Dr. J. A. Hadfield, lecturer in psychopathology and mental hygiene at London University, delivered the presidential address to the Conference of Educational Associations at King's College, London, on December 29. He spoke about religion as a force for moral behaviour.

Dr. Macdonald Critchley, dean of the Institute of Neurology, has been elected corresponding foreign member of the Académie de Médecine of France.

NEW ISSUES

Annals of the Rheumatic Diseases .- The next issue (Vol. 11, No. 4) will be available in a week's time. The contents include:

EFFECTS OF A.C.T.H. AND CORTISONE ON THE ANAEMIA OF RHEUMATOID ARTHRITIS. J. O. P. Edgcumbe and O. A. N. Hussain.

LA POLYARTHRITE MASCULINE. J. Forestier and F. Jacqueline.

CLINICAL INVESTIGATION OF THE VALUE OF SYNTHETIC HYALURONIDASE INHIBITORS IN RHEUMATOID ARTHRITIS. L. Hahd, S. Thune, and E. Truedsson.

VALUE OF INTRA-ARTICULAR INJECTIONS IN OSTEO-ARTHRITIS. M. H. L. Desmarais.

COLLAGENOUS PSEUDOTUMOURS OF THE HANDS. OLIO C. Kestler.
OSTEOPHYTOSIS OF THE LUMBAR SPINE. O. D. Beresford.
BLOOD GLUTATHIONE LEVELS IN RHEUMATOID ARTHRITIS. D. Watson, D. S. Bidmead, and G. D. Kersley.

Issued quarterly; annual subscription £2 2s.; single copy 12s. 6d.; obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

SOCIETIES AND LECTURES

Details in this column are necessarily brief. Further information and tickets where required (marked) should be obtained from the institution

Monday, January 5

ROYAL EYE HOSPITAL.—5 p.m., Dr. T. H. Whittington: Convergence, Heterophoria. Introduction to Orthoptics.

Tuesday, January 6

BRITISH POSTORADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Sir James Spence: Methodology of Clinical Science.

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. H. Haber: Cutaneous Manifestations of Syphilis and their Differential Diagnoses.

Wednesday, January 7

●INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. J. O. Oliver: Serological Diagnosis of Syphilis.

Thursday, January 8

Thursday, January 8

ALFRED ADLER MEDICAL SOCIETY.—At 11, Chandos Street, W., 8 p.m., Dr. J. D. Wyndham Pearce: Juvenile Delinquency.

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. S. J. Folley, F.R.S.: Pituitary Hormones in Reproduction and Lactation.

INSTITUTE OF CHILD HEALTH.—5 p.m., Dr. C. Worster-Drought: Speech Disorders in Children of School Age.

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. H. Haber: Erythema Elevatum Diutinum, Granuloma Annulare, and Allied Conditions.

LIVERPOOL MEDICAL INSTITUTION.—8 p.m., Mr. J. C. McFarland: Diagnosis and Treatment of Diseases of the Pharynx and Larynx. Also short film. ROYAL EYE HOSPITAL.—5 p.m., Dr. S. Nevin: Diagnosis of Cerebral Tumour. Tumour.

Friday, January 9

●INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. B. Russell: clinical

ROYAL EYE HOSPITAL.—5.30 p.m., Mr. Howard Reed: Visual Fields.
SOCIETY OF CHEMICAL INDUSTRY: FINE CHEMICALS GROUP.—At London
School of Hygiene and Tropical Medicine, W.C., 7 p.m., Professor
E. R. H. Jones, D.Sc., F.R.S.: New Routes to Cortisone.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Borrie.—On October 18, 1952, at Dunedin, New Zealand, to Helen, wife of John Borrie, F.R.C.S., a son.

Ellis.—On December 28, 1952, at Newcastle General Hospital, to Alysoun (formerly Benson), wife of Dr. Errington Ellis, a daughter.

Tucker.—On December 22, 1952, at the West Middlesex Hospital, Isleworth, Middlesex, to Helen (formerly Rennie), wife of Dr. Hugh M. Tucker, Urquhart Villa, Lossiemouth, Moray, a daughter—Gillian Helen.

Wraith.—On December 11, 1952, at the Princess Beatrice Hospital, London, S.W., to Joyce Eileen (formerly Wyatt), wife of D. G. Wraith, M.D., M.R.C.P., of London, N.W., a brother for Elizabeth Joy—Robert Francis. Francis.

MARRIAGES

Taylor—Reynolds,—On December 13, 1952, at Elm Road Baptist Church, Beckenham, Kent, Alan Richard Taylor, M.B., B.S., to Mary Gladys Reynolds, B.A.

Carlyle.—On December 4, 1952, at the Thomas Hope Hospital, Langholm, Dumfriesshire, Peter Murray Carlyle, M.B., C.M., of Milnholme, Langholm, formerly of Wallington, Surrey, aged 78.

Dillon-Kelly.—On December 15, 1952, at King's College Hospital, London, S.E., Cecil Francis Dillon-Kelly, M.C., L.R.C.P.&S.I. & L.M., of 15, Lancaster Avenue, West Norwood, London, S.E.

Ffrench-O'Carroll.—On December 16, 1952, in Dublin, Arthur Stevens Ffrench-O'Carroll, F.R.C.S.I., aged 56.

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.

Visceroptosis

Q.—Is visceroptosis still accepted as a cause of abdominal symptoms?

A.—The answer to this question must certainly be yes. The diagnosis of visceroptosis is probably more accurately made now than 30 years ago; the disease is a quite definite entity. The crux of the situation would seem to be a mobile caecum rather than a displaced caecum. It is possible to have both a very high and a very low caecum entirely without symptoms. But if the caecum is mobile, gravitational stasis occurs in the ascending colon and as a result the mesentery becomes a supporting structure. This leads to secondary circulatory changes (in duodenum, intestine, etc.), so that a state of chronic ileus is established leading to the well-known symptoms of distension, discomfort, constipation, flatulence, and toxic manifestations. If these symptoms are relieved by lying down-particularly after the ingestion of food—the diagnosis of visceroptosis is probably quite genuine.

Vaginal Tampons in Virgins

Q.—Are there any strong reasons against the use of vaginal tampons by virgins during menstruation?

A.—The reasons put forward against the use of vaginal tampons during menstruation are: (1) That their constant use may cause infection in the vagina and possibly erosion of the cervix. (2) That they are occasionally forgotten and left in the vagina for several days or weeks to produce an offensive discharge and sometimes serious pelvic infection. (3) That young virginal women often find them difficult to insert or they object to doing so. Unless the aperture in the hymen is unusually large it has to be stretched to allow the first insertion. In some girls the use of tampons may encourage masturbation or have unfavourable psychological reactions.

The first objection is largely theoretical and there is now a good deal of evidence, reviewed by Elizabeth N. Brand (British Medical Journal, 1952, 1, 24), to show that the regular use of tampons does not significantly alter the vaginal flora or damage the cervix. In any case the occasional use of a tampon can do no harm. The second objection is real, so tampons should not be used except by women of reasonable intelligence who can be expected to change them frequently and to take care to avoid leaving one in the vagina. The third objection is one which applies strongly to certain women but not to others. Much depends on the mental outlook and on the anatomy of the introitus, and advice should be modified to suit different individuals.

Effect of Illness and Overwork on the Electroencephalogram

Q.—Can external factors such as illness or prolonged mental overwork cause cerebral dysrhythmia?

A.—The electrical rhythm of the brain waves is very responsive to changes in the internal environment—e.g., changes in the alkalinity of the blood, in the level of the blood sugar, etc. Furthermore, any lesion of the brain itself, such as an old scar from head injury, or a neoplasm, is very likely to cause one or another form of dysrhythmia. Illnesses of many kinds may therefore be responsible for cerebral dysrhythmia, but prolonged mental overwork is