

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Applications should be made first to the institution concerned.

Monday, March 29

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Hunterian Lecture by Professor A. B. Nutt: Significance and Surgical Treatment of Congenital Ocular Palsies.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—6.15 p.m., Mr. Harold Edwards: Intestinal Diverticula.

Tuesday, March 30

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. A. R. French: Medico-Legal Problems and the Dermatologist.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5.15 p.m., Mr. Harvey Jackson: Diagnosis and Treatment of Orbital Tumours; 6.30 p.m., Mr. C. P. Wilson: Malignant Disease of the Superior Maxilla.

●ROYAL SOCIETY OF ARTS.—5.15 p.m., Sir Arthur Porritt: Experiment of a State Medical Service in New Zealand.

ROYAL STATISTICAL SOCIETY: STUDY CIRCLE ON MEDICAL STATISTICS.—At Westminster Medical School, 6 p.m., Mr. N. T. J. Bailey: Queuing for Medical Care.

WEST END HOSPITAL FOR NERVOUS DISEASES.—5.30 p.m., neuroradiological demonstration by Dr. D. Gordon.

Wednesday, March 31

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. H. Haber: Cytodiagnosis in Dermatology.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5.15 p.m., Mr. G. F. Rowbotham: Surgical Aspects of Injuries to the Head; 6.30 p.m., Professor A. M. Boyd: Claudication.

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Mr. W. E. Tucker: Injuries in Sport.

Thursday, April 1

FACULTY OF HOMOEOPATHY.—5 p.m., Dr. J. C. Mackillop: Some Aspects of Homoeopathic Case-taking.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5.30 p.m., Otolaryngology Lecture by Mr. G. A. Mason: Diagnosis, Treatment, and Prognosis of Tumours of the Lung.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—6.30 p.m., Dr. Wilfrid G. Oakley: Diabetes in Surgery.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY.—5 p.m., Symposium: Photosensitivity. Speakers: Dr. W. N. Goldsmith, Professor C. Rimington, and Dr. A. D. Porter.

Friday, April 2

LEEDS AND WEST RIDING MEDICO-CHIRURGICAL SOCIETY.—Sir Francis Walshe, F.R.S.: Some Lessons Learned in Consulting Practice.

●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5.15 p.m., Professor T. Pomfret Kilner: Reproductive Surgery in the Treatment of Complications following Radiation; 6.30 p.m., Professor J. Trueta: Osteoarthritis of the Hip.

●SOCIETY OF CHEMICAL INDUSTRY: FINE CHEMICALS GROUP.—At King's College, Strand, W.C., 7 p.m., annual general meeting; 7.30 p.m., Dr. D. S. Morris: Chloramphenicol.

WHIPPS CROSS HOSPITAL MEDICAL SOCIETY.—8.30 p.m., Professor A. Wilson: Peculiar Prescriptions. Members of the South-west Essex Division, B.M.A., are invited.

Saturday, April 3

KENT PAEDIATRIC SOCIETY.—At Royal Star Hotel, Maidstone, 3 p.m., Sir William Hamilton Fyfe: Some Platitudes on Education.

MIDLAND TUBERCULOSIS SOCIETY.—Visit to St. Wulstan's Hospital, Malvern. Clinical meeting.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Happel.—On March 16, 1954, at Alton General Hospital, Alton, Hants, to Margaret, wife of Dr. John S. Happel, D.Obst.R.C.O.G., of Ropley, Alresford, Hants, a daughter—Susan Margaret.

DEATHS

Beane.—On March 5, 1954, at Moretonhampstead, Devon, Robert Leonard Beane, M.R.C.S., L.R.C.P., aged 87.

Cormack.—On February 27, 1954, at Nairobi, Kenya, Robert Pairman Cormack, O.B.E., M.B., Ch.B., D.T.M.&H., D.P.H., Brigadier (retired), R.A.M.C., late Senior Medical Officer, Colonial Medical Service, Kenya.

Cumming.—On March 3, 1954, at Springfield House, Sutton-on-Hull, East Yorks, John Cumming, M.B., C.M.

Farrant.—On March 3, 1954, at his home, Charles Farrant, D.S.O., T.D., M.R.C.S., L.R.C.P., of Boldre, Lymington, Hampshire.

Fraser.—On February 28, 1954, at Craigroyston, Strathpeffer, Ross-shire, John James Fraser, M.B., C.M., aged 87.

Gupta.—On January 31, 1954, Subodh Chandra Gupta, M.B., F.R.C.S.Ed., of Calcutta, India.

Hare.—On March 5, 1954, at Cheltenham, Glos., Edward Christian Hare, M.R.C.S., L.R.C.P., D.P.H., Lieutenant-Colonel, I.M.S., retired, aged 90.

Jackson.—On February 28, 1954, at Feock, Cornwall, Gordon Alexander Jackson, M.B., B.Ch., Surgeon Lieutenant-Commander, R.N., retired, aged 72.

Lyon-Smith.—On February 28, 1954, at his home, Spaxton, Bridgwater, Somerset, George Lyon Lyon-Smith, M.B., M.R.C.P., aged 61.

McGlasson.—In February, 1954, John Thomas McGlasson, M.B., Ch.B., of Canonbie, Dumfriesshire.

Timms.—On March 4, 1954, at Eldon House Nursing Home, Lower Bourne, Farnham, Surrey, Henry William Marett Timms, O.B.E., M.D., aged 90.

Umney.—On March 3, 1954, at 9, The Knoll, Beckenham, Kent, William Francis Umney, M.D., aged 87.

White.—On March 2, 1954, at Merthyr Vale, Glamorgan, Charles Richardson White, D.S.O., T.D., M.D.

Yealand.—On March 2, 1954, at 103, Clarence Gate Gardens, London, N.W., Louis Ralph Yealand, M.D., F.R.C.P.

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.

Bodies for Dissection

Q.—*A patient wishes to leave his body for dissection, and has asked my advice on what steps he must take to do this. How should I answer him?*

A.—Strictly speaking no one can bequeath his own body, for as soon as he dies the legal right to dispose of it passes to his next-of-kin or the executor of his will. The body can be sent to a medical school for anatomical dissection only if the near relatives agree. Accordingly, if your patient wishes his body to be used for this purpose he should: (a) Ascertain that no objection will be raised by his nearest relatives. (b) Place with his papers a written statement of his wish to benefit medical education in this way. (c) Apply for the necessary forms and instructions to H.M. Inspector of Anatomy, Anatomy Office, Ministry of Health, Saville Row, London, W.1.

All expenses connected with the removal and subsequent burial of the body are borne by the medical school concerned, but if anything more than the very simple funeral provided by the medical school is desired then the executor or next-of-kin is expected to meet the expenditure.

Screening Test for Anaemia

Q.—*What are the details of the copper sulphate test which is used by the Blood Transfusion Service as a screening test for anaemia? How reliable is it?*

A.—A range of solutions of copper sulphate are prepared as described by R. A. Phillips *et al.*,¹ each being of known specific gravity. These can then be used to estimate the specific gravity of plasma or whole blood in the following way.

A drop of the plasma or blood is dropped into the solution, where it becomes encased in a sac of copper proteinate. Its momentum carries it 1 to 2 cm. below the surface, but in about 5 seconds the momentum of the fall is lost and the drop then begins to rise, becomes stationary, or continues to fall. The gravity of the drop relative to that of the solution remains constant for another 10 to 15 seconds and during this time its behaviour is noted. If it is lighter than the standard it will rise, perhaps only a few millimetres, and may then sink immediately. If the drop remains stationary for a few seconds its gravity is the same as that of the test solution; if the drop is heavier, it continues to fall. From comparison of plasma specific gravities with protein concentration calculated from Kjeldahl analyses an equation can be derived which permits the determination of protein concentration in normal plasma with an error of less than 0.1 g. per 100 ml. plasma (D. D. Van Slyke *et al.*²). The difference between the specific gravities of whole blood and plasma can be used to calculate the blood haemoglobin concentration, and, if one assumes a normal plasma protein concentration, the specific gravity of whole blood can be used to measure the haemoglobin concentration. Van Slyke *et al.*,³ using the latter method on blood from normal individuals and from subjects with anaemia due to iron deficiency or blood loss and comparing the results with those of a precise gasometric method of haemoglobin determination, observed an error of ± 0.5 g. haemoglobin per 100 ml.

A screening test, using a copper sulphate solution of specific gravity 1.053, allows a separation of those with haemoglobin concentrations above 12.5 g. per 100 ml. of blood (that is, about 85% Haldane) from those with lower