

His phrases were telling and concise. He was somewhat dogmatic, and this was intentional, not because he was unduly assertive, or ignorant or intolerant of other views, but because he considered that a student's first need, in a country that could easily be bewildering, was a clear and reliable knowledge of important features and landmarks. If a student asked, "Are there not more or less intermediate cases, and some which cannot well be fitted?" he might answer, "Yes, there are, but you had better get the usual and typical cases clear in your mind now. Later, when you are sure of this knowledge, you can hang the unusual and exceptional on to it without losing your hold." He deprecated teaching which, afraid of small inexactitudes and omissions, gave the student much information, much uncertainty, no clear bearings, and little guide in action. He laid great weight on accurate diagnosis, honouring the example of his senior, William Haslam. He made a habit of accompanying an important passage in teaching with a more or less illustrative story. These stories he told with immense gusto. They were usually suitable for medical circles only; they gave students the feeling of being among the initiated, and, as he foresaw, both the story and the teaching were remembered. He could put much wisdom in a few words: "Always study the natural history of a disease; consider what it will do if you *don't* interfere." "Take care that the patient is not worse off with your interference than he would have been without." "On those days when you feel you're beginning to get fairly good—you're *dangerous*! On those awful, awful days when you feel you're no good at all, and never will be—go and watch someone else. It's comforting." "First make your patient as comfortable as possible. Then make *yourself* as comfortable as possible."

Gamgee had definite views on many subjects, and would express them definitely, often with condensed logical support, and without the slightest care for rearguard action. Though his manner was rather brusque, he was kind and genial. But if a house-man, student, or nurse had failed in duty to the patient, directly or indirectly, he spoke with a conciseness, clarity, and vigour which excelled that even of his clinical discourses, and conveyed to the culprit a brilliantly clear indication of the depth, nature, and quality of his crime. That done, he assumed that there would be no repetition, and there was no further reference. Gamgee had instinctive sympathy with all who lived vigorously, whatever their social status, and could talk to them in a language which they understood. When most burdened with work, he announced his ambition, on retiring, to take a country pub near a bridge over a river and associate with the farmers and river people. This he never achieved.

#### JOHN GORDON, M.D., M.R.C.P.

The obituary of Dr. John Gordon was printed in the *Journal* of March 31 (p. 753).

Dr. R. M. HEGGIE writes: I first met Johnny Gordon at the memorable pathological meeting in Dundee when Professor D. F. Cappell was host. Four months later I was working with Gordon in Professor J. W. McLeod's department in Leeds University Medical School. As junior member of the department, not only was I made one of Professor McLeod's family circle, but Johnny Gordon took the counsellor's attitude in my well-being. He was a charming character; in build and stature, physically and mentally he was not unlike the late "Fes" Avery and Max Theiler, with whom I had the pleasure to work later. His experiments were simple but basic; he loved best to work in collaboration, because this offered companionship, mental exchange, a broader survey of the problem investigated, and, thrown in for good measure, enjoyable meals where Gordon's fantasy was limitless. To him I owe the pleasure of knowing Yorkshire as I do—the "surprise view" *en route* to Otley, the countless byways from Leeds to Harrogate, and the rich treasure of abbeys in the Ridings. He was modest and courageous, loving and loved, one of

the noblest of his race and a proud family man. The Leeds Medical School has lost a distinguished son, and there could be no more fitting ending to this short notice than the tribute to Sir William Mitchell Banks quoted by Sir James Paterson Ross (*Journal*, March 31, p. 701): "Because he was so brotherly to every fellow creature and so true to his friends we loved him living, and now when he is gone we shall keep his memory green."

We record with regret the death on February 8 of Dr. MOGENS FENGER, well known in Denmark as a surgeon and statesman. Born in 1889, he came of a long line of Danish medical ancestors. He graduated in medicine at Copenhagen in 1913, and, after holding various hospital appointments as a surgeon he was put in charge of the surgical side of the Diakonissestiftelse in Copenhagen in 1939. Here he spent the following sixteen years, finding ample scope for his surgical and administrative qualities. But he will be best remembered in Denmark for the part he played during the German occupation. His appointment in 1940 as chairman of the Danish Medical Association was the expression by his colleagues of the conviction that the troubled times required a leader in possession of outstanding and quite exceptional gifts. His forceful personality and courage, backed by clarity of thought and speech, made him a leader to whom his fellow countrymen rallied with cheerful confidence. In addition to defending the liberties of the Danish medical profession during those difficult five years, Fenger earned the gratitude of his colleagues by organizing a system of pensions under the Danish Medical Association. For his work in this field he was awarded the Barfred-Pedersen prize in 1950—an award to Danish doctors for outstanding services to their profession. Early this year he attended a meeting at the *Domus Medica* in honour of recently qualified medical men, one of whom was his eldest son. He had suffered for some time from growing lassitude, and his death on February 8 was due to coronary thrombosis.

Dr. A. CZECH died on February 18 in London at the age of 87. He was formerly chief medical officer of the Austrian hospital board of shop employees. Sixty-three years ago he was appointed district medical officer for this institution, and in 1909 he was promoted chief medical officer. His first task was the fight against tuberculosis, which at that time was called "the Viennese disease." Long before the existence of public welfare institutions he created on his own initiative welfare clinics for tuberculous shop assistants and their children. He was equally a pioneer in the fight against rheumatism. One of his centres for the treatment of shop assistants with this disease was in the world-famous spa of Gastein, then widely used by wealthy patients from all over the world. Finally he concerned himself with the well-being of the young apprentices, whose welfare had been neglected. Many famous hospitals and sanatoria in Austria were built on his advice, and many improvements in social hygiene were due to his efforts. At the age of 69 he came as a refugee to England, and started at once to learn English. At the age of 75 he won a prize for an English essay, "Towards a European Health Charter." His frustration and poverty in England failed to embitter him, and his noble spirit was admirable to the end. He is survived by a daughter, who is a lecturer in biology.—F. F.

Dr. A. H. F. COLE, a well-known general practitioner of Wynberg, Cape Province, South Africa, died at his home there on February 21 at the age of 67. Alfred Herbert Fletcher Cole was older than the average medical student when he enrolled at Durham University. He had already spent some time reading law, only to find that it was not his calling, and from law he had turned to farming, working for some years as a manager of farms in South Africa. He finally decided upon a medical career and did well as a student at Durham, graduating M.B., B.S. in 1924. At the Royal Victoria Infirmary, Newcastle-upon-Tyne, he held appointments of house-surgeon and house-physician,

working under the late Sir James (then Dr.) Spence, who encouraged him to take an interest in the study of child health, and it was this interest which nearly led to his settling in this country. However, he left Newcastle-upon-Tyne, acted as locum tenens on a few occasions, and took the London Conjoint diploma in 1926. Returning to South Africa later in the same year, he settled in practice at Wynberg, where he remained until his death. While a medical student he met his future wife, Miss Shirley Schofield, who took the Durham degrees of M.B., B.S. in 1925, and whose sister was the wife of the late Professor G. Grey Turner. At Wynberg Dr. Cole soon built up a large practice, in which his wife was of great assistance. He quickly established himself in the confidence of his patients, and in 1929 he was elected to the staff of the Victoria Hospital at Wynberg. For many years he gave the hospital devoted service as a surgeon, and was the last of its part-time honorary medical superintendents. His death has removed a member of the older school of general practitioners in South Africa, whose loss will be felt for a long time to come. Sincere sympathy is extended to his widow, who is honorary anaesthetist to the Groote Schuur Hospital at Capetown and to the Victoria Hospital at Wynberg, and to his children in their great loss.

Dr. BERTRAM SAUNDERS died in the Middlesex Hospital on February 21 at the advanced age of 91. Bertram Saunders was a medical student at Aberdeen University, where he graduated M.B., C.M. in 1894. Three years later he proceeded to the M.D. with a thesis on pulmonary hypertrophic osteoarthropathy. He then moved to London, where he was a contemporary of Sir John Bland-Sutton as a postgraduate student at the Middlesex Hospital, and he held resident appointments at the North-Eastern Hospital for Children (now the Queen Elizabeth Hospital for Children), Bethnal Green, and at the City of London Hospital for Diseases of the Heart and Lungs, Victoria Park. In 1914 he settled in practice in Manchester, where he later became chairman of a medical board under the Ministry of Pensions. In 1930 he moved to London, where he was in practice in Foley Street, a few yards from the Middlesex Hospital. He continued to see patients up to the time of his last illness. With his old-world courtesy and kindly smile, he was a familiar figure in the neighbourhood. Towards the end of his life he had known hard times, but his great fortitude and optimism helped him to make little of this and remained with him until the end.—G. D. H.

Dr. T. W. WARE, formerly a medical officer in the service of the Government of Hong Kong, died at Sydney, Australia, on February 24 at the age of 65. Thomas Walter Ware was born in London on August 8, 1890. He joined the Army in 1910 at the age of 20 and served as a corporal in the R.A.M.C. for a period of three years, and again throughout the first world war. After the war he left the Army and enrolled as a medical student at Bristol University, graduating M.B., Ch.B. in 1925. In the previous year he was awarded the Martyn Memorial Scholarship in clinical pathology. After graduation he was for a short time in general practice at Trowbridge, Wiltshire, where he was an honorary medical officer at the cottage hospital and an honorary anaesthetist for the Royal United Hospitals at Bath. During this period he was attracted to preventive medicine and was part-time medical officer of health for Trowbridge until May, 1927. A few months later he joined the Colonial Medical Service and became a medical officer in Hong Kong. While on leave in the United Kingdom in 1931–2 he took the London D.P.H., and on returning to Hong Kong was appointed port health officer. He was honorary secretary of the Hong Kong and China Branch of the British Medical Association from 1928 to 1930. He was captured by the Japanese at the fall of Hong Kong on Christmas Day, 1941, but in August of the following year he managed to escape to Macao, whence he made his way into the interior of China and eventually reached Calcutta in May,

1943, via Kweilin, Kungming, and Chungking. He arrived in London in October, 1943, and for a time worked at the Colonial Office in connexion with the restoration of British administration in occupied territories in the Far East. In 1945 he was given the rank of lieutenant-colonel in the Civil Affairs Service at the War Office and returned to Hong Kong after its liberation on August 30, 1945. When the military administration came to an end, Dr. Ware reverted to his former duties as health officer in Hong Kong until he retired in 1947. Walter Ware was a likable personality, and his passing will be sincerely regretted by a large circle of British and Chinese colleagues with whom he worked in Hong Kong.

Dr. J. C. GILCHRIST, who was for many years tuberculosis officer for the Cardiff area, died on March 29 at the age of 78. James Charles Gilchrist was born at Dumfries on June 28, 1877, the elder son of Dr. James Gilchrist, for many years the medical superintendent of Crichton Royal Hospital, and was educated at Edinburgh Academy and at the University, where he graduated M.B., Ch.B., in 1901. Five years later he proceeded to the M.D. After graduation he held the appointments of house-surgeon at the Dumfries and Galloway Infirmary and resident physician at the Royal Victoria Hospital, Craigleith, Edinburgh, where he worked under Sir Robert Philip. In 1904 he was appointed assistant resident medical officer at Brompton Hospital and three years later senior resident medical officer at the Royal National Hospital for Consumption and Diseases of the Chest, Ventnor, Isle of Wight. Early in 1912, while still at Ventnor, he received a visit from the late Dr. Marcus Paterson, medical superintendent of Colindale Hospital, then an institution under the control of the old Metropolitan Asylums Board. He always felt that this visit helped him to obtain his next appointment, that of tuberculosis physician for the Cardiff area under the King Edward VII Welsh National Memorial Association. Subsequently he also became consultant tuberculosis physician to the Cardiff Union Hospital and clinical teacher in the tuberculosis department of the Cardiff Medical School. Dr. Gilchrist held these appointments for thirty-two years, until 1944, when he retired, but he continued to give part-time service at the chest clinic until 1949; he also attended the Silicosis Board and assisted occasionally at the hearing of cases before the local pensions appeal tribunal until 1950. His presidential address before the Cardiff Medical Society in 1936 was an interesting review of the changes he had seen during his thirty years of work in the tuberculosis service. He was also a past-president of the Welsh branch of the Society of Medical Officers of Health. For outstanding services to Norway during the second world war he was awarded the Haakon VII Cross of Liberty in 1948.

Dr. S. H. GRAHAM writes: "Gilkie," as he was affectionately known by his friends, was one of Cardiff's outstanding personalities. A very sound physician, he kept abreast of all the developments in his specialty. His somewhat brusque manner hid a sincere and kindly nature and his patients revered him; indeed, in 1933, when he had a severe head injury in a car crash and was unconscious for weeks, he was congratulated on his miraculous recovery by nine of his old Ventnor patients 22 to 25 years after their treatment. He was upright in everything he did and disliked intensely humbug and subterfuge. He had many interests outside his profession—music, literature, and the theatre, and he was a connoisseur of food and wine. A lowland Scot, he settled happily in Wales and came to love its people, its traditions, and its mountains. The sympathy of his many friends will go to his widow, who throughout their long married life was a true helpmate to him.

W. L. N. writes: I should be glad if you could find space for an additional tribute to the late Dr. DALTON SANDS, whose obituary was printed in the *Journal* of March 31 (p. 751). Apart from knowing him as a colleague, I knew him as a tennis partner and as a very vigorous opponent at squash,

as well as socially, and the more one saw of him the more impressed one was and the more attached one became to this man, with his slightly shy, modest, and friendly personality. Perhaps the most noticeable feature about him was the combination of breadth of vision and considerable initiative, with a readiness invariably to consult his colleagues—qualities which do not always go together. Every one who was associated with him has a keen sense of personal loss.

## Medico-Legal

### ACTION FOR NEGLIGENCE OVER E.C.T. FAILS

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

At Manchester Assizes on March 26, 1956,<sup>1</sup> Mr. Justice McNair dismissed with costs an action brought by Dr. Ernest Greenhalgh, aged 43, of Ormskirk, against Dr. E. H. Kitching, psychiatrist, of Altrincham, and Dr. Moya Applebee, of Buxton.

Dr. Kitching was the owner of a private nursing-home, which Dr. Greenhalgh had attended for electric shock treatment. Dr. Greenhalgh's case was that in June, 1948, when very depressed he had consulted Dr. Kitching, who had suggested that he should go into Wye House, Buxton, for electric convulsion treatment. He had his first treatment on June 18, 1948, and after it he experienced severe pain in the neck and back. Although he complained, he said he was not examined, and had further treatment which intensified the pain. He was unable to ease it by lying in bed, and often had to get up during the night and rest his head on the mantelpiece or by sitting at a table with his head in his hands. He complained to Dr. Kitching, whose reaction was to give him a cheerful pat on the back and pass on. When he complained further that the pain was worse, Dr. Kitching indicated that he did not accept that he was in pain.

Finally Dr. Greenhalgh telephoned his wife, who fetched him away by car. When he got home x-ray photographs, subsequently lost, were taken, which he contended showed a number of fractures of the dorsal vertebrae with damage to the intervening disk spaces. He then spent four weeks in bed and twelve weeks in plaster. In May, 1954, after hospital treatment he was ordered to wear a leather spinal support and later a leather collar. He would have to wear the support permanently unless he underwent a fusing operation, which would mean six months in bed.

Dr. Greenhalgh alleged that Dr. Kitching was negligent in his conduct of the treatment, and that Dr. Applebee was negligent in its administration.

Dr. Applebee's defence, which was accepted by the Judge, was that it was not she but Dr. Elizabeth Crye who had given the E.C.T. and that she had nothing to do with it.

The Judge also accepted Dr. Kitching's defence that he had been in no way negligent. He thought that Dr. Greenhalgh's description of his condition at the home was not true, and that his description of the pain he had suffered was the manifestation of a hysterical condition. He accepted the evidence of Mr. Henry Poston, orthopaedic surgeon called for the defence, who after two examinations of Dr. Greenhalgh said that he did not think the spine was damaged by the treatment, that his complaints of pain were hysterical, and that there was no physical reason whatever for the wearing of the leather supports. Mr. Justice McNair observed that in all his experience he had never had an occasion on which such a distinguished surgeon had made such an emphatic expression of opinion, and he saw no reason to dissent from Mr. Poston's view.

He accordingly gave judgment for both Dr. Applebee and Dr. Kitching.

The Medical Defence Union instructed Messrs. Hempsons, solicitors, to act for Dr. Applebee.

<sup>1</sup> *Manchester Guardian*, March 27, 1956.

### INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending March 24 (No. 12) and corresponding week 1955.

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	1956					1955				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria .. ..	6	2	4	0	4	11	0	3	0	2
Dysentery .. ..	2,371	339	162	18	1	1,815	204	334	18	1
Encephalitis, acute ..	2	0		0		4	0		0	
Enteric fever:										
Typhoid .. ..	0	0	1	0		2	0	0	0	1
Paratyphoid .. ..	7	4	3 (B)	0		4	1	0	0	
Food-poisoning .. ..	246	16		0		118	23			
Infective enteritis or diarrhoea under 2 years .. ..				10	29				12	12
Measles* .. ..	2,804	66	204	46	213	28,682	3,337	435	605	116
Meningococcal infection .. ..	21	2	10	3	1	41	3	18	3	2
Ophthalmia neonatorum .. ..	35	4	8	0		45	2	7	0	
Pneumonia† .. ..	817	48	232	16	21	984	46	257	11	42
Poliomyelitis, acute:										
Paralytic .. ..	9	1		0		6	1			
Non-paralytic .. ..	3	0				4			0	2
Puerperal fever§ .. ..	288	59	9	0	1	247	38	9	0	
Scarlet fever .. ..	982	63	71	32	30	815	35	102	50	18
Tuberculosis:										
Respiratory .. ..	671	89	136	19		646	65	132	21	
Non-respiratory .. ..	90	6	12	1		86	9	28	2	
Whooping-cough .. ..	1,416	87	137	87	135	1,867	128	137	50	63

DEATHS in Great Towns	1956					1955				
	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire	Eng. & Wales	Lond.	Scot.	N. Ire.	Eire
Diphtheria .. ..	0	0	0	0	0	0	0	0	0	0
Dysentery .. ..	0	0	0	0		1	0	1	0	
Encephalitis, acute ..		0			0		0			0
Enteric fever .. ..	0	0	0	0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years .. ..	8	2	1	0	0	6	1	4	0	1
Influenza .. ..	47	4	2	1	1	48	8	0	0	14
Measles .. ..		0	0	0	1		1	0	0	0
Meningococcal infection .. ..		1	0				0	1		
Pneumonia .. ..	430	71	28	21	13	438	70	33	14	20
Poliomyelitis, acute ..	2	0			0	1	0			0
Scarlet fever .. ..		1	0	0	0		0	0	0	0
Tuberculosis:										
Respiratory .. ..	85	9	16	3	5	108	7	14	0	8
Non-respiratory .. ..		0	1	2	1		1	1	0	0
Whooping-cough .. ..	0	0	0	1	0	2	1	0	0	0
Deaths 0-1 year .. ..	268	43	35	13	12	245	29	38	6	11
Deaths (excluding stillbirths) .. ..	6,803	969	665	157	206	7,386	1,070	760	163	282
LIVE BIRTHS .. ..	8,681	1,318	1,027	251	379	7,864	1,194	961	232	508
STILLBIRTHS .. ..	192	26	18			203	22	28		

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

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.

## COMING EVENTS

**International Society of Surgery.**—A general meeting of British members will be held on April 20 at 3.15 p.m. at the Royal College of Surgeons, London.

**Institute of Diseases of the Chest.**—Clinical demonstrations for medical practitioners will be held at the institute on Fridays, April 20 to July 6, at 5 p.m. Details from the secretary, Institute of Diseases of the Chest, Brompton, London, S.W.3.

**B.M.S.A. Symposium.**—The London Region of the British Medical Students' Association is holding a symposium on "The Aims of Medical Education" on April 21, at the London Hospital, Whitechapel. Tickets and further details from the secretary, London Region, B.M.S.A., B.M.A. House, Tavistock Square, London, W.C.1.

**Institute of British Photographers.**—The medical group will hold a spring conference at St. Bartholomew's Hospital, London, E.C.1, on April 21 at 2 p.m. Admission free. Tickets from the medical secretary, I.B.P., 49, Gordon Square, London, W.C.1.

**Ophthalmological Society of the United Kingdom.**—At the annual congress, April 26–28, at the Royal Society of Medicine, London, besides scientific papers there will be a discussion on the early diagnosis of glaucoma and a symposium on herpetic infections of the outer eye. Details of the programme from the secretary of the society, 45, Lincoln's Inn Fields, London, W.C.2.

**International College of Surgeons.**—"Continental Clinical Cruise," May 8 to June 6, which will include meetings in France, Switzerland, Italy, Austria, and Germany. Individual meetings may be attended. Full details from Dr. J. F. BRILSFORD, 20, Highfield Road, Birmingham, 15.

## NEW ISSUES

**Annals of the Rheumatic Diseases.**—The new issue (Vol. 15, No. 1) is now available. The contents include:

- RHEUMATOID ARTHRITIS IN A POPULATION SAMPLE. J. H. Kellgren and J. S. Lawrence.  
NATURE OF ANAEMIA IN RHEUMATOID ARTHRITIS. II. SURVIVAL OF TRANSFUSED ERYTHROCYTES IN PATIENTS WITH RHEUMATOID ARTHRITIS. W. R. M. Alexander, J. Richmond, L. M. H. Roy, and J. J. R. Duthie.  
KERATO-CONJUNCTIVITIS SICCA AND RHEUMATOID ARTHRITIS. Malcolm Thompson and Stella Eadie.  
PULMONARY CHANGES IN DISSEMINATED LUPUS ERYTHEMATOSUS. J. D. Aitchison and A. Wynn Williams.  
MODERN TRENDS IN ACUTE RHEUMATISM. S. Leff.  
SPONDYLITIS IN POST-PUBERTAL PATIENTS WITH RHEUMATOID ARTHRITIS OF JUVENILE ONSET. Morris Ziff, Vincent Contreras, and Currier McEwen.  
HYPERTROPHIC OSTEO-ARTHRITIS IN POLYARTERITIS. R. R. H. Lovell and G. B. D. Scott.  
CLINICAL TRIAL OF INTRAVENOUS AND INTRAMUSCULAR IRON IN RHEUMATOID ARTHRITIS. J. B. Millard and H. Stuart Barber.  
RADIOLOGICAL SIGNS OF RHEUMATOID ARTHRITIS. J. H. Kellgren and Frida Bier.  
AMERICAN RHEUMATISM ASSOCIATION. PROCEEDINGS OF SECOND INTERIM SCIENTIFIC SESSION, 1955.

Issued quarterly; annual subscription £2 2s.; single copy 12s. 6d.; obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

**British Journal of Preventive and Social Medicine.**—The new issue (Vol. 10, No. 1) is now available. The contents include:

- HEIGHTS AND WEIGHTS OF SCOTTISH SCHOOLCHILDREN. J. A. Grant Keddie.  
EMPLOYMENT OF TUBERCULOUS PATIENTS. A. Barr.  
OBSERVATIONS RELATED TO THE AETIOLOGY OF PLACENTA PRAEVIA WITH SPECIAL REFERENCE TO THE INFLUENCE OF AGE AND PARITY. R. G. Record.  
INVESTIGATION OF FOETAL MORTALITY ASSOCIATED WITH PLACENTA PRAEVIA. R. G. Record and Thomas McKeown.  
SELECTION OF MINERS: A SURVEY OF SCHOOL-LEAVERS IN A VILLAGE IN SOUTH WALES. I. T. T. Higgins, P. D. Oldham, A. J. Merrick, and M. I. Dunsdon.  
SOCIAL MEDICINE STUDIES BASED ON CIVILIAN MEDICAL BOARD RECORDS. V. PHYSICAL AND OCCUPATIONAL CHARACTERISTICS OF MEN WITH HERNIA, SPINAL CURVATURE, AND RHEUMATISM. A. M. Stewart, J. W. Webb, and D. Hewitt.

Issued quarterly; annual subscription £2 2s.; single copy 12s. 6d.; obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

## SOCIETIES AND LECTURES

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

## Monday, April 16

- DENTAL AND MEDICAL SOCIETY FOR THE STUDY OF HYPNOSIS.—At Medical Society of London, 8 p.m., Mr. V. B. Green-Armistage: Hypnosis in Gynaecology; Dr. H. Stewart: Hypnosis in General Practice.  
INSTITUTE OF PSYCHIATRY.—5.30 p.m., Dr. E. Stengel: lecture demonstration.  
●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5.15 p.m., Mr. Hedley J. B. Atkins: Carcinoma of the Breast; 6.30 p.m., Sir Russell Brock: Surgery of Some Congenital Heart Lesions.

## Tuesday, April 17

- BRITISH PSYCHO-ANALYTICAL SOCIETY.—At Friends House, Euston Road, N.W., 8.30 p.m., Dr. D. W. Winnicott: Psycho-analysis and the Sense of Guilt.  
LILFORD MEDICAL SOCIETY.—At King George Hospital, 9 p.m., Dr. W. S. Macdonald: General Practitioner and Health Education. Members of the Stratford Division, B.M.A., and all resident hospital officers are invited.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Hunterian Lecture by Professor W. J. W. Sharrard: Muscle Paralysis in Poliomyelitis.  
●ROYAL COLLEGE OF SURGEONS OF ENGLAND.—6.15 p.m., Professor W. W. Mushin: Anaesthetic Emergencies.  
SOUTH WEST LONDON MEDICAL SOCIETY.—At Bolingbroke Hospital, 8.30 p.m., Dr. C. Allan Birch: Hazards of Medical Procedure.  
WEST END HOSPITAL FOR NEUROLOGY AND NEUROLOGY.—5.30 p.m., Mr. J. Minton: Ocular Manifestations in Clinical Neurology (Part I).

## Wednesday, April 18

- HYPNOTHERAPY GROUP.—At Royal Society of Medicine, 8 p.m., Dr. H. Rifkin: Hypno-analysis of a Psychopath.  
NORTH WESTERN TUBERCULOSIS SOCIETY.—At Aintree Hospital, Liverpool, 5.30 p.m., Dr. E. L. Rubin: Hydatid Disease of the Lung.  
ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Dr. R. R. Trail: Pulmonary Tuberculosis—a Changing Social Problem (illustrated).

## Thursday, April 19

- BRITISH INSTITUTE OF RADIOLOGY.—8 p.m., Silvanus Thompson Memorial Lecture by Professor G. de Hevesy: Application of Radioactive Tracers in Radiobiology.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—3.45 p.m., Arnot Demonstration by Miss J. Dobson: Curiosities of Natural History.  
WESTMINSTER HOSPITAL MEDICAL SCHOOL GUTHRIE SOCIETY.—At Meyerstein Theatre, 8 p.m., Mr. J. Jarcho: People I Have Shot (illustrated).

## Friday, April 20

- FACULTY OF RADIOLOGISTS.—At Royal College of Surgeons of England, 4.45 p.m., Radiotherapy Section Meeting. Discussion: Caesium 137.  
INSTITUTE OF DISEASES OF THE CHEST.—5 p.m., clinical demonstration by Dr. F. P. Lee Lander.  
MEDICAL SOCIETY FOR THE CARE OF THE ELDERLY.—At Royal Society of Medicine, 9.45 a.m., general meeting.  
ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4 p.m., Moynihan Lecture by Professor Carl Semb (Oslo): Partial Resection of the Kidney.  
ST. MARY'S HOSPITAL MEDICAL SCHOOL.—At Wright-Fleming Institute Theatre, 5 p.m., Mr. Leonard Colebrook: Story of Puerperal Fever.

## Saturday, April 21

- KENT PAEDIATRIC AND CHILD HEALTH SOCIETY.—At Royal Star Hotel, Maidstone, 3 p.m., annual general meeting.  
MEDICAL SOCIETY FOR THE CARE OF THE ELDERLY.—At Royal Society of Medicine, 10 a.m., general meeting.

## APPOINTMENTS

- HARDISTY, R. M., M.D., M.R.C.P., Senior Lecturer (Clinical Pathologist), Welsh National School of Medicine.  
JOHNSON, D.L., M.R.C.S., L.R.C.P., D.P.H., Medical Officer of Health to Municipal Boroughs of Penzance and St. Ives, Urban District of St. Just, and the Rural District of West Penwith; Medical Officer of Health Area No. 1, Cornwall County Council.  
MYATT, CONSTANCE, M.B., Ch.B., D.P.H., D.I.H., Assistant Medical Officer of Health and School Medical Officer, County Borough of Smethwick.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

- Ancill.—On March 28, 1956, at Bristol Maternity Hospital, to Shielah Kendrick, wife of Dr. R. J. Ancill, a second son—Patrick Charles Kendrick.  
Binns.—On March 27, 1956, at Kingsbury Maternity Hospital, London, N.W., to Mary, wife of T. B. Binns, M.R.C.P., D.C.H., a daughter.  
Ecob.—On March 29, 1956, at Manor House, Swaffham, Norfolk, to Ann Ecob (formerly Griffiths), M.B., Ch.B., wife of Colin Ecob, M.B., Ch.B., a son—Roger Colin.  
Geddie.—On March 15, 1956, at Rubislaw Nursing Home, Aberdeen, to Margaret, wife of John M. Geddie, M.B., Ch.B., a son—David.  
Hollman.—On March 34, 1956, at University College Hospital, London, W.C., to Catharine and Arthur Hollman, a sister to Margaret and Susan—Anne Sheila.  
Sharpey-Schafer.—On March 28, 1956, at St. Thomas's Hospital, London, S.E., to Dr. Sheila Howarth, wife of Professor E. P. Sharpey-Schafer, a daughter.

## DEATHS

- Beveridge.—On March 5, 1956, at 39, Roseangle, Dundee, Angus, Arthur James Spowart Beveridge, M.B., C.M., aged 90.  
Bower.—On March 9, 1956, at 8, St. Margaret's Road, St. Leonards-on-Sea, Sussex, Alexander Hay Bower, M.B., B.S.  
Buchanan.—On March 3, 1956, at the Royal Surrey County Hospital, David Young Buchanan, M.B., Ch.B.  
Cockerell.—On March 2, 1956, in a nursing-home, Bessie Marlon Cockerell (formerly Gilford), M.B., B.S., of Letchworth, Herts, aged 83.  
Laker.—On March 3, 1956, at a London hospital, Alice Bogen Laker, M.R.C.S., L.R.C.P., D.O.M.S., formerly of Ludhiana, Punjab, India.  
Watt.—On March 7, 1956, at Springbank, Carlton Lane, Rothwell, near Leeds, Yorks, George Gray Watt, L.R.C.P.&S.Ed., L.R.F.P.S., aged 46.