## Friday, May 23

•Institute of Obstetrics and Gynaecology.—At Chelsea Hospital for Women, Dovehouse Street, Chelsea, S.W., 2 p.m., "The Early Diagnosis of Gynaecological Cancer," by Professor G. I. Strachan; 4.30 p.m., "Pathological Anatomy of the Lymphatic Spread of Cervical Carcinoma," by Mr. Stanley

●POSTGRADUATE MEDICAL SCHOOL OF LONDON, Ducane Road, W.—11.15 a.m., surgical clinical-pathological conference; 2 p.m., "Surgery of the Lymphatics," by Mr. J. B. Kinmonth; 4 p.m., "Malignant Lesions at the Cardia," by Mr. P. R. Allison.

## Saturday, May 24

•Institute of Obstetrics and Gynaecology.—At Queen Charlotte's Maternity Hospital, Goldhawk Road, Hammersmith, W., 12 noon, "Exploratory Culdotomy for Tubo-ovarian Physiology at Ovulation Time," by Dr. J. B. Doyle (Boston).

## **APPOINTMENTS**

HAY, R. Kenneth, M.D., D.P.H. Medical Officer of Health and Divisional Medical Officer, Urban and Rural Districts of Nantwich, Cheshire County Council.

sional Medical Officer, Urban and Rural Districts of Nantwich, Cheshire County Council.

Hospital For Sick Children, Great Ormond Street, London, W.C.—
Part-time Registrar to Plastic Department, T. J. S. Patterson, F.R.C.S.
House-physicians, K. Hugh-Jones, M.D., M.R.C.P., and A. P. Roberts,
M.R.C.P., D.C.H. House-surgeon, M. B. N. J. O'Donnell, M.B., B.Ch.
Lewis, W. J., M.R.C.S., L.R.C.P., D.A., Part-time Consultant Anaesthetist, Mid-Glamorgan Hospital Management Committee Area, Welsh
Regional Hospital Board.
Liverpool Regional Hospital Board.—Consultant Paediatric Surgeon to
Alder Hey Children's Hospital, P. P. Rickham, M.S., F.R.C.S., D.C.H.
Part-time Anaesthetist to Hospitals in Liverpool, John Moore, M.B., B.Ch.,
D.A. Part-time Consultant Anaesthetist to Hospitals in Central Wirral and
Chester Groups, Gough Hughes, M.B., Ch.B., D.A. Part-time Consultant
Anaesthetist to Hospitals in Southport and Ormskirk Groups, C. P. Brown,
M.B., Ch.B., D.A. Whole-time Consultant General Surgeon to Hospitals
in North Liverpool Group, A. F. Murphy, Ch.M., F.R.C.S. Whole-time
Consultant Physician-Superintendent to Walton Hospital, A. Skene, M.B.,
Ch.B., M.R.C.P.Ed. Whole-time Assistant Psychiatrist to Walton Hospital,
E. T. Downham, M.B., Ch.B., D.P.M. Whole-time Senior Resident
Medical Officer to Barrowmore Hospital, J. T. Foody, M.B., B.Ch.
MCCALL, James Jack, M.C., M.B., Ch.B., D.P.H., Senior Resident
Medical Officer, Erskine Hospital, Bishopton, Renfrewshire.
MCDOUGALL, JOHN, M.B., Ch.B., F.R.C.P.Ed., Dip.Psych.Ed., PhysicianSuperintendent, Perthshire Mental Hospital Officer of Health, City of
McOuffen, Ian A. G., M.D., D.P.H., Medical Officer of Health, City of

Hospitals).

MacQueen, Ian A. G., M.D., D.P.H., Medical Officer of Health, City of

MACQUEEN, IAN A. G., M.D., D.P.H., Medical Officer of Health, City of Aberdeen.

SOUTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—Whole-time Deputy Physician-Superintendent and Consultant Psychiatrist. Tooting Bec Hospital, M. A. Walsh, L.R.C.P.&S.I., D.P.M. Whole-time Deputy Physician-Superintendent and Consultant Psychiatrist, Park Prewett Hospital, L. Ford, M.D., D.P.M. Whole-time Physician-Superintendent and Consultant Psychiatrist, St. James's Hospital, Portsmouth, W. L. Milligan, M.D. Part-time Consultant Anaesthetist, Western Area Thoracic Surgical Unit, E. S. Machell, M.B., Ch.B., D.A. Part-time Consultant Ear, Nose, and Throat Surgeon, Fartham Group of Hospitals, D. Bartlett, F.R.C.S. Partime Consultant Obstetrician and Gynaecologist, Fartham Group of Hospitals, S. S. F. Pooley, M.B., B.S., M.R.C.O.G. Pathological Registrar And Gynaecologist, Fartham Group of Hospitals, S. S. F. Pooley, M.B., B.S., M.R.C.O.G. Pathological Registrar, Royal Hants County Hospital, R. F. Pearson, M.B., Pathological Registrar, South London Hospital, Rhiannon Shorter, M.R.C.S., L.R.C.P. Infectious Diseases Registrar, Western Hospital, E. P. O'Sullivan, M.D. Psychiatric Registrar, Western Hospital, E. P. O'Sullivan, M.D. Psychiatric Registrar, Western Hospital, P. H. Rogers, M.B., B.Chir., M.R.C.P. Senior Surgical Registrar, St. James' Hospital, Balham, T. G. E. Loosemore, M.Chir., F.R.C.S. MR.C.P. Medical Registrar, Royal Surrey County Hospital, H. R. C. Ricches, M.B., S. Medical Registrar, Saltsbury General Hospital, D. J. Ghadialy, M.B., B.S. Senior Medical Registrar, St. Mary Abbots Hospital, Elizabeth Williamson, M.D. Williamson, M.D.

# BIRTHS, MARRIAGES, AND DEATHS

Blatchford.—Oh April 27, 1952, in a nursing-home, Bournemouth, William Nichols Blatchford, M.R.C.S., L.R.C.P., Surgeon Commander, R.N.,

retirca. Collen.—Onf April 27, 1952, at The Limes Nursing Home, Ditchling Common, Burgess Hill, Sussex, Edward Victor Collen, M.D., aged 76. Grattan.—On April 30, 1952, at the Lister Hospital, Hitchin, Herts, Henry William Grattan, C.B.E., D.S.O., M.R.C.S., L.R.C.P., D.P.H., Colonel, late R.A.M.C., retired, late of 6, Sollershott West, Letchworth, Lett. aged 80.

Colonel, late R.A.M.C., retired, late of 6, Sollershott West, Letchworth, Herts, aged 80.

Kingston.—On April 29, 1952, William George Kingston, L.M.S.S.A., Major, I.M.S., retired, of Gret. Bedwyn, near Marlborough, Wilts.

Pearson.—On May 2, 1952, at the Southern Hospital, Dartford, Kent, Malcom George Pearson, B.M., B.Ch., D.T.M.&H., aged 49.

Robertson.—On April 29, 1952, at Ryecroft Burton, Carnforth, Westmorland, William Howell Robertson, M.B., C.M., aged 82.

Sharrard.—On April 25, 1952, in London, Ethel Margaret Sharrard, M.B., Ch.B., of 22, Hathaway Gardens, London, W., aged 35.

Steven.—On April 29, 1952, at 8, Park Street, Ripon, Yorks, Peter Alexander Steven, M.B., Ch.B., aged 74.

Tordoff.—On April 28, 1952, at 35, Dallam Avenue, Morecambe, Lancs, Bertram Tordoff, M.B., B.Ch., formerly of Bradford, Yorks.

Towers.—On April 29, 1952, Arthur Henry Towers, M.B., Ch.B., B.Hy., D.P.H., of Brampton, Cumberland, aged 65.

Wales.—On May 3, 1952, at his home, Forest Lodge, Southwold, Suffolk, Edward Garneys Wales, M.B., B.Ch., late of Downham Market, Norfolk, 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.

# Sodium-containing Barbiturates in Eclampsia

Q.—Is there any objection to the use of soluble barbiturate compounds—i.e., those containing a sodium atom in their molecale—in the treatment of pre-eclampsia when one is also reducing the intake of sodium, as sodium chloride, in the diet?

A.—The disadvantage of using soluble barbiturate compounds containing sodium can be overcome by giving soluble phenobarbitone, which is free from sodium. The indication for administration by the parenteral route would be in cases of fulminating pre-eclampsia or eclampsia and would be for a short time. In these cases rectal bromethol or paraldehyde has the advantage of rapidity of effect. These solutions do not contain sodium. In less severe cases of pregnancy toxaemia phenobarbitone or amylobarbitone can be given by mouth. There is no sodium in these preparations.

## **Constipated Infant**

Q.—My son, aged 2 years 4 months, has a motion once every four or five days in spite of the trial of various aperients. Naturally the huge motion is very painful when it is passed, and I am very worried about it, although I try not to let him realize this. In other ways he appears quite healthy; he is tall for his age and weighs 31 lb. (14 kg.). He has a very small appetite. Can you please advise what should be done?

A.—It is not uncommon for children at this age to have infrequent motions. Particularly when the appetite is small and the child healthy, most of the food ingested is absorbed and there is insufficient residue to provide enough bulk for a regular daily motion.

Treatment should be directed to increasing the intake, both fluid and solid, and to providing adequate roughage and a proportion of easily fermentable carbohydrate. Appetite may be increased by yeast extracts, either in sandwiches or on buttered biscuit. Stewed apples or mashed prunes at or before breakfast make a good start to the day. Extract of malt in doses of 1 to 2 dr. (3.5 to 7 ml.) two or three times a day is as good a laxative as any. A cupful of sweetened orange juice may be given each afternoon, and honey sandwiches at tea-time may also be helpful.

# Treatment of Lightning Pains

**0.**—How may typical tabetic lightning pains in the legs be relieved? They have not responded to two intensive courses of penicillin and mist. pot. iod., and about 12 injections of bismuth.

A.—Many people have for a great many years been seeking the answer to this question. Presumably the usual analgesics have been tried without success; it may be necessary to have recourse to morphine, but the danger of addiction must be kept in mind. It might be worth while trying the effect of fever treatment induced by intravenous T.A.B. vaccine injections. B. T. Horton (Postgrad. Med., 1951, 9, 1 and 88) reports relief of agonizing pain, which had been present for 32 years, by histamine injections. In the last resort, and if the pains are severe and intractable, making the patient's life a misery, prefrontal leucotomy might be considered.