

The Services

Col. N. Cantlie, M.C., late R.A.M.C., has been appointed D.D.M.S. of a Command, and has been granted the acting rank of Major-Gen.

Air Cdre. T. C. St. C. Morton, O.B.E., has been appointed an Honorary Physician to the King in succession to Air Cdre. H. L. Burton, who has vacated the appointment on retirement from the R.A.F.

Capt. C. Sonick, I.A.M.S., has been awarded the M.C. in recognition of gallant and distinguished services in Italy, and Capt. A. G. Hewer, R.A.M.C., in recognition of gallant and distinguished services in the field.

Temp. Surg. Licut. A. H. Zuckerman, R.N.V.R., has been commended for skill and endurance in services to injured survivors when a merchant ship was wrecked on a desolate part of the coast of Scotland.

CASUALTIES IN THE MEDICAL SERVICES

Wounded.—War Subs. Capt. G. M. Clark, A. B. Hill, G. C. Kennedy, S. M. G. McGuffie, D. W. Moynagh, A. G. Richards, D. N. Thornton, E. N. Whitley, R.A.M.C.

Killed in action in Normandy.—Capt. C. R. Veall and A. D. Fisk, R.A.M.C.

Reported missing at sea, now presumed killed in action.—Major E. B. Rotherham, R.A.M.C.

Missing, believed prisoner of war.—Major J. S. Darling, R.A.M.C. *Killed accidentally while on duty.*—Capt. S. Conway, R.A.M.C. *Died.*—Major C. F. Rainer, R.A.M.C.

Universities and Colleges

UNIVERSITY OF OXFORD

In a Congregation held on July 29 the following degrees were conferred:

B.M., B.Ch.—J. C. Chartres, ¹F. R. M. Elgood, ¹H. C. Nohl, ¹Nancy D. Cox. ¹In absentia.

UNIVERSITY OF LONDON

The following candidates have been approved at the examination indicated:

M.D.—Branch I (Medicine): G. D. Daruvala, P. Forgacs, J. W. Poulley. Branch III (Psychological Medicine): W. E. W. Bridger. Branch VI (Tropical Medicine): A. C. Howard.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At an ordinary meeting of the Council held on Aug. 3, with Sir Alfred Webb-Johnson, President, in the chair, it was decided to invite the following representatives of the branches of practice indicated to attend meetings of the Council during the ensuing collegiate year:

Dr. H. Guy Dain (general practice), Mr. V. E. Negus (otolaryngology), Dr. A. D. Marston (anaesthetics), Mr. George Black (ophthalmology), Mr. G. F. Stebbing (radiology), Prof. R. V. Bradlaw (dental surgery).

It was decided to recognize the posts of fourth house-surgeon at the East Suffolk and Ipswich Hospital and of resident surgical officer and casualty officer at the City General Hospital, Leicester, for the six-months surgical practice required of candidates for the Final Fellowship examination. Sir Frank Colyer was reappointed Honorary Curator of the Odontological Collection of the Museum for a further year. Mr. H. S. Souttar was appointed the representative of the College on the Scientific Advisory Committee of the Radium Institute and Mount Vernon Hospital.

Diplomas

Diplomas of Membership were granted, jointly with the Royal College of Physicians of London, to the candidates whose names appear in the report of the meeting of the Royal College of Physicians of London in the *Journal* of Aug. 12 (p. 227). Diplomas were granted, jointly with the Royal College of Physicians of London, as follows:

DIPLOMA IN OPHTHALMIC MEDICINE AND SURGERY.—J. A. Chivers, Philomena M. Guinan, W. Harris, H. G. W. Hoare, M. Klein, L. Lurie, S. J. H. Miller, M. C. Mundle, V. G. Patel, E. C. Richardson, R. H. Rushton, W. Shortis, G. L. Simmons, R. Spink, Mabel E. Stewart, G. F. Wright.

DIPLOMA IN MEDICAL RADIOLOGY.—K. E. Barlow, R. J. Carr, F. H. Cross, Kathleen M. Packett, G. Steiner.

DIPLOMA IN PHYSICAL MEDICINE.—F. S. Cooksey.

Before the meeting of the Council the Blane Medal was presented by Surg. Vice-Admiral Sir Sheldon Dudley, Medical Director-General of the Royal Navy, to Surg. Cmdr. W. A. Hopkins, O.B.E., M.D., R.N., in the presence of Lord Moran, President of the Royal College of Physicians, and the President and Council of the Royal College of Surgeons.

Letters, Notes, and Answers

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 2111. TELEGRAMS: *Atiology Westcent, London*. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

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B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.

ANY QUESTIONS?

Injections for Arthritis

Q.—Can you give me any information about the injection of solutions into painful joints for the relief of arthritis?

A.—An article recently appeared (*Lancet*, 1944, 1, 563) on the injection of joints in rheumatoid arthritis with acid potassium phosphate, good results being claimed in a large series of cases. The method must, nevertheless, be considered to be in the experimental stage, and further controlled observations will be required before it can be regarded as a safe and effective method of treatment. It would seem desirable at the present stage that it should be tried only in hospital, where rigid antisepsis and careful nursing and observation would be possible.

Chloride Content of Blood in Drowning

Q.—In cases of drowning, what is the medico-legal significance of alterations in the chloride content of blood and pleural fluid?

A.—In cases of drowning water tends to enter the respiratory tract just before death, and it has been found that if drowning takes place in fresh water there is a tendency for the percentage of chlorides to be lowered in the blood generally, and, further, the percentage in the left heart is lower than that in the right heart. When drowning takes place in salt water there is a tendency to increase the chloride of the blood generally, and in particular the blood in the left heart has a higher content than the blood in the right. After drowning in sea water the magnesium is increased in the blood generally, and the amount in the left heart is greater than that in the right. Examination of the blood for chlorides and magnesium, in both sides of the heart, is therefore helpful in arriving at an opinion as to whether in a body found in water death was actually due to drowning. These changes are most significant in bodies recovered before putrefaction is advanced. It is obvious that these changes will depend upon the rapidity of death after submersion, and particularly upon the length of time the circulation continues after water has been admitted to the lungs—that is, after consciousness has been lost. Obviously the greater length of time between the one phenomenon and the other, the more equal would be the dispersion of chlorides between the two sides of the heart.

"Safe" Period

Q.—A healthy young woman has borne three children in 5 years. Before marriage menstruation occurred regularly every 30–31 days. Menstruation began again 6 weeks after each confinement and now occurs at intervals of 36 to 42 days. Is it possible (a) to restore previous regularity—e.g., by the use of stilboestrol or prostigmin, and (b) to advise on a "safe period," however short? The patient's sister, whose periods have always occurred regularly every 21 days, has also sought advice on a "safe period." Would the regular reading of the vaginal temperature before rising provide a useful indication of the date of ovulation in either case, and, if so, could that date be related to a possible "safe period"? Both patients are intelligent women and decline contraceptives on ethical grounds.

A.—Some alteration in the menstrual cycle after pregnancy is not uncommon, and unless there is other evidence of endocrine disturbance, such as gross alteration in weight, spontaneous correction of the rhythm is to be expected. Neither stilboestrol nor prostigmin is indicated, and although thyroid, gr. 1/2 to 1 each night regularly for two to three months, appears to help to regulate the cycle at times, there is much to be said for adopting an expectant attitude in this case.

Ovulation occurs approximately 14 days before the onset of the next menses, so in a 21-day cycle it is soon after the last period ceases. The only reasonably "safe period" is therefore the 7–10 days preceding menstruation. With a cycle so irregular, as in the first case, it is difficult to predict the time of ovulation, especially