

been dramatically reduced in recent years, so much so that from time to time now it was almost difficult to take up the present allocation.

Fluoridation Tests

Mr. S. P. VIAN (Willesden, West, Lab.) asked the Minister of Health what were the results established by recent work in the United States confirmed by the results of his pilot study into the fluorine content of the urine of adults in connexion with the fluoridation of water supplies; and what were the names of the authors and the dates and places of publication of these researches. Mr. IAIN MACLEOD replied on March 9 that the results showed that it was safe to add one part per million and that it was more practicable to decide the level of fluoridation in the light of dental surveys rather than by urinary examinations. References to all the relevant American work would be found in a recent publication of the American Association for the Advancement of Science, called *Fluoridation as a Public Health Measure*, which was published in Washington and could be obtained in London.

Chewing-gum.—The Food Standards Committee is considering certain aspects of the composition of chewing-gum.

Health Service Chaplains.—At the end of 1953 there were 106 whole-time chaplains employed in the Health Service; 92 were Church of England, 10 Nonconformist, and 4 Roman Catholic.

R.A.F. Standards.—In the medical standards for regular commissions in the R.A.F. (general duties) standards of visual acuity have been slightly raised and the standard of colour perception slightly reduced in the past two years.

Universities and Colleges

UNIVERSITY OF OXFORD

Dr. A. G. M. Weddell has been appointed representative of the University at the sixth International Congress of Anatomy to be held in Paris in July, 1955.

Dr. C. W. Carter has been re-appointed Reader in Biochemistry from October 1, 1955, to September 30, 1962.

The Hon. Mrs. Margaret A. Jennings, D.M., has been re-appointed Demonstrator in Pathology from October 1, 1955, to September 30, 1960.

UNIVERSITY OF CAMBRIDGE

The following degrees were conferred in Congregation on February 4:

M.D.—J. S. Pippard.

M.B.—J. F. Wood (by proxy), A. C. Johansson.

The following candidates have been approved at the examination indicated:

M.Chir.—P. F. Boreham, G. L. Bunton, W. H. Davies, G. R. C. Peatfield, W. R. Probert, J. O. Robinson.

In Congregation on February 19 the degrees of M.B., B.Chir. were conferred, by proxy, on D. M. Surrey Dane and the degree of M.B. on W. S. Ogden, also by proxy.

Dr. R. N. Salaman, F.R.S., has been elected into an Honorary Fellowship of Trinity Hall.

UNIVERSITY OF LONDON

The following degrees were awarded by the Senate on January 26:

M.D.—P. V. Suckling.

M.S.—P. B. Counsell.

UNIVERSITY OF SHEFFIELD

Drs. J. L. A. Dowse and R. S. Sneath, Demonstrators in Anatomy, have resigned their appointments.

ROYAL COLLEGE OF SURGEONS IN IRELAND

The Fellowship of the College was conferred on J. S. R. M. Lavelle and F. X. O'Connell on February 18.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending February 26 (No. 8) and corresponding week 1954.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available.

The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

| CASES in Countries and London | 1955 | | | | | 1954 | | | | |
|---|--------------|------|-------|---------|------|--------------|------|-------|---------|------|
| | Eng. & Wales | Lon. | Scot. | N. Ire. | Eire | Eng. & Wales | Lon. | Scot. | N. Ire. | Eire |
| Diphtheria .. | 13 | 0 | 7 | 0 | 1 | 11 | 1 | 6 | 0 | |
| Dysentery .. | 1,237 | 51 | 310 | 6 | 0 | 910 | 116 | 222 | 3 | 4 |
| Encephalitis, acute .. | 2 | 0 | 0 | 0 | | 1 | 0 | 2 | 1 | |
| Enteric fever: Typhoid .. | 4 | 0 | 1 | 0 | | 3 | 0 | 0 | 0 | 2 |
| Paratyphoid .. | 3 | 1 | 4 | 0 | | 5 | 1 | 1 | 0 | |
| Food-poisoning .. | 125 | 16 | | 0 | | 160 | 10 | | 0 | |
| Infective enteritis or diarrhoea under 2 years .. | | | | 16 | 6 | | | | 6 | 28 |
| Measles* .. | 23,700 | 2694 | 283 | 630 | 45 | 2,099 | 33 | 66 | 23 | 422 |
| Meningococcal infection .. | 24 | 2 | 14 | 0 | | 49 | 4 | 15 | 3 | 4 |
| Ophthalmia neonatorum .. | 32 | 2 | 5 | 0 | | 36 | 8 | 7 | 0 | |
| Pneumonia† .. | 924 | 63 | 317 | 37 | | 869 | 53 | 249 | 16 | 4 |
| Poliomyelitis, acute: Paralytic .. | 9 | 0 | | 1 | 0 | 17 | 1 | | 1 | 0 |
| Non-paralytic .. | 1 | 0 | | | 5 | 7 | 2 | | | |
| Puerperal fever‡ .. | 220 | 49 | 8 | 1 | | 293 | 49 | 19 | 1 | |
| Scarlet fever .. | 675 | 35 | 95 | 39 | 9 | 1,463 | 53 | 171 | 42 | 31 |
| Tuberculosis: Respiratory .. | 762 | 81 | 163 | 21 | | 841 | 84 | 123 | 34 | |
| Non-respiratory .. | 107 | 8 | 23 | 1 | | 125 | 4 | 22 | 3 | |
| Whooping-cough .. | 1,678 | 125 | 151 | 46 | 10 | 2,098 | 72 | 327 | 38 | 76 |

| DEATHS in Great Towns | 1955 | | | | | 1954 | | | | |
|---|--------------|-----------|----------|----------|----------|--------------|-----------|-----------|----------|----------|
| | Eng. & Wales | Lon. | Scot. | N. Ire. | Eire | Eng. & Wales | Lon. | Scot. | N. Ire. | Eire |
| Diphtheria .. | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 | 0 |
| Dysentery .. | 0 | 0 | | 0 | | 0 | 0 | | 0 | |
| Encephalitis, acute .. | | 0 | | | 0 | | 0 | | | 0 |
| Enteric fever .. | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 | |
| Infective enteritis or diarrhoea under 2 years .. | 14 | 0 | 0 | 0 | 2 | 7 | 1 | 0 | 0 | 0 |
| Influenza .. | 81 | 9 | 5 | 5 | 5 | 23 | 4 | 1 | 0 | 1 |
| Measles .. | | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| Meningococcal infection .. | | 1 | 0 | | | | 2 | 2 | | |
| Pneumonia .. | 429 | 68 | 29 | 34 | 15 | 375 | 65 | 24 | 11 | 7 |
| Poliomyelitis, acute .. | 1 | 0 | | 1 | 0 | 0 | 0 | | | 1 |
| Scarlet fever .. | | 0 | 0 | 0 | 0 | | 0 | 0 | 0 | 0 |
| Tuberculosis: Respiratory .. | 116 | { 15 2 | { 5 0 | { 2 0 | { 3 2 | 101 | { 10 2 | { 26 1 | { 2 0 | { 9 2 |
| Non-respiratory .. | | | | | | | | | | |
| Whooping-cough .. | 1 | 0 | 1 | 0 | 0 | 1 | 0 | 0 | 0 | 0 |
| Deaths 0-1 year .. | 230 | 18 | 26 | 11 | 33 | 246 | 31 | 34 | 8 | 17 |
| Deaths (excluding stillbirths) .. | 7,440 | 1022 | 710 | 190 | 237 | 6,651 | 939 | 728 | 132 | 187 |
| LIVE BIRTHS .. | 7,239 | 1051 | 870 | 189 | 332 | 8,181 | 1277 | 949 | 203 | 311 |
| STILLBIRTHS .. | 180 | 25 | 24 | | | 229 | 34 | 25 | | |

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

‡ Includes puerperal pyrexia.

ROYAL COLLEGE OF PHYSICIANS OF LONDON.—5 p.m., Oliver-Sharpey Lecture by Professor W. Melville Arnott: Order and Disorder in Pulmonary Function.

WEST END HOSPITAL FOR NEUROLOGY AND NEUROSURGERY.—5.30 p.m., Mr. K. I. Nissen: Pathology and Surgery of Acroparaesthesia or Carpal Tunnel Syndrome (with colour film).

Wednesday, March 23

BIRMINGHAM MEDICAL INSTITUTE: SECTION OF PSYCHIATRY.—8 p.m., Symposium: Mind and Body. Speakers, Dr. J. M. Jefferson, Mr. J. T. Allanson, M.Sc., and Mr. P. T. Geach, M.A.

EUGENICS SOCIETY.—At Royal Society, 5.30 p.m., Dr. Hilda N. Lewis: Inadequate Parents and Psychological Disorders in Their Children.

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. H. Haber: Cellular Naevi and Melanomas.

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—5.30 p.m., Dr. I. Friedmann: Pathology of Otitis Media: Experimental and Human (II).

INSTITUTE OF ORTHOPAEDICS.—8 p.m., Senior Clinical Conference by Professor O. Scaglietti (Florence): Closed Treatment of Congenital Dislocation of the Hip.

INSTITUTE OF UROLOGY.—4.30 for 5 p.m., Mr. A. R. C. Higham: Diminished Fertility in the Male.

NOTTINGHAM MEDICO-CHIRURGICAL SOCIETY.—8.30 p.m., Mr. F. A. R. Stammers: Carcinoma of the Stomach.

OXFORD UNIVERSITY.—At Radcliffe Infirmary, 5 p.m., Litchfield Lecture by Professor C. H. G. Macafee: Clinical and Pathological Aspects of Solid Ovarian Tumours.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Joseph Clover Lecture by Professor W. W. Mushin: Measurement in Anaesthesia.

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Dr. J. H. Sheldon: Social Aspects of Old Age. (Illustrated).

ST. MARYLEBONE HOSPITAL FOR PSYCHIATRY AND CHILD GUIDANCE.—5.30 p.m., Dr. E. A. Bennet: Selection of Patients for Psychotherapy.

Thursday, March 24

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. R. W. Riddell: Epidemiology of Fungous Diseases.

LIVERPOOL MEDICAL INSTITUTION.—8 p.m., Dr. G. R. Wadsworth: Effects of Haemorrhage in Man; Dr. S. E. Keidan: C-Reactive Protein.

LONDON ASSOCIATION OF THE MEDICAL WOMEN'S FEDERATION.—At Royal Free Hospital School of Medicine, 8.15 p.m., social and annual general meeting.

LONDON JEWISH HOSPITAL MEDICAL SOCIETY.—At Dorchester Hotel, W., 6.45 p.m. to 1.30 a.m., annual dinner dance.

ROYAL EYE HOSPITAL.—5.30 p.m., Dr. T. H. Whittington: Some Aspects of Refraction Work: (5) Factors Affecting Binocular Vision.

SURREY INTER-HOSPITAL PSYCHIATRIC ASSOCIATION.—At Cane Hill Hospital, Coulsdon, 8 p.m., Dr. Alexander Walk: Royal Commissions Past and Present.

Friday, March 25

ASSOCIATION OF CLINICAL BIOCHEMISTS (SOUTHERN REGION).—At North Middlesex Hospital, Silver Street, Edmonton, N., 3 p.m., scientific papers. CAMBRIDGE MEDICAL SOCIETY.—At Addenbrooke's Hospital, 3 p.m., Professor R. V. Christie: Bronchitis.

●INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. G. B. Dowling.

INSTITUTE OF DISEASES OF THE CHEST.—5 p.m., clinical demonstration by Dr. J. Smart and Dr. K. F. W. Hinson: Pneumoconiosis.

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—3.30 p.m., Mr. K. G. Rotter: Aural Vertigo.

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES.—At 11, Chandos Street, Cavendish Square, W., 7.30 p.m., short papers by Dr. A. Siboulet, Dr. Duncan Catterall, Dr. G. Mayne, Dr. R. Lees, and Dr. G. Horne.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Hunterian Lecture by Professor R. Bradlaw: De Cute Oris.

●ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—5 p.m., Professor E. J. Wayne: Clinical Surveys and Clinical Trials.

Saturday, March 26

INSTITUTE OF ORTHOPAEDICS.—10 a.m., clinical demonstration.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Gray.—On March 10, 1955, at St. David's Hospital, Cardiff, to Marion (formerly Muir), wife of Dr. Peter Gray, a daughter.

Laidlaw.—On March 11, 1955, at Ronkwood Hospital, Worcester, to Greta (formerly Muir), wife of Dr. Allan J. Laidlaw, a brother for Fiona—Alistair Malcolm Lawrie.

Nathanson.—On March 9, 1955, to Margaret (formerly Milman), wife of Dr. N. E. Nathanson, a daughter.

Summers.—On March 8, 1955, at Brixworth, Northants, to Mary, wife of Dr. H. A. Hamilton Summers, a son.

MARRIAGES

Alexander—Munro.—On March 12, 1955, at Egremont, Cumberland, Conel Patrick Alexander, M.B., B.S., M.R.C.P., of the Royal Free Hospital, London, W.C., to Susan Lillias Munro, M.B., B.S., of Egremont.

Baskin—Gibbins.—On March 3, 1955, in London, Dr. Michael Baskin, of Seapoint, Capetown, South Africa, to Miss Thelma R. K. Gibbins, of Surbiton, Surrey.

Stone—Dana.—On March 12, 1955, at Christ Church, Sutton, Surrey, Arthur Richard Stone, M.B., Ch.B., M.R.C.P., of Wellington, New Zealand, to Barbara Mary Dana, M.B., B.S., of Sutton, Surrey.

DEATHS

Clark.—On February 24, 1955, at her home, 4, Overleigh, Street, Somerset, Hilda Clark, M.B., B.S., aged 74.

Cowey.—On February 17, 1955, at Barnwood House, Gloucester, Reginald Vionnée Cowey, D.S.O., L.S.A., Lieutenant-Colonel, R.A.M.C., retired, aged 81.

Densham.—On February 23, 1955, at his home, 29, The Plantation, Worthing, Alec Densham, M.B., aged 79.

Du Boulay.—On March 1, 1955, at "Chesil," Chandler's Ford, Eastleigh, Hants, Hubert Houssemayne Du Boulay, M.R.C.S., L.R.C.P., aged 94.

Garfit.—On February 23, 1955, Charles Corringham Garfit, M.B., Ch.B., of Kirby Muxloe, Leics, aged 84.

Goddard.—On February 22, 1955, at Washington, U.S.A., Calvin Hooker Goddard, M.D., aged 63.

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.

Diagnostic Curettage in Suspected Uterine Cancer

Q.—What is the danger of a diagnostic curettage spreading cancer cells in a patient with suspected cancer of the uterus?

A.—Diagnostic curettage, by exposing vascular channels to malignant cells, must on theoretical grounds be accepted as involving some risk of disseminating carcinoma of the body of the uterus, although no more than the performance of biopsy on a suspicious lesion anywhere else in the body. There is nothing to show how great is the risk, but practical experience suggests it is small, since distant metastases are rare even when carcinoma recurs after curettage and hysterectomy. Vaginal metastases are now regarded as being the result of spread via the blood or lymph stream rather than by cellular spill through the cervix, and again there is no evidence to show that they are more frequent in cases subjected to diagnostic curettage before hysterectomy.

The alternative to diagnostic curettage would be to carry out total hysterectomy on every woman with symptoms at all suggestive of carcinoma, and most authorities would regard the risk of an unnecessary hysterectomy as being greater than that of disseminating a possible growth by curettage. Cytological studies carried out on smears of upper vaginal debris are not by themselves a sufficiently reliable method of diagnosis, so, for the present, curettage remains a proper procedure to exclude or diagnose carcinoma of the body of the uterus. Nevertheless, if the clinical features are such as to make the diagnosis practically certain, many gynaecologists would proceed to total hysterectomy without preliminary curettage. Others believe that if the curettings show naked-eye evidence of malignancy then there is less risk of growth becoming disseminated if hysterectomy is carried out at once rather than deferred for a few days pending microscopic examination and report.

Sequelae of Herpes Zoster

Q.—A man of 81 who had shingles 34 years ago has now had a second attack characterized by severe pain and rash in the right arm and hand. Numbness in the area supplied by the radial nerve still persists. Vitamin B tablets are being taken without effect. What other treatment can be advised? Should not the patient have acquired immunity from his first attack?

A.—An attack of herpes zoster usually confers lifelong immunity, but there are occasional exceptions to this rule. It is not stated for how long the patient has had his present symptoms. Apparently he is now complaining only of numbness in the area affected by the eruption, a symptom which requires no active treatment. Perhaps, however, the patient has pains and dysaesthesiae in the affected part—that is, post-herpetic neuralgia. This condition is exceedingly difficult to treat. The simple analgesics are often valueless and opium derivatives are contraindicated. Irradiation of the affected sensory ganglia with deep x rays is sometimes helpful and is best carried out within two or three months of the acute illness.

The results of various surgical procedures are disappointing. In a patient of this age simple analgesics and an optimistic expectancy, possibly supplemented by deep x-ray therapy, afford the best approach. The majority of elderly