

there are certainly many borderline cases where intensive injection treatment may be very effective if carried out thoroughly, and it may avert operation.

The author discusses ulceration in some detail, but covers eczema and phlebitis in a few lines. It is certain that complicated cases in which ulceration, eczema, and phlebitis are all present call for the greatest resourcefulness and skill, since they will not respond to simple methods. It should be made clear that "elastoplast" types of adhesive dressings should never be used on patients with eczema. The second sentence of the book refers to "Celus"; surely "Celsus" is intended.

REGINALD T. PAYNE.

CORROBORATION IN PSYCHO-ANALYSIS

Essays in Applied Psycho-analysis. Volume II. By Ernest Jones, M.D., F.R.C.P. Essays in Folklore, Anthropology, and Religion. International Psycho-analytical Library No. 41. (Pp. 383. £1 1s.) London: The Hogarth Press. 1951.

This second volume of collected essays in applied psycho-analysis differs from the first in a number of ways. It is concerned exclusively with themes of folklore, anthropology, and religion, a fact which to some extent restricts its general appeal. And, whereas in the first volume the author applied psycho-analytical findings to a variety of cultural fields and problems, in the most important papers in this collection he is more concerned to corroborate psycho-analytical findings by assembling and correlating a vast quantity of anthropological observations. This is not at all surprising when one recalls that his two important essays on the symbolic significance of salt and on the Madonna's Conception through the ear were written between 1912 and 1914—at a time, that is, when psycho-analytical findings about the Oedipus complex provided at the same time a source of profound scepticism and a focus for the most strenuous opposition.

These two essays, together with shorter papers on "The Sexual Ignorance of Savages" and "A Study of the Holy Ghost Concept," are permanent witnesses to Dr. Jones's anthropological acumen and industry as well as to his gifts of exposition. The other essays are in fact mainly expository and to a certain extent propagandist. But the volume as a whole demonstrates convincingly not only that psycho-analytical methods are capable of vitalizing anthropological research, but also that anthropological research is essential to corroborate those psycho-analytical surmises and reconstructions which cannot be supported by direct analysis of case-material.

EDWARD GLOVER.

CLINICAL PATHOLOGY

Panton and Marrack's Clinical Pathology. 6th ed. By H. B. May, M.A., M.D., M.R.C.P., and J. R. Marrack, M.A., M.D. (Pp. 512; 44 illustrations. £1 10s.) London: J. and A. Churchill. 1951.

A book on clinical pathology may be anything from a side-room primer to a vast compendium in which are described in detail every recognized diagnostic test and even such things as the life histories of uncommon helminths. "Panton and Marrack" strikes a happy mean, and in its new and much revised form comprises separate main sections on haematology, chemical pathology, and bacteriology; histology has been eliminated except for a chapter on methods. Outside experts have contributed material on highly specialized subjects; these include fungi and animal parasites. In the section on parasites the use of the term "natural size" in legends to illustrations may mislead: it seems to suggest, for instance, that a hookworm ovum is about the size of a coffee bean.

The later chapters on how to examine specimens and to investigate common clinical states (why no mention of Vincent's infection under "sore throat"? are perhaps the most useful, since they belong most properly to the subject and are not to be found elsewhere. In view of the book's size and the inclusion of ten colour plates among its many illustrations, the price is reasonable.

L. P. GARROD.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

The Management of Fractures, Dislocations, and Sprains. By J. A. Key, B.S., M.D., and H. E. Conwell, M.D., F.A.C.S. 5th ed. (Pp. 1,232. 115s.) London: Henry Kimpton. 1951.

Autobiography of a Schizophrenic. (Pp. 64. 5s.) London: J. Baker. 1951.

Leprosy. By Sir Leonard Rogers, K.C.S.I., C.I.E., M.D., F.R.C.P., F.R.C.S., F.R.S., I.M.S., and E. Muir, C.M.G., C.I.E., M.D., F.R.C.S.Ed., Addendum to the 3rd ed. (Pp. 16. 2s. 6d.) Bristol: John Wright. 1951.

Sons and Daughters. By R. Pilkington. (Pp. 214. 18s.) London: George Allen and Unwin. 1951.

Guy's Hospital, 1725-1948. Edited by H. A. Ripman. (Pp. 176. 18s. 6d.) London: Gazette Office, Guy's Hospital. 1951.

The Practice of Endocrinology. Edited by R. Greene, M.A., D.M., M.R.C.P. 2nd ed. (Pp. 389. 65s.) London: Eyre and Spottiswoode. 1951.

Diabetes Control. By E. L. Bortz, M.D. (Pp. 264. 25s.) London: Henry Kimpton. 1951.

Soviet Genetics. By A. G. Morton, B.Sc., Ph.D. (Pp. 174. 15s.) London: Lawrence and Wishart. 1951.

Isotopes in Biochemistry. Edited by G. E. W. Wolstenholme, O.B.E., M.A., M.B., B.Ch. (Pp. 288. 27s. 6d.) London: J. and A. Churchill. 1951.

Hypertension. Edited by E. T. Bell, M.D. (Pp. 573. 60s.) London: Geoffrey Cumberlege. 1951.

Marriage. By K. Walker, F.R.C.S. (Pp. 136. 8s. 6d.) London: Secker and Warburg. 1951.

The Development of Reasoning in Children with Normal and Defective Hearing. By M. C. Templin. (Pp. 143. 24s.) London: Geoffrey Cumberlege. 1951.

Surgery of the Stomach and Duodenum. By C. E. Welch, M.D. (Pp. 349. 65s.) London: Interscience Publishers Limited. 1951.

A General Zoology of the Invertebrates. By G. S. Carter. 3rd revised ed. (Pp. 421. 35s.) London: Sidgwick and Jackson. 1951.

Vitamins. By L. J. Harris, Sc.D., D.Sc., Ph.D., F.R.I.C. (Pp. 244. 15s.) London: J. and A. Churchill. 1951.

Medical Bacteriology. By Sir Lionel Whitby, C.V.O., M.A., M.D., F.R.C.P., D.P.H., and M. Hynes, M.D., M.R.C.P. 5th ed. (Pp. 544. 22s. 6d.) London: J. and A. Churchill. 1951.

Ugo Benzi. By D. P. Lockwood. (Pp. 441. 60s.) London: Cambridge University Press. 1951.

The Genetics of Micro-Organisms. By D. G. Catcheside. (Pp. 223. 21s.) London: Sir Isaac Pitman. 1951.

Calendar of the Pharmaceutical Society of Great Britain, 1951-52. (Pp. 308. 12s. 6d.) London: The Pharmaceutical Press. 1951.

History of Medicine in Ireland. By J. Fleetwood, M.B., D.P.H. (Pp. 420. 21s.) Dublin: Browne and Nolan. 1951.

Adelaide Hospital Centenary Book. (Pp. 131. No price.) Dublin: The Parkside Press. 1951.

Pathological Firesetting (Pyromania). By N. D. C. Lewis and H. Yarnell. (Pp. 437. \$10.) New York: Coolidge Foundation. 1951.

Équilibre Minéral et Santé. By J. Favier. (Pp. 403. 800 francs.) Paris: Librairie le François. 1951.

Advances in Tuberculosis Research. Edited by H. Birkhäuser and H. Bloch. Vol. 4. (Pp. 308. 43.70 Swiss francs.) Basle: S. Karger. 1951.

Medico-Legal

DEATH AFTER XYLOCAINE INJECTION

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

The first known example in England of death following an injection of "xylocaine" was the subject of an inquest by the Mid-Northants coroner on December 12, 1951.

The deceased was Miss Monica Annie Atkins, aged 27, of Gayton, Northants. She was known to have suffered from pulmonary tuberculosis since 1946 and had been an in-patient at Creaton Sanatorium since December 15, 1949. A two-stage thoracoplasty had been performed on her on October 9 and November 20, 1951, and parts of seven ribs had been removed to allow the left lung to collapse. She suffered much pain after the second operation and was seen on December 4, 1951, by the senior registrar of the thoracic surgery unit at Oxford, who decided that if certain simple measures failed to alleviate her pain the nerves to the affected area should be injected with a local analgesic.

On December 8, the simple measures having failed, the patient agreed to injection, and at 11.45 a.m. a paravertebral block was begun on the left side with the patient sitting up in bed. A solution of less than 1% xylocaine was used, 10 ml. to anaesthetize the skin and 70 to 80 ml. in all, and no injection was made without first testing to make sure that the needle did not lie in a blood vessel or in the spinal canal. At about 12 o'clock the patient complained of feeling faint, and was told that only one more nerve had to be injected. As she was turned on to her back it was noticed that she was talking irrationally, and 10 seconds later she had a fit, making irregular movements with her limbs. She lost consciousness, and her pulse could no longer be felt. Spontaneous respiration lasted for a few minutes while she was given oxygen and nikethamide injections into the heart and veins, and 0.3 g. of thiopentone was given intravenously to control further fits. After another 10 minutes her heart failed again, and she died at 12.25 p.m.

At necropsy the brain was found to be symmetrical and firm. The leptomeninges and spinal cord were congested. The left lung was collapsed and on section showed tuberculous involvement. There was chronic pleuritic thickening, and on the left side slight paravertebral subpleural haemorrhage. There were old and relatively recent subcutaneous haemorrhagic zones in the left and right axillary regions, especially on the left side, approximating to the areas of the hypodermic puncture marks.

There were no traces of xylocaine or its breakdown products in specimens of cerebrospinal fluid, urine, or blood.

Dr. R. M. Heggie, director of pathology at the Northampton General Hospital, who carried out the necropsy, came to the conclusion that death was caused by intravascular absorption of the xylocaine used in the paravertebral block and its subsequent cerebral medullary action. His inquiries showed that 500-600 thoracoplasties had been performed with xylocaine without accident, and indeed it had previously been used on the patient for her own thoracoplasties without untoward effects. But he said that in a recent paper quoted to him describing 130 successful thoracoplasties there was a warning about the use of xylocaine in areas where deep bruising was suspected. (An annotation on xylocaine appeared in the *Journal* of January 26, p. 211.)

A verdict of death by misadventure was recorded.

According to the *Report on the Work of the Central Midwives Board*, just published, the M.R.C. Committee investigating the use of trichlorethylene in childbirth is still unable to recommend its use by midwives on their own. None of the inhalers submitted for trial has been found satisfactory. Since April, 1950, midwives have been able to give pethidine, although it is on the Dangerous Drugs List, but the regulations are to be changed to impose a limit to the total amount they can hold.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on December 15, 1951, the following degrees were conferred:

D.M.—J. J. Pritchard, B. F.-A. Swynnerton.
B.M.—J. P. Blandy, D. H. Malan, E. T. C. Tewson, D. H. Eaton, P. D. Grant, I. S. L. Loudon, K. F. R. Schiller, J. A. Smith, R. D. Weeks, W. T. Barrett, I. O. Carlisle, W. M. Jordan, C. V. Mann, D. F. Woodhouse, H. B. Calwell, B. T. Bond, M. S. Compton, F. S. Keddie, W. F. C. Kennedy, M. A. Fenton, A. M. Stobie, P. R. Walker, M. W. Sweet-Escott, K. F. M. Thomson, W. Whitechurch, C. F. Bolton, J. M. Davies, Hélène V. Goodman, Jean Ginsburg, G. T. Haysey (in absence).

Dr. H. M. Sinclair has been elected a member of the Committee of the Museum of the History of Science until Michaelmas Term, 1954.

J. R. P. White (Queen Anne's School, Caversham) has been elected to a Nuffield Medical Scholarship at Lady Margaret Hall; C. Streatfield (Ashtord School for Girls, Kent) to an H. T. Gerrans Exhibition in Medicine at Somerville College; and C. A. Baker (College Scholar, and Croydon High School, Girls' Public Day School Trust) to a Scholarship in Medicine at St. Hugh's College.

UNIVERSITY OF CAMBRIDGE

Bryan Harold Cabot Matthews, C.B.E., Sc.D., F.R.S., has been elected Professor of Physiology in the University, as from January 1, in succession to Dr. E. D. Adrian, O.M., P.R.S., who is now Master of Trinity College. Professor Matthews was born on June 14, 1906, and was educated at Clifton College and at King's College, Cambridge, of which he has been a Fellow since 1929. He graduated B.A., with first-class honours in physiology, in 1927 and proceeded M.A. four years later. The degree of Sc.D. was conferred upon him in 1937. He held a Beit Memorial Fellowship for medical research from 1928 to 1932, and was assistant director of research in physiology in the University from 1932 to 1947. When the readership in experimental physiology was established in 1947 he was appointed to the post. He was a British member of the 1935 International High Altitude Expedition for Physiological Research. He was director of the R.A.F. Physiological Research Unit in 1940 and director of the R.A.F. Institute of Aviation Medicine from 1944 to 1946. Professor Matthews was elected F.R.S. in 1940 and appointed C.B.E. in 1944.

UNIVERSITY OF ST. ANDREWS

Professor Earl R. Loew, Professor of Physiology in the University of Boston School of Medicine, has been appointed Visiting Lecturer for 1952 in the Faculty of Medicine of St. Andrews University. Professor Loew will hold his lectureship in the Department of Pharmacology and Therapeutics, Medical School, Dundee, for the month of September.

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—D. M. Alexander, R. H. Arnold, J. S. Bain, H. J. Barclay, D. G. P. Brown, Betty K. Dean, H. R. Foreman, Elizabeth H. L. Hay, R. L. Kelly, C. W. Law, Margaret E. J. Leckie, R. A. C. Lundie, D. M. McKerrill, H. A. Maher, R. Moncrieff, G. I. Rooney, Joan E. Warren, Eleanor T. Winter, Ariane G. M. Wiseman.

UNIVERSITY OF GLASGOW

The following degrees were conferred on January 12:

M.D.—A. J. V. Cameron, W. A. Dewar, ²K. C. Grigor, ²A. G. Macgregor, ²F. C. Rodger, ²T. Young, C.B., O.B.E., K.H.P., Major-General.

CH.M.—²D. St. C. L. Henderson, ²J. Hutchison.

M.B., CH.B.—S. Alexander, I. R. G. Barclay, J. D. Begg, A. W. Bennie, J. W. Browning, R. Budge, J. C. Burgess, J. D. Caldicott, Evelyn M. Camrass, Doreen M. Chisholm, A. S. Cooper, L. MacD. Craig, D. Craigen, A. B. B. Culhane, J. Curley, G. M. Currie, E. Diamond, E. D. Docherty, J. N. Docherty, A. L. C. Duncan, T. H. Fairbairn, P. Forrester, W. V. Fowler, J. R. Freeland, R. A. Garden, I. A. Gibson, H. P. Gillespie, W. D. S. Hepburn, J. Houston, R. D. Hunter, Mary G. S. Hyslop, J. Lambie, W. K. Lawson, I. A. Levy, R. H. MacKay, Moira R. Mackie, T. C. G. McKirdy, M. MacLean, W. McLellan, A. G. W. McLeod, A. McQuater, W. I. Martin, R. H. D. Miles, J. Mitchell, G. P. Moffat, L. MacG. Munro, T. H. Neilson, C. C. Paterson, J. Rintoul, W. P. Ritchie, N. MacN. Robertson, J. C.

Robson, C. Rooney, W. R. Sadler, Katherine S. Scott, J. Sengupta, J. Sharp, R. A. Speirs, J. Stevenson, W. H. S. Thomson, Ann M. Wilson.

¹With honours. ²With high commendation. ³With commendation.

UNIVERSITY OF LONDON

The following appointments are announced: Professor W. G. Barnard, a representative of the General Medical Schools on the Senate for the remainder of the period 1948-52 in place of Dr. C. F. Harris; Professor J. M. Mackintosh, delegate of the University at the Health Congress of the Royal Sanitary Institute to be held at Margate from April 22 to 25; and Professor Esther M. Killick, a representative of the Board of Preclinical Studies on the Board of Advanced Medical Studies for 1952.

The following degrees were awarded on January 9:

M.D.—*Branch I (Medicine)*: K. D. Allanby (Mark of Distinction and University Medal), D. E. St. J. Burrowes, D. J. Charley, K. M. Citron, H. E. F. Davies, D. C. Deuchar, M. E. Fearnley, P. R. Fleming, R. S. Francis, Joan Frankton, H. J. Goldsmith, Helen C. Grant, P. L. de V. Hart, I. T. Twistington Higgins, K. Hugh-Jones, R. C. King, S. Mason, Margaret R. Miller, H. I. Obeyesekere, W. D. Ramnava, M. J. Riddell, F. F. D. Rosenthal, O. T. Samani, R. S. Savidge, D. J. Sheehan, K. Simpson, J. D. Stevens, Joyce F. Tucker, P. S. Tweedy. *Branch II (Pathology)*: D. M. H. Cogman, J. B. Enticknap, G. A. James, C. R. Knappett, C. H. R. Knowles, I. L. M. Larkin, D. R. Lucas, A. C. F. Ogilvie, N. P. Orchard, R. Pilsworth, L. J. Rubinstein, K. E. Saunders, G. B. D. Scott, B. J. Stephens, O. G. Williams. *Branch III (Psychological Medicine)*: L. Ford. *Branch IV (Midwifery and Diseases of Women)*: J. C. Holman, S. D. Perchard. *Branch V (Hygiene)*: A. E. Brown, R. G. Davies, Margaret I. Hendrie, A. C. McLeish. *Branch VI (Tropical Medicine)*: R. Buri; H. McD. Forde, K. R. P. Kent.

UNIVERSITY OF WALES

The following candidates at the Welsh National School of Medicine have satisfied the examiners at the examination indicated:

D.P.H.—Alison H. C. Alwyn-Smith, J. C. Burns, T. Sanderson (with distinction).

UNIVERSITY OF BIRMINGHAM

Professor A. C. Frazer has been appointed a member of the Colonial Medical Research Committee, and Dr. Hugh Paul a representative of the University at the Health Congress of the Royal Sanitary Institute to be held at Margate, April 22-25.

The title of Honorary Member of Staff has been conferred on Dr. C. W. Taylor on his relinquishing his Lectureship in Pathology.

Two developments in the clinical course have recently been approved by the Faculty of Medicine, as follows: (1) Senior clinical students will in future be attached to approved general medical practitioners for short periods, and (2) University Clinical Lecturers are to be invited to act as tutors to medical students during the three years of the clinical course.

The Leonard Parsons Memorial Lectureship Appeal Fund has reached approximately £4,750 and a committee has been set up to consider the terms and conditions of the lectureship.

In Congregation on December 14, 1951, the following degrees were conferred:

M.D.—D. G. B. Richards, D. H. Hale (*in absentia*).
Ph.D.—C. R. Lowe, M.D., D.P.H., Vera Norris, M.B., Ch.B. M.B., Ch.B.—H. W. K. Acheson, D. B. Allsop, P. B. Clarke, K. G. Dickinson, C. T. G. Flear, E. R. Ford, Sheena Forsyth, R. J. Genever, Doreen Grimshaw, C. Hodgson, V. A. Lloyd, C. A. B. McLaren, D. Martyn-Johns, S. G. F. Matts, A. T. Smyth, B. G. Spilsbury, J. C. N. Tibbits, O. Troughon.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At the annual meeting of the College, held on December 6, 1951, Dr. W. A. Alexander was elected President, and Professor L. S. P. Davidson and Drs. D. J. Acworth Kerr, D. N. Nicholson, R. M. Murray-Lyon, J. G. M. Hamilton, and Thomas Anderson members of council for the ensuing year. Dr. Acworth Kerr was elected Vice-president of the College.

At a meeting of the council of the College, held on December 11, 1951, the following officers were elected for the ensuing year: *Treasurer*, Dr. J. A. Bruce; *Secretary and Registrar*, Dr. J. Halliday Croom; *Honorary Librarian*, Professor D. Murray Lyon.

FACULTY OF RADIOLOGISTS

The following candidates satisfied the Fellowship Board at the November, 1951, examination for the Fellowship: *Radiodiagnosis*, I. ApThomas, K. E. Barlow, J. C. Bishop, J. L. Boldero, and S. Moor. *Radiotherapy*, W. D. Fraser and J. M. W. Gibson.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending January 12 (No. 2) and corresponding week 1951.

Figures of *cases* are for the countries shown and London administrative county. Figures of *deaths* and *births* are for the 160 great towns in England and Wales (126 in 1951), London administrative county, the 17 principal towns in Scotland (16 in 1951), the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1952					1951				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	33	3	11	0	0	30	5	9	1	5
Dysentery	315	32	80	6		698	65	124	2	1
Encephalitis, acute	3	1	2	0	1	2	0	0	0	
Enteric fever:										
Typhoid	3	0	1	1	3	0	0	1	1	0
Paratyphoid ..	3	0	1(B)	1		8	12(B)	0	0	
Food-poisoning ..	134	4		0		65	22		1	
Infective enteritis or diarrhoea under 2 years				13	16				7	14
Measles*	2,840	33	311	96	57	18,658	2425	355	89	155
Meningococcal infection	51	4	11	0	2	61	4	29	7	3
Ophthalmia neonatorum	34	8	7	0	2	19	1	9	0	
Pneumonia†	1,056	67	304	1	2	2,538	160	805	75	4
Poliomyelitis, acute:										
Paralytic	33	4				27	0			
Non-paralytic ..	3	2				11	1			
Puerperal fever‡ ..	247	35	6	3		102	13	9	3	
Scarlet fever	1,055	68	248	32	37	852	70	219	37	57
Tuberculosis:										
Respiratory			114	27				116	33	
Non-respiratory ..			23	5				17	1	
Whooping-cough ..	2,394	88	391	84	54	4,980	490	882	61	79

DEATHS‡ in Great Towns	1952					1951				
	Eng. & Wales	Land.	Scot.	N. Ire.	Eire	Eng. & Wales	Land.	Scot.	N. Ire.	Eire
Diphtheria	1	1		0	0	0	0	0	1	0
Dysentery	1	0		0			0		0	
Encephalitis, acute ..		0		0			0			0
Enteric fever	0	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years	20		0	0	1	18		5	1	0
Influenza	31	6		1	0	890	81	58	38	2
Measles		0		0	0		1	0	0	0
Meningococcal infection		1					2	0		
Pneumonia	350	50		13	15	982	125		51	17
Poliomyelitis, acute	3	1		0		6	0			0
Scarlet fever		0		0	0		0	0	0	0
Tuberculosis:										
Respiratory	150	15	29	3	11	256	44	34	11	11
Non-respiratory ..		3	2	0	3		2	2	0	
Whooping-cough	3	0		0	1	15	3	6	0	1
Deaths 0-1 year* ..	326	43	50	11	25	326	47	69	16	15
Deaths (excluding stillbirths) ..	6,408	958	779	140	190	10,328	1558	1202	346	275
LIVE BIRTHS	7,644	1099	975	211	430	7,109	1214	894	210	384
STILLBIRTHS	218	21	24			186	17	30		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

§ See "Census Changes" on p. 283.

MANCHESTER REGIONAL HOSPITAL BOARD.—Consultant Ear, Nose and Throat Surgeon, Blackburn Hospitals Centre, J. Evans, M.D., F.R.C.S.Ed. Consultant Neuro-Surgeon, Salford Royal and Crumpsall Hospitals, H. A. Maslowski, M.D., F.R.C.S.Ed.

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Part-time Consultant Psychiatrist, St. John's Hospital, Chelmsford, Winifred M. Burbury, M.B., B.S., D.P.M. Part-time Consultant Psychiatrist, Prince of Wales's Hospital, J. C. Sawle Thomas, M.R.C.P., D.P.M. Part-time Consultant Psychiatrist, St. Clement's Hospital, P. H. Tooley, M.D., M.R.C.P., D.P.M. Part-time Assistant Psychiatrist (S.H.M.O.), Chelmsford Child Guidance Clinic, and Walthamstow Child Guidance Clinic, J. E. G. Vincenzi, M.R.C.S., L.R.C.P., D.P.M. Part-time Assistant Venerologist (S.H.M.O.), Prince of Wales's Hospital, R. Atlas, M.D. Part-time Consultant Venerologist, Oldchurch, Chelmsford and Essex, and Tilbury and Riverside (Tilbury Branch) Hospitals, E. M. C. Dunlop, M.D., M.R.C.P. Full-time Assistant Anaesthetist (S.H.M.O.), Chase Farm Hospital, Edith de Winter, M.D., D.A. Maximum Part-time Consultant Anaesthetist, North Middlesex Hospital, W. F. O'M. Doherty, M.B., B.Ch., D.A.

O'SULLIVAN, JOHN THOMAS, M.B., D.P.H., Medical Officer, Rathmullan (Co. Donegal) Dispensary District.

SOUTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—Whole-time Consultants Chest Physician, Croydon Area, R. H. J. Fanthorpe, M.D., M.R.C.P. Whole-time Assistant Chest Physician (S.H.M.O. Grade), Kingston and Muriel Area, R. Hambridge, M.R.C.S., L.R.C.P. Part-time Consultants Child Psychiatrist, West Sussex Child Guidance Service, F. T. Shadforth, L.R.C.P.&S.Ed., D.P.M. Part-time Consultants Psychiatrist, Belmont Hospital, F. O'D. Finigan, M.B., B.S., M.R.C.P.Ed., D.P.M. Part-time Consultant Dermatologist, Lambeth and Wandsworth Group of Hospitals, M. Feiwel, M.B., B.Chir., M.R.C.P. Part-time Consultant Dermatologist, Farnham Group of Hospitals, J. Morgan, M.D. Part-time Consultants Pathologist, Battersea and Putney Group of Hospitals, R. S. Ralph, M.R.C.S., L.R.C.P., D.P.H. Part-time Consultant Orthopaedic Surgeon, Epsom Group of Hospitals, H. H. Kennedy, F.R.C.S.Ed. Whole-time Assistant Physician and Deputy Physician-Superintendent (S.H.M.O. Grade), Dorking General Hospital, E. G. Wilkins, M.D., M.R.C.P., D.T.M.&H. Registrar to Medical Department, South-western Hospital, Z. J. Prokopowicz, M.B., Ch.B. Senior Registrar to Surgical Department, Redhill County Hospital, J. P. Turney, M.B., B.S., F.R.C.S. Senior Registrar to Anaesthetic Department, St. Helier Hospital, R. A. Green, M.B., B.Chir., D.A. Registrar to Group Pathological Laboratory, St. Mary Abbots Hospital, A. Swan, M.B., B.S. Senior Registrar to Radiological Department, St. James' Hospital, A. W. R. Jenkins, M.B., B.Ch., D.M.R.D. Senior Registrar to Pathological Service, Portsmouth and Isle of Wight Groups of Hospitals, J. A. U. Morgan, M.B., B.S., M.R.C.P. Senior Registrar to Ophthalmological Department, Southampton Eye Hospital, G. Bennett, M.B., Ch.B., D.O.M.S. Registrar to Obstetric and Gynaecological Department, Mayday Hospital, Mary G. Coyle, M.B., Ch.B. THOMAS, WILLIAM EDGAR, M.R.C.S., L.R.C.P., Part-time (Temporary) Medical Officer of Health, Ammanford Urban District Council, Carmarthen-shire.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Fulton.—On December 24, 1951, at Manygates Maternity Hospital, Wakefield, to Lesley, wife of Dr. John B. Fulton, Alverthorpe Grange, Wakefield, Yorks a son.
Jepson.—On January 16, 1952, at Invercargill, New Zealand, to Joan (formerly Blacklock), wife of Dr. L. Frank Jepson, a son—Charles Robert.
Semple.—On January 21, 1952, at the Middlesex Hospital, London, W., to Dr. Alison Semple, wife of Dr. Robert Semple, a daughter.

MARRIAGES

Masters—Newland.—On January 5, 1952, at St. Mary's Church, Bromley, Kent, Edgar James Masters, M.B., B.S., to Jean Newland.

DEATHS

Battersby.—On January 15, 1952, in hospital, at Taplow, Bucks, John Battersby, M.B., Ch.B., L.D.S., of 17, Regent Street, Nottingham.
Browne.—On January 17, 1952, at The Lindens, Farnborough Park, Hants, Edward George Browne, C.B., C.M.G., L.R.C.P.&S.I. & L.M., D.P.H., Major-General, R.A.M.C.B. retired, aged 88.
Crawford.—On January 22, 1952, at Nuffield House, Guy's Hospital, London, S.E., Hugh Gregan Crawford, O.B.E., M.C., M.R.C.S., L.R.C.P., of Ryland House, Cannock Wood, Rugeley, Staffs.
Edwards.—On January 13, 1952, in hospital, following an accident, Francis Henry Edwards, M.D., M.R.C.P., of "Brightlands," Reigate, Surrey, aged 80.
Heath.—On January 19, 1952, at Otley, Suffolk, James Glover Heath, M.R.C.S., L.R.C.P.
Hort.—On January 25, 1952, at 19, Fitzjohns Avenue, London, N.W., Frederick Aylmer Hort, M.D.
Kelly.—On January 27, 1952, at 329, Roundhay Road, Leeds, Christopher Peter Kelly, L.R.C.P.&S.I. & L.M., aged 90.
Lamb.—On January 24, 1952, Ralph Lamb, M.R.C.S., L.R.C.P., L.D.S., of Low Roof, St. George's Road, Hightown, near Liverpool.
Menon.—On January 15, 1952, at St. Joseph's Hospital, Whalley Range, Manchester, Maniketh Vythi Menon, M.R.C.P.Ed., D.P.H., D.T.M., of 524, Oldham Road, Manchester, Lancs, aged 60.
Milliard.—On January 14, 1952, at the Royal Infirmary, Manchester, Peter McDonald Milliard, L.R.C.P.&S.Ed., L.R.F.P.S., of 191, Slade Lane, Levenshulme, Manchester, Lancs.
Purvis.—On January 19, 1952, in London, John Allen Spottiswoode Purvis, M.B., B.Ch., aged 53.
Renshaw.—On January 13, 1952, Graham Renshaw, M.D., of St. Michael's, Hale, Cheshire, and 30, St. Ann's Street, Manchester, aged 79.
Saunders.—On January 16, 1952, Charles Howard Saunders, M.B., B.Ch., of The Hill, Hedge End, Southampton, aged 84.
Singer.—On January 20, 1952, at 25, Milton Avenue, Sutton, Surrey, Hugh George Singer, M.R.C.S., L.R.C.P., aged 38.
Smith.—On January 19, 1952, at his home, "Thrushleys," Middlestown, near Wakefield, Yorks, Charles Holden Smith, M.B., Ch.B., aged 58.
Stallard.—On January 19, 1952, at his home, Pennicot, Morin Road, Paignton, Devon, John Prince Stallard, M.D., formerly of Oxford Road, Manchester, aged 94.
Thomson.—On January 14, 1952, at his home, 10, Southfield Avenue, Barnnton, Midlothian, Thomas Lauder Thomson, M.D., D.P.H., aged 74.
Vawdrey.—On January 16, 1952, at West Worthing, Marion Ethel Unwin Vawdrey, L.R.C.P.&S.Ed., L.R.F.P.S., formerly of East Horsley, Surrey.

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.

Tuberculous Glands in the Neck

Q.—Could you tell me the latest views on the treatment of tuberculous glands in the neck? Are streptomycin and para-aminosalicylic acid (P.A.S.) worth trying? Has deep x-ray therapy a place? When should surgical block dissection be advised?

A.—In tuberculosis, even more than other illnesses, it is important to treat the patient, not the disease. In nearly all cases, tuberculosis of lymph glands is not an isolated lesion but one manifestation of a widespread disease, and the main principle of treatment is to overcome the infection either by general measures or by specific remedies. Streptomycin and P.A.S. are emphatically worth trying. Surgical measures are called for to evacuate pus or to remove avascular caseous material which the drugs cannot reach. There is no place for x-ray therapy. A surgical block dissection, which implies removal of glands as part of a block of connective tissues, is not advised. Exceptionally, when the disease appears to be localized to a small group of glands they may be dissected out.

Analgesics for the Nose

Q.—What analgesics are best for use in the nose before instrumentation? What are the dangers?

A.—If by instrumentation is meant such manœuvres as the passage of a Eustachian catheter or antrum cannula, the best analgesic is undoubtedly a 5% or 10% aqueous solution of cocaine hydrochloride, applied with a fine spray. This is not only a rapidly acting and effective analgesic, but also a powerful vasoconstrictor. If deeper analgesia is desired the nose may be packed with ribbon gauze or cotton-wool pledgets which have been soaked in a mixture of equal parts of the cocaine solution and 1 in 1,000 adrenaline and then squeezed out.

The chief danger of cocaine is its toxicity, the susceptibility of patients varying considerably. The danger is avoided by using the minimum amount, by avoiding swallowing, and by prior administration of a barbiturate in persons known to be susceptible. A remote risk is the development of cocaine addiction. Because of these dangers, or when cocaine is unobtainable, less toxic substitutes are used, chiefly 2% amethocaine hydrochloride. These are slower acting, and are not vasoconstrictors, so a little ephedrine or adrenaline solution should be added to them.

Further information may be found in *Diseases of the Nose, Throat, and Ear*, by Jackson and Coates (Saunders, Philadelphia, 1929), and in the most recent edition of *Diseases of the Nose and Throat*, by Thomson and Negus (Cassell, London, 1948).

The Egg and the Sperm

Q.—How long can (a) the ovum and (b) spermatozoa survive in the human female genital tract? How reliable are the answers to this question?

A.—(a) There is no exact information available on the time during which the ovum remains capable of being fertilized. Hartman (1939), however, considers that all the experimental data on higher vertebrates, including monkeys, indicate that the unfertilized ovum survives for only a few hours; these data are so concordant that they may be accepted as applying to women also.

(b) The viability of spermatozoa in the healthy vagina is very limited, and live spermatozoa are seldom found eight