orbicularis in facial paralysis, 170

WOOLMER, Surg. Lieut.-Cmdr. Ronald: *Anaesthetics Afloat*, 221

Workmen's compensation: Medical aspects of (book review), 13—Bill, 27; correspondence, 208

Worms, unusual case of obstruction by (A. D. Courtney), 725

WOTZILKA, H. (and A. GRANT): Treatment of fulminating meningococcal septicaemia, 521

Wound, gunshot, in 1814 (Nova et Vetera), 733

— penetrating, surgical treatment of osteomyelitis due to (G. Perkins), 441 (O)

Wounds, abdominal, in war: treatment of individual lesions (Sir James Walton), 61 (O)

— severe gunshot (W. P. Griffin), 352

— antiseptic treatment of (annotation), 106

— and fractures, review of book on treatment of, 73

— and inflammation, treatment by x rays and radium rays (N. S. Finzi and F. Freund), 34 (O)

— open, and ulcers, transparent wrapping material for dressing (M. Ellis), 697

WRIGHT, Dickson, Hypertension and renal disease, 799

— Martin (and R. V. CHRISTIE): A substitute for the flowmeter in oxygen therapy, 287

— M. D. (and others): Dietetics of pregnancy, 231

WYLLIE, W. G. (and others): A standardized plan of treatment for gastro-enteritis in infants, 371 (O); correspondence, 458, 486

WYNN, W. H. (and others): Minimum human requirements, 460

X

X-ray department in health centre, 23, 83, 146, 234

— equipment, miniature, 26—Shortage of, 274

— investigation of stridor in a child (Ruth M. Stevenson), 221

X rays and radium rays, treatment of wounds and inflammation by (N. S. Finzi and F. Freund), 34 (O)

Y

YATER, Wallace Mason: *Symptom Diagnosis: Regional and General*, 4th ed., 667

YATES, Surg. Lieut.-Cmdr. A. C. K.: Iron lung improvised in a warship, 256

— F.: Dietetics of pregnancy, 363

Yeast, food (annotation), 294

YELLOWLEES, Henry: *Out of Working Hours: Medical Psychology on Special Occasions*, 222

Yorke, Warrington, obituary notice of, 585

YOUNG, F. H.: Atypical pneumonia, 516

— James: Maternal nutrition during wartime, 199—Starvation in Europe, 270—Correlation between birth weight and parity, 297—Dietetics of pregnancy, 363

— Miss: Analgesia and anaesthesia in obstetrical practice, 577

YUDKIN, John (and Andrew FERGUSON): A critique of the Bishop Harman test for night vision, 633 (O)

YULE, Col.: Official Medical History of the War, 456

KEY TO DATES AND PAGES

The following table, giving a key to the dates of issue and the page numbers of the BRITISH MEDICAL JOURNAL and SUPPLEMENT in the first volume for 1943, may prove convenient to readers in search of a reference.

Serial No.	Date of Issue	Journal Pages	Supplement Pages
4278	Jan. 2	1 - 30	1 - 4
4279	" 9	31 - 60	5 - 8
4280	" 16	61 - 90	9 - 12
4281	" 23	91 - 120	13 - 14
4282	" 30	121 - 150	15 - 16
4283	Feb. 6	151 - 178	17 - 22
4284	" 13	179 - 208	23 - 26
4285	" 20	209 - 242	27 - 28
4286	" 27	243 - 276	29 - 30
4287	Mar. 6	277 - 308	31 - 32
4288	" 13	309 - 340	33 - 34
4289	" 20	341 - 370	35 - 38
4290	" 27	371 - 402	39 - 40
4291	Apr. 3	403 - 434	41 - 42
4292	" 10	435 - 466	43 - 48
4293	" 17	467 - 496	49 - 52
4294	" 24	497 - 528	53 - 54
4295	May 1	529 - 556	55 - 56
4296	" 8	557 - 590	57 - 58
4297	" 15	591 - 622	59 - 60
4298	" 22	623 - 654	61 - 62
4299	" 29	655 - 684	63 - 66
4300	June 5	685 - 714	67 - 70
4301	" 12	715 - 746	71 - 72
4302	" 19	747 - 776	73 - 74
4303	" 26	777 - 808	75 - 76

LIST OF ILLUSTRATIONS

	PAGE		PAGE
SPECIAL PLATE		Gag for Dysfunction of the Temporo-mandibular Joint following Mandibular Injury (John W. Hallam) .. 569	
Lung Tumours in Mice and Man (J. Argyll Campbell) Inset between 182 and 183		— Mouth, for Laryngoscopy (H. Parry-Price) .. 605	
ILLUSTRATIONS IN TEXT		Gas Gangrene, Specific Identification of Clostridia in (G. F. Petrie and D. Steabben) .. 377	
Abortus Fever (D. G. Leys) .. 187		Gastro-enteritis, Neonatal Epidemic, Sulphaguanidine in (J. L. Henderson) .. 410	
Anaemia, Macrocytic, of Pregnancy and Puerperium (H. W. Fullerton) .. 158		Glaucoma, Atropine (J. E. Martin) .. 631	
— Pernicious, treated with Pyloro-duodenal Extract and Liver in Tablet Form (J. Stewart Lawrence) .. 567		Grafting, a New Method (P. Gabarro) .. 723	
Anaesthesia, Peroral Intratracheal, Universal Apparatus for (G. Humby and M. Hawksley) .. 317		Haemorrhage, Gastro-intestinal, a Rare Cause of (G. Gordon-Taylor) .. 504	
Armstrong-Jones, Sir Robert .. 175		Head Injuries in Motor-cyclists (Hugh Cairns and H. Holbourn) .. 591	
Bandage, Barrel .. 589		Hernia through the Foramen of Winslow (H. Edwards and W. Stewart) .. 343	
Biliary Pain, Some Observations on (Alastair A. Douglas) .. 10		Herniae, Multiple Muscle (Ian D. Kitchen and David A. Richmond) .. 602	
Blood for Transfusion, Safety Device for Suction Pump used for obtaining (E. M. Watson) .. 321		Inflammation, Membranous, due to Sulphathiazole Administration (I. M. Schnee) .. 506	
— Transfusion: Army Service .. 610		Insufflation, Transuterine, and Salpingography (A. Leech-Wilkinson) .. 100	
— — Haemolytic Reactions, Investigation of (P. L. Mollison) .. 559		Iron Lung Improvised in a Warship (A. C. K. Yates) .. 256	
— — in Nocturnal Haemoglobinuria (J. V. Dacie and Douglas Firth) .. 626		Lane, Sir William Arbuthnot .. 115	
Bullets, Explosive, German (J. R. F. Popplewell) .. 111		Leucocytes, Centrifuge Tube for Collection of (M. A. Gohar) .. 542	
— — (Norman P. Henderson) .. 170		Liver, Proteolysed, for Pernicious Anaemia (L. J. Davis and others) .. 655	
Burns, Treatment of (J. M. Barnes) .. 408		Lung Tumours in Mice and Man (J. Argyll Campbell) .. 181	
Carbon Dioxide Absorption: Absorber Improvised at Sea from Respirator Parts (H. Parry-Price) .. 569		Methedrine, Use of (H. Dodd and F. Prescott) .. 345	
— — Modification for, with the Field-pattern Boyle's Apparatus (J. Montgomerie) .. 129		Nausea and Vomiting, Epidemic (W. H. Bradley) .. 309	
— — New Cycle-type Absorber (W. J. Mushin) .. 130		Newsholme, Sir Arthur .. 680	
Carcinoma (Primary Bronchial) at Age of 4 years 4 months (C. E. Field and J. P. Quilliam) .. 691		Out-patient Organization (F. S. A. Doran) .. 420	
Cerebrospinal Fever (Paul B. Beeson and Ethel Westerman) .. 497		Pathology of Closed Chest Injuries (J. V. Wilson) .. 470	
Child Health, Bridgeheads of (Charles McNeil) .. 715		Pelvic Binder (Paul F. McGoey) .. 667	
Clamps for Abdominal Surgery .. 13		Psychiatry, Military, Three Years of (J. R. Rees) .. 1	
Cotton-wool Sandwich (R. Fawcitt) .. 352		Radiant-heat Cradles, the Action of (G. Malcolm Brown and others) .. 66	
Desoxycorticosterone in Addison's Disease (D. M. Dunlop) .. 557		Radiographic Postero-medial Border of the Lung (James F. Brailsford) .. 219	
Diaphragm, a Case of Eventration of (A. J. E. Mills) .. 97		Resuscitation by Rocking (N. H. Mummery) .. 754	
Dilator, Rectal, a New St. Mark's Hospital .. 636		Serum Transfusion in the Field, Simple Method of (J. C. McC. Browne) .. 384	
Dressing, Transparent Wrapping Material for Open Wounds and Ulcers (M. Ellis) .. 697		Sigmoidoscope, New Form of (C. P. G. Wakeley) .. 222	
Drowned, Complacency in Resuscitation of (F. C. Eve) .. 535		Splint, Universal First-aid (F. O'Sullivan) .. 448	
Endotracheal Union, Suction (W. A. Cobb) .. 667		Stretcher, Wheeled, or Equipment Carrier (K. V. Bailey) .. 542	
Epilepsy, Idiopathic, Pitresin Diagnosis of (William Blyth) .. 100		— (C. A. Whitfield) .. 648	
Exercise Therapy, Principles of (Ernest A. Nicoll) .. 747		Suction Apparatus, Portable and Non-electric (N. F. Saher and R. Salt) .. 790	
"Fabrica" of Andreas Vesalius (F. A. Underwood) .. 795		Syringe, Ampoule (Roche Products, Ltd.) .. 727	
Fever, Glandular (R. J. Lumsden) .. 567		Thomson, Sir St Clair .. 173	
Fistula, Faecal, following Operation for Appendicitis (P. T. Crymble) .. 532		Varicose Veins, Subcutaneous Ligature of (B. W. Goldstone) .. 753	
		Vision, Night, a Critique of the Bishop Harman Test (John Yudkin and Andrew Ferguson) .. 633	
		Vitamins and Physical Fitness (A. A. Harper and others) .. 244	
		Wounds and Inflammation, Treatment of, by X Rays and Radium Rays .. 34	
		Yorke, Warrington .. 585	