

Sherman's is a book for the student, the F.A.O. publications for teachers and workers in the field. The triumphs they describe are impressive, but were they so difficult to win? The hard task lies ahead. Country after country is outgrowing the food it can produce, and behind the successes of the scientists stands the spectre of world famine. Technical experts in nutrition may shrug their shoulders and turn away to their pleasant jobs with the feeling that it is not their business. They may be right: in the narrow sense they are right. But let us hope that future historians will not look back upon the nutritional revolution and condemn those who brought it about as little men who failed to grapple, while there was still time, with the greatest crisis in world history.

R. A. McCANCE.

### FOR STUDENTS OF ORTHOPAEDICS

*Regional Orthopedic Surgery.* By Paul C. Colonna, M.D. (Pp. 706; 474 figures. £2 17s. 6d.) Philadelphia and London: W. B. Saunders Company. 1950.

The author is to be congratulated on producing a book which should prove of real value to orthopaedic students, both undergraduate and postgraduate. After two introductory chapters on the physiology and general pathology of bones and joints the remainder of the work is arranged regionally. For the purpose of teaching this arrangement has much to recommend it. Each chapter opens with a short section on applied anatomy followed by a description of the soft-tissue injuries, fractures, tuberculous lesions, and orthopaedic conditions of the region concerned.

By concentrating on the features which are of importance to students the author has been able to cover the whole field of orthopaedics and fractures. The illustrations, which consist of line drawings, photographs, and reproductions of radiographs, are excellent. Some of the recommendations on treatment have an American flavour which may not be entirely acceptable to students in Britain. The book concludes with two excellent chapters on orthopaedic apparatus and physiotherapy. There are few orthopaedic textbooks which satisfy the needs of the student in such a masterly manner.

J. S. BATCHELOR.

### FICTION AS FACT

*My Dear Holmes.* A Study in Sherlock. By Gavin Brend. (Pp. 183. 10s. 6d.) London: George Allen and Unwin. 1951.

It may be a dangerous procedure to create a character in fiction. If Conan Doyle could have anticipated the great popularity which his detective hero would evoke from the English-speaking public, he might have hesitated before creating him. As it was, he appeared to get tired of his hero and killed him off, to the bitter disappointment of his public. Popular demand and perhaps economic reasons induced him to bring Sherlock Holmes into action again. It was inevitable, however, that many inconsistencies of fact would appear in a series of disconnected tales written at the publisher's urgent request.

In this attractive little book the author has attempted to reconcile many of the inconsistencies, a task which assumes that there was a factual basis behind the fiction. Those who almost believe that Sherlock Holmes was a real person will be delighted to learn the year of his birth and the approximate dates of most of his adventures; they will be interested to probe the secrets of

Watson's two marriages and of his quarrel and reconciliation with Holmes. This is indeed a book which all Sherlock Holmes's fans will be eager to read. It is also a book for the philosopher to study, for here he will behold fiction treated as fact, and a myth in process of becoming a belief.

ZACHARY COPE.

### BOOKS RECEIVED

*Review is not precluded by notice here of books recently received*

*A Textbook of General Physiology.* By H. Davson, D.Sc. (Pp. 659. 45s.) London: J. and A. Churchill. 1951.

*Anaesthetics for Medical Students.* By G. Ostlere, M.A., M.B., B.Chir., D.A. 2nd ed. (Pp. 108. 8s. 6d.) London: J. and A. Churchill. 1951.

*Massage and Medical Gymnastics.* Revised by E. M. Tod, M.C.S.P., T.M.M.G. 4th ed. (Pp. 224. 16s.) London: J. and A. Churchill. 1951.

*The Essentials of Virus Diseases.* By P. N. Meenan, M.D., D.C.P. (Pp. 260. 20s.) London: J. and A. Churchill. 1951.

*Chance and Design in Physiological Research.* By G. L. Brown. (Pp. 14. 3s.) London: H. K. Lewis. 1951.

*The Biochemical Approach to Biological Organization.* By Professor E. Baldwin. (Pp. 20. 3s. 6d.) London: H. K. Lewis. 1951.

*Studies in the Social Psychology of Adolescence.* By J. E. Richardson and others. (Pp. 266. 21s.) London: Routledge and Kegan Paul. 1951.

*Teach Yourself Management.* By M. G. Frost, A.C.C.S., M.I.W.M., M.I.P.M., A.M.I.I.A., A.C.W.A. (Pp. 197. 6s.) London: English Universities Press. 1951.

*The Unknown Self.* By G. Groddeck, M.D. (Pp. 207. 12s. 6d.) London: Vision Press. 1951.

*The Bridge of Life.* By A. P. Suñer, M.D. (Pp. 270. 28s. 6d.) London: Macmillan. 1951.

*Medical Disorders During Pregnancy.* Edited by S. Clayton, M.D., M.S., F.R.C.S., F.R.C.O.G., and S. Oram, M.D., F.R.C.P. (Pp. 341. 25s.) London: J. and A. Churchill. 1951.

*Liver Disease.* Edited by G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch. Consulting Editor S. Sherlock, M.D., F.R.C.P. (Pp. 249. 25s.) London: J. and A. Churchill. 1951.

*The Postnatal Development of the Human Cerebral Cortex.* By Professor J. LeRoy Conel. Vol. 4: The Cortex of the Six-month Infant. (Pp. 190; 108 plates. 82s. 6d.) London: Geoffrey Cumberlege. 1951.

*The World of Man.* By G. Groddeck, M.D. (Pp. 271. 18s.) London: Vision Press. 1951.

*Handbook of Diseases of the Blood.* By A. Piney, M.D., M.R.C.P. (Pp. 213. 21s.) London: Harvey and Blythe. 1951.

*Proceedings of the Third International Congress of the International Society of Hematology.* Edited by C. V. Moore. (Pp. 593. \$10.) New York: Grune and Stratton. 1951.

*The Enzymes.* Edited by J. B. Sumner and K. Myrback. Vol. 2, part 1: Chemistry and Mechanism of Action. (Pp. 790. \$14.80.) New York: Academic Press Inc. 1951.

*Leibesübungen mit Körperbeschädigten.* By H. Lorenzen. (Pp. 218. M. 7.50.) Stuttgart: Georg Thieme. 1951.

*Die Nervenkrankheiten.* By Professor G. Schaltenbrand. (Pp. 880. M. 87.) Stuttgart: Georg Thieme. 1951.

*Die Trübungsformen der Menschlichen Linse.* By Dr. H. Sautter. (Pp. 139. M. 49.80.) Stuttgart: Georg Thieme. 1951.

*Leitfaden der Laparoskopie und Gastroskopie.* By Professor H. Kalk and Dr. W. Brühl. (Pp. 158. M. 27.) Stuttgart: Georg Thieme. 1951.

He was a man who never spared himself, and he inspired others to work with him. One felt that he really cared for the welfare of those for whom and with whom he worked, and he would take endless trouble to promote their interest both by sound advice and by practical help. He was a great fighter for things he thought right, and we all admired him for it. I know I express the feelings of all his old colleagues, patients, and friends when I say that his sudden death leaves a sense of great personal loss and that he will be sadly missed by everyone who knew him in Bedford.

## Medico-Legal

### EXPLOSION DURING ANAESTHETIC

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

On October 23, 1951, Mrs. Bessie Freeman, aged 55, who had been admitted to the Royal National Throat, Nose, and Ear Hospital, London, on the previous day for radical mastoidectomy on the right side, was found fit for operation, and about an hour and a half before the scheduled time was given premedication with "omnopon"  $\frac{1}{2}$  gr. (22 mg.) and scopolamine 1/150 gr. (0.43 mg.). This was followed by "flaxedil" and thiopentone, and oxygen was then administered in the anaesthetic room. The anaesthetist was controlling the valve of the oxygen cylinder on the anaesthetic trolley and giving her the oxygen through an insulated rubber breathing-bag and facepiece, when there was an explosion. It appeared to be in the face-piece where he was holding it on the patient's face. He was thrown to the floor, and there was a fire on the trolley.

The patient was brought out of the room and aided respiration was maintained and an intratracheal tube passed. Her eyelashes were singed, her eyelids were bruised, and her nose was bleeding. In the theatre some blood was removed from her nose and pharynx, and bruising of the palate and post-pharyngeal wall was noticeable, but there was no active bleeding. As her pulse was good, and as her general condition seemed to warrant it, the surgeon decided to perform the operation. One hour and ten minutes after the explosion the patient collapsed. The operation had proceeded normally until then and was nearly finished. In spite of continuous restorative procedure the patient died in the ward about an hour and ten minutes later.

At the inquest, held before the North London coroner, the explosion was ascribed to static electricity, possibly sparking from the breathing-bag, where it might be generated by the movement of the bag itself, or from the movement of the anaesthetic tube against the patient's blanket. The bag was burst in the explosion. The anaesthetist's shoes were satisfactory and within the limits prescribed by the Ministry of Health, but atmospheric conditions in the anaesthetic room had been very favourable for the generation of static electricity. There was, however, no conclusive evidence of the cause of the explosion.

At necropsy the pathologist, Dr. F. E. Camps, found bruising of both upper and lower eyelids. There was bruising of the gullet right down to the stomach, of the larynx, and at the back of the throat. The force of the explosion was such that the stomach had been over-distended and had burst into the abdominal cavity. There was bruising round the heart and of the intestines, and rupture of the spleen and of the right lobe of the liver. There were some areas of bruising in the lungs, but the main force of the explosion had gone into the stomach. He said that nothing could have been done to save the patient's life after the explosion, and an exploratory operation of the abdomen would only have hastened her death. In spite of the extent of her injuries she might well have shown no symptoms except for a drop in blood pressure, and before the operation she had been suffering from high blood pressure. The cause of death was shock and haemorrhage due to rupture of the spleen and stomach.

A verdict of accidental death was returned.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

Mr. Oliver Louis Zangwill has been appointed Professor of Experimental Psychology in the University from October 1, in succession to Sir Frederic Bartlett, F.R.S. Mr. Zangwill was educated at King's College, Cambridge, graduating B.A. in 1935 and proceeding M.A. in 1939. He has been Senior Lecturer in General Psychology in the University of Oxford since 1948. During the war he was research psychologist to the Brain Injuries Unit at Edinburgh, under the direction of Professor Norman Dott and Sir David Henderson. In 1946 the University of Oxford conferred on him the degree of M.A. The Chair of Experimental Psychology was established in 1931, when Sir Frederic Bartlett became the first occupant. His work has been concerned principally with problems of perception and remembering, and later with the development of the experimental studies of human skill and the problem of work in old age. He was elected F.R.S. in 1932.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College, held on January 10, with Sir Cecil Wakeley, President, in the chair, Mr. Gilbert Causey, who at present is Lecturer in Anatomy and Supervisor of the Museum, University College, London, was appointed as Sir William Collins Professor of Human and Comparative Anatomy at the College.

The Council passed resolutions of condolence on the deaths of Professor Henri Hartmann and Professor D. B. Phemister, both Honorary Fellows of the College.

The following were elected to the Fellowship of the Faculty of Anaesthetists: Dr. S. N. Albert (Beirut), Dr. A. F. Alsop (Oxford), Dr. G. Cousineau (Montreal), Dr. Phyllis M. Edwards (London), Dr. A. C. Forrester (Glasgow), Dr. A. P. Gorham (Bristol), Dr. N. R. James (Melbourne), Dr. J. R. Ritchie (Dunedin).

Diplomas were awarded, jointly with the Royal College of Physicians of London, as follows:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—C. E. Bagg, J. Cowie, E. T. Downham, R. E. Glennie, Mei-Chen Liu, B. M. Mandelbrote, R. H. Martlew, Marion E. F. Woollaston.

DIPLOMA IN LARYNGOLOGY AND OTOTOLOGY.—K. D. N. Agrawal, A. Aziz, R. H. Cowling, Than Dok, H. Forer, J. D. Glanville, Beatrice A. J. Gregory, D. F. N. Harrison, W. A. Hopkins, H. M. Jones, Z. A. Khan, P. J. McNicholas, D. V. Maytham, J. R. Page, A. B. N. Rao, M. S. M. Refai, J. Vella, A. L. Wells, G. T. Woods.

DIPLOMA IN MEDICAL RADIODIAGNOSIS.—A. K. Banerji, S. M. Bingham, V. H. Bowles, J. Brown, T. Crisp, H. Ferguson, A. M. H. Fisher, H. L. Francis, K. D. Hatfield, H. W. Holland, D. T. Irwin, H. Jacobs, J. B. Jameson, Sheila Kenny, N. A. Lewtas, G. B. Mohanty, P. K. Mookherjee, J. J. Q. Peiris, K. M. Pillai, P. Purcell, Margaret P. Sheridan, G. P. G. Sim, A. G. G. Toomey, D. Urquhart, G. H. Waddington, D. R. Wallace-Jones, J. M. Winn.

DIPLOMA IN MEDICAL RADIOTHERAPY.—Diana M. Brinkley, G. E. Catton, J. H. O. Chance, P. M. C. Corlette, T. J. Deeley, F. M. Hall, P. Haslam, G. A. Hendry, G. Jarratt, G. Lynch, Dorothy Pearson.

DIPLOMA IN ANAESTHETICS.—Janie U. Blacker, A. K. Bose, Margaret L. M. Bridges, Margaret W. Brown, I. S. Bruce, R. W. Buckley, Cicely I. Butterworth, R. G. Cole, J. G. Cranmer, Patricia R. Ford, Elizabeth M. France, I. C. A. D. P. Graham, Edith H. Grundy, Mary J. Hartley, H. B. Houldsworth, J. S. Inkster, M. Junod, P. D. Kelsall, P. Koenig, C. J. Levy, Pauline McArthur, J. Mamak, W. K. Pallister, Edith J. L. Pearce, D. J. Power, J. E. Riding, R. J. Rutherford, A. K. Sen Gupta, Frances Sorrell, Heather Stockdale, J. C. Sumption, G. C. Tandan, M. Tappura, Hildegard H. M. Weisz, Margaret M. Whitaker, P. B. Wolfers.

DIPLOMA IN INDUSTRIAL HEALTH.—H. D. Conway, J. J. du Plessis.

DIPLOMA IN PATHOLOGY.—C. A. K. Bird, N. L. Modi.

DIPLOMA IN OPHTHALMIC MEDICINE AND SURGERY.—D. K. de B. Macdonald.

DIPLOMA OF OPHTHALMOLOGY.—K. D. N. Agrawal.

The following hospitals were recognized under paragraph 23 of the Fellowship regulations: Queen Alexandra Hospital, Army, six house officers (all for 12 months). Queen's Park Hospital, Blackburn, house-surgeon and senior house officer (both for six

months). St. Luke's Hospital, Guildford, surgical registrar for one year, second house-surgeon for six months (additional recognition). Royal East Sussex Hospital, Hastings, two house-surgeons for six months. Buchanan Hospital, St. Leonards-on-Sea, one house-surgeon (urological) for six months. General Hospital, Merton, senior house-surgeon for six months. General Hospital, Middlesbrough, orthopaedic house officer (senior) for six months (additional recognition). Shotley Bridge Hospital, surgical registrar for one year; two house-surgeons for six months. Royal South Hants Hospital, Southampton, registrar and house-surgeon for ear, nose, and throat department (decennial revision). Kent and Sussex Hospital, Tunbridge Wells, confirmation of recognition of post of senior house officer (ear, nose, and throat) previously recognized as registrar.

## Vital Statistics

### Infectious Diseases During 1951

The incidence of infectious diseases during 1951 was in several ways unusual. Their fluctuations are illustrated in the graphs shown overleaf, where a comparison is made with the highest and lowest weekly figures for 1942-50.

The number of notifications of scarlet fever was the lowest for recent years, while whooping-cough and measles were at the highest level since these diseases were made notifiable. The notifications of whooping-cough exceeded 5,000 cases a week six times during the first quarter of the year. In two weeks during the first quarter over 30,000 cases of measles were notified.

The fall in the incidence of diphtheria was continued during the year. The smallest weekly total of diphtheria during 1951 was 19, compared with 31, 52, 100, and 138 for the minima of the four preceding years. Examination of the trend of diphtheria during the last quarter suggests that the downward trend is being checked and the disease will become stabilized around the present level.

The number of notifications of dysentery reached a very high level, the largest weekly total being 1,672 cases. From the information available it seems that Sonne dysentery accounts for about 95% of the total notifications.

Acute poliomyelitis was much below the level of the two preceding years, but the incidence remains at 3 to 5 times the endemic level before 1947.

The enteric fevers (typhoid and paratyphoid) were more prevalent than in recent years, but the notifications were only about one-third of those during the outbreaks of 1941. The number of deaths from influenza in the great towns was the largest since 1937. The sudden rise in the curve for notifications of puerperal pyrexia and puerperal fever is due to the introduction on August 1, 1951, of a new definition of the disease.

A small feature of the graphs is that, with the exception of those for measles and influenza, they all show a decline in the number of notifications in the last week of the year, which includes the Christmas holiday, from the figure for the previous week: those for measles and influenza show only very small rises.

The number of notifications from the principal epidemic diseases for the past five years is:

England and Wales	1947	1948	1949	1950	1951
Scarlet fever ..	60,524	75,460	71,753	66,852	49,431
Whooping-cough ..	94,241	145,878	102,416	157,714	169,394
Diphtheria ..	10,528	7,903	4,929	2,858	1,969
Measles ..	399,461	396,841	384,361	366,116	615,332
Acute pneumonia ..	34,348	31,096	34,624	30,714	43,181
Meningococcal infections ..	3,147	1,971	1,586	1,745	1,956
Acute poliomyelitis ..	9,251	2,175	6,850	8,699	3,493
Dysentery ..	4,179	5,587	4,819	18,135	29,488
Enteric (typhoid and paratyphoid) fevers ..	880	873	1,138	654	1,438
Great Towns ..					
Influenza deaths ..	1,774	610	3,091	1,859	7,555

### Record Low Infant Mortality Rate

Provisional figures published in the Registrar-General's *Quarterly Return* for the September quarter, 1951, show that the infant mortality and the stillbirth rates are the lowest ever recorded in England and Wales. Deaths of children under 1 year of age numbered 3,998, giving a rate of 23.5 per 1,000 related live births. The previous lowest rate recorded was 24.2 in the same period of last year. Stillbirths registered during the quarter numbered 3,727, giving a rate of 21.7 per 1,000 live and still births, compared with 22.5 in the September quarter of 1950. The previous lowest rate was 22.0 in the September quarter of 1949.

There were 168,028 live births registered during the quarter—a rate of 15.2 per 1,000 population. This is the lowest rate for a September quarter since 1941, when it was 14.0, and continues the decline recorded since the post-war peak of 20.0 in 1947.

Deaths at all ages registered during the quarter numbered 100,090, a rate of 9.1 per 1,000 population. This rate is average for the same quarter over the last five years. The births exceeded the deaths by 67,938. The corresponding increase for the same period of the preceding year was 67,220.

### Week Ending January 5

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,102, whooping-cough 2,154, diphtheria 45, measles 3,491, acute pneumonia 973, acute poliomyelitis 25, dysentery 295, paratyphoid fever 6, and typhoid fever 2.

### Infectious Diseases

In England and Wales during the week ending December 29, 1951, the incidence of infectious diseases decreased. The largest falls in the number of notifications were scarlet fever 457, whooping-cough 417, and dysentery 129.

A fall in the incidence of scarlet fever occurred in every region of the country; the largest declines were Lancashire 46 and London 40. Whooping-cough declined more in the northern section of the country than in the southern. The largest falls were Warwickshire 78 and Yorkshire West Riding 77.

The notifications of diphtheria were 11 fewer than in the preceding week. The chief variations in the local returns were an increase of 4 in Lincolnshire and in Lancashire, and a decrease of 8 in Staffordshire. The largest returns of diphtheria for administrative areas were Grimsby C.B. 5 and Liverpool C.B. 4.

The notifications of measles were 10 more than in the preceding week; the largest of the local variations were a rise of 57 in Staffordshire and a fall of 99 in Cardiganshire.

The number of notifications of acute poliomyelitis was 5 fewer for paralytic and 3 fewer for non-paralytic cases than in the preceding week. The largest returns were Kent 3 and Cheshire 3.

A further 61 cases of dysentery were notified from the outbreak in Norfolk, Norwich C.B. The other large returns were Middlesex 37; Yorkshire West Riding 19; London 17; Bedfordshire 13 (Luton M.B. 12); Leicestershire 13 (Leicester C.B. 10).

Two large centres of food-poisoning occurred during the week. Buckinghamshire, Wolverton U.D. 133, and Northamptonshire 177 (Towcester R.D. 73, Northampton C.B. 52).

In Scotland a further 38 cases of dysentery were notified in Lanark county, where 101 cases occurred in the preceding week. The other large return in Scotland was 28 notifications in the city of Glasgow.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY, Lisle Street, Leicester Square, London, W.C.—January 24, 4.15 p.m., demonstration and discussion of clinical cases.

### Friday

CAMBRIDGE MEDICAL SOCIETY.—January 25, "Newer Developments in Radiotherapy," by Professor J. S. Mitchell.

EDINBURGH UNIVERSITY: FACULTY OF MEDICINE.—At Anatomy Lecture Theatre, University New Buildings, Teviot Place, Edinburgh, January 25, 5 p.m., "Serum Cholesterol, 'Giant Molecules,' and Atherosclerosis," Macarthur Postgraduate Lecture by Professor Ancel Keys, M.A., Ph.D. (University of Minnesota).

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—January 25, 5.30 p.m., "Xanthoma and Necrobiosis Lipoidica," by Dr. P. D. Samman. Clinical demonstration.

●INSTITUTE OF DISEASES OF THE CHEST AND INSTITUTE OF CARDIOLOGY.—At London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street, W.C., January 25, 5.30 p.m., "Anaesthesia for Cardiac Surgery," by Dr. B. G. B. Lucas.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—January 25, 7.30 p.m., general meeting "Possible Applications of A.C.T.H. and Cortisone in Syphilis," discussion to be opened by Dr. Gordon Horne.

OXFORD UNIVERSITY.—At Magdalen College, Oxford, January 25, 5 p.m., "The Neuropsychological Basis of Mind," Wayneffete Lecture by Professor J. C. Eccles, F.R.S.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—January 25, 8 p.m., "Human Faces," by Mr. A. R. Isaac.

ROYAL SANITARY INSTITUTE.—At Public Hall, Lune Street, Preston, January 25, 10 a.m., papers: "Tuberculosis Control, with Some Comments on Lung Cancer," by Dr. W. Griffel; "The Changing Role of the Health Visitor," by Miss E. W. Sowerby, S.R.N., S.C.M.; "The Influence of Lighting Developments on Health and Safety," by Dr. J. N. Aldington, Ph.D.; 2 p.m., visits will be made.

### Saturday

SOCIETY OF PUBLIC ANALYSTS: NORTH OF ENGLAND SECTION.—At Engineers' Club, Albert Square, Manchester, January 26, 2 p.m., 27th annual general meeting. An ordinary meeting will follow. "The Use of Laboratory Animals as Analytical Reagents," by Mr. A. L. Bacharach, M.A., F.R.I.C.

## APPOINTMENTS

BRANNEN, IAN CAMERON, M.B., Ch.B., Registrar, Royal Northern Infirmary, Inverness.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—Senior Surgical Registrar (Senior Registrar Grade), Ambrose Jolleys, M.B., Ch.B., F.R.C.S. Resident Anaesthetic Registrar (Registrar Grade), W. A. D. Combe, M.R.C.S., L.R.C.P. Assistant Resident Medical Officer (Senior House Officer Grade) at Tudworth, Elizabeth M. C. Dyke, B.M., B.Ch., D.C.H. House-physicians (Senior House Officer Grade), Kenneth Simpson, M.B., B.S., M.R.C.P. and M. J. Simpkins, M.B., Ch.B., M.R.C.P. House-surgeon (Senior House Officer Grade), M. R. Kliman, M.D., F.R.C.S.

## BIRTHS, MARRIAGES, AND DEATHS

### BIRTHS

Beynon.—On November 28, 1951, at Hong Kong, to Dr. Peggy Beynon (formerly Thomas), wife of Major Glanley Beynon, S.C.F., a daughter.

Hatcher.—On November 13, 1951, to Joan (formerly Tanner), M.B., B.S., wife of Mr. Edmund Hatcher, a daughter—Susan Elizabeth Jane.

Judson.—On January 4, 1952, at Hull, to Helen (formerly Atwell), wife of Dr. David Judson, a daughter.

Kelsall.—On January 6, 1952, in London, to Margaret (formerly Miller), wife of Dr. A. R. Kelsall, a daughter.

### MARRIAGES

Slattery—Kelly.—On January 10, 1952, at St. Saviour's Church, Totland, Isle of Wight, John Anthony Slattery, M.B., B.S., of Canonbury, London, N., to Zoë Taschereau Kelly, M.B., B.S., D.C.H., of Freshwater, Isle of Wight.

### DEATHS

Carell.—On December 9, 1951, at South Elmsall, Yorks, Diana Pamela Mary Sylvester Carell, L.R.C.P. & S Ed., L.R.F.P.S.

Clark.—On January 5, 1952, at The Vinery, Wellington, Hereford, Henry Colhatch Clark, M.R.C.S., L.R.C.P.

Cockburn.—On January 12, 1952, at Southcliffe, Chalfont St. Peter, Bucks, Robert Pitcairn Cockburn, M.D., aged 86.

Dobson.—On January 9, 1952, at Cravels Hydro Hotel, Ilkley, Yorks, Maurice Rowland Dobson, O.B.E., M.B., B.S., aged 73.

Dodson.—On January 2, 1952, Eleanor Isabel Dodson, M.D., of London, S.E., formerly of Multan, India.

Greene.—On January 7, 1952, in a nursing-home, Jersey, George Watters Greene, M.D., D.P.M., aged 74.

Gregory.—On January 12, 1952, in London, Hazel Haward Chodak Gregory (formerly Curthurt), M.D., F.R.C.P.

Greig.—On January 6, 1952, at 23, Townsend Place, Kirkcaldy, John Isdale Greig, M.B.E., M.B., Ch.B.

Grunhut.—On January 10, 1952, Jozef Grunhut, M.D., aged 51.

Maddock.—On January 6, 1952, Edward Cecil Gordon Maddock, C.I.E., M.D. F.R.C.S. Ed., D.P.H. D.T.M. Lieutenant-Colonel, I.M.S., retired, of Warden Lodge, Sunningdale, Berks.

Moiser.—On January 6, 1952, at 15, Watercall Avenue, Coventry, Lionel Henry Moiser, M.B.

Nicklin.—On January 8, 1952, at Luanshya, Northern Rhodesia, Reginald Nicklin, M.B., Ch.B.

## 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.

### Stains on Doctors' Clothes

Q.—What is the best way of removing stains on clothes due to (a) flavine, (b) iodine, and (c) blood?

A.—**Flavine Stains.**—Treat the stain with dilute hydrochloric acid or with dilute sulphurous acid, and then wash.

**Iodine Stains.**—These can readily be removed by sponging with a solution of sodium thiosulphate (photographic hypo). Dilute ammonia can also be used.

**Blood Stains.**—Fresh stains may be removed by sponging with cold or slightly warm (not hot) water, followed, if necessary, by the application of solution of hydrogen peroxide. The following methods are suggested in *Pharmaceutical Formulas*, published by the *Chemist & Druggist*—"In the case of delicate materials the following procedure is often successful: Prepare a paste of rice starch and water which is applied to the stain and allowed to dry on. Other methods consist in the application of a solution of borax, dilute solution of ammonia, tincture of quillaia, soap spirit, or solution of hydrogen peroxide followed by dilute solution of ammonia. A solution of tribasic sodium phosphate is also recommended for removing blood stains, and in some instances glacial acetic acid may be successful. In the case of old stains, these should first be thoroughly moistened with warm water, preferably with a slight addition of glycerin. In these cases the stains often yield to treatment with a concentrated solution of chloral hydrate (75%), after moistening the stain with dilute acetic acid. In recalcitrant cases of old blood stains a solution of pepsin, 4 gr. (0.25 g.); dilute hydrochloric acid, 20 min. (1.2 ml.); distilled water, 3 oz. (85 ml.) may prove successful in removing the albumin, followed by the application of one of the above-mentioned agents to remove the discoloration."

### Hypnosis and Asthma

Q.—Is there any evidence that hypnotic treatment can benefit sufferers from chronic asthma? What might be its dangers, particularly with children?

A.—There is no doubt that very small factors, some of them psychological, can precipitate or inhibit attacks in a chronic asthmatic. At the end of a period of frequent attacks the patient may have acquired a faulty respiratory rhythm and posture which, through fear of future attacks, do not return at once to normal in a negative phase. At this stage, in children, education in relaxation of the respiratory muscles and in expansion of the bases can be aided by a method of suggestion such as hypnosis, which may for the time being eliminate this fear. This use of hypnosis is comparable with its use in stammering, where enduring improvement can be expected only if the child learns to relax apart from the hypnotic session. Even where a pre-existing asthma is used by the child as a purposive "functional" dyspnoea, a dramatic result should not prevent a search for causes of the underlying maladjustment, allergic, infective, or psychological.

A successful frontal attack on the asthma by means of hypnosis has often been reported, but usually where attacks are occasional. Many chronic asthmatics will report improvement because they cannot always tell the difference between an actual attack and wheeziness. They can easily be induced to feel that no attack is present and that none is pending.

The risks are those of any hypnotic treatment in children: that unless the children are carefully handled they may