

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.

Friday, April 30

CAMBRIDGE MEDICAL SOCIETY.—At Addenbrooke's Hospital, 3 p.m., Dr. L. B. Cole: Hexamethonium in the Treatment of Hypertension.

Monday, May 3

INSTITUTE OF CARDIOLOGY.—9.30 a.m., Dr. K. W. Donald: Exercise in Heart Disease.

INSTITUTE OF CHILD HEALTH.—5 p.m., Professor G. Frontali (Rome): Proteins in Child Nutrition.

INSTITUTE OF NEUROLOGY.—5 p.m., Professor Klaus Conrad (Homburg-Saar): New Problems of Aphasia.

INSTITUTE OF PSYCHIATRY.—5.30 p.m., lecture-demonstration by Dr. E. Stengel.

POSTGRADUATE MEDICAL SCHOOL OF LONDON.—4 p.m., Dr. E. S. Clarke: Cervical Spondylosis with Cord Compression.

Tuesday, May 4

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. E. J. Moynahan: Urticaria.

INSTITUTE OF NEUROLOGY.—5 p.m., Dr. I. Wickbom (Gothenburg): Choice of Encephalography or Ventriculography for the Examination of Intracranial Tumours (with special reference to Posterior Fossa and Basal Tumours).

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Croonian Lecture by Dr. J. F. Smith: Nutrition and Child Health.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3.45 p.m., Arnott Demonstration by Professor M. F. Lucas Keene: Development of the Pharynx.

ROYAL MICROSCOPICAL SOCIETY.—11 a.m. to 1 p.m.; 2.30 to 4.30 p.m.: 6 to 7.30 p.m., symposium on the Golgi Apparatus.

WRIGHT-FLEMING INSTITUTE OF MICROBIOLOGY.—5 p.m., Almroth Wright Lecture by Sir Wilfred Fish: Dental Research in the Inoculation Department.

Wednesday, May 5

EDINBURGH UNIVERSITY: FACULTY OF MEDICINE.—At Surgery Lecture Theatre, University New Buildings, 5 p.m., Macarthur Postgraduate Lecture by Professor H. K. Beecher (Massachusetts): Resuscitation and Other Early Care of the Severely Wounded Man.

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. H. Haber: Lichen Planus and Lichenoid Eruptions.

POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Dr. M. Bodian: Hirschsprung's Disease and Chronic Constipation in Childhood.

Thursday, May 6

EDINBURGH UNIVERSITY.—At Anatomy Lecture Theatre, University New Buildings, 5 p.m., Cameron Prize Lecture by Professor Gerhard Domagk (Münster): Development of Chemotherapy in Tuberculosis.

INSTITUTE OF CARDIOLOGY.—9.30 a.m., Dr. Maurice Sokolow (California): Some Aspects of Quinidine Therapy.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3.45 p.m., Arnott Demonstration by Professor G. W. Causey: Sterno-mastoid Muscle; 5.30 p.m., Otolaryngology Lecture by Professor G. A. G. Mitchell: Sympathetic Nervous System in Relation to the Throat, Nose, and Ear.

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

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY.—4.30 p.m., clinical meeting.

● SOCIETY OF CHEMICAL INDUSTRY: MICROBIOLOGY GROUP.—At Microbiology Research Department, Experimental Station, Porton, near Salisbury, Wilts, 11 a.m., papers by Mr. R. Ellsworth and Mr. L. R. P. Meakin, Dr. D. Herbert, and Mr. E. O. Powell.

Friday, May 7

● INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. M. S. Thomson: Lichen Planus.

LEBANON HOSPITAL FOR MENTAL AND NERVOUS DISORDERS.—At Cora Hotel, Upper Woburn Place, London, W.C., 5 p.m., 55th annual meeting.

POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Mr. E. T. C. Milligan: Surgery of the Anal Canal and Fistula-in-Ano. 4 p.m., Dr. H. G. Miller: Allergic Disorders of the Nervous System.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—At Wright-Fleming Theatre, 5 p.m., Mr. R. A. Brews: Obstetric/Gynaecological Conference.

WHIPPS CROSS HOSPITAL MEDICAL SOCIETY.—8.30 p.m., clinical meeting.

Saturday, May 8

MIDLAND TUBERCULOSIS SOCIETY.—At Cheshire Joint Sanatorium, joint meeting with North-Western Tuberculosis Society.

SOUTH-EAST METROPOLITAN TUBERCULOSIS SOCIETY.—At Preston Hall, near Maidstone, 10.30 for 11 a.m., extraordinary general meeting. Dr. A. Stocker (Illinois, U.S.A.): Preferences in Surgery for Tuberculosis.

WEST MIDLANDS PHYSICIANS ASSOCIATION.—At Royal Salop Infirmary, Shrewsbury, 11 a.m., spring meeting.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Davies.—On April 7, 1954, at the R.N. Hospital, Trincomalee, Ceylon, to Elizabeth (formerly Ross), wife of Surgeon Lieutenant John M. Davies, R.N., a son.

Jacobs.—On April 6, 1954, at the Nottingham Hospital for Women, to Jean, wife of Dr. Brendan Jacobs, a daughter—Stella Jean.

Morgan.—On April 2, 1954, at St. Michael's Hospital, Lethbridge, Alberta, Canada, to Helen (formerly James), S.R.N., S.C.M., M.T.D., wife of John E. Morgan, M.B., B.S., M.R.C.O.G., a sister for Joanna and David—Susan Gail Margaret.

MARRIAGES

Zeitline—Roberts.—On April 2, 1954, at the Paddington Register Office, London, W., L. L. B. Zeitline, M.R.C.S., L.R.C.P., of 16, Norfolk Park, London, W., to Miss Jane Roberts, of 30A, Sussex Place, Hyde Park, London, W.

DEATHS

Badcock.—On April 6, 1954, at Flodden Lodge, Cornhill-on-Tweed, Northumberland, Vincent Edgar Badcock, M.C., M.D.

Burgess.—On April 22, 1954, at 454, Perth Road, Dundee, William Leslie Burgess, C.B.E., M.D., F.R.C.P.Ed., D.P.H., D.T.M.&H., aged 68.

Carlisle.—On April 7, 1954, Henry George Carlisle, M.D., of Ardlaire, Heswall, Cheshire.

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.

The Use of the Toothbrush

Q.—*Is the regular use of the toothbrush really worth while? Does it not damage the gums as much as it saves the teeth? The best teeth I have seen have been in those who have never used a toothbrush.*

A.—The use of the toothbrush is an essential habit for everyone who wishes to have healthy teeth and gums. Brushing the crowns of the teeth removes debris and keeps the surfaces polished, thereby minimizing the risk of decay. Places, such as the interdental spaces, where the bristles cannot reach are always the danger spots for the start of decay. There is good statistical evidence that toothbrushing immediately after meals reduces the incidence of caries.¹

But just as important is the good, not harm, derived from brushing the gum margin, provided it is done with a soft brush and a rotary motion so that the bristles pass from the gum to the tooth surface. Most individuals eating civilized diets need to use a toothbrush regularly to prevent gum diseases, which are caused by stagnation of food debris and tartar around the teeth. The correct use of a soft toothbrush is an essential part of the treatment of all gum diseases, though damage to the gums and teeth can be produced by the incorrect use of a hard toothbrush.

REFERENCE

¹ Fosdick, L. S. (1950). *J. Amer. dent. Ass.*, **40**, 133.

Sensitivity Tests before Radiological Investigations

Q.—*Is there any real advantage in performing sensitivity tests before intravenous pyelography, bronchography, or cholecystography? If so, what tests are advised?*

A.—It is very doubtful if sensitivity tests for intravenous pyelography, whether intravenous, subcutaneous, oral, or ocular, are of sufficient reliability to warrant their routine use, and they are probably best reserved for cases with a positive indication for their performance. To select these cases, a routine history should be taken from every patient before injection, directed to determine whether there is a history of any allergic phenomena (such as asthma or urticaria); whether there is any known sensitivity to iodine; and whether there has been a previous pyelogram, and if so whether there was any reaction. With this information a decision as to the necessary precautions can be taken, and a suggested scheme is as follows.

If the past history is clear, no special precautions are indicated.

If there is an allergic history, it is known there is an increased incidence of sensitivity reactions (Mullen and Hughes¹) and the injection should be given very slowly, with a pause of about two minutes after the first 1 ml. Restoratives, such as oxygen, adrenaline, and promethazine hydrochloride (for intramuscular use), should be immediately available. There is a certain amount of evidence (Inman²) that, in the presence of a history of allergy, iodoxyl is preferable to diiodone.

If there is a history of sensitivity to iodine, or of a mild reaction to previous pyelography, it is as well to postpone the examination until sensitivity tests have been performed. As little as 1 ml. of diiodone given intravenously as a test dose has proved fatal (Dotter and Steinberg³), so it is advisable to start with 1 ml. of 1/100 solution and proceed at ten-minute intervals to 1 ml. of 1/10 solution, 1 ml. of full-strength solution, and 5 ml. of full-strength solution. If there is no reaction then the full dose can be given.