

COMING EVENTS

Professor Henry K. Beecher, of Harvard, will deliver the Macarthur Postgraduate Lecture in the Surgery Lecture Theatre, University New Buildings, Teviot Place, Edinburgh, on May 5 at 5 p.m. His subject will be "Resuscitation and Other Early Care of the Severely Wounded Man."

Professor Gerhard Domagk will deliver the Cameron Prize Lecture in the Anatomy Lecture Theatre, University New Buildings, Teviot Place, Edinburgh, on May 6 at 5 p.m. His subject will be "The Development of Chemotherapy in Tuberculosis."

St. John Ambulance Brigade: Surgeons' Weekend Conference.—A conference and dinner for surgeons of all ranks, nursing officers, and non-medical officers nominated by their surgeons will be held at the Cairn Hotel, Harrogate, from April 23 to 25. Further information from the Department of the Surgeon-in-Chief of the Brigade, 8, Grosvenor Crescent, London, S.W.1.

Renal Association.—The annual general meeting will be held at the Ciba Foundation, 41, Portland Place, London, W.1, on May 28 at 4.30 p.m. Mr. I. H. Griffiths will speak on "Renal Arteriography," and Dr. Robert Gaunt on "Studies on the Experimental 'Eclampsia-like' Syndrome."

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.

Tuesday, April 20

SOCIETY FOR THE STUDY OF ADDICTION.—At 11, Chandos Street, W., 8 p.m., 70th annual meeting. Mr. Derek Curtis-Bennett, Q.C.: Alcoholism and the Law.

Wednesday, April 21

OXFORD UNIVERSITY.—At Department of Human Anatomy, 2.15 p.m., demonstration by Professor P. Stohr (University of Bonn): Morphology and Pathology of the Vegetative Nervous System.

ROYAL EYE HOSPITAL.—5.30 p.m., Mr. L. H. Savin: Ophthalmic Neurology (3).

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Dr. C. Worster-Drought: Speech Disorders in Children of School Age.

Thursday, April 22

CHADWICK TRUST.—At 26, Portland Place, W., 5.30 p.m., Dr. C. Banning (Netherlands): Ante-Natal, Natal, and Post-Natal Care in the Netherlands.

MIDDLESEX COUNTY MEDICAL SOCIETY.—At Chase Farm Hospital, Enfield, 3.15 p.m., clinical meeting. Members of Enfield and Potters Bar and North Middlesex Divisions, B.M.A., are invited.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Hunterian Lecture by Professor D. J. Browne: Principle of Controlled Movement in Orthopaedics.

ROYAL EYE HOSPITAL.—5.15 p.m., Dr. T. H. Whittington: Myopia, and the Care and Treatment of the Myopic Patient.

ST. ANDREWS UNIVERSITY.—At Physiology Department, Dundee, 5 p.m., Mr. J. Bruce: Surgery of the Small Intestine.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—5 p.m., neurology demonstration by Dr. D. J. Williams.

Friday, April 23

OSLER CLUB OF LONDON.—At 11, Chandos Street, W., 7.45 p.m., Marie Stopes, Ph.D.: History of Contraception.

Saturday, April 24

LONDON ASSOCIATION OF THE MEDICAL WOMEN'S FEDERATION.—At Middlesex Hospital, 2.30 p.m., clinical meeting in Radiotherapy Department.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Harper.—On April 3, 1954, to Dr. Marita Harper (formerly Shattock), wife of Dr. Eric Harper, of Swindon, Wilts, a son.

DEATHS

Duncan.—On March 25, 1954, at the Chelsea Nursing Home, Gisborne, New Zealand, Robert Reid Duncan, M.B., Ch.B., D.P.H., formerly of Altrincham, Cheshire, aged 71.

Ham.—On March 28, 1954, Bertie Burnett Ham, M.D., D.P.H., formerly of Australia, aged 86.

Jameson.—On March 31, 1954, at his home, Romeland Cottage, St. Albans, Herts, Harold Parnell Jameson, M.D., M.R.C.P.

Levy.—On March 31, 1954, at his home, The Heights, Marlow, Bucks, Alfred Goodman Levy, M.D., M.R.C.P., aged 87.

McMinn.—On March 31, 1954, at 47, Eaton Place, Brighton, Sussex, Robert Martin McMinn, M.B., Ch.B.

Mitchell.—On March 27, 1954, at Stowmarket, James Robertson Mitchell, M.C., M.B., Ch.B., D.P.H., of Dunallan, Combs Lane, Stowmarket, Suffolk.

Moreton.—On March 31, 1954, at 24, Edensor Road, Eastbourne, Sussex, Reginald Moreton, M.R.C.S., L.R.C.P., aged 81.

Morrin.—On March 22, 1954, at 14, Fitzwilliam Place, Dublin, Eileen Morrin (formerly Dowling), M.B., Ch.B., wife of Francis J. Morrin, M.Ch.

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.

Encephalitis after Immunization

Q.—How great is the risk of encephalitis following immunization procedures against whooping-cough and diphtheria? Does the risk increase with age, and is it increased if a combined vaccine is given?

A.—There is no evidence of the occurrence of encephalitis following immunization with diphtheria prophylactic. American workers have reported cases of encephalopathy following injections of pertussis vaccine, but it is very difficult from a collection of case records to estimate what are the chances of developing such a syndrome after pertussis vaccination. It is noteworthy that in Byers and Moll's series¹ twice as many of the cases followed attacks of whooping-cough as followed the prophylactic vaccination. The risk in this country must be extremely small, as, despite the many thousands of young children who have received inoculations of pertussis vaccine in the past few years, recorded cases of post-inoculation encephalopathy have been very rare.²

Since most inoculations against pertussis are given in the early years of life it is impossible to say if the risk is greater with older children, although it may be that injections of vaccine in older children will activate a latent infection with a virus that has an affinity for the central nervous system—for example, mumps or herpes virus. There is no evidence that the risk would be greater with a combined prophylactic like pertussis vaccine and diphtheria toxoid, although the apparently greater risk of post-inoculation poliomyelitis following alum-containing combined prophylactics should be kept in mind. It is inadvisable to give pertussis vaccine alone or combined to a child with a history of recent convulsions or within three weeks of vaccination against small-pox.

REFERENCES

- 1 Byers, R. K., and Moll, F. C. (1948). *Pediatrics*, 1, 437.
- 2 Anderson, I. M., and Morris, D. (1950). *Lancet*, 1, 537.

Spots Before the Eyes

Q.—What are the causes of "spots before the eyes"? What are their significance and treatment?

A.—"Spots before the eyes" without any detectable particles moving about inside the eye can occasionally occur in patients suffering from derangement of the vessels which supply the occipital cortex. Such derangement is usually associated with cardiovascular disease elsewhere in the body, and it is unlikely that spasm can account for it in the absence of obliterative changes. A disordered liver, which is commonly blamed by the lay public, may also account for a few cases; but these "spots" are nearly always due to the presence of mobile opacities in the vitreous, and are essentially harmless. Indeed, many patients learn to ignore them when once they are assured that the spots are not of sinister import. Sometimes they are particularly obtrusive when a patient gets up after a long rest, as we can readily appreciate by a simple analogy. If a tumbler of lemon squash stands for a few hours, most of the flakes will settle to the bottom, but rotation or agitation of the vessel will spread these opaque particles, making the contents turbid.

Vitreous opacities are particularly common in myopes, and in all old people, but they are often found on routine examination of patients who had not noticed them. One important cause is choroido-retinitis, in which a shower of inflammatory particles will be launched into the vitreous.