

of stages of sensitivity. The most difficult and most important is the stage of masked food-sensitization. In this stage it is possible for the patient to eat daily the food to which he is sensitive, with a decrease or abolition of symptoms. If, however, the food is omitted for a few days, a further intake will at once cause hyperacute symptoms. Further evidence of the difficulties in the diagnosis of food allergy is given in the statement, "Do not attempt to predict what the diet must be in wintertime if the patient has been diagnosed in the summertime." The diagnostic and therapeutic uses of detailed menus and recipes are fully discussed in a practical manner, and the book ends with an appendix of 96 pages on the American Food and Drug Act.

There is no doubt about the sincerity of the authors, but the experience in Britain is clearly that specific food allergy is by no means such a common cause of symptoms in the adult. The reviewer believes that in many, if not in most, cases the effect of food in precipitating, say, an attack of asthma is through a nervous reflex from the stomach irritated by any indiscretion of diet. Thus a heavy or rich meal of itself can cause such a reflex, and specific food sensitivity is not essential. Whatever one believes, however, the data compiled by the authors and the clear-cut and practical approach to the subject command respect.

C. J. C. BRITTON.

PHYSIOLOGY OF THE EYE

Physiology of the Eye. Clinical Application. By Francis H. Adler, M.A., M.D. (Pp. 709; 319 illustrations, including 2 in colour. £4 4s.) London: Henry Kimpton. 1950.

A text on applied physiology should contain an up-to-date account of our knowledge in this branch of medical science, with emphasis on those aspects that may be related immediately to clinical experience. Adler's book falls short of these two requirements. From a clinical point of view the following aspects of the physiology of the eye are of immediate interest: physiological optics in so far as they bear on the refractive errors of the eye and their correction; intra-ocular pressure and the metabolism of the lens and cornea; movements of the eyes; stereoscopic vision in its bearing on aniseikonia and orthoptic training; colour vision from the point of view of colour blindness; and electro-retinography.

It is therefore with some surprise that we discover that in a book of some 700 large pages the physiological optics of the eye are ignored completely except for a page on the refraction of the lens and on the depth of focus of the eye; that the recent work on the aqueous veins, which has given such an impetus to clinical research in glaucoma, receives barely a page; that stereoscopic vision has been scantily treated, with no reference at all to aniseikonia; that colour blindness receives barely a page; and that, in spite of a minute description of the E.R.G., its recent clinical applications to siderosis, etc., have been entirely ignored. Only in the chapter on the eye movements does the author come near to filling our requirements. The separation of the chapters on the intra-ocular pressure and the intra-ocular vascular circulation by three unrelated chapters is pedagogically bad and fails to reveal the intimate relationship between these two functions. It is disturbing to find such mistakes as the following: for example, we are told that the cortex of the lens may be regarded as two concave meniscus lenses enclosing the nucleus, and that these

cause the light to *diverge*. This is quite untrue, because the more strongly curved surfaces of the cortex are in contact with material of higher refractive index than the other surfaces. Again, we are told that the depth of focus of the eye is from infinity to 15 m. The reader's task is made more difficult by other errors such as the faulty equation on p. 357, the quoting of the protein concentration of the aqueous humour as 0.02 *milligrammes* per 100 c.c. on one page and as 0.019–0.034 *grammes* per 100 c.c. on another; the quoting of mutually incompatible chemical analyses of the vitreous body without comment; and faulty indexing. (For example, on looking up "electroretinogram" one is referred to pages 472, 494, 552; on the first the E.R.G. is mentioned, but only in passing; the second and third contain no reference at all to it.)

Viewed generally, the book cannot be said to justify its title, since so many of the clinical applications have either not been described at all, or, if an account has been given, it has ignored recent work. As an account of pure physiology of the eye it fails through ignoring too much of the field and through lack of balance. The book is well produced. That the author has a good power of exposition is shown by comparing the chapter on the aqueous humour with that on the eye movements; in the former the author acknowledges having received assistance and the chapter is poor, while the latter is presumably all the author's own work and is good.

HUGH DAVSON.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

Labelled Atoms. By R. Glascock, B.Sc., Ph.D. (Pp. 227. 10s. 6d.) London: Sigma Books. 1951.

The Yearbook of the Universities of the Commonwealth 1951. Edited by J. F. Foster, M.A., LL.D. 28th ed. (Pp. 1,416. 37s. 6d.) London: G. Bell. 1951.

Design for Sanatoria. Report of the N.A.P.T. Architectural Committee. (Pp. 124. 12s. 6d.) London: National Association for the Prevention of Tuberculosis. 1951.

Childhood and Society. By E. H. Erikson. (Pp. 397. 25s.) London: Imago Publishing Company. 1951.

Addendum 1951 to the British Pharmacopoeia 1948. Published under the direction of the General Medical Council. (Pp. 114. 17s. 6d.) London: Constable. 1951.

Primary Carcinoma of the Liver. By C. Berman, M.D., B.Ch. (Pp. 164. 35s.) London: H. K. Lewis. 1951.

The New Way to Relax. By K. Roon. (Pp. 257. 9s. 6d.) Kingswood, Surrey: The World's Work (1913) Limited. 1951.

Continuous Aspiration in Venepuncture and Intravenous Injection. By A. G. Pehaczek, M.D. (Pp. 31. 4s.) Glasgow: John Smith. 1951.

A Primer for Psychotherapists. By K. M. Colby, M.D. (Pp. 167. \$3.) New York: The Ronald Press. 1951.

Transactions of the Association of Life Insurance Medical Directors of America. 59th Annual Meeting. Edited by J. R. Gudger, M.D. Vol. 34. (Pp. 201. No price.) New York: Recording and Statistical Corporation. 1951.

Red Cell Survival Studies in Normal and Leukaemic Subjects. By R. Berlin. (Pp. 141. No price.) Upsala: Almqvist and Wiksells. 1951.

Röntgendiagnostik der Wirbelsäule. By Professor B. Simons. 2nd ed. (Pp. 478. M. 36.) Jena: Gustav Fischer. 1951.

Medical Certificates for Cremation

Mr. S. STOREY asked, on June 14, whether the certificate of the medical attendant and the confirmatory medical certificate required under the Cremation Act, 1902, were provided free of cost under the National Health Service. Mr. H. MARQUAND explained that these certificates were not provided free under the National Health Service except for the first certificate when a patient died in hospital. The fee, a matter for private arrangement, was usually about £2 for the first certificate and £1 for the second.

Terramycin Imports

In a written answer to a question from Sir T. MOORE on June 14 Mr. H. MARQUAND stated that arrangements were under consideration to obtain the manufacture of terramycin in the United Kingdom. He added that the Medical Research Council was carrying out extensive clinical trials with material supplied by American manufacturers for comparison with other drugs of a similar nature already available here. Mr. Marquand further stated that all available supplies of cortisone were already being imported for distribution to hospitals and for research in this country.

Vaccination of Visitors.—No proposals for the imposition of a vaccination requirement on entrants to Great Britain are under consideration.

Phenol.—Exports of phenol have been stopped, except for small quantities required by hospitals abroad.

Welsh Mental Hospitals.—There are 19 mental hospitals not associated with medical schools in Wales. In these there are approximately 1,260 patients aged 65–74 and 520 aged 75 and upwards. There are 15 mental deficiency institutions accommodating 1,528 patients.

Cancer Deaths.—The number of cancer deaths recorded in 1900 was 26,721 and in 1950 was 85,272. The total number of cancer deaths recorded in the 50 years 1901 to 1950 was 2,621,253.

Hearing-aids.—The number of distribution centres is being increased as resources allow.

Medico-Legal

ANOTHER MISTAKEN CYLINDER

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

On March 12 Nurse Paisley, a State-certified midwife, delivered Mrs. Alice Machell of a baby boy at her home. The confinement was normal. On March 14 the baby was not well, and Nurse Paisley called in the family doctor, Dr. Hepworth, who found him to be suffering from tachycardia. On March 15 the baby was worse, and Dr. Hepworth advised that nikethamide and oxygen be given. Nurse Paisley therefore telephoned the Christiana Maternity Hospital at Southport and asked the night sister, Sister Mawdsley, to send a cylinder of oxygen as soon as possible to the Machells' home. Sister Mawdsley telephoned the Southport General Infirmary and asked the junior night sister, Sister Dixon, to send over an oxygen cylinder with a gauge. Sister Dixon asked the night theatre nurse, Nurse Dodds, for a cylinder of oxygen with a gauge. Nurse Dodds did not appreciate what it was wanted for. She went into the anaesthetic-room, where there were, as she knew, cylinders containing oxygen, cylinders containing oxygen and carbon dioxide mixed, and cylinders containing carbon dioxide alone, and selected a cylinder with a gauge attached. She did not know what gas was in the cylinder, and gave it to Sister Dixon.

Sister Dixon observed that the cylinder had a gauge on it, but failed to observe its colour. She wheeled the trolley into the dimly lit corridor and handed it over to the night porter, Mr. Pitman, who, knowing that what was wanted was a cylinder of oxygen, took it for granted that that was what he got. He did not check its colour. He took it to

the Maternity Hospital and there he handed it over to Sister Mawdsley and to Nurse Roberts. Both Sister Mawdsley and Nurse Roberts, having asked for oxygen, took it for granted that it was an oxygen cylinder. Neither noticed what the colour was. Nurse Roberts took the cylinder and a perspex cradle by ambulance to the Machells' home.

Nurse Paisley, like Sister Mawdsley and Nurse Roberts, took it for granted that the cylinder contained oxygen. The light was not strong and she also did not notice what the colour was.

From 3 a.m. to 6.15 a.m. Nurse Paisley administered gas slowly from the cylinder. By 6.15 a.m. the baby was much worse, and was admitted to hospital.

The cylinder was unloaded from the ambulance and wheeled into the labour ward. As Staff Nurse Eglin was about to connect it to the cradle Nurse Roberts said something about a gauge. Staff Nurse Eglin therefore looked at the cylinder and saw at once that it was a 7-lb. cylinder of carbon dioxide, painted green.

An oxygen cylinder was immediately substituted, but the baby, when examined at 8.35 a.m., was dead.

At necropsy, which was carried out the same day, Mr. F. S. Mooney, pathologist, found that the whole body was an intense dark blue. There was no post-mortem rigidity, and the body was flaccid. All the internal organs were dark in colour and very congested. There was no evidence of atelectasis in the lungs, but numerous haemorrhages were present, more in the right lung than in the left. The heart was normal in size apart from some dilatation of the right auricle and ventricle. There was a patent foramen ovale, but it was not outside the physiological limits for a child of that age. A narrow patent ductus arteriosus was discovered. In Mr. Mooney's opinion death was due to carbon dioxide poisoning, accelerated by congenital heart disease and shock.

Such was the story told at an inquest held recently. It affords yet another illustration of the ease with which gas cylinders can be and too often are confused, in spite of their distinctive colouring. The six people who handled this cylinder all knew that oxygen cylinders are black with a white band at the top; that O₂ + CO₂ cylinders are black with a green and white band at the top; and that CO₂ cylinders are green with a broad band round the base. Moreover, the Pinson valve is fitted vertically to O₂ and O₂ + CO₂ cylinders, and a Pinson valve of a different type which is not interchangeable is fitted to CO₂ cylinders horizontally. Yet of these six people no fewer than five failed to recognize this green cylinder with a horizontal Pinson valve for what it was.

The Services

Major-General J. C. A. Dowse, C.B., C.B.E., M.C., late R.A.M.C., has been appointed Colonel Commandant, R.A.M.C., in succession to Major-General O. W. McSheehy, C.B., D.S.O., O.B.E., resigned.

Surgeon Captain E. S. McPhail, V.R.D., R.N.Z.N., has been appointed an Honorary Surgeon to the King.

A Supplement to the *London Gazette* has announced the following awards:

Three Clasps to the Territorial Efficiency Decoration.—Lieutenant-Colonel M. L. Sutcliffe, T.D., R.A.M.C., retired.

Two Clasps to the Territorial Efficiency Decoration.—Major (Acting Colonel) F. Heywood-Jones, O.B.E., T.D., Major (Honorary Lieutenant-Colonel) D. N. Nicholson, T.D., and Major T. C. Ayres, T.D., R.A.M.C.

First Clasp to the Territorial Efficiency Decoration.—Major H. B. Lee, T.D., R.A.M.C.

Territorial Efficiency Decoration and First Clasp.—Lieutenant-Colonels W. A. Law, O.B.E., and M. J. Lindsey, M.C., and Major J. H. Whittles, R.A.M.C.

Territorial Efficiency Decoration.—Honorary Lieutenant-Colonel W. Patrick and Honorary Major B. Portnoy, R.A.M.C., retired; Major (Honorary Lieutenant-Colonel) J. C. Lindsay and Captain (Honorary Major) E. L. Brittain, R.A.M.C.

Week Ending June 9

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 972, whooping-cough 3,275, diphtheria 37, measles 14,746, acute pneumonia 372, acute poliomyelitis 52, dysentery 682, paratyphoid fever 15, typhoid fever 7.

Universities and Colleges

UNIVERSITY OF OXFORD

The following medical degrees were conferred on June 2:

D.M.—E. N. Allott, J. W. Gerrard, *R. H. Hardy, J. M. K. March, E. H. Seward.

B.M.—J. B. Dossetor, *T. Freeman.

*In absence.

The George Herbert Hunt Travelling Scholarship for 1951 has been awarded to Dr. Oliver Murray Wrong.

The University of Oxford proposes to establish a committee for a health service for undergraduates, and a statute for this purpose is to be promulgated in October. The committee will supervise the administration of any funds provided by the University for the maintenance of a health service for undergraduates and may, in particular, arrange clinical and x-ray examinations, but it will not be empowered to provide medical treatment. A director of the service, who will also act as secretary of the committee, is to be appointed and will be responsible, under the supervision of the committee, for the organization and administration of the service. The post will be a full-time one and the director will be required to reside in or near Oxford. Appropriate experience is essential and a higher medical qualification desirable. The initial stipend will be within the scale £1,500 to £2,000, with an allowance of £50 for each dependent child. Applications (twelve copies) and the names of three referees should reach the Registrar of the University by October 1.

Dr. Clifford Alan Simmons has been elected to a Horatio Symonds Studentship in Surgery for 1951.

Edwin John Bovett, Scholar of Oriol College, has been awarded an Open Scholarship offered to a medical student for entry into the clinical school at the Radcliffe Infirmary during the academic year 1951-2.

The Clinical Scholarship offered to a student from Canada for entry into the Medical School during the academic year 1951-2 has been awarded to Alexander Grant Macintyre of the University of Toronto.

UNIVERSITY OF WALES

The following candidates at the Welsh National School of Medicine have been approved at the examination indicated:

TUBERCULOUS DISEASES DIPLOMA.—G. M. Abraham, M. O. Alakija, S. S. Bhirdi, C. Y. Chang, G. K.-K. Cheng, I. P. Christodoulides, M. K. Dhole, Ethna C. Fox, E. O. Henschel, V. W. J. Hetreed (with distinction), W. J. Jesudason, B. I. Malik, B. Mukherjee, N. Muniswamy, A.-H. Saeed, C. E. Smith, E. J. Valentine, N. Don J. de S. Wijesekera.

UNIVERSITY OF BIRMINGHAM

The University has received from an anonymous donor a gift of the value of £29,000 and a further sum of £1,000 a year for seven years, the whole to be applied towards the building of the library and lecture theatre at the Medical School.

A public appeal is to be made to establish a memorial lectureship as a tribute to the late Sir Leonard Parsons.

Professor A. P. Thomson has been appointed representative of the University at the International Gerontological Congress to be held in the United States in September, and Dr. P. G. H. Gell representative at the Congress of the International Association of Allergists to be held at Zurich in September.

Professor Boris Ephrussi, of the Laboratoire de Génétique of the University of Paris, has been appointed William Withering Lecturer for 1952.

Dr. Enid Charles, Honorary Reader in Demography and Vital Statistics, has been transferred from the Department of Social Medicine to the Department of Medical Statistics.

Dr. S. H. Wajda has resigned the post of Lecturer in Anatomy on appointment to the Chair of Histology and Embryology in the University of Mendoza, Argentina.

Medical News

"Family Doctor"

The July issue of *Family Doctor* will be published on June 27. The work of the R.A.F. Institute of Aviation Medicine is described in an article entitled "The Farnborough Story." Professor Robert Cruickshank contributes an article on "Clean Food in the Home," and the same theme is taken up in other features. Harold Abrahams writes on "Achievement in Athletics" and Alison Settle on "Outsize Women." Other contributions in this issue are on open-air holidays, red hair, flies, summer lightning, and German drugs. There are also articles on cookery, baby-care, first aid, and "Plump People." Copies can be ordered from any newsagent or direct from the Publishing Manager at B.M.A. House.

West London Medico-Chirurgical Society

The sixtieth annual dinner of the West London Medico-Chirurgical Society was held at the Royal College of Surgeons on June 6, when the President, Dr. Charles E. Newman, welcomed a large company of members and guests. Sir Arthur Porritt, in proposing the health of the Society, referred to the history of the Society and its close association with the West London Hospital, now approaching its centenary. In its membership it had included some of the most famous names in British medicine and not a few eminent colleagues in other countries. Sir Arthur Porritt thought there was everything to be said for the preservation of the identity of small medical societies, and he was glad that the West London, along with a few others, had resisted the great "merger" of 1907, when the Royal Society of Medicine absorbed so many of them. Dr. Charles Newman, in his reply, said that the Society was founded at a time when the medical world depended on private practice and voluntary hospitals. That state of affairs no longer existed, and he intended to call a special meeting of the council to give preliminary consideration to the revision of the Society's 41 rules to meet more adequately the new situation. Sir Cecil Wakeley, P.R.C.S., proposed the health of the guests and kindred societies. The latter, represented by their Presidents, were the Hunterian Society, the Harveian Society, and the Chelsea Clinical Society. The two names with which the toast was coupled were those of Air Marshal Sir Philip Livingstone and Dr. Hugh Clegg. He said that Sir Philip Livingstone was due to retire this year; they would miss his genial presence and his "battleship courage." They gave a special welcome to Dr. Clegg, who, during his editorship, had had difficulties with which he as a fellow editor sympathized. He also commended the joint effort of the Royal Society of Medicine and the British Medical Association in the arrangement of the symposia which marked medicine in Britain in this festival year. Sir Philip Livingstone and Dr. Clegg suitably replied.

Hospital Pharmacopoeia

Dr. R. T. Brain, in collaboration with the medical and pharmaceutical staff of St. John's Hospital for Diseases of the Skin, has revised the *Hospital Pharmacopoeia*, the last issue of which was made in 1935. The cost of this publication is 5s., plus 3d. postage, and can be obtained from the secretary, St. John's Hospital for Diseases of the Skin, Lisle Street, Leicester Square, W.C.2.

Australia to Produce A.C.T.H.

The *Times* reports that Sir Earle Page, Australian Minister of Health, has announced that his country is to produce A.C.T.H. For eight months the Commonwealth serum laboratories have been experimenting with the extraction of the drug from various animal glands, and they are now ready to begin large-scale production. Australia may supply Britain with any partly processed glands that can be spared.

Wednesday

RENAL ASSOCIATION.—At Ciba Foundation, 41, Portland Place, London, W., June 27, 4.30 p.m., general meeting preceded by annual meeting. "Nephron Dissections from Cases of Acute Renal Necrosis," by Dr. E. M. Darmady.

Thursday

ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—June 28, 3.45 p.m., "The Red Blood Corpuscles," Arnott Demonstration by Dr. F. S. Gorrell; 5 p.m., "The Newer Antibiotics," Ophthalmology Lecture by Professor Arnold Sorsby.

Friday

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—June 29, 8 p.m., general meeting. "Bejel," by Dr. Hudson. To be followed by a discussion.
ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—June 29, 3.45 p.m., "Blood Coagulation, with Particular Reference to Heparin," Arnott Demonstration by Dr. F. S. Gorrell.

APPOINTMENTS

CHOPPING, P. T., M.B., B.S., D.M.R., Consultant Radiotherapist to Hospitals in Western Part of East Anglian Region and United Cambridge Hospitals, East Anglian Regional Hospital Board.
HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—House-physician (Senior House Officer Grade), R. C. Roxburgh, M.B., B.Ch., D.C.H. House-surgeon (Senior House Officer Grade), A. Katz, Ch.M. Resident Aural Registrar, Ruby McL. Jackson, M.B., Ch.B.
LEVIS, R. D., M.B., B.Ch., D.A., Consultant Anaesthetist, Central Middlesex Hospital, Acton Lane, Park Royal, London, N.W.
MELLOR, J. C., M.B., Ch.B., Chest Physician to Plymouth Clinical Area, South-western Regional Hospital Board.
NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Part-time Consultant Psychiatrist, Chelmsford Child Guidance Clinic, Winifred M. Burbury, M.B., B.S., D.P.M. Part-time Consultant Radiologist, St. George-in-the-East Hospital, F. Bush, M.B., B.Ch., D.M.R.E. Part-time Consultant Radiologist, Metropolitan Hospital, A. Elkeles, M.D., D.M.R.E. Part-time Consultant Radiologist, Queen Elizabeth Hospital for Children, B. C. H. Ward, M.R.C.S., L.R.C.P., D.M.R. Part-time Consultant Neurologist, Bethnal Green and Mile End Hospitals, K. W. G. G. Heathfield, M.D., M.R.C.P. Full-time Consultant Physician in Diseases of the Chest, Hertford Group of Hospitals and Bishop's Stortford, Hertford, and Waltham Abbey Chest Clinics, N. A. Neville, B.M., B.Ch., M.R.C.P.
RIDEHALGH, FRANK, M.D., F.R.C.P., Consultant Chest Physician, United Oxford Hospitals.
ROBERTS, MARGARET JONES, M.B., Ch.B., D.P.H., Medical Officer of Health, Western Area No. 2, and Assistant County Medical Officer, Denbighshire.
SMITH, TOM, M.B., F.R.C.S.Ed., F.R.F.P.S., M.R.C.O.G., Consultant Obstetrician and Gynaecologist, Northern Regional Hospital Board (Scotland).
SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—Clinical Assistant in Neurology to West Cornwall Clinical Area, H. D. Eddy, B.M., B.Ch. Clinical Assistant in Ear, Nose, and Throat to Trowbridge and District Hospital, L. S. Henry, M.B., B.S., F.R.C.S.Ed. Medical Registrar to Southmead Hospital, Bristol, R. D. G. Creery, M.D., D.C.H.
STEELE, GEORGE ALFRED, M.B., Ch.B., Assistant Divisional Medical Officer of Health, Lancashire County Council.
WADSWORTH, William Victor, M.B., Ch.B., M.R.C.P., D.P.M., Deputy Medical Superintendent, Cheadle Royal Hospital, Cheshire.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Burgess.—On June 5, 1951, at Capetown, to Phil (formerly Hewitt), wife of Surgeon Commander P. G. Burgess, R.N., a son.
Fredoun.—On June 9, 1951, at St. Chad's Hospital, Birmingham, to the wife of Dr. J. Fredoun, a son.
Gardner.—On May 12, 1951, at Oldenburg, Germany, to Helen, wife of D. L. Gardner, M.B., M.R.C.P.Ed., a daughter—Rosalind.
James.—On May 22, 1951, at University College Hospital, to Elisabeth (formerly Withers), M.B., B.S., D.C.H., wife of D. W. James, M.B., B.S., a daughter.

DEATHS

Cathles.—On June 1, 1951, at Nairobi, Kenya, John Walker Cathles, M.B., Ch.B.
Chadwick.—On June 9, 1951, at Kibworth, Leics, Harold Chadwick, M.R.C.S., L.R.C.P.
Dukes.—On April 26, 1951, at Mangonui, New Zealand, Edmund Sprague Dukes, M.B., aged 82.
Reynolds.—On June 4, 1951, Reginald Reynolds, L.S.A., of 5, Redland Green Road, and 464, Stapleton Road, Bristol.
Robertson.—On May 28, 1951, at Westbrook, Kent, Anna Menzies Robertson, M.B., Ch.B., D.P.H., late of Slough, aged 48.
Robinson.—On June 6, 1951, Frank Robinson, M.B., Ch.B., of Inglewood, Astley Bridge, Bolton.
Startin.—On June 1, 1951, at Greenbanks Hospital, Plymouth, John Startin, M.C., M.R.C.S., L.R.C.P., Major, R.A.M.C., retired, aged 67.
Somers.—On June 11, 1951, at Aldeburgh, Suffolk, Charles Dudley Somers, O.B.E., M.B., B.Ch., aged 81.
Stewart.—On June 1, 1951, Francis Hugh Stewart, D.Sc., M.D., D.P.M., Major, I.M.S., retired, of Stratford, Grouville, Jersey, aged 70.
Stuart-Webb.—On June 14, 1951, at Mortlake, Ralph Edwin Stuart-Webb, M.B., B.S., of 248, Sheen Lane, East Sheen, and 86, Brooke Street, London, W.
Taylor.—On June 2, 1951, at "Brynhirion," Cymmer, Port Talbot, Glam., James McKane Taylor, M.B., Ch.B., late of Dervock, near Coleraine, N. Ireland.
Young.—On June 8, 1951, at The Glen, Rickmansworth, Herts, Charles Melville Young, M.B., Ch.B., late of Wadsworth, aged 75.

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.

Home Treatment of Intermittent Claudication

Q.—What home treatment is advised for an old man with fairly severe intermittent claudication? He is strongly averse to going to hospital.

A.—One may assume that this patient has arteriosclerosis of his femoral, popliteal, and tibial arteries, that he has not got diabetes, and that the claudication is of the third degree—which means that when the pain comes on it is bad enough to stop him walking.

The objects of treatment are to prevent the condition becoming worse, to avoid infection and damage to the limb (with the danger of gangrene), and to open up a collateral circulation. The development of a collateral circulation often leads to marked clinical improvement, which is why careful treatment is so well worth while.

Tobacco-smoking should be strongly discouraged and, if possible, stopped altogether. If the patient is overweight this should be corrected. Extra clothing should be worn day and night. Exercise up to the point at which pain is produced is beneficial—that is, within the patient's "claudication distance." Raising the heels of the shoes a quarter or half an inch (0.62–1.25 cm.) is worth trying; and the patient may be taught to walk in such a way that he uses his calf muscles (or whatever other muscles are affected by claudication) as little as possible. A stout walking-stick may be helpful. A warm bath each morning is often a comfort; the temperature of the water must not be above 103° F. (39.4° C.), and a bath thermometer should be handy to ensure this.

Of the vasodilator drugs, "priscol" is the one in favour at present. It is given by mouth in tablet form (25 to 50 mg.) after the four main meals of the day. Smaller doses should be given at first so that sensitivity to the drug and side-effects may be recognized and avoided—flushing, sweating, palpitations, postural giddiness or faintness, headaches, gooseflesh, or indigestion. Priscol is most useful when the vasospastic element is most marked. Vitamin E may be given by mouth at the same time (50 to 100 mg. four times a day); and this should be continued for some months, as its beneficial effect does not become evident straight away. It is somewhat expensive, and it may be difficult to differentiate between the delayed benefit from vitamin-E therapy and the improvement which follows the spontaneous physiological development of a collateral circulation. There is no known pharmacological action of vitamin E to support the belief that it has a vasodilating action. There is some doubt also about the efficacy of the other vasodilator drugs (such as aspirin, alcohol, nicotinic acid, carbachol, and papaverine sulphate), because when these produce generalized vasodilatation the blood supply to the ischaemic limb may even be reduced owing to increased blood flow elsewhere. Special care should be taken to avoid the use of vasoconstrictor drugs such as ephedrine, adrenaline, amphetamine, or ergotamine derivatives.

Buerger's exercises are easy to do at home. Apparatus for intermittent venous occlusion can be hired. There are two simple and valuable surgical procedures which can be done under local analgesia in an out-patient department, or even in the patient's home; these are phenol lumbar sympathetic block and tendo-Achillis tenotomy. When other measures fail to relieve symptoms one or other of these comparatively minor surgical procedures may be