

proper names. For example, a casual reading showed that Henry Hill Hickman, Humphry Davy, von Liebig, Fourneau, R. R. Macintosh, R. Machray, and Joseph Priestley are all misspelt. This is a pity, as it tends to convey an impression of slovenliness which the book does not deserve.

C. LANGTON HEWER.

### ABDOMINAL HERNIA

*The Surgery of Abdominal Hernia.* By George B. Mair, M.D., F.R.F.P.S.G., F.R.C.S.Ed. (Pp. 408. 138 figures. £1 5s.) London: Edward Arnold. 1948.

We can recommend this book as a reasonable and well-documented consideration of present views on all types of abdominal hernia. The author is for the most part justifiably critical of many modern methods, but he shows considerable partiality for the method of repair by whole skin grafts—a method of which he was a pioneer in Britain. It is perhaps unwise to allow thirty pages in a small book to such a full description of a type of operation which yet has to prove its merit in the surgical world.

After a chapter of general observation we are instructed in the management of strangulated hernia, and then chapter by chapter the author describes the various types of hernia, including their complications and a full account of the best line of treatment. It is impossible in a short review to discuss the many debatable views expressed, but it is clear that he has made a conscientious and informed attempt to assess correctly the merits of the various operations. The author states (p. 20) that a cold abscess will not give an impulse on coughing. The reviewer well remembers every member of an intelligent Fellowship class diagnosing as a femoral hernia what was in reality a cold abscess simply because it gave a good impulse on coughing.

The book is of handy size, printed on good paper, well illustrated, and there is a good list of references at the end of each chapter. In the bibliography of diaphragmatic hernia we missed the most valuable contribution of Dunhill.

ZACHARY COPE.

### BACTERIOLOGY

*Zinsser's Textbook of Bacteriology.* Ninth edition. Revised by David T. Smith, M.D., Donald S. Martin, M.D., Norman F. Conant, Ph.D., Joseph W. Beard, M.D., Grant Taylor, M.D., Henry I. Kohn, Ph.D., M.D., and Mary A. Poston, M.A. (Pp. 992; illustrated. \$10.) New York: Appleton-Century-Crofts, Inc. 1948.

This well-known textbook, first published in 1910, the work of Zinsser, together with Hiss and later Bayne-Jones, is now dedicated to its original authors and re-compiled by seven of the present staff of the Duke University School of Medicine. It has been extensively revised, and its illustration, lavish even by American standards, includes many beautiful photographs and much useful graphic and tabular matter, particularly with reference to the epidemiological and public health aspects of its subject. In scope and scale it is much more than an ordinary textbook, and the professional bacteriologist will find it a useful guide to the best current American practice. The section on fungi, often lacking or inadequate in other textbooks, is particularly full, and nearly a fifth of the whole book is devoted to rickettsiae and viruses. There is very little to criticize, but we may note that "reversed selective bacteriostasis" is a myth, that the pigment produced by *Bact. melaninogenicum* is not melanin, and that *B. subtilis*, as far as we know, has nothing to do with hay fever. There are very extensive lists of references and an appendix on methods: the table of contents occupies 30 pages and the index 40.

L. P. GARROD.

*A Surgeon's Domain*, by Dr. Bertram M. Bernheim (pp. 217; 9s. 6d.; Kingswood, Surrey: The World's Work (1913), Ltd.), is a frank and amusing commentary on American surgery as seen through the eyes of one who, as he admits himself, came in by the back door. Dr. Bernheim has been for many years attached to the Johns Hopkins Medical School, and gives personal reminiscences of many of its great men. His cheerfully tolerant attitude towards dichotomy, commercialized operating, and slipshod diagnosis may alarm some of his readers in Britain and embarrass some of his colleagues in America, but the narrative runs with a cheerful swing that cannot fail to interest the surgical reader.

### BOOKS RECEIVED

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

*Text-Book of Ophthalmology.* By Sir W. S. Duke-Elder, K.C.V.O., M.A., D.Sc., Ph.D., M.D., Ch.B., F.R.C.S. Vol. 4. (Pp. 1,154. 70s.) London: Henry Kimpton. 1949.

This volume is concerned with the neurology of vision and motor and optical anomalies.

*Nutrition and Physical Fitness.* By L. J. Bogert, Ph.D. 5th ed. (Pp. 610. 21s.) London: W. B. Saunders. 1949.

A non-technical work.

*A Comprehensive Review of Dentistry.* Edited by V. R. Trapezano, D.D.S., F.A.D.P. (Pp. 661. 32s. 6d.) London: W. B. Saunders. 1949.

In catechism form, written for United States dental students.

*Histopathology of Irradiation from External and Internal Sources.* Edited by W. Bloom, M.D. (Pp. 808. 48s.) London: McGraw-Hill. 1948.

Report of three years' research under the direction of the Atomic Energy Commission.

*Muscles: Testing and Function.* By H. O. Kendall and F. P. Kendall. (Pp. 278. 41s.) London: Baillière, Tindall and Cox. 1949.

Illustrated descriptions of muscle-testing procedures and the functional significance of muscle weakness and contracture.

*Diagnostische und Therapeutische Eingriffe des Internisten.* By E. Regenbogen. (Pp. 262. M. 14.40.) Stuttgart: Georg Thieme. 1949.

Clinical methods for the house officer

*Foundations of Psychology.* Edited by E. G. Boring and others. (Pp. 632. 24s.) London: Chapman and Hall. 1948.

An elementary textbook.

*Lung Dust Lesions (Pneumoconiosis) versus Tuberculosis.* By L. G. Cole, M.D., F.A.C.R. (Pp. 474. \$10.00.) New York: American Medical Films. 1948.

Differential diagnosis is emphasized.

*Cirugía de las Parálisis Espásticas.* By F. B. Mora. (Pp. 151. 65 cents.) Jose Janes. 1948.

Surgery of spastic paralysis.

*L'Anesthésie au Cyclopropane.* By Dr. Lavoine. (Pp. 126. No price.) Paris: Vigot. 1949.

A short account of cyclopropane anaesthesia.

*Hematology.* By C. C. Sturgis, M.D. (Pp. 915. 63s.) Oxford: Blackwell. 1949.

A comprehensive work.

*Atlas der Augenkrankheiten.* By R. Thiel. 5th ed. (Pp. 225. M. 60.) Stuttgart: Georg Thieme. 1948.

An atlas of diseases of the eye.

*Les Maladies de L'Appareil Cardio-Vasculaire et les Maladies du Sang.* By J. Trabaud and J. R. Trabaud. Vol. 4. 2nd ed. (Pp. 216. No price.) Paris: Vigot. 1949.

A handbook of treatment.

*Die Durchleuchtungstechnik der Thoraxorgane.* By E. A. Zimmer. (Pp. 119. 12.50 Swiss francs.) Basle: Benno Schwabe. 1949.

An account of the uses of fluoroscopy.

*Dermatologische Kosmetik.* By L. Kumer. (Pp. 192. Sch. 30.) Vienna: Wilhelm Maudrich. 1949.

A short book on dermatology, mainly concerned with treatment.

*Society and the Criminal.* By Sir Norwood East, M.D., F.R.C.P. (Pp. 315. 10s.) London: H.M.S.O. 1949.

*Anaesthetics for Medical Students.* By Gordon Ostlere, M.B., B.Chir., D.A. (Pp. 108. 7s. 6d.) London: J. and A. Churchill. 1949.

## Obituary

Dr. JAMES ROBERTSON WILLS, of Peterborough, died suddenly from coronary thrombosis on April 16, at the age of 46, while on holiday at Jersey. Dr. Wills was born in Co. Mayo, and graduated in Dublin in 1923. He was a well-known Irish cricketer, and in addition to being captain of the Trinity eleven he also played for the Gentlemen of Ireland for many years. During the 1914-18 war he served in the Royal Navy with the rank of surgeon-probationer. He came to Peterborough from Northampton in 1930 to join Dr. Egerton Gray, and when Dr. Gray died in 1944 he took over the practice. He was chairman of the Peterborough Division of the B.M.A. in 1941-3.

Dr. Christopher Rolleston writes: In Dr. J. R. Wills one expected to find a good doctor and a charming individual. These expectations were not disappointed, and on a vacancy occurring at St. John's Hospital, Peterborough, he was appointed to that institution. Until then very few confinements had taken place in the hospital, but Dr. Wills soon had up to 300 or more patients a year there. On the opening of the new maternity home, "The Gables," the booking was even heavier. With the handing over to the hospital board this part of Dr. Wills's activities ceased, but he became deputy medical superintendent of the infectious diseases hospital and continued as medical officer to St. John's Hospital, where his work was much appreciated not only by the patients but also by the staff. As county medical officer during the whole of Dr. Wills's life in Peterborough I must testify to his ability, loyalty, and charm of manner.

ROBERT SCOTT WILSON died suddenly at Denbigh at the age of 44 on April 26. As consulting psychiatrist at the E.M.S. Hospital, Wrexham, and deputy medical superintendent at the North Wales Hospital for Nervous and Mental Disorders, he was well known throughout North Wales. After leaving Leith Academy he became dental mechanic to Dr. Radford, of Edinburgh, who encouraged him to take the L.D.S. Then, by alternately studying medicine and earning his living at dentistry, Wilson qualified in 1930. He was house-surgeon and casualty officer at the District Infirmary, Ashton-under-Lyne, before entering general practice and becoming police surgeon to the Old Trafford area of Manchester. Wilson was soon interested in the difficulties of neurotic patients, and he was appointed medical officer to the mental hospital at Warwick. There he did some work on continuous narcosis, and took part energetically in research into the physical methods of treatment, which were then in their infancy. He obtained the diploma in psychiatry of Edinburgh University in 1940. A year later he went to the North Wales Hospital for Nervous and Mental Disorders as deputy medical superintendent. His broad shoulders carried many burdens during the period of wartime shortage of staff when the work of his hospital increased and the newly opened out-patient departments throughout North Wales expanded rapidly. Wilson's interests were wide. He revelled in mechanical and engineering problems, and enjoyed political and economic discussions, in which his verbal facility and apt comment compelled attention. He was a keen freemason and always delighted in championing the Scottish ritual. He was an active member of the B.M.A. and of the Royal Medico-Psychological Association. Wilson's confident manner and willingness to listen and to help concealed, however, a private anxiety. He had had a coronary thrombosis in 1943. Two years ago there were warning signs of the cerebral aneurysm which eventually caused his death. Perhaps this knowledge contributed to the remarkable quality of gentleness and courtesy which he revealed, particularly when dealing with adolescents at his child-guidance clinics. Bob Wilson will long be remembered for his robust and invigorating personality. He leaves a widow and four children.—T. G. W.

Dr. JOSEPH JONES, of Howarth Cross, Leigh, died in a nursing-home on April 30 at the age of 80. Dr. Jones, who was born in Rochdale, was a student of Owens College, Manchester, and graduated M.B., Ch.B. in 1894. Soon afterwards he settled in general practice in Leigh, Lancs. He was always particularly interested in obstetrics, and he was awarded a gold medal for his M.D. thesis in 1906 on "Some Causes of Delay in Labour." Dr. Jones was an honorary physician to the Leigh Infirmary, and police surgeon. He was chairman of the reconstituted Leigh Division of the B.M.A. in 1938-9, and he served on the

National Formulary Subcommittee from 1927 until 1938. He was also for many years a member of the Lancashire Panel Committee. Dr. Jones had many other interests, including photography and literature, and he was a frequent visitor to the Norfolk Broads. He was a fluent speaker, and his speeches at the annual dinner of the Division were eagerly awaited.

Dr. Isobel Gardner writes: If anyone ever deserved the title of "family doctor" it was Dr. Joseph Jones. He started in Leigh as an assistant to his uncle, to whom wooden stethoscopes and dental extractions were part of the way of life. Growing up with the people he served, Dr. Jones had an intimate knowledge of three generations in many families. When I went to him as an assistant in 1941 I was struck by three things: his ability to see and treat each patient as a person complete with family history and troubles, rather than as a case in a text-book; his wide range of interests and breadth of culture; and the time he managed to devote to keeping pace with everything useful in the literature. The people of Leigh will remember with gratitude and affection the lifetime's work done among them by "Old Joe."

Dr. DAVID RIDDELL, of Bowness, Windermere, died suddenly on May 4 at the age of 71. A native of Glasgow, he was educated at the High School there and at Glasgow University. His postgraduate experience included a period of work with Sir William Macewen, and later with the Metropolitan Board in London. Then, before settling down in general practice, he spent some time in the Berlin clinics. Riddell came to Kendal in 1908, and for more than thirty years he served wholeheartedly the town of his adoption and the county hospital, where he was one of the surgeons. In 1923 he was appointed a justice of the peace for Kendal, and for some years he was the senior magistrate and chairman of the juvenile panel. Eleven years ago he retired and came to live in Bowness. As evidence of the esteem in which he was held he was made the high sheriff of the county in 1947. Riddell was a typical Scot, a man with a pawky humour and a twinkle. He was prompt, cheery, and kind, and he identified himself with every social and cultural movement in the county, and was everywhere *persona grata*. Music to him meant much, and he was an able performer on the organ and piano. Such was the man whose vital personality will be sorely missed.—J. H.

Dr. RICHARD SHAFTO CHAMBERS EDLESTON died on May 8 at the age of 78. He was a native of Cheshire, and was born at Nantwich. After leaving school he acted as an untrained assistant to a general practitioner in Derbyshire, being one of the last men of his generation to serve in such a capacity. He received his medical education at St. Bartholomew's Hospital, qualifying in 1897. Subsequently he was appointed house-surgeon to the Miller Hospital, Greenwich, and later he was senior house-surgeon at the Royal Salop Infirmary, Shrewsbury. Shortly before 1900 he went to Baslow as an assistant to the late Dr. Wrench. After two years he left to take charge of a large country practice in Teesdale. Then in 1904 Dr. Wrench invited him to return to Baslow as his partner, and in the same year, on Aug. 11, his engagement to Miss Nancy Wrench was announced. After the death of Dr. Wrench in 1912, Dr. Edleston took sole charge of the practice. During the 1914-18 war he acted as medical officer to all troops stationed in Cheshire. Following a serious illness in 1935 Dr. Sinclair Evans joined him in practice, and he retired and went to live in Cheshire in the autumn of 1938. Dr. Edleston played a prominent part in local affairs, being a churchwarden, a trustee of the Stockdale Institute, and a member of the old Baslow urban district council. He was also honorary medical officer of the Bakewell Cottage Hospital. He was a worthy representative of the type of country doctor which has now almost disappeared. He enjoyed a high reputation, and his patients regarded him as a friend. In his early days horseback was his usual means of travelling on his rounds, but he was one of the earliest motorists in the district. He is survived by his widow, two daughters, and one son.—S. E.

## The Services

Major-General R. E. Barnsley, C.B., M.C., and Lord Webb-Johnson, K.C.V.O., C.B.E., D.S.O., T.D., P.R.C.S., have been appointed Honorary Colonels of the R.A.M.C., T.A.

Major (Acting Colonel) H. F. Aphorpe-Webb and Major F. M. Owen, R.A.M.C., T.A., have been awarded the Efficiency Decoration of the Territorial Army.

There were small variations in the notifications of whooping-cough, the largest being a decrease of 91 in the total for the south-west counties.

The largest outbreaks of dysentery were Lancashire 30 (Oldham C.B. 27) and Yorkshire West Riding 15 (Sedburgh R.D. 10). The next largest return was Cornwall, Bodmin M.B. 7.

In *Scotland* there was an increase of 51 in the notifications of scarlet fever, and decreases were recorded for whooping-cough 21 and measles 16. The rise in the incidence of scarlet fever was confined to the western area. Notifications of dysentery in Glasgow increased from 14 to 25.

In *Eire* there were decreases in the notifications of measles 14, scarlet fever 12, and diarrhoea and enteritis 9. In Dublin C.B. an increase of 26 was recorded in the notifications of measles.

In *Northern Ireland* an increase of 33 in the notifications of measles was the chief feature of the returns. The incidence of measles increased in County Tyrone 30, Belfast C.B. 20, and County Antrim 10; in the remaining areas a decrease was reported.

#### Quarterly Return for Eire

During the December quarter of 1948 the birth rate was 20.0 per 1,000, which was 0.3 below the rate for the fourth quarter of 1947. The infant mortality rate was 48 per 1,000 registered births, being 17 below the rate for the preceding December quarter. The general death rate was 11.4 per 1,000 and was 0.2 below the rate for the preceding fourth quarter.

For the whole year the birth rate was 21.9 per 1,000 and was 1.3 below the rate for 1947. The infant mortality rate was 49 per 1,000 registered births and was the lowest rate ever recorded. The general death rate was 12.2 per 1,000, and this also was the lowest ever recorded.

The death rate from tuberculosis was the lowest on record. Deaths from pulmonary tuberculosis numbered 2,398, and from other forms of tuberculosis 619; these figures were 433 and 250 respectively below the totals for 1947. Deaths attributed to the principal epidemic diseases numbered 651 and included 340 from diarrhoea and enteritis in infants under 2 years (80 in Dublin C.B.); 196 from whooping-cough; 61 from measles; 31 from diphtheria; and 14 from typhoid fever.

#### Week Ending May 21

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,008, whooping-cough 2,824, diphtheria 92, measles 8,478, acute pneumonia 441, cerebrospinal fever 34, acute poliomyelitis 11, dysentery 55, smallpox 6, paratyphoid 8, and typhoid 4.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

In Congregation on May 28 the honorary degree of D.Sc. was conferred on Viscount Addison, K.G., P.C., M.D., F.R.C.S., Lord Privy Seal and Chairman of the Medical Research Council; Professor C. F. Cori, professor of biochemistry in the Washington University School of Medicine; Sir Charles Harington, Ph.D., F.R.S., Director of the National Institute for Medical Research; Kaj Linderström-Lang, Director of the Carlsberg Laboratory, Copenhagen; Professor A. W. K. Tiselius, professor of biochemistry in the Royal University of Uppsala; and Professor Jacques Tréfouël, Director of the Institut Pasteur.

### UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examination indicated:

**DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.**—R. Huri, J. A. Byrne, H. A. Charchafchi, M. G. Corcos, E. J. Fleischer-Djoletto, W. J. Foote, J. Gemmell (recommended for the Milne Medal in Tropical Medicine), J. Haworth, J. C. V. Murphy, W. L. Palmer, D. Phukan, G. Pringle, K. L. Stuart (recommended for Warrington Yorke Medal in Tropical Hygiene), S. W. Thomson, R. C. Troup.

### UNIVERSITY OF SHEFFIELD

At a meeting of the University Council held on May 20 the following appointments to part-time posts were made: *Lecturer in Social and Industrial Medicine*, Dr. James Sharpe; *Clinical Teacher in Obstetrics and Gynaecology*, Mr. David H. Lees; *Clinical Teacher in Surgery*, Mr. R. B. Zachary.

The following resignations from the posts indicated in parentheses were received: Dr. J. H. Bowie (Lecturer in Bacteriology); Dr. J. Maclean Smith (Tutor in Medical Pathology); Dr. T. Stapleton (Tutor in Child Health); and Dr. Joan Laird (Research Assistant in the Department of Medicine).

## Medical News

### Association of Scientific Workers

Lord Boyd-Orr has been elected president of the Association of Scientific Workers.

### Scholarships in Norway

The Norwegian Government is offering two scholarships to British university graduates or students intending to graduate this year. A knowledge of Norwegian is desirable though not essential. The scholarships are tenable for the academic year Sept. 1, 1949, to June 15, 1950. Applications should be sent before June 13 to the Controller, Education Division, The British Council, 3, Hanover Street, London, W.1.

### Visit of Italian Pathologist

Professor Guido Vernoni, Director of the Rome Institute of General Pathology and Professor of Pathology in the University of Rome, is spending a fortnight in Britain under the auspices of the British Council visiting pathology and biochemistry laboratories. He lectured on "The Pathogenesis of Cancer" at the Chester Beatty Research Institute on May 23 and on "The Pathogenesis of Fevers" at the Royal Society of Medicine on May 24.

### Memorial to Army Nurses

Field-Marshal Sir William Slim, C.I.G.S., unveiled on May 28 at the Queen Alexandra's Military Hospital, Millbank, a memorial plaque to the nurses of Queen Alexandra's Royal Army Nursing Corps who lost their lives during the war of 1939-45.

### International Health Control

The Public Health Committee of the Brussels Treaty Permanent Commission has simplified the health control measures for those travelling by sea or air between Britain, France, Belgium, Holland, and Luxembourg. Each country will inform the others of all diseases notifiable in its territory, and provide a list of its main seaports and airports, the names, addresses, and telephone numbers of the medical officers in charge, and details of the sanitary equipment at each port. The countries will adopt a uniform type of warning postcard on which passengers landing in an "infected" area or from a "suspected" ship state the address to which they are going.

### The Centenary of the Brompton Hospital

It is hoped to hold a dinner in November of this year to celebrate the centenary of the Brompton Hospital. All those who have been on the medical staff or residents of the hospital who would like to be present at the dinner are asked to send their names and addresses to the House Governor, who will in due course give them further details of this notable occasion.

### Society for General Microbiology

At the annual general meeting of the society the following were elected officers for the coming year: *President*: Professor J. W. McLeod, F.R.S.; *Hon. Treasurer*: Mr. H. J. Bunker; *Hon. Secretaries*: Dr. J. G. Davis (general) and Dr. W. E. van Heyningen (meetings). Full particulars of the work of the society may be obtained from Dr. Davis, 35, Villiers Road, Southall, Middlesex.

### Register of Chiropodists

The 1949 Register of Chiropodists has now been published and medical practitioners can obtain copies free on application to the Registrar of the Board of Registration of Medical Auxiliaries, Tavistock House (North), Tavistock Square, London, W.C.

### Honoured by Medical Library Association

Mrs. Eileen R. Cunningham, Librarian of Vanderbilt University School of Medicine, is the first recipient of the Medical Library Association's Marcia C. Noyes Award—a silver tray—in recognition of her outstanding achievements in medical librarianship. The award is named after one of the Association's charter members and its first woman president. A past president of the Medical Library Association (1947-8), Mrs. Cunningham is the author of *Classification for Medical Literature*, now in its third edition, as well as many papers on medical librarianship, medical bibliography, and medical history.

### Medical Statistics

The General Register Office states that the classification of occupations to be used for the 1951 census will be similar to the one used for 1931. There are about 600 unit groups classified in 28 main groups. Each unit group has a three-figure code number. The Press Officer at the Ministry of Health can give further information on

## Thursday

CLINICAL SOCIETY OF THE ROYAL FREE HOSPITAL, Gray's Inn Road, London, W.C.—June 9, 5.15 p.m., "Mammoplasty," by Dr. Ernesto F. Malbec (Director of Plastic Surgery at Hospital of Ramos Mejia, Buenos Aires). Visitors welcomed. (Change of date.)

EDINBURGH UNIVERSITY.—At Anatomy Theatre, University New Buildings, Teviot Place, Edinburgh, June 9, 5 p.m., "Mental Deficiency and Social Medicine," Honyman Gillespie Lecture by Dr. R. Bailey.

INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., June 9, (1) 11 a.m., "Ano-rectal Gonorrhoea," by Dr. A. H. Harkness; (2) 5 p.m., "Fistula of the Bladder (acquired)," by Mr. F. R. Kilpatrick.

LONDON: UNIVERSITY COLLEGE.—At Physiology Theatre, Gower Street, W.C., June 9, 4.45 p.m., "Some Aspects of Nitrogen Metabolism in the Mammal," by Dr. J. S. Bach.

LONDON UNIVERSITY.—At Institute of Neurology, National Hospital, Queen Square, London, W.C., June 9, 5 p.m., "Surgical Principles in Intracranial Surgery," by Sir Hugh Cairns.

RESEARCH DEFENCE SOCIETY.—At Royal Society of Tropical Medicine and Hygiene, 26, Portland Place, London, W., June 9, 3.15 p.m., annual general meeting; "Physiological Research and the Vivisection Act," Stephen Paget Memorial Lecture by Professor C. Lovatt Evans, F.R.S.

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—June 9, 5 p.m., "The Mind of Mechanical Man," Lister Oration by Professor Geoffrey Jefferson, F.R.S.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—June 9, 4.30 p.m., "Psychiatry," lecture-demonstration by Dr. D. Curran.

## APPOINTMENTS

Dr. Hugh W. Jones has been appointed Director of the Department of Pathology and Clinical Laboratories of the Mason Clinic, Seattle, Washington, D.C., U.S.A.

Dr. Jones was formerly Chief of Pathology at the Walter Reed General Hospital, Army Medical Center, Washington.

FULHAM AND KENSINGTON HOSPITAL MANAGEMENT COMMITTEE.—The following appointments at Fulham Hospital are announced: *Senior Surgical Registrar*, N. N. Tereshchenko, F.R.C.S. *House-surgeon*, Margaret V. Bickerton, M.R.C.S., L.R.C.P.

MILLER, RICHARD GRAHAM, M.B., Ch.B., D.P.H., Divisional Medical Officer North-East Division, National Coal Board.

PARKER, THOMAS, L.R.C.P. & S.Ed., L.R.F.P. & S.Glas., D.P.H., Administrative Medical Superintendent to Board of Management for Paisley and District Hospitals.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

Buchanan.—On May 16, 1949, at Birmingham, to Joan (née Macauley), w.f. of Ian Buchanan, a daughter.

Klidjian.—On May 22, 1949, at Queen Victoria Nursing Institute, Wolverhampton, to Doreen Elizabeth, wife of Wing Commander A. Klidjian, F.R.C.S., a son.

Stone.—On May 19, 1949, at 12, Avenue Road, London, N.W., to Lynn, wife of Dr. L. D. Stone, of Upminster, a sister for Gillian-Jacqueline Susan.

## MARRIAGES

Carlile-Hillary.—On May 14, 1949, at St. Martin-in-the-Fields, London, W.C., James Patton Carlile, M.B., B.S., D.R.C.O.G., Ryton-on-Tyne, to June St. Hilaire Hillary, B.Sc., Auckland, New Zealand.

Hollman-Large.—On May 28, 1949, at the Chapel Royal, H.M. Tower of London, Arthur Hollman, M.B., M.R.C.P., to Catharine Elizabeth Large, M.B., B.S.

## DEATHS

Blurton.—On May 5, 1949, at 4, Valley Road, West Bridgford, Notts, John Frederick Blurton, M.B., J.P., aged 87 years.

Bolan.—On May 21, 1949, at Upper Grange, Hinstock, Shropshire, Thomas Droston Lawson Bolan, L.R.C.P. & S.Ed., L.R.F.P.S.Glas., late Wing Commander, R.A.F.

Cummins.—On May 26, 1949, at Oxford, Stevenson Lyle Cummins, C.B., C.M.G., LL.D., M.D., Colonel, late A.M.S., of the Priory, Thaxted, Essex.

Ettles.—On May 21, 1949, at Queen Alexandra's Military Hospital, Millbank, London, S.W., Donald Cotman McCulloch Ettles, M.B., B.S., F.R.C.S., Lieutenant-Colonel, R.A.M.C.

Greilber.—On May 27, 1949, at Royal East Sussex Hospital, Hastings, Norman Greilber, M.C., M.R.C.S., L.R.C.P., D.M.R.E., L.D.S., R.C.S., aged 62.

Ratcliffe.—On May 22, 1949, at Southend General Hospital, Jimema Brown Ratcliffe, M.B., Ch.B., J.P., of 1, Tudor Way, Hockley, Essex.

Spears.—On May 20, 1949, suddenly, at his home, 109, Lavington Road, Worthing, Robert Spears, L.S.A., late of West Green, London, aged 70.

Webb.—On May 23, 1949, at 4, Clarendon Villas, Cheltenham, John Curtis Webb, M.A., M.B., B.Chir., aged 80.

Whiteside.—On May 19, 1949, Henry Cadman Whiteside, C.B., M.R.C.S., L.R.C.P., Surgeon Rear-Admiral, R.N. (retired), of 20, Festing Road, Southsea.

Wimberley.—On May 26, 1949, at 53, Fountainhall Road, Edinburgh, Charl's Neil Campbell Wimberley, C.M.G., M.B., C.M., Colonel, I.M.S. (retired), in his 82nd year.

## 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.

## Abdominal Pregnancy

**Q.**—A recent question on abdominal pregnancy (March 5, p. 422) led me to read more about the condition. In none of the books consulted was a description of the diagnosis given. How is the diagnosis made, and what are the difficulties in diagnosis?

**A.**—The diagnosis can be difficult, and the condition is frequently overlooked if only because its rarity tends to put it out of mind. Many cases are recorded in which the real state of affairs was discovered only when an attempt was made to induce labour by rupturing the membranes. The patient may recall an attack of one-sided lower abdominal pain together with a little vaginal bleeding, regarded perhaps as threatened abortion, early in pregnancy—that is, at the time of extra-tubal rupture. Throughout pregnancy there may be attacks of abdominal pain with faintness and perhaps occasional decidual bleeding from the uterus. The patient sometimes complains of an undue amount of nausea, vomiting, flatulence, or colic, and the foetal movements cause pain; the pregnancy is "uncomfortable." The abdominal tumour tends to be asymmetrical and its borders are less well defined than those of an intra-uterine pregnancy. Contrary to the common account, foetal parts are not as a rule more easily palpated, but malpresentations are common. The gestation sac, unlike the uterus, does not contract, and another swelling—the uterus—may be felt alongside it.

On bimanual examination the key to diagnosis is identification of the uterus, moderately enlarged, separate from the main swelling. Ballottement of the presenting part cannot be elicited in the uterus. At the time of spurious labour the foetus dies; the cervix may open to some extent and the decidua be cast off. X-ray examination is often helpful. Instead of the uterine shadow around the foetus there may be translucent areas due to gas in the neighbouring bowel. The foetus is often in an abnormal position and shows unusual attitudes—"the flying foetus." Hysterosalpingography can confirm the diagnosis, but is rarely employed so long as there is any possibility that the pregnancy is intrauterine.

## Urticarial Reaction to Penicillin

**Q.**—How common are urticarial reactions to penicillin, and are they likely to recur if a second course of penicillin is ever necessary? A patient received 200,000 international units of penicillin intramuscularly daily for eight days for a carbuncle in the neck. Ten days after the first injection a severe urticaria and angioneurotic oedema appeared. What is the position with respect to giving the patient penicillin again, either alone or with antihistamine drugs?

**A.**—Urticarial reactions to penicillin occur in a small proportion of cases. The rash usually clears up satisfactorily even if the penicillin is continued, and as a rule does not recur if a second course is given (Lyons, C., *J. Amer. med. Ass.*, 1943, 123, 1007). Intradermal tests with penicillin often have negative but occasionally positive results. An injection of 0.1 ml. of a solution of penicillin in a strength of 1,000 units per ml. of physiological saline may be made intradermally in the forearm, with 0.1 ml. of saline as a control in the other arm. The test areas should be examined after one hour and after six hours. If there is no marked weal or flare the test may be repeated in a strength of 10,000 units per ml. If the reactions to both tests are negative it may be assumed that urticaria is unlikely to recur should a further course of penicillin be given. If either is positive and a further course of penicillin is required, it is worth while giving antihistamine drugs from the beginning of treatment.