

Medical News

The fourth annual general meeting of the Anglo-Soviet Medical Council will be held on Tuesday, Dec. 18, at 4.30 p.m., at the Royal Society of Medicine, 1, Wimpole Street, W. Prof. Arnold Sorsby, F.R.C.S., will speak on Soviet medicine.

A meeting of the Eugenics Society will be held at the rooms of the Royal Society (Burlington House, Piccadilly, W.) on Tuesday, Dec. 18, at 5.30 p.m., when Dr. D. V. Glass will give an address on "Aspects of the Development of Population Policy." All interested are invited to attend.

A meeting of the Colour Group of the Physical Society will be held at 3.30 p.m. on Wednesday, Dec. 19, in the small Physics Lecture Theatre, Imperial College, Imperial Institute Road, S.W., when a lecture on "Colour Discrimination, the Visibility Curve, and the Trichromatic Theory" by W. S. Stiles, D.Sc., will be followed by an informal discussion.

A meeting of the British Institute of Radiology will be held at 32, Welbeck Street, W., on Thursday, Dec. 20, at 8 p.m., when a paper by Mr. M. H. Jupe and Mr. L. A. Kemp on "The Physicist in the Radio-diagnosis Department" will be read. On Friday, Dec. 21, at 5 p.m., there will be a meeting of medical members at the same place. The Diagnosis Section of the Faculty of Radiologists will meet at the Royal College of Surgeons of England on Friday, Dec. 21, at 2.30 p.m., when there will be a discussion on "The Radiology of Non-malignant Intracranial Lesions."

The London County Council announces the retirement of Sir Thomas Carey Evans, F.R.C.S., medical superintendent of Hammersmith Hospital. His retirement is on medical grounds. The Council states that Sir Thomas Carey Evans, who entered its service in 1931, has shown himself to be a most capable organizer and medical administrator. "His professional ability, tact, and charm of manner have impressed all those with whom he has worked and have greatly contributed to the establishment of the amicable relations which exist between Hammersmith Hospital and the British Postgraduate Medical School."

Lieut.-Col. the Right Hon. Walter Elliot, F.R.S., F.R.C.P., of Bonchester Bridge, Hawick, has been appointed a Deputy Lieutenant of the County of Roxburgh. Dr. E. W. Jones, of Llety'r Eos Llanfairtalhaearn, and Seibiant, Pontllyfni, has been nominated Sheriff for the County of Caernarvonshire.

The appointment of Dr. Stuart I. A. Laidlaw as Medical Officer of Health for Glasgow in succession to Sir Alexander Macgregor, who retires in April, has been confirmed by the City of Glasgow Corporation.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

Postgraduate Courses for Ex-Service M.O.s

It is proposed to hold 14-day refresher courses for medical officers released from the Forces as follows: Pulmonary tuberculosis, its differential diagnosis and treatment, at Addenbrooke's Hospital, Cambridge, and at Papworth, beginning on Jan. 14, 1946; general 14-day course at Ipswich and Colchester beginning on Feb. 11, 1946; and a 14-day course on social and industrial medicine at Luton beginning on May 6, 1946. Should vacancies occur these courses will be available for general practitioners. Further particulars can be obtained on application to Dr. Douglas Firth, Trinity Hall, Cambridge.

UNIVERSITY OF LONDON

Alan Moncrieff, M.D., F.R.C.P., has been appointed to the Nuffield Chair of Child Health tenable at the Institute of Child Health as from Jan. 1, 1946. He is a member of the staff of Middlesex Hospital and the Hospital for Sick Children and is also paediatrician to Queen Charlotte's Maternity Hospital and to the British Postgraduate Medical School. During the war he has served as whole-time physician to the Emergency Medical Service.

UNIVERSITY OF DUBLIN

SCHOOL OF PHYSIC, TRINITY COLLEGE

The following medical degrees were conferred on Dec. 5:

M.D.—P. Delap.
M.Ch.—W. Houston.
M.B., B.Ch., B.A.O.—P. G. S. Beckett, J. A. D. Bradfield, K. Campbell, D. J. Crowley, W. G. Fegan, A. J. E. FitzGerald, Maire C. FitzPatrick, Joan M. Fox, T. H. F. Gillespie, H. T. C. Hitchcock, P. G. Kennedy, Elizabeth M. Kyle, Elinor W. McCloy, K. A. McFadden, C. W. E. Murphy, G. M. O'Donnell, A. J. H. Reford, Mary A. Wright.

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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ANY QUESTIONS?

Road Accidents while "Under the Influence"

Q.—*In charges of being "under the influence of alcohol while driving a car" the defence is often put up that the defendant's condition was due to shock or concussion. Can you help in the differential diagnosis?*

A.—Shock and concussion closely simulate the manifestations of alcoholic intoxication. The issue is liable to be complicated by the defendant having been given an alcoholic stimulant after the accident or by the ingestion of a small quantity of alcohol beforehand, which in itself would not warrant the charge of being "under the influence." The chemical examination of the blood or of the urine for alcohol is of definite value in these cases because the approximate amount of alcohol in the body, and therefore the amount ingested, can readily be determined. For the full value of such a procedure the reader is referred to the *Practitioner*, April, 1945, p. 205.

Salivation

Q.—*A man aged 50, subject to asthma, suffers from troublesome salivation. When he is trying to sleep saliva often gets into his larynx, causing fits of coughing; when asleep saliva occasionally trickles from his lips. He also complains of intestinal flatulence. What is the treatment?*

A.—The causes of salivation are many, though asthma does not appear to be numbered among them. The possibility should nevertheless be borne in mind that a drug used for the treatment of the asthma, such as iodide or arsenic, is irritating the salivary glands. Salivation is usually the result of some local or distal source of irritation. Water-brash is a well-recognized symptom of peptic ulcer, and this would be one's first thought in a case of this kind. However, quite minor digestive upsets will provoke attacks of salivation, which can then be regarded as part of the syndrome of nausea. Patients may salivate after aspirin or after taking rich food and drink. It might therefore be worth while to investigate the digestive symptoms more closely, and if no gross lesion is found an effort should be made to relieve the flatulence by avoidance of potatoes and gassy vegetables. Other common causes are irritation from teeth or dentures and disease of the central nervous system. It is stated that salivation may occur as a functional form of mouth neurosis, whatever that may mean, and there is no doubt that in certain cases the cause remains obscure. If no cause can be found, belladonna or atropine should be prescribed.

Discharge Swabs in Diphtheria

Q.—*With regard to discharge swabs of diphtheria cases (JOURNAL, Nov. 24, p. 753), would one be justified in abolishing these altogether provided the child was clinically well and had a normal nasopharynx?*

A.—No, this is not sound practice either administratively or clinically. It is quite true that a child with a normal nasopharynx is unlikely to be either a heavy or a persistent diphtheria carrier. Still, normality in the nasopharynx is an unstable condition, and a child who contracted a respiratory infection soon after discharge from hospital could be converted thereby from a light diphtheria carrier to a potentially dangerous source of infection with a heavily infected droplet spray.

Control of Neurosyphilis

Q.—*When the clinical advancement of neurosyphilis has been checked, after full courses of treatment three years ago, do strongly positive Wassermann and Kahn tests indicate that antisyphilitic treatment should be tried again?*

A.—If the Wassermann and Kahn were serum tests the answer is, No. As to whether further treatment is necessary, much depends on four factors: (1) the present condition of the cerebrospinal