

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—At Royal Army Medical College, Millbank, London, S.W., 7.30 p.m., laboratory meeting.

#### Friday, March 21

- BIOCHEMICAL SOCIETY.—At National Institute for Medical Research, Mill Hill, London, N.W., 10.30 a.m., annual general meeting. Scientific papers will be read.
- BRITISH INSTITUTE OF RADIOLOGY, 32, Welbeck Street, London, W.—5 p.m., medical members' meeting; 6.30 p.m., "The Schmidt Camera—Its Possibilities and Limitations in Photo-fluorography," by Mr. W. A. Langmead, M.Sc.
- FACULTY OF RADIOLOGISTS.—At Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., 4 p.m., Radiotherapy Section Meeting. "The Application of Plastic Surgery to Radiotherapy," by Mr. J. Scott Tough.
- INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—5.30 p.m., clinical demonstration by Dr. E. J. Moynahan.
- MANCHESTER UNIVERSITY.—5 p.m., "Women in the Professions," Margaret Ashton Memorial Lecture by Miss Rose Heilbron, Q.C.
- MIDDLESEX COUNTY MEDICAL SOCIETY.—At Hillingdon Hospital, nr. Uxbridge, Middlesex, 3 p.m., general meeting; demonstration of cases, etc.; 4.45 p.m., "Pharyngeal Diverticulum; Aetiology, Diagnosis, and Treatment," paper by Mr. F. Boyes Korkis.
- ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—5 p.m., "Nocturia—A Defeat in the Battle Against Gravity," first Thomas Young Lecture by Professor J. G. G. Borst (Amsterdam).
- SOCIETY OF CHEMICAL INDUSTRY: FINE CHEMICALS GROUP.—At King's College, Strand, London, W.C., 7 p.m., annual general meeting; 7.30 p.m., "The Physico-chemical Aspects of Drug Administration," by Dr. N. Evers.

#### Saturday, March 22

- NUTRITION SOCIETY.—At Physiology Lecture Theatre, Manchester University, 10.30 a.m., "Diet in Relation to Renal and Cardio-vascular Disease," speakers, Dr. J. F. Wilkinson, M.Sc., Ph.D. (chairman), Professor R. Platt, M.Sc., Dr. D. A. K. Black, Dr. Honor Roscoe, Ph.D., Dr. A. M. Jones, M.Sc., Professor A. M. Boyd, M.Sc., and Dr. A. H. Ratcliffe, D.Sc. A discussion will follow.

#### APPOINTMENTS

The Queen has appointed Dr. Yeo Kok Cheang to be an Official Member of the Legislative Council of Hong Kong.

- BARCLAY, GORDON ANDREW, M.B., B.Chir., F.R.C.S., Part-time Consultant Surgeon, St. Andrew's Hospital, Devons Road, London, E.
- BIRCHALL, JOHN CRAVEN, M.B., Ch.B., D.P.H., Deputy Medical Officer of Health and Deputy School Medical Officer, County Borough of Croydon.
- BOYLE, GERALD F., M.B., Ch.B., D.P.H., Assistant Medical Officer of Health, County of Stirlingshire.
- HAWKLEY, MRS. MARGARET, M.B., B.S., D.A., Consultant Anaesthetist, Hospital for Sick Children, Great Ormond Street, London, W.C.
- HENDERSON, ALEXANDER, M.B., Ch.B., D.P.H., Medical Officer of Health, County of Kincardine, from October 1.
- SANGSTER, A. J., M.B., Ch.B., D.M.R., Assistant Radiologist, Northern Regional Hospital Board (Scotland).
- SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—Consultant Surgeon to Plymouth Clinical Area, H. D. S. Vellacott, M.B., B.Chir., F.R.C.S. Consultant Physician to Plymouth Clinical Area, H. A. W. Forbes, B.M., B.Ch., M.R.C.P. Consultant Pathologist to Plymouth Clinical Area, G. A. Cary Lynch, M.D., D.P.H.

## BIRTHS, MARRIAGES, AND DEATHS

### BIRTHS

- Black.—On February 18, 1952, in Birmingham, to Dr. Margaret Black, wife of Dr. Alan Black, a son.
- Patey.—On March 4, 1952, at Paignton Hospital, Devon, to Jean Patey, M.B., F.R.C.S.Ed. (formerly Mason), wife of John Patey, a sister for Robert and Johnny.
- Rees.—On February 28, 1952, at Moorlands Maternity Home, Dewsbury, Yorks, to Marie, wife of Dr. D. F. Rees, twin sisters for Patricia.
- Shribman.—On February 25, 1952, at Victoria Hospital, Barnet, Herts, to Hazel, wife of Dr. Irvine Shribman, a son—Jonathan Howard.

### DEATHS

- Bull.—On February 29, 1952, at Bedford, George Coulson Robins Bull, M.B., F.R.C.S., L.D.S., aged 94.
- Findlay.—On February 21, 1952, John Findlay, M.B.E., M.D., of 14, Chada Avenue, Gillingham, Kent, formerly of Peterhead.
- Green.—On February 25, 1952, in a London nursing-home, Frederick James Green, M.C., M.D., late of 9, Old Burlington Street, London, W., aged 83.
- Murphy.—On February 23, 1952, Lionel Caldbeck Esmonde Murphy, L.R.C.P.&S.I. & L.M., aged 74.
- Power.—On February 28, 1952, in London, Michael Patrick Power, O.B.E., M.C., L.R.C.P.&S.Fd., L.R.F.P.S., Colonel, late R.A.M.C., of the Naval and Military Club.
- Preston.—On February 23, 1952, at his home, Redlands, Mansfield Woodhouse, Notts, Harold Braycott Preston, L.M.S.S.A.
- Skevington.—On February 29, 1952, at Belmont, 15, York Road, Windsor, Berks, Sir Joseph Oliver Skevington, K.C.V.O., F.R.C.S., aged 79.
- Walsh.—On February 24, 1952, in London, John Walsh, M.B., B.Ch., Major, R.A.M.C., retired, late of Classis, Ballincollig, Co. Cork, Eire.

## 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.

### Visiting Children in Hospital

**Q.**—Is it true that there is good evidence to show that serious psychological harm may occur to young children in hospital, especially if they are not visited regularly by their parents? If so, can the policy of denying such visits to the patients in fever hospitals still be justified?

**A.**—There are really several parts to this question, of which the first is whether separation from their parents causes psychological harm to young children. It is quite evident that it does upset some children, and they may show this at the time or on their return home. The second part of the question is whether the harm done is serious and long-lasting; there is fairly good evidence that this may be so, but by no means in the majority of infants. It is probable that serious harm is more likely to occur when separation is prolonged and in infants round about the small toddler age. It is more likely also where there is already some emotional disturbance in the home, or lack of a stable background. Thirdly, does frequent visiting diminish this risk? There is little doubt that frequent visiting increases the happiness of most children in hospital, so that it may be expected to diminish any harm that may come from separation; the value of weekly or less frequent visits must be more doubtful.

The final question is whether the possible harm done by separation outweighs the objections to visiting. The latter include such things as the increase in the strain on the nursing and cleaning staff caused by frequent visitors, and the risks of cross-infection where wards are open and the age groups mixed and where perhaps there is already some overcrowding. The effect on children who cannot be visited and the effect of the extra travelling on parents and transport must also be considered. In a fever hospital the question of the spread of infection by visitors and the maintenance of barrier nursing require consideration before visiting can be encouraged. It seems reasonable to say that frequent visiting seems good in itself and should be permitted, at least on an experimental scale, wherever conditions make it possible. It might be found impracticable in some hospitals, and it would then have to be stopped. It must not be forgotten that, as life in hospital can never be right for children, the aim must always be to return them home as soon as possible, and visiting must remain a secondary consideration to other medical and nursing requirements.

### Dangerous Hypotension after Anaesthesia

**Q.**—After a general anaesthetic, when the mask is removed from the patient's face there is a marked fall of blood pressure due to the anaesthetic and independent of the surgical manipulation. What is the cause of this fall of blood pressure? How may it be prevented?

**A.**—The following are a few of the reasons why the blood pressure sometimes falls when the anaesthetic and the operation come to an end: (1) Stimuli from the operation field may have been reflexly keeping up the blood pressure. (2) The anaesthetic itself, particularly ether, and probably others too, may reflexly raise the blood pressure by stimulating nerve endings in the respiratory tract or the circulatory centre. (3) Carbon dioxide accumulation during the operation may keep the blood pressure up. This is found commonly when the semi-closed method is used. With gas-flow as low as 6 to 8 litres per minute there is