

interpretation, and verbalization, and again by increasing the understanding of the parents. In adolescence the strength of the urges and repressions is increased and the young person has at this stage to make entirely new adjustments to life. A strong, carefully managed transference is the best form of treatment so that the patient can be brought to understand and interpret his own difficulties.

In dealing with the family the social worker has to realize the complexity of the situation, for the parent is often projecting his own guilt or aggression or desire for punishment on to the child, and so the entanglement becomes very difficult to unravel. She has to establish transference with the whole family and so allow them to work out their difficulties and re-establish an integrated whole. To do this the social worker needs a long and elaborate training under expert psychiatric guidance, and she will of course learn both the social and psychological aspects of her task while undertaking the case work.

This is an interesting account of a successful venture in the care of difficult and delinquent children by methods rather different from those usually used in Britain. It is therefore worthy of the most careful study by those interested in the subject.

R. G. GORDON.

GLOMERULAR NEPHRITIS

Glomerular Nephritis: Diagnosis and Treatment. By Thomas Addis, M.D., F.R.C.P.Ed. (Pp. 338. £2.) New York and London: The Macmillan Company. 1948.

The impression which this book leaves with the reader is almost that of an autobiography, the summing up of one who has spent most of his life in the study of renal disease. Addis, we feel, is a man with a message who wants to give the medical world this record of his teaching and research. If the book is not wholly satisfactory it is perhaps because it tries to combine the two, while its autobiographic style is too discursive for either. Parts of the book are didactic and dogmatic, others strictly scientific and experimental; others again are practically in narrative form—as for instance the description of the life and death of a nephritic patient, which almost brings tears to the eyes. In spite of these defects—or should we say peculiarities?—Addis of course speaks with great authority and has much to say.

The chief subjects which he discusses are his rapid methods of biochemical and microscopical examination, specially designed to be suitable for use in an out-patient clinic, to give immediate answers to questions of prognosis and treatment; a description of the experiments which have been made by his team on the effects of removal of renal tissue in animals, and the inferences which can be drawn from this work; and a plea for low protein intake in the treatment of renal insufficiency. In America pendulums probably swing further than they do in this country, and it is evident that in many clinics all cases of renal disease irrespective of their clinical state have been given high protein diets. Addis, we think, brings conclusive evidence based on animal experiment to show that this is wrong, and that many cases of renal failure can be improved and kept leading useful lives for a long time on a suitably restricted protein intake. Most recent authors both here and abroad share this view. We found the experimental sections most interesting; there is information here which is difficult to find in convenient form elsewhere. Although, as we have observed, the book is not wholly successful either as a text-book or as a record of research, it must be read by all serious students of renal disease.

ROBERT PLATT.

The *Practitioner's Card-Index Guide to Treatment* is an ingenious file of notes on modern medical treatment of interest to the busy practitioner published by Devereaux (Medical) Publications Ltd., of 36, Maiden Lane, London, W.C.2 (5 guineas). The notes are filed on strong cards contained in a box, and the information is kept up to date by new cards distributed quarterly. The initial cost includes a year's replacement of cards; subsequently the cost of the replacement service is two guineas a year. The cards are arranged alphabetically and show the references in the literature to the treatment described.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

Encyclopedia of Medical Sources. By E. C. Kelly, M.D., F.A.C.S. (Pp. 476. 41s.) London: Baillière, Tindall and Cox. 1948.

A collection of references to medical eponyms and original reports.

Bright's Disease. By H. A. Christian, A.M., M.D., LL.D., Sc.D., M.A.C.P., Hon.F.R.C.P.(Can.), D.S.M. (Pp. 327. 45s.) London: Geoffrey Cumberlege. 1948.

Reprinted from *Oxford Loose-Leaf Medicine*.

An Atlas of Bone-Marrow Pathology. By M. C. G. Israëls, M.Sc., M.D., M.R.C.P. (Pp. 79. 30s.) London: Heinemann. 1948.

An illustrated account of the marrow in health and disease.

Detailed Atlas of the Head and Neck. By R. C. Truex, M.S., Ph.D., and C. E. Kellner. (Pp. 162. 75s.) London: Geoffrey Cumberlege. 1948.

Anatomical illustrations.

The Family and Democratic Society. By J. K. Folsom. (Pp. 755. 30s.) London: Routledge and Kegan Paul. 1948.

A comprehensive study of family life in the modern democracy.

Rational Medicine. By J. W. Todd, M.D., M.R.C.P. (Pp. 378. 25s.) London: Simpkin Marshall. 1949.

Medicine regarded from an original approach.

A Short Practice of Surgery. By H. Bailey, F.R.C.S., F.A.C.S., F.I.C.S., F.R.S.Ed., and R. J. McNeill Love, M.S., F.R.C.S., F.A.C.S., F.I.C.S. 8th ed. Part 4. (Pp. 179. 52s. 6d. for five parts, not sold separately.) London: H. K. Lewis. 1949.

Part 4 deals with the surgery of the head, spine, peripheral nerves, breast, thorax, larynx, and hand.

Health Instruction Yearbook 1948. By O. E. Byrd, Ed.D., M.D. (Pp. 320. 20s.) London: Geoffrey Cumberlege. 1948.

Information collected from health articles published in the last year.

A Guide to Pacific Island Diets. Edited by J. C. R. Buchanan, M.D., F.R.C.P.Ed., D.T.M.&H. (Pp. 75. No price.) Suva, Fiji: Pacific Board of Health. 1947.

A handbook for dietitians and doctors of the South Pacific.

Roentgen Studies of the Lungs and Heart. By N. Westermark, M.D. (Pp. 216. 35s.) London: Geoffrey Cumberlege. 1948.

A fully illustrated account.

Manual of Clinical Laboratory Methods. By O. E. Hepler, Ph.D., M.D. 4th ed. (Pp. 387. 45s.) Oxford: Blackwell Scientific Publications. 1949.

A book of reference for laboratory and clinical workers.

The Invert and His Social Adjustment. By Anomaly. 2nd ed. (Pp. 290. 8s. 6d.) London: Baillière, Tindall and Cox. 1948.

An enlarged and revised edition of a book first published in 1927.

Demonstrations of Physical Signs in Clinical Surgery (Part IV). By H. Bailey, F.R.C.S., F.A.C.S., F.I.C.S., F.R.S.Ed. 11th ed. (Pp. 121. 8s. 6d.) London: Simpkin Marshall. 1949.

The fourth part of this well-known book for students.

An Introduction to Clinical Orbitonometry. By A. C. Copper, M.D. (Pp. 125. Paper 11s. 6d., cloth 14s. 6d.) Leiden: H. E. Stenfort. 1948.

English translation from the Dutch.

Experimental Immunochemistry. By E. A. Kabat, Ph.D., and M. M. Mayer, Ph.D. (Pp. 567. 45s.) Oxford: Blackwell Scientific Publications. 1949.

Deals mainly with laboratory technique.

The Renal Origin of Hypertension. By H. Goldblatt, M.D., C.M. (Pp. 126. 15s.) Oxford: Blackwell Scientific Publications. 1949.

A short monograph.

Obituary

Dr. WALTER WYNNE died at Northiam, Sussex, on March 7 at the age of 81. He was born at Ruthin, North Wales, in May, 1867, and received his medical education in Edinburgh, graduating M.B., C.M. in 1888. In the early 'nineties he started practice at Northiam, and remained there for the rest of his life, retiring in 1934. Dr. Wynne was a fine type of general practitioner and was much loved and respected over the wide area of his practice. He was fond of shooting, fishing, cricket, tennis, and all country things, and he had a great sense of humour. In 1935, following the shock of the death of their younger daughter after an operation, Mrs. Wynne and he went on the world tour arranged in connexion with the B.M.A. meeting in Melbourne. He took an active part in all the scientific and social aspects of the tour. Not long after his return he had a further blow in the death of his younger son. For many months Dr. Wynne suffered from a distressing paralytic condition, which he bore with great fortitude, only taking to his bed on the day of his death. The sympathy of his colleagues and friends will be extended to his widow and to his surviving daughter and son.—G. L. B.

Dr. ROBERT TENNANT BRUCE died on March 14 after a painful illness lasting more than a year, borne with quiet and uncomplaining fortitude. He was born in 1872 in Edinburgh, the son of the late Dr. Robert Bruce. Educated at Edinburgh Academy and Edinburgh University, he graduated M.B., C.M. in 1894, and after an assistantship in general practice he joined the late Dr. Gowans as a junior partner at Broughty Ferry, Angus. A few years later he came to London, and in 1903 he proceeded M.D. He then practised at Thame, Oxfordshire, where his skill and kindness soon became well known. In 1914 he joined the R.A.M.C. and served with a field ambulance in the 51st Division in France. Later he did a spell of duty as a regimental medical officer, and was taken prisoner. Later still, after his release, he commanded an ambulance train in France. After being demobilized he retired from practice and settled in London, where he was able to indulge in his many hobbies—climbing, travel, literature, carpentry, photography, chess, bridge, and croquet. In 1903 he married Caroline Taylor, daughter of David Wybrants, of Dundee, who survives him; to her the sympathy of Robert Bruce's innumerable friends will be extended.

Dr. PHILIP NEWMAN GRINLING died at his home in Sheffield on March 14 at the age of 41. He graduated M.B., B.S. at Armstrong College, Durham, in 1930, and was soon afterwards appointed house-surgeon and later house-physician to the Royal Victoria Infirmary at Newcastle-upon-Tyne. Following a period as an assistant he settled in general practice in the Firth Park district of Sheffield. There he rapidly built up a large practice which he conducted for the rest of his brief life. He was remarkably successful in the new sphere of industrial medicine, in which he had a niche of his own, particularly with the largest steel concern in Sheffield. He gave a great deal of time and energy to the St. John Ambulance Association. If he thought anything worth doing at all he expended all he had in him upon it, otherwise he left it alone. He was a member of all the important local B.M.A. committees in turn, and was secretary of the local public relations committee and a member of the Yorkshire Branch council. He never sought popularity, and in fact was courageous in his defence of unpopular issues and his lack of tolerance for any form of muddled thinking. Yet as a friend he was ever kindly and true as steel. It was painful for those who were his friends to see him struggling in recent years, when a never robust constitution was letting him down badly. We shall miss him greatly.—W. E. D.

The Services

Colonels (Honorary Brigadiers) F. R. Sandford, C.B.E., M.C., T.D., and G. J. V. Crosby, C.B.E., T.D., R.A.M.C., T.A., have been appointed Honorary Physicians to the King, in succession to Colonels H. F. Humphreys, O.B.E., M.C., T.D., retired, and R. Errington, C.B.E., M.C., T.D., retired.

Surgeon Commander G. A. Mason and Surgeon Lieutenant-Commander C. P. Nicholas, R.N.V.R., have been awarded the R.N.V.R. Decoration.

Medico-Legal

DANGEROUS DRUGS IN CARS

The case is reported¹ of a doctor who was fined £5 for failing to keep dangerous drugs in a locked receptacle. They were left in his locked car, which was stolen. When the case was heard on March 11 the prosecution did not dispute that the car was locked; it was stolen from the municipal car park while the doctor was at the cinema. When it was recovered, contended the prosecution, an open leather case containing drugs was found on the rear seat. Counsel for the defence disputed the view that a locked car is not a receptacle and said that if the prosecution's contention was upheld it would put the whole medical profession in a most difficult position. The stipendiary magistrate, Lord Ilkeston, said in his judgment: "In my opinion a locked car is not a receptacle within the meaning of the word as used in paragraph 4 (2) of the Dangerous Drugs Regulations, 1948." He agreed to state a case.

When the Dangerous Drugs Regulations, 1948, were published a Home Office notice accompanying them² stated that the Secretary of State is advised that a car cannot be regarded as a receptacle. The law is uncertain on how a doctor may leave dangerous drugs in an unattended car. It would seem to be necessary for him to lock both the car and the case in which the drugs are kept. Probably the locked case would be regarded as a proper receptacle and the locked car as a proper place for the receptacle to be kept, though it is uncertain what view the courts would take of this. To be on the safe side doctors would be well advised to attach the case to the car by means of a padlock and chain, and leave the car locked. It is insufficient precaution to leave a locked case in an unlocked car.

¹ Daily Telegraph, March 12, 1949.

² British Medical Journal, 1949, 1, 78.

Universities and Colleges

UNIVERSITY OF ABERDEEN

At a Graduation Ceremony on March 31 the following medical degrees were conferred:

M.D.—¹R. G. Simpson, ²G. Sangster, P. H. Beattie.
M.B., Ch.B.—A. R. Adams, Mary P. H. Lewis, A. Nicol, N. A. Regan, Joan E. Smith, R. F. F. Steven, J. A. Tallack.

¹ With honours for thesis. ² With commendation for thesis.

UNIVERSITY OF EDINBURGH

Dr. Douglas Guthrie, Lecturer on the History of Medicine, will deliver a series of lectures entitled "The Historical Approach to Medicine" in the Physiology Lecture Theatre, University New Buildings, Teviot Place, Edinburgh, on May 2, 9, 16, 27, and 30 and June 6, 13, and 20, at 5 p.m. The course is open to all matriculated students and graduates of the University, and to members of the University staff, without fee. Others may attend on payment of an entrance fee of 10s. in lieu of the matriculation fee.

UNIVERSITY OF LONDON

The degree of D.Sc. has been conferred on Frederick Robert Selbie, Ph.D., M.D., Reader in Bacteriology at Middlesex Hospital Medical School.

ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

The following have been admitted Fellows of Faculty *qua* Physician: J. F. Smith, M.D., R. A. Blair, M.B., J. Crorie, M.B., S. K. Ganguli, M.B., G. H. V. Keshani, M.B., Margaret M. O'Hare, M.B., C. M. Ross, M.B., I. A. Short, M.B., Mary D. Smith, M.B., R. A. Y. Stewart, M.B., F. H. Stone, M.B., W. O. G. Taylor, M.B., R. M. Thomson, M.B., J. D. Woods, M.B.

The following have been admitted Fellows of Faculty *qua* Surgeon: A. A. Bonar, M.B., E. Cameron, M.B., R. K. Dewar, M.C.P.&S.Ont., J. Ferrier, M.B., J. D. Fraser, M.B., T. B. Gardiner, M.B., J. M. Jalundhwalla, M.B., G. Johnstone, L.R.C.P.&S.Ed., M. T. Khaleeli, M.B., D. MacLeod, M.B., D. A. Macpherson, M.B., A. L. Morton, M.B., J. F. P. Mullins, M.B., R. M. Nadkarni, M.B., T. R. A. Richmond, M.B., N. T. Sampanthan, M.B., M. Shaw, M.B., R. N. Sinha, M.B., G. Smith, M.B.E., M.B., R. A. Tennent, M.B.E., M.B., J. K. Watt, M.B.

ROYAL COLLEGE OF SURGEONS IN IRELAND

The following candidates received the Fellowship of the College on April 1, having passed the examination on March 10: J. S. Martin, M. S. Strong, J. C. de R. Sugars.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At a meeting of the Council, held in the College House on March 26, with the President, Sir William Gilliatt, in the chair, Miss Josephine Barnes was appointed to serve on the Population Investigation Committee of the Eugenics Society. Mr. R. C. Thomas was appointed to represent the College on the Council of the Queen's Institute of District Nursing.

Harold Renton (South Africa) was elected to the Membership.

The following were elected to the Fellowship: Doris C. Bates, R. B. Charlton, K. M. K. Duff, M. D. A. Evans, J. D. S. Flew, B. Gilbert, J. W. Johnstone, W. I. C. Morris, Margaret M. Nolan, H. L. Sheehan, D. F. Standing, C. K. Vartan, W. Waddell, W. W. Wilson, R. G. Worcester.

A prize for an essay on the "Physiology or Management of the Third Stage of Labour" was divided between Dr. Jean R. C. Burton-Brown (Oxford) and Dr. David A. Fletcher Shaw (Manchester).

Medical Notes in Parliament

Analgesia in Childbirth

Lady TWEEDSMUIR asked Mr. Bevan on March 31 at what date he asked the Medical Research Council to solve, as quickly as possible, the problem of finding a safe and effective analgesic agent for midwifery.

Mr. BEVAN replied that there was no need to make that request, because the Medical Research Council, as he was aware, took into consideration the recommendation made in this matter by the Working Party on Midwives and had decided to set up a committee in accordance with that recommendation. He hoped that before long a much cheaper and more easily transportable apparatus would be produced. That would not be allowed to interfere with provision of transport for midwives, which was proceeding at an accelerated rate. He had impressed on local authorities that they should not delay provision of apparatus in the hope that a lighter apparatus would become available.

Dr. SEGAL asked what was the lowest cost of apparatus for the administration of triline analgesia in obstetrics.

Mr. BEVAN answered that there were several types of apparatus, all of which were portable. The lowest price of the types on the market was, he understood, about £7. The suitability of existing apparatus for use by midwives in domiciliary cases would be among the matters investigated by the expert committee appointed by the Medical Research Council. It was not yet certain that it was safe for midwives to use the triline apparatus without assistance.

Replying to Mr. PETER THORNEYCROFT, Mr. BEVAN said there were eight county or county borough councils in whose areas no analgesia was being used in the domiciliary midwifery service. They were: Merioneth County and the county boroughs of Bath, Burnley, Chester, Dudley, Merthyr Tydfil, Nottingham, and St. Helens.

Mr. WOODBURN said on April 5 that expert medical opinion was not yet agreed on the unsupervised use by midwives of any existing triline apparatus. The Medical Research Council had decided to set up a committee to investigate the problem.

Mr. BEVAN on April 7 told Lady TWEEDSMUIR that he could not yet say when he would receive the final recommendations of the Medical Research Council on the latest types of analgesic drugs and apparatus suitable for use by midwives alone. Although existing methods would no doubt be reviewed by the committee which had been set up, the question remitted to the Medical Research Council by the Working Party on Midwives was on the possibility of devising improved methods. This was a relatively long-term project involving the initiation and conduct of actual research work. Quick results were not to be expected.

Number of Patients

Mr. BOSSOM asked on March 31 what estimate Mr. Bevan had made for the purposes of the National Health Service of the number of patients which a doctor could reasonably be expected to see in a day or an hour.

Mr. BEVAN said the number of patients a doctor could attend varied according to the circumstances of his practice. No

precise estimate was possible. The figure of 4,000 was the maximum which the British Medical Association agreed that any doctor should have upon his list, but there were doctors with lists of 4,000 who had fewer patients to attend than had some doctors with a list of only 3,000. In parts of the country where the average age of the population was high, a higher percentage of people would need to see the doctor.

Beds for Emergency Cases

Dr. SEGAL on March 31 asked Mr. Bevan to arrange for at least one bed for the admission of emergency cases to be reserved nightly in all hospitals of over 200 beds.

Mr. BEVAN would not do this. He said hospitals normally reserved the number of beds shown by experience to be needed, and in emergency put up extra beds. There was more demand for beds to-day and many more beds to meet the demand.

Sir HENRY MORRIS JONES said that before the Health Service Act came into force no hospital in London or elsewhere refused emergency sick cases. Was Mr. Bevan aware that, in London particularly, medical men had to be on the telephone for over an hour every day trying to get sick people into hospital?

Mr. BEVAN said Sir Henry was inaccurate. Before the passage of the Act it was often difficult to get emergency cases into hospital. There was now fixed responsibility. Formerly responsibility was diffused and no one knew about the complaints. All vacant beds in London were filled up nowadays by the end of the day. Where there were emergency cases, emergency beds were established in order to deal with them. There would inevitably be instances of delay, but the Ministry would try to cut the delay down.

N.H.S. Locums

Mr. BEVAN on April 7 told Sir WALDRON SMITHERS that he would not take steps to pay for a locum tenens when a doctor in the National Health Service was ill or incapacitated. He added that in fixing the remuneration of general medical practitioners full account was taken of practice expenses. The cost of employing a locum tenens where necessary formed part of these expenses.

Hospital Staff and Beds

Asked by Dr. BROUGHTON on April 7 what increase there had been in the number of staffed beds for the acute sick in general hospitals in England and Wales since the date of the coming into operation of the National Health Service Act, Mr. BEVAN replied that figures for beds for the acute sick as such were not readily available. Between June 30 and Dec. 31, 1948, the increase in the number of staffed beds in general hospitals in England and Wales was 15,510.

Maternity Packs and Dressings

Dr. COMYNS on April 7 asked where expectant mothers attending antenatal clinics should obtain maternity packs and dressings for the lying-in period.

Mr. BEVAN said local health authorities should arrange for maternity outfits for domiciliary confinements to be supplied at clinics, through midwives, or in some other convenient way, and for other dressings required during the lying-in period to be provided by the midwife in attendance. Maternity outfits and sterilized dressings were not included in the schedule of appliances which a general practitioner could prescribe for his National Health Service patients.

Vitamins in Bread

Mr. STRACHEY, replying to Dr. BARNETT STROSS on April 4, said that there was no vitamin A in bread. The comparative figures for the vitamin B₁, B₂, and calcium of the national and pre-war white bread were (in milligrams per oz.):

	National	White
Vitamin B ₁ ..	0.063	0.015
Vitamin B ₂ ..	0.028	0.013
Calcium ..	31	3

During the past four years the rate of extraction of national flour has varied between 80% and 90%. The current rate of extraction is 85%. National flour is reinforced with calcium (creta preparata) at the rate of 14 oz. per 280 lb.

Streptomycin.—Mr. BEVAN said on March 31 that the production of streptomycin was now sufficient to cover all medical needs and to provide small but increasing quantities for export. Further expansion was planned. Since July, 1948, the number of hospitals in England and Wales where streptomycin treatment was available had increased from 30 to 220.

Almroth Wright Lectures

A course of six Almroth Wright Lectures on "The Bacterial Cell" will be delivered in the Wright-Fleming Institute of Microbiology, St. Mary's Hospital Medical School, Paddington, London, W., on Tuesdays at 5 p.m., from May 3 to June 7. The lectures are open to all members of the medical profession and to all students in medical schools without fee. Details will be published in the Diary column of the *Journal* week by week.

Teaching Biology

"New Trends in Biology Teaching" is the theme of a two-day conference which is being held on May 6 and 7 at the Borough Polytechnic, London, S.E.1. Professor S. Mangham will give an opening address on "Biology for To-morrow." He will be followed by Miss Hilda Franks on "Syllabuses." Dr. L. M. J. Kramer is giving a lecture-demonstration, "Preparing and Presenting Inexpensively a Year's Course Based on the Theme 'The Child's Microbial Heritage.'" At the final session Mr. Richard Palmer will talk on "Some Neglected Aspects of Human Biology in Schools." Tickets for the conference can be obtained from the British Social Hygiene Council, Tavistock House North, London, W.C.1, price 5s. (exclusive of meals).

SOCIETIES AND LECTURES**Tuesday**

SOCIETY FOR THE STUDY OF ADDICTION.—At Medical Society of London, 11, Chandos Street, W., April 19, 4 p.m., Annual general meeting; "Alcoholism as a Neurotic Symptom," by Dr. R. D. Newton.

Wednesday

ROYAL MICROSCOPICAL SOCIETY.—At B.M.A. House, Tavistock Square, London, W.C., April 20, 5.30 p.m., "The Use of Thin Sections of Entire Organs in Morbid Anatomical Studies," by Professor J. Gough and Mr. J. E. Wentworth.

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—At 28, Portland Place, London, W., April 20, 3.30 p.m., "Occupational Eye Diseases and Injuries" (I), Illustrated, by Mr. Joseph Minton.

Friday

CAMBRIDGE MEDICAL SOCIETY.—At Addenbrooke's Hospital, Cambridge, April 22, 2.30 p.m., "Some Aspects of Epidemiology," discussion by Dr. A. M. McFarlan.

WEST LONDON MEDICO-CHIRURGICAL SOCIETY.—At Zoological Gardens, Regent's Park, London, N.W., April 22, 7.15 p.m. for 7.30 p.m., dinner meeting.

APPOINTMENTS

BOWER, JOHN, L.R.C.P. and S.I., L.A.H., Physician, Provincial Hospital for Nervous Diseases, Farville, St. Johns, New Brunswick, Canada.

DEWAR, R. DUNCAN, M.B., Ch.B., D.P.H., Medical Officer of Health, Metropolitan Borough of Deptford.

PETERS, L. B., M.B., B.S., Senior Assistant School Medical Officer and Assistant to Medical Officer of Health, Brighton Corporation.

BIRTHS, MARRIAGES, AND DEATHS**BIRTHS**

Davies.—On April 1, 1949, to Dr. Celia Marjorie Davies (née Rapport), wife of Dr. D. L. Davies, 13, Engel Park, N.W.7, a son.

Giles.—On April 4, 1949, at the City General Hospital, Stoke-on-Trent, to Ruth (née Whitley), wife of Dr. Christopher Giles, a son.

Kay.—On March 28, 1949, at Westgate, to Alexandra and Dr. David Kay, a son—Nicholas.

Keat.—On April 3, 1949, to Dorothy, wife of Dr. E. C. B. Keat, a son.

Lamb.—On April 3, 1949, at P.M.R.A.F. Hospital, Halton, to Joan (née Turner), S.R.N., wife of Ernest Hope Lamb, M.B., Ch.B., Squadron Leader, R.A.F., a sister for Ernest—Susan Jane.

DEATHS

Baker.—On March 19, 1949, William Thomas Baker, L.R.C.P., L.R.C.S.Ed. **Duncan.**—On March 29, 1949, at Ruthin, Wales, Thomas Smith Duncan, M.B., Ch.B., of Nottingham.

Hall.—On April 7, 1949, at his home, 31, The Drive, Hove, Donald George Hall, M.D., F.R.C.P., J.P.

Humphreys.—On March 30, 1949, Owen Rosser Humphreys, M.R.C.S., L.R.C.P., of Cardiff.

Jones.—During January, 1949, Arthur Thomas Jones, M.R.C.S., L.R.C.P., J.P., of Cardiff.

McKie.—On April 6, 1949, at Eastbourne, Gordon McKenzie McKie, M.R.C.S., L.R.C.P., aged 76.

Milestone.—On April 4, 1949, peacefully, at Redroof Nursing Home, Croydon, Evelyn Stone Milestone, M.D., of Cuckfield, Sussex, aged 85.

Visick.—On April 4, 1949, at the County Hospital, York, Arthur Hedley Visick, F.R.C.S., of The Old House, York.

Willans.—On April 6, 1949, at Foxholes, Barrs Wood Road, New Milton, Hants, Charles Rudolph Willans, M.B., Ch.B.

Wilson.—Recently, Lionel Hugh Wilson, L.R.C.P., L.R.C.S.Ed., of Sheffield.

Winter.—On March 31, 1949, at Musgrove Park Hospital, Taunton, Herbert Gregory Winter, C.B.E., M.C., M.R.C.S., L.R.C.P., Brigadier, late R.A.M.C.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Early Ambulation after Confinement

Q.—What are the latest views on early rising after confinements? There appears to be a volume of evidence to-day in favour of getting patients up soon after operation; how does this affect ambulation after confinement?

A.—Although letting a patient get up soon after labour is often advised and has been shown to be free from risk, it is not so popular and is not practised so widely as early ambulation after operations. The same arguments can be applied in its favour, but other considerations also arise. Very often, and especially if the patient has other young children, the pregnancy imposes a prolonged physical and mental strain, and a short period of complete rest in bed is both welcome and advantageous. Early rising, too, provides a great temptation for the woman to resume her domestic responsibilities too soon. Even in hospital practice it tends to make women clamour to return home early in the puerperium. There is also the question of the establishment of lactation, which is favoured by rest. There are, of course, counter-arguments; for instance, a woman can often breast-feed more easily sitting comfortably on a chair than propped up in bed. Indeed, it becomes almost a matter of personal opinion; yet so far many obstetricians, guided probably by general considerations such as the above, seem not to favour getting about too soon, and this is true even of those who encourage it in their gynaecological wards. Some, however, have adopted a compromise, allowing their obstetrical patients up on the fifth or sixth day. There is something to be said for selecting the treatment to suit individual patients and their circumstances rather than following a rigid routine. In the case of caesarean section, when the purely medical advantages outweigh any social disadvantages, getting the patient up on the first or second day is already widely practised—often by those who insist on the traditional stay in bed after normal labour.

Vitamin E in Heart Disease

Q.—Is there anything further to report on the claims that excellent results have been obtained in cardiac cases by the use of α -tocopherol—a vitamin-E preparation?

A.—Vitamin E is found in all body tissues, and has a variety of actions. Consequently it was tried as a therapeutic agent in many different conditions, with, as a rule, disappointing results. Vogelsang, Shute, and Shute (*Med. Rec.*, N.Y., 1948, 161, 83) reported strikingly beneficial effects in about 1,500 cases of every type of heart disease. They claimed that it was the "most effective known drug in heart disease, and certainly the safest. The percentage of cases which show improvement following its administration is high (about 80%); the degree of improvement seen in the worst cases is often marked, and allows a return to activity in many cases of great disability; the improvement continues for months, even years." Since then vitamin E has been used by a number of observers in this and other countries, but on the whole the results have been most disappointing. Makinson *et al.* (*Lancet*, 1948, 1, 102) compared results in 22 cases of angina pectoris, using vitamin E, phenobarbitone, aminophylline, and calcium lactate, and found the vitamin to be of no therapeutic value. They used a dosage of 150 mg. daily for three weeks. Ball, in a series of 10 cases of angina pectoris, using 300 mg. of "ephynal" daily for six weeks or longer, found that his results did not support the Canadian workers' claims. Levy and Boas (*Ann. intern. Med.*, 1948, 28, 1117), in 13 cases of angina pectoris and of heart failure secondary to various causes, and also Baer, Heine, and Gelford (*Amer. J. med. Sci.*, 1948, 215, 542), in 22 cases of heart disease, including patients with heart failure and angina pectoris, found the results very disappointing. Both teams of workers used adequate dosage according to the standards of Shute and his colleagues. Similar findings have been reported from Denmark (*Nord. Med.*, 1948, 37, 82). Shute (*Lancet*,