

Friday, March 19

BRITISH INSTITUTE OF RADIOLOGY.—5 p.m., meeting of medical members.
FACULTY OF RADIOLOGISTS: RADIODIAGNOSIS SECTION MEETING.—At Royal College of Surgeons of England, 2.15 p.m., Dr. Roy Astley and Dr. J. W. Gerrard: *X-ray Diagnosis of Coeliac Disease*; Dr. R. E. Steiner and Dr. Ian Donald: *Respiratory Diseases in the Newborn*.

INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. L. Forman.

POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Professor R. A. Willis: *Metaplasia*.

Saturday, March 20

BIOCHEMICAL SOCIETY.—At Department of Biochemistry, University College, 10.45 a.m., A.G.M. followed by scientific papers.

APPOINTMENTS

DRUMMOND, R. GORDON, M.B., Ch.B., D.P.H., Medical Officer of Health for the City of Durham, Durham Rural District, Brandon and Byshottles Urban District, and Assistant County Medical Officer, Durham County Council.

DUNN, MICHAEL J., M.B., Ch.B., Assistant County Medical Officer and School Medical Officer to the Isle of Ely County Council, March, Cambridgeshire.

HOSPITAL FOR SICK CHILDREN, Great Ormond Street, London, W.C.—C. R. Savage, M.B., B.S., F.R.C.S., Part-time Surgical Registrar; Gwendolyn R. Tapp, M.B., B.S., D.C.H., Assistant Resident Medical Officer, Tadworth Court.

LIVERPOOL REGIONAL HOSPITAL BOARD.—A. V. Clemmey, B.M., B.Ch., D.O.M.S., Part-time Assistant Ophthalmologist to hospitals in the Warrington area; W. M. Owen, F.R.C.S., D.L.O., Part-time Consultant Ear, Nose, and Throat Surgeon, St. Helens area.

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—J. W. Lewis, M.B., B.S., D.A., Part-time Anaesthetist (Consultant), Harts Hospital, Woodford Green; E. Hacker, M.R.C.P., D.A., Part-time Anaesthetist (Consultant), St. Andrew's Hospital, Bow, and St. George-in-the-East Hospital, Wapping; Sheila Millar-Danks, M.B., B.S., D.A., Part-time Anaesthetist (Consultant), St. Andrew's Hospital, Bow; C. D. Wilson-Sharp, M.B., B.S., D.M.R.D., Full-time Radiologist (Consultant), Colchester Group of Hospitals; A. Giordani, M.R.C.S., L.R.C.P., D.M.R.D., Part-time Radiologist (Consultant), King George Hospital, Ilford; Ella Preiskel, M.B., B.S., D.M.R., Part-time Radiologist (Consultant), St. Mary's Hospital, Plaistow, and Forest Gate Hospital.

ROTH, MARTIN, M.D., M.R.C.P., D.P.M., Visiting Director, Laboratory of Experimental Therapeutics, Allan Memorial Institute of Psychiatry, McGill University, Montreal, until September 1, 1954.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—L. C. Bell, M.B., B.Ch., B.A.O., F.R.C.S., Senior Registrar, Department of Thoracic Surgery, Frenchay Hospital, Bristol; R. R. Knowles, M.B., B.S., D.P.M., Senior Registrar in Psychiatry, Bristol Mental Hospital; Beatrice E. Sleight, M.B., Ch.B., D.A., Anaesthetic Registrar, Frenchay Hospital, Bristol; E. A. W. Houghton, M.B., Ch.B., Medical Registrar, Southmead Hospital, Bristol.

BIRTHS, MARRIAGES, AND DEATHS**BIRTHS**

Bauer.—On February 25, 1954, to Gitta, wife of Jacob Bauer, M.D., a son—Eran Nicodemus.

Donohoe.—On February 26, 1954, at The Firs, Mansfield Road, Nottingham, to Ursula Donohoe (formerly Wilkin), wife of Dr. T. W. G. Donohoe, a sister for Mollie.

Radeski.—On February 16, 1954, at the Middlesex Hospital, London, W., to Lois, wife of Carl Radeski, M.B., B.S., of the Repatriation General Hospital, Concord, New South Wales, Australia, a daughter—Carole.

DEATHS

Deane.—On February 20, 1954, Reginald Neville Deane, M.B., B.Ch., of 2, Canterbury Road, Croydon, Surrey.

Douglas.—On February 18, 1954, at Old Manse, Lockerbie, Dumfries, John Primrose Douglas, M.B., Ch.B.

Gibson.—On February 18, 1954, at The Gables, Grimsby Road, Cleethorpes, Lincs, Robert Ernest Stewart Gibson, M.B., Ch.B.

Grills.—On February 16, 1954, at Crayford, Whitbarrow Road, Lymm, Cheshire, Galbraith Hamilton Grills, M.D., aged 82.

Hues.—On February 13, 1954, at Loden Cottage, Colwall, Malvern, Worcs, Herbert Walter Hues, L.S.A.

Jeffery.—On February 11, 1954, at his home, Sandon House, Heywood, Lancs, Harry Foster Jeffery, M.B., Ch.B., J.P.

Jeffrey.—On February 21, 1954, at 24, Stevenson Street, Dalmeir, Dunbartonshire, John Edward Jeffrey, M.B., Ch.B.

McKay.—On February 8, 1954, at the General Hospital, Burnley, Lancs, Charles McKay, M.B., C.M., of The Lindens, Manchester Road, Burnley.

Marraine.—On February 22, 1954, at the Cambridge Hospital, Aldershot, Hants, Arthur Irevor Marraine, D.S.O., M.R.C.S., L.R.C.P., Lieutenant-Colonel, R.A.M.C., aged 44.

Meville.—On February 10, 1954, at 20, Hornsey Rise, London, N., William Spence Melville, M.B., Ch.B.

Miles.—On February 11, 1954, at Bewdley, Worcs, Usher William Newton Miles, M.R.C.S., L.R.C.P., aged 82.

Mitchell.—On February 19, 1954, at 22, Warrender Park Terrace, Edinburgh, James Mitchell, L.M.S.S.A.

Nightingale.—On February 12, 1954, at Uppingham, Rutland, John Nightingale, M.D., D.P.H., Lieutenant-Colonel, R.A.M.C., T.D., retired.

Porter.—On February 4, 1954, at the City Hospital, Exeter, Arthur Edward Porter, M.D., D.P.H., late of Budleigh Salterton, Devon, aged 80.

Reid.—On February 8, 1954, at Dunmar, Tigh-na-braich, Argyll, Spence Daer Reid, M.B., Ch.B., Colonel, late R.A.M.C., retired.

Rogers.—On February 9, 1954, at 4, Queensborough Studios, London, W., Frederick Colin Rogers, M.R.C.S., L.R.C.P., Lieutenant-Colonel, I.M.S., retired.

Sweet.—On February 16, 1954, at Westholme, 10, Victoria Drive, Troon, Ayrshire, Robert Sweet, D.S.O., M.B., Ch.B., F.R.F.P.S., Colonel, I.M.S. (retired), aged 66.

Webster.—On January 16, 1954, at 75, Sandon Road, Birmingham, Kathleen Mary Webster, M.R.C.S., L.R.C.P., D.P.M., late of Whitley Bay, Northumberland.

Wynne.—On February 7, 1954, at Midhurst, Avenue Gardens, Cliftonville, Kent, Albert Edward Wynne, M.D., F.R.C.S.I., formerly of 27, Westland Road, Dublin, aged 88.

Any Questions?**Intradermal T.A.B.**

Q.—*An American textbook of preventive medicine refers to immunization with T.A.B. by the intradermal route. Is this an effective route for inoculation, and are there any special hazards? Is it recommended for routine use?*

A.—Vaccination against the enteric fevers by intradermal inoculation of T.A.B. vaccine has been studied particularly by American investigators, who have shown that the antibody response is essentially equal to, or even greater than, that obtained following subcutaneous inoculation, even when the dosage is markedly reduced. However, it was considered that this method was more suitable as a booster injection in previously immunized persons rather than a method for primary immunization. The recommended dose is 0.1 ml., and there do not seem to be any associated risks. Intradermal inoculation is seldom used in this country, but may be useful for people who have reacted severely to previous subcutaneous injections.

Deep Anaesthesia for Domiciliary Midwifery

Q.—*I use a standard gas-oxygen machine for domiciliary maternity work. For forceps deliveries a vaporizer is plugged into the gas circuit, containing either "vam" (25% vinyl ether with 75% ethyl ether, by weight) or trichlorethylene according to whether any source of ignition is present. Vam gives much more satisfactory operating conditions, but is often contraindicated owing to open fires; trichlorethylene has to be "pushed" for anything but easy outlet forceps deliveries, and then the recovery period is undesirably long. Is a small dose of intravenous pethidine (25 mg.) combined with gas and oxygen in any way contraindicated for this sort of situation? Alternatively, is any other technique recommended for use when there is a definite explosion risk? Positive pressure is available but no suction, so relaxants are too dangerous to use.*

A.—Only the most simple obstetric operations should ordinarily be carried out in the patient's own home, and for these the type of anaesthesia mentioned in the question should be adequate. Any complication or situation calling for deeper anaesthesia is generally an indication for transferring the patient to a fully equipped maternity hospital. There are a few exceptions to this rule; manual removal of the placenta, for example, should be carried out wherever the patient is situated.

In the event of an additional anaesthetic agent being required in domiciliary practice, then the question arises as to its object. If more relaxation of the muscles of the pelvic floor and vagina is required, local infiltration or pudendal block with an analgesic solution followed by episiotomy is safe, effective, and easy. If, however, the object is to relax the uterus in order to rotate the foetal shoulders or to remove an imprisoned placenta, then the most suitable anaesthetic is probably open ether. Indeed, there is much to be said for using this as a routine rather than the gas, oxygen, and trichlorethylene mixture mentioned in the question.

The risk of fire and explosion should be eliminated not by recourse to an anaesthetic agent which involves other dangers, but by removal of the fire. If the practitioner is dealing with booked cases he might advise all his patients antenatally against having a fire (other than one easily extinguished) in the room during labour. If he is called to an emergency case in which he has had no opportunity to give this advice, then it is not a difficult matter to clear the fireplace with a shovel and bucket.

Women vary considerably in their sensitivity to pethidine, and even a small dose given intravenously can have a major effect, especially if other forms of anaesthesia are in use.