POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Mr. N. C. Tanner: Present Position of Definitive Surgery for Peptic Ulcer.
ROYAL MEDICAL SOCIETY, Edinburgh.—8 p.m., Valedictory Address by the Senior President.

Saturday, March 13

INSTITUTE OF ORTHOPAEDICS, Royal National Orthopaedic Hospital, Stanmore.—10 a.m., Mr. J. A. Cholmeley: Teaching Ward Round.
MIDLAND TUBERCULOSIS SOCIETY.—At Birmingham Chest Clinic, 3 p.m., Dr. J. Pepys: Relationship of Non-specific and Specific Factors in the Tuberculin Reaction.

APPOINTMENTS

BOLZ, ISTVAN ANDRAS, M.D., D.P.H., Medical Officer of Health, Maesteg Urban District Council.

JACK, JOHN B., M.B., Ch.B., Assistant Medical Officer of Health, County of Perth.

NORTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—A. S. Walker, L.R.C.P.Ed., D.L.O., Ear, Nose, and Throat Surgeon (Consultant), Royal London Homoeopathic Hospital, Great Ormond Street; R. L. G. Dawson, F.R.C.S., Assistant Plastic Surgeon (Consultant), Mount Vernon Centre for Plastic Surgery, Northwood; P. E. Baldry, M.B., B.S., M.R.C.P., Physician (Consultant), Ashford Chest Clinic, Ashford, Middlesex; M. W. Hutchings, M.B., Ch.B., Assistant Pathologist (S.H.M.O.), St. Charles' Hospital, Ladbroke Grove; S. K. Ganczakowski, M.B., Ch.B., Assistant Anaesthetist (S.H.M.O.), Bedford General Hospital; Faith C. Poles, M.B., B.S., M.R.C.P., Assistant Chest Physician (S.H.M.O.), Pinewood Hospital, Wokingham; B. Bradley, M.D., D.O.M.S., Assistant Ophthalmologist (S.H.M.O.), Central Middlesex Hospital, Acton Lane, N.W.; D. H. Bodger, M.B., B.S., D.M.R.D., Diagnostic Radiologist (Consultant), West Middlesex Hospital, Isleworth; Mildred I. Pott, M.B., Ch.B., D.C.H., D.P.M., Psychiatrist-in-charge (Consultant), "High Wick" Centre, St. Albans; A. T. Fripp, M.B., B.Ch., F.R.C.S., Orthopaedic Surgeon (Consultant), Heatherwood Hospital, Ascot; Margaret T. Collins, M.B., B.S., D.C.H., D.P.M., Psychiatrist (Consultant), Child Guidance Training Centre, Osnaburgh Street; E. Zwiefach, M.D., F.R.C.S., D.L.O., Ear, Nose, and Throat Surgeon (Consultant), West Middlesex Hospital, Isleworth; P. R. N. Kerr, M.B., B.S., F.R.C.S., Assistant Orthopaedic and Accident Surgeon (Consultant), Luton and Dunstable Hospital; H. D. L. Campion, M.B., B.Chir., Resident Medical Officer (S.H.M.O.), Mount Vernon Hospital, Northwood; C. E. Bagg, M.R.C.S., L.R.C.P., D.P.M., Assistant Psychiatrist (S.H.M.O.), Three Counties Hospital, Arlesey; Ruth A. Cohen, M.B., Ch.B., D.P.M., Assistant Child Psychiatrist (S.H.M.O.), Hill End Clinic, St. Albans; Olive N. Roper, M.B., B.S., Assistant Child Psychiatrist (S.H.M.O.), Hill End Clinic, St. Albans; C. A. G. Cook, M.C., G.M., F.R.C.S., D.O.M.S., Ophthalmic Surgeon (Consultant), West Middlesex Hospital; N. S. Slater, M.B., B.S., F.R.C.S., Assistant Surgeon (Consultant), Edgware General Hospital; J. F. Azzopardi, M.D., Assistant Physician in Geriatrics (S.H.M.O.), Barnet General Hospital; G. W. Csonka, M.D., M.R.C.P., Venereologist (Consultant), Male V.D. Clinic at Shrodells Hospital, Watford; J. C. Ballantyne, F.R.C.S., D.L.O., Ear, Nose, and Throat Surgeon (Consultant), Royal Northern and Highlands Hospital; J. R. Hudson, F.R.C.S., D.O.M.S., Ophthalmic Surgeon (Consultant), Mount Vernon Hospital, Northwood; Jean M. Laidlaw, M.B., Ch.B., D.P.M., Assistant Psychiatrist (S.H.M.O.), St. Bernard's Hospital; W. K. Schnarr, M.R.C.S., L.R.C.P., D.P.H., D.P.M., Assistant Psychiatrist (S.H.M.O.), Friern Hospital.

TATLOW, W. F. T., M.D., F.R.C.P.C., M.R.C.P., Clinical Assistant, Montreal Neurological Institute, and Lecturer in Neurology, McGill University.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Brown.—On February 26, 1954, to Ruth (formerly Richardson), F.R.C.S.Ed., wife of Dr. R. W. W. Brown, South Collingham, Newark, Notts, twin sons.
Gordon.—On February 20, 1954, at 27, Arlington Drive, Ruislip, Middlesex, to Valerie, wife of Neil Gordon, M.D., M.R.C.P., a son—Keith Gray.
Jones.—On January 21, 1954, at the Royal Infirmary, Cardiff, to Dr. Vera Jones, wife of Dr. Idris G. Jones, a daughter.
Law.—On February 23, 1954, at the London Hospital, London, E., to Beryl (formerly Dyson), wife of W. Alexander Law, F.R.C.S., a sister for Bruce—Alison Margaret.

DEATHS

Brown.—On February 14, 1954, at his home, Buckland House, Esher, Surrey, William Brown, M.B., Ch.B., aged 64.
Crawford.—On February 9, 1954, at Gamlingay, Cambs, Jane Crawford, L.M.S.S.A., of Angmering-on-Sea, Sussex, late of Knebworth, Herts, aged 71.
Croucher.—On February 1, 1954, at his home, Chiltern Rise, Woodcote, Reading, Berks, Alexander Henry Croucher, M.D., F.R.C.S.Ed., aged 90.
Curran.—On February 6, 1954, at The Vicarage, Saxton, Yorks, Patrick Joseph Curran, M.B., B.Ch., late of Pudsey, Yorks, aged 57.
Dalling.—On February 1, 1954, Reginald Ramsdale Dalling, M.R.C.S., L.R.C.P., M.R.C.V.S., Major, R.A.V.C., T.A., of Bryn Castell, Caergwele, North Wales, aged 60.
Emerson.—On January 28, 1954, at his home, Chalet Alpina, Vennes-sur-Lausanne, Switzerland, Ambrose Emerson, M.D., aged 78.
Fraser.—On February 8, 1954, at 91, Back Hilton Road, Aberdeen, George Hudson Fraser, M.B., Ch.B., D.P.M., Colonel, I.M.S., retired, aged 63.
Haydon.—On February 2, 1954, at Kingston Hospital, Kingston-on-Thames, Surrey, Walter Turner Haydon, M.R.C.S., L.R.C.P., Surgeon-Captain, R.N., retired, of 221, Sheen Lane, London, S.W., aged 77.
Hill.—On January 29, 1954, at his home, "Dalestead," Caterham, Surrey, Frederick Theophilus Hill, M.C., M.R.C.S., L.R.C.P.
Hoskin.—On February 27, 1954, at his home, London, W., Theo Jenner Hooper Hoskin, M.D., F.R.C.P., aged 65. A memorial service will be held on Thursday, March 11, at Holy Trinity Church, Marylebone Road, at 12.30 p.m.
Kinsley.—On January 29, 1954, Sylvia Victoria Kinsley (formerly Elman), M.R.C.S., L.R.C.P., D.P.H., of Brighton, Sussex.
Stevenson.—On February 3, 1954, at "Redcroft," Meols Drive, Hoylake, Cheshire, Edgar Stevenson, M.D., aged 85.

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.

Straight Leg Raising Test

Q.—*What exactly does the straight leg raising test measure, and how should it be interpreted? How should the test be performed?*

A.—Straight leg raising tests the mobility of the fifth lumbar or first sacral nerve root: thus, if a disk prolapse lies under it, stretching the leg would pull the nerve down and cause pain by increasing the tension. It is therefore a very good diagnostic test for the presence of a disk prolapse, and also a very good measure of the size of the prolapse. It is found that very limited straight leg raising is almost pathognomonic of a large disk prolapse. Clearly, however, adhesions of the nerve root due to inflammation or scarring from an old disk prolapse or post-operative adhesions will also cause pain on stretching. Finally, some patients have tight hamstrings and this will limit straight leg raising, but that does not usually cause severe pain, and is the same on both sides.

The straight leg raising test is usually performed with the patient lying on the back, and each leg is elevated with the knee straight until pain is just caused. It is essential to watch the pelvis, as this may rotate and give a false impression of the freedom of elevation. A refinement of the test is that, when pain just begins, if the foot is dorsiflexed pain will be increased, as this causes further pull on the nerve roots.

Metal Containers for Chloroform

Q.—*Are there any objections to storing chloroform in metal containers similar to those in which trichlorethylene is supplied?*

A.—The manufacturers of one well-known brand of chloroform recommend that chloroform should not be stored in tins. The tins are affected and the chloroform is therefore suspect so far as anaesthetic use is concerned. For this reason, chloroform, including that for export to the Tropics, is packed in bottles.

Boy with a Small Penis

Q.—*The penis of a boy of 12 has hardly increased in size since babyhood, and it is very small. Puberty has not begun. What treatment is recommended? Should treatment be started before puberty, or is it better to wait until then?*

A.—Assuming that the penis is really small and not hidden by fat and that the testes are smaller than one might expect at this age, the more obvious diagnosis would rest between infantilism (of pituitary origin) or eunuchoidism. In the absence of assays of F.S.H. (follicle-stimulating hormone) the differential diagnosis at this age may be difficult, but a positive response to gonadotrophins—for example, chorionic gonadotrophin, 500 units twice weekly for six weeks—would indicate a primary pituitary defect. There would be no response in the case of eunuchoidism, and the appropriate treatment for this latter condition is testosterone or methyl testosterone.

No information is given about height, bone age, muscular development, or adiposity, all of which are relevant to diagnosis and treatment. The age of 12 is near enough to chronological puberty to justify therapy if such is sought by the patient or his parents.