

with its unnecessary complication and repetition, and has arranged his material in narrative form, divided according to the various aspects of the subject. His first chapter, on the classification and appointment of coroners, reveals a surprising variety. All the High Court Judges are coroners *ex officio*, though none of them has ever been known to hold an inquest. There are still a number of franchise coroners, appointed by various corporations, lordships, universities, and other communities with this traditional right. The King's Coroner and Attorney holds an interesting historical sinecure; the Coroner of the King's Household has jurisdiction within the palaces. Apart from these, most coroners are, of course, appointed by local authorities under statute. Dr. Purchase deals fully with qualifications and disqualifications, jurisdiction, and duties, including the curious duty of inquiring into the circumstances of treasure trove. In his chapter on the report of deaths to the coroner he follows the traditional rule that every person about the deceased has a duty (unless the duty is imposed upon some particular person) to give notice to the coroner, his officer, or an officer of police. He admits that there is no sanction for the enforcement of this duty, but does not comment on the interesting opinion given by Sir Roland (then Mr.) Burrows, K.C., at the end of 1943 and discussed in the *Journal* (April 8, 1944, p. 498) denying that such a duty exists in law. He states that the medical practitioner has a social or moral obligation, which has become a well-founded custom, to report deaths to the coroner in suitable cases apart from his duty, which Dr. Purchase holds to be absolute, to issue a certificate if he has attended the deceased during his last illness, even though he cannot state the cause of death. In cases where the practitioner knows or suspects that the death is connected with a crime, Dr. Purchase quotes with approval Mr. Justice Avery's well-known charge to the Birmingham Grand Jury at the December Assizes in 1914, declaring that a practitioner with such knowledge should communicate with the police. That particular case was one of alleged criminal abortion, and medical and legal opinion on the judge's ruling has continued to be sharply divided until the present day. In his section on death under an anaesthetic he is impartial and does not support those coroners who would press anaesthetists and hospital authorities for notice and information which they are not strictly obliged by law to give. The book abounds with clear and accurate information and omits no point of substance. Half the volume consists of an appendix containing statutes, regulations, circulars, and forms, as well as a note on the emergency provisions in force during the war.

D. H. KITCHIN.

THE BRUNNER GLANDS

The Duodenal Glands of Brunner in Man, Their Distribution and Quantity. By Erik Landboe-Christensen. Translated from Danish by Hans Andersen, M.D. (Pp. 267; illustrated, 20s.) Copenhagen: Einar Munksgaard. London: Geoffrey Cumberlege (Oxford University Press). 1944.

Studies on the cells of the gastro-intestinal tract by precise quantitative methods are few in number. Exact knowledge of their function, variation in number and distribution, and modifications in disease is still relatively scanty. The author of this monograph set himself to answer one question: What is the distribution and glandular density of the Brunner glands in a representative section of the population? We may say that he has succeeded in answering it. His technique was a modification of that used by Malfoe and Hellman for the quantitative estimation of the lymphatic follicles in the intestine. He has thus accurately mapped out the distribution and glandular density in 53 patients, none of whom had duodenal scarring or ulceration. His results show the relative constancy of the distribution and a range of variation not appreciably altered in old age. The findings should form a valuable basis for future work on the exact physiological functions of these glands and their variation in disease.

W. T. COOKE.

Messrs. William Heinemann (Medical Books), Ltd., 99, Great Russell Street, London, W.C.1, inform us that they are the agents in this country for *Clinical Methods of Neuro-Ophthalmologic Examination*, by Alfred Kestenbaum, which was reviewed in the *Journal* of July 12 (p. 58). The English price of the book is 25s.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

The Chemical Activities of Bacteria. By E. F. Gale, B.A., Ph.D. (Pp. 199. 8s. 6d.) London: University Tutorial Press. 1947. An elementary introduction for students of biochemistry and bacteriology.

Vital Statistics and Public Health Work in the Tropics. By P. Granville Edge, O.B.E., D.Sc. 2nd ed. (Pp. 265. 15s.) London: Baillière, Tindall and Cox. 1947.

Discusses the application of statistics under conditions peculiar to the Tropics.

Office Immunology Including Allergy. Edited by M. B. Sulzberger and R. L. Baer. (Pp. 420. 36s.) London: H. K. Lewis. 1947.

A survey of allergy and immunology for the general practitioner.

A Way of Life for the Handicapped Child. By Eirene Collis, M.C.S.P., M.A.O.T. (Pp. 183. 10s. 6d.) London: Faber and Faber. 1947.

The author describes her methods of treating cerebral palsy.

Aids to Practical Nursing. By Marjorie Houghton, S.R.N., S.C.M., D.N. 5th ed. (Pp. 364. 5s.) London: Baillière, Tindall and Cox. 1947.

An introduction to nursing for the student nurse; with illustrations.

Unwanted Child. By Eustace Chesser, L.R.C.P.&S.Ed. (Pp. 152. 12s. 6d.) London: Rich and Cowan. 1947.

An account of the psychology and family background of unwanted children.

Diagnostic Examination of the Eye. By Conrad Berens, M.D., F.A.C.S., and Joshua Zuckerman, M.D., C.M., F.A.C.S. (Pp. 711. £4 10s.) London: J. B. Lippincott Company. 1946.

Describes a step-by-step procedure for examining the eye; with many illustrations, some in colour.

Surgical Treatment of the Soft Tissues. Edited by F. W. Bancroft, M.D., F.A.C.S., and G. H. Humphreys, M.D., Sc.D., F.A.C.S. (Pp. 520. £4 10s.) London: J. P. Lippincott Company. 1946.

Includes surgery of the subcutaneous tissues, hernias, blood vessels, and the treatment of burns.

1946 Year Book of Endocrinology, Metabolism, and Nutrition. Edited by W. O. Thompson, M.D., and Tom D. Spies, M.D. (Pp. 573. 21s.) London: H. K. Lewis. 1947.

Includes recent reports on thiouracil, radio-active iodine, and substances related to desoxycorticosterone.

The Essentials of Materia Medica, Pharmacology, and Therapeutics. By R. H. Micks, M.D.(Dubl.), F.R.C.P.I. 4th ed. (Pp. 399. 18s.) London: J. and A. Churchill. 1947.

This edition includes new material on anaesthetics and narcotics, tubocurarine, the antibiotics, benadryl, folic acid, and paludrine.

Recent Advances in Endocrinology. By A. T. Cameron, C.M.G., M.A., D.Sc.(Edin.), F.R.I.C., F.R.S.C. 6th ed. (Pp. 443. 21s.) London: J. and A. Churchill. 1947.

Includes an account of a case of Addison's disease successfully treated, and considers thiouracil and synthetic iodo-proteins.

Handbook of Diagnosis and Treatment of Venereal Diseases. By A. E. W. McLachlan, M.B., Ch.B., D.P.H., F.R.S.Ed. 3rd ed. (Pp. 375. 15s.) Edinburgh: E. and S. Livingstone. 1947.

Revisions include the discussion of penicillin therapy and its limitations, as well as oil-wax vehicles.

The American Sanatorium Association. By Lewis J. Moorman, M.D. (Pp. 72. No price.) New York: National Tuberculosis Association. 1947.

A brief historical sketch of the Association, with photographs.

Textbook of Pathology. By E. T. Bell, M.D. 6th ed. (Pp. 910. 50s.) London: Henry Kimpton. 1946.

This edition includes fuller discussion of vitamin deficiencies and tropical diseases.

Obituary

HUBERT ARMSTRONG, M.D.

Dr. Hubert Armstrong died on June 23 at the age of 75. He was a student in the Liverpool School of Medicine, Victoria University, and obtained the M.D.Vict. in 1900 and the Liverpool M.D. in 1904. He early showed an interest in paediatrics and joined the staff of the Royal Liverpool Children's Hospital, where for many years he was one of the honorary physicians. His sound knowledge, wide experience, and his keenness made him a valuable colleague.

In the first world war he served in the R.A.M.C. with the rank of captain and was on the staff of the 1st Western General, later joining the 57th General Hospital, which was sent to France. In the earlier years of his professional life, in addition to his work at the Children's Hospital, he found time to practise as an anaesthetist. For many years he was medical officer to the Liverpool Orphanage and to the Bluecoat School, where his help was greatly appreciated.

Dr. Armstrong always took a keen interest in the British Medical Association and had been a member since 1896. In 1924-5 he was chairman of the Liverpool Division. Temperamentally he was of a rather shy and retiring disposition. He enjoyed walking, and all his friends will remember his long loping stride with his head well forward. His two main interests outside his profession and his family were photography and philately. He was particularly interested in the stamps of France, of which he had a unique collection. For the last two years of his life he was a sick man and accepted his fate with fortitude. He leaves a widow and three daughters.

Dr. JAMES EDWIN WILSON died suddenly in London on July 9. He was medical officer of health at Mansfield from 1922 to 1943. An Ulsterman, he received his medical education in Ireland, where he qualified in 1904 at the Queen's University, Belfast, subsequently taking his M.D. in 1909. During his early career he held appointments at Birmingham City Infirmary and the Northern Fever Hospital, London. Later he was in private practice in London for three years. In 1911 he entered the public health service as assistant medical officer to Lindsey County Council. After serving in France and Italy with the R.A.M.C. during the first world war, he returned to the Lindsey post for a time, and then became assistant M.O.H. at Grimsby before moving to Mansfield in 1922. He had been a member of the British Medical Association since 1904 and was honorary secretary of the old North Lincoln Division in 1922.

A. H. W. writes: It was with a feeling of great personal loss that I heard of the sudden death of Dr. J. E. Wilson. For over twenty years I was associated with him while he was M.O.H. for Mansfield. His genial bonhomie and cheerfulness made him a well-liked and popular figure in the town, where he was held in high esteem. He retired in 1943 and moved to London, where he carried out part-time duties with the Ministry of Pensions and London County Council, but he never lost touch with Mansfield. "Peter," as he was known to his friends, was a man with a strong personality, frank and outspoken. He was a firm friend, a pleasant companion, and a charming host. As a result of examining many thousands of school-children he came to the conclusion that much ill-health was due to defective breathing, and in 1939 he published an article in the *Medical Officer* on "How to Breathe Correctly," which caused widespread interest. His passing leaves a gap among his friends which will be hard to fill, and our sympathies are extended to his wife, son, and daughter in their bereavement.

Dr. HELEN BAKER died at the Royal Free Hospital on July 8 at the early age of 39. She received her medical education there and qualified in 1932, obtaining the M.R.C.S., L.R.C.P. and the London M.B., B.S. She held several house appointments, including one at the Queen's Hospital for Children and another at Bristol Royal Infirmary, before proceeding to specialize in psychiatry. She took the London M.D. in 1938 and the D.P.M. in 1941. During and after the war years she held a post at Sutton Emergency Hospital, and although the care of her young son and daughter prevented her from doing full-time work she maintained a strong enthusiasm for, and an intense interest in, her medical work. She was hoping to resume a full-time career later. Her untimely death is a great loss to her patients and to her husband, Mr. John Peterson, and family. Dr. Baker had proved herself a natural psychia-

trist by not only showing herself to be sympathetic and enthusiastic but also by her balanced view towards this difficult specialty. She was interested not only in child guidance and the problems of psychotherapy but also in social problems generally and nursery schools in particular. She was very popular, was universally liked by her colleagues and patients, and will be sadly missed by all who knew her.

Dr. J. A. P. SHAW died on June 26 at the age of 51. He was educated at Cambridge and St. Thomas's Hospital, and qualified M.R.C.S., L.R.C.P. in 1920. He was junior ophthalmic house-surgeon, and assistant medical officer to the department of Special Diseases at St. Thomas's Hospital; he was also clinical assistant in the Children's and in the Skin Departments. He was later in charge of the Department of Special Diseases at the King Edward VII Hospital at Windsor, where he was in practice. He had been a member of the British Medical Association for 25 years.

Dr. BEAUMONT HARRY COMERFORD, who died in London on July 15, was one of the older practitioners in the West End. The youngest son of Lieut.-Col. Comerford, he was educated at Sherborne School, where he gained distinction as an athlete, winning the mile, half-mile, and steeplechase and being captain both of cricket and football for two consecutive years. He was a student of St. George's Hospital, qualifying M.R.C.S., L.R.C.P. in 1887. He obtained the Durham M.D. and the D.P.H. in 1904. He was successively senior house-surgeon, house-physician, and obstetric assistant at St. George's, and was later resident medical officer at the Chelsea Hospital for Women and for ten years clinical assistant at the Victoria Hospital for Children. Dr. Comerford was also honorary medical officer for the National Children's Adoption Society. He conducted a considerable practice for over twenty-five years in Chester Square and subsequently, until his retirement in 1939, in Ashley Gardens. By his steady common sense, shrewd judgment, and great experience he won the trust, confidence, and affection of his many patients and colleagues. During the 1914-18 war he returned to St. George's as surgeon to the out-patient department and worked there for four years without a break, in recognition of which he was appointed an honorary governor of the hospital. He married in 1905 Elizabeth Frances Shaw Woodgate, elder daughter of the late Rev. R. S. S. Woodgate, of Pembury Hall, Kent, and he leaves a widow and one son.

Mr. ROBERT NOEL MARTIN died after a motor accident on July 25. Mr. Martin, who was only 34, was educated at Campbell College and Queen's University, Belfast. He qualified in 1937 and was appointed house-surgeon to the orthopaedic and fracture department of the Norfolk and Norwich Hospital. He was then on the E.M.S. staff for a while before serving with the Royal Navy. He was demobilized with the rank of surgeon-commander and obtained the F.R.C.S.Ed. in 1945. When the accident occurred Dr. Martin was returning from a holiday in Antrim before leaving for Chatham, where he held an orthopaedic appointment.

The Services

ROYAL NAVAL MEDICAL SERVICE

Applications are invited to fill vacancies for medical officers in the Royal Navy. Candidates below the age of 28 years are preferred. They must be registered under the Medical Acts and be medically fit for service at sea and in any part of the world. No examination in professional subjects will be held, but candidates will be required to attend for interview by a selection board.

Selected candidates will be entered initially for a period of four years' Short Service. Officers who leave the Service at the end of their Short Service will be eligible for a gratuity of £600, tax free. At the end of their Short Service permanent commissions will be given at Admiralty discretion to selected officers who wish to make the Naval Medical Service their permanent career. For officers on the permanent list opportunities are available for postgraduate study to specialize, to take higher examinations, and to obtain further qualifications.

Copies of the regulations for entry and conditions of service, including rates of pay, allowances, and retired pay (also details concerning counting civil hospital time), and forms of application may be obtained from the Medical Director-General of the Navy, Admiralty, London, S.W.1, and from the deans of all medical schools.

The Efficiency Decoration of the Territorial Army has been conferred upon Lieutenant-Colonel (Honorary Colonel) J. P. Raban and Major H. Weir, R.A.M.C.

compelled to retire prematurely his superannuation would be given after a proper hearing and a proper trial and exchange of medical evidence and testimony. He wanted to make sure that superannuation on medical grounds was not left as in the Post Office, where a person might be prematurely retired without having his case stated properly.

Sir HUGH LUCAS-TOOTH said quite a substantial proportion of the contributions paid by women would go to men to provide benefit for their wives in due course. If an officer were disabled doing his duty he would be entitled to a pension as of right under Regulation 5 and also eligible to a pension at the discretion of the Minister under Regulation 7. These two provisions could not be reconciled as they stood.

Dr. MORGAN said one regulation dealt with accidents and diseases in industry which came under the Industrial Diseases Act, and the other regulation dealt with a person disabled from any ordinary illness.

Mr. LINSTED congratulated the Minister in getting some 60 organizations in the medical profession to agree on this draft. That must be a record. He raised the interpretation of the word "service" for the purpose of Regulation 13. He said that doctors, radiographers, physiotherapists, and speech therapists would want to come into the public service at a late stage in their lives. These persons had little hospital service to count for superannuation. Would it be possible to extend hospital service to cover at least some of these older practitioners?

Concession to B.M.A.

Replying to the debate, Mr. J. EDWARDS said attention had been drawn to a gap in the provisions regarding interchangeability between the staff of local authorities and others. The Government was advised that it should not deal with the subject in these regulations, but it recognized the gap and intended, in agreement with the local authorities, to put the matter right at the first opportunity. With respect to the restriction of claims in regard to insurance policies it would be difficult to allow a different option in this from the options permitted in other cases where the Appointed Day was the operative date. The Government could not prolong indefinitely into the future the right of people to ask for these options. It had not been intended originally to have any option at all. The option was put in because the representatives of the British Medical Association asked for it.

In regard to the proposal that years should be added for the practitioner's training it was impossible for the Government to single out doctors for preferential treatment. The scheme could deal only with actual service. Doctors would enter when they were qualified at the age of 23 or 24 and could complete the full 40 years before they retired at 65, thus earning the full pension. Another point raised concerned the elderly practitioner. At the moment such a practitioner had no pension in prospect but relied on the value of his practice for support when he retired. He would not be worse off under these arrangements and would earn something in the Government's scheme, but the Government could not give special benefits because the practitioner had come in late in life. To discriminate in favour of this group would lead to difficulties in other fields. The argument that compensation based on the money values of to-day might be inadequate when the practitioner retired was common to all pension schemes, and adjustment might be necessary when there was substantial change in the value of money.

He assured Dr. Haden Guest that if at any stage the Government found the scheme was restricted in regard to interchangeability it would not hesitate to alter it. In reply to Col. Stoddart-Scott Mr. Edwards said that the allocation of pension provisions in Regulation 9 applied equally to the woman doctor. In Regulation 20 there was no intention of putting words which would give power of direction later. He agreed that the words used were a little harsh and that it might have been better to say that the Minister would not withhold a pension without offering a man a job. If a man found a job for himself later and there was any difference of opinion between the Minister and the man the Regulations provided for an appeal to a referee appointed by the Minister of Labour. The Minister wished to ensure that he was able to request people who were able to do work to do so and not to permit them to draw a pension when they were fit to work. Regulation 24 referred to March, 1946, because that was the date of the introduction of the Bill and therefore the date on which the Minister's intentions could be assumed to be known. On the other hand the same Regulation later contained a specific provision for those who entered after March, 1946, to be permitted to come in and for the Minister's discretion to be used as though the date were before March, 1946. In all normal cases that discretion would be exercised.

"Reasonable Expectation"

On Regulation 25, entitled "Definition of Reasonable Expectation," he did not think it desirable to define this precisely. The Ministry would go to endless pains to deal fairly with persons. Regulation 26 was not intended to deal with the person who had worked for a period of his service in a hospital. It was solely intended for the super-specialist, a man resembling the person who late in life was taken into the Civil Service at top level. It was not intended to cover people who had hospital service. With the funds at disposal the widows' pensions were the best the Government could do. It had not been able to make special arrangements under which a higher premium could be paid to secure a higher pension for a widow. This was the first time that Parliament had a national scheme with widows' pensions in it. He was sorry to say there was no pension for the widower. The woman doctor did not lose any more than the bachelor. Where a widow's pension was available it was carved out of the retiring allowance, and where there was no such pension the retiring allowance was higher in consequence. Where a man and wife were in the scheme the wife was not eligible for a widow's pension in addition to her own pension rights but got her full sum in pension.

Answering points raised by Dr. Morgan, Mr. Edwards said the Government did not intend to prevent interchangeability in the case of a genuine technical mistake. The mental worker could go at 55 or could stay to 65. He hoped that procedures would be laid down to cover this type of case when the new negotiating machinery was established.

The Government knew that it could not foresee everything, and if experience disclosed a need for modification it would certainly modify. The scheme was not the last word but was easily the most flexible scheme there ever had been in this country and one which was to the advantage of people in the service.

The House then agreed to the Motion to approve the Draft National Health Service (Superannuation) Regulations, 1947, under Subsection (1) of Section 67 of the National Health Service Act, 1946.

Universities and Colleges

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

At a meeting of the Council of the College, held on July 26, Mr. W. Giliatt was re-elected President of the College. The following officers were also re-elected: *Vice-Presidents*, Sir William Fletcher Shaw and Mr. James M. Wyatt; *Honorary Treasurer*, Mr. Arthur A. Gemmell; *Honorary Librarian*, Mr. F. W. Roques; *Honorary Curator to the Museum*, Mr. Aleck W. Bourne. Mr. H. G. E. Arthure was elected Honorary Secretary.

The following candidates were elected to the Membership of the College: S. J. Aptekar, H. B. Bagshaw, G. H. Bancroft-Livingston, S. Bender, Isabella R. Bishop, J. T. S. Brown, Gwendoline E. Cockrem, J. McD. Corston, G. A. Craig, K. J. R. Cuthbert, R. W. Denziger, B. C. Dastur, Josephine A. Davidson, N. E. C. de la Hunt, W. P. G. Dickson, I. A. Donaldson, Sara M. Field-Richards, T. B. FitzGerald, J. B. Fleming, I. T. Fraser, A. M. Giles, A. McM. Graham, E. F. B. Hamilton, Lois B. Hurter, D. W. James, Eileen I. Jamieson, R. J. McC. Jamieson, D. H. Lees, M. Lipsitz, G. I. Louisson, W. Love, Joan E. W. Mackie, C. J. MacKinlay, J. T. Mair, P. Malkani, W. G. Mills, P. R. Mitchell, Mary L. Neville, E. R. Ormerod, H. G. Page, S. S. Parlee, Nancy Perry, E. E. Philipp, J. G. Pritchard, E. E. Rawlings, Elizabeth M. Rose, Dorothy M. Satur, D. A. Fletcher Shaw, D. J. N. Smith, J. Walker, Ada S. Wong.

ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College, held on July 15, with the President, Dr. D. M. Lyon, in the chair, Drs. Joseph Bryant (Carlisle), T. Elliot Elliot (Leicester), J. D. Allan (Bothwell), T. F. Rodger (Glasgow), and R. W. Craig, O.B.E. (Edinburgh), were introduced and took their seats as Fellows of the College. Drs. John Craig (Aberdeen), J. McG. Rogan (Glasgow), J. M. Macfie (Edinburgh), J. C. R. Greig (Kirkcaldy), A. W. Wright (Edinburgh), Neil Macmichael (Edinburgh), Charles Cameron (Edinburgh), and J. A. L. Gilbert (Edinburgh) were elected Fellows of the College.

Prof. R. W. B. Ellis (Edinburgh) and Drs. Simon Btsh (Tel Aviv), J. P. J. Paton (Thornhill), V. H. Wilson (London), A. J. Tinker (Johannesburg), L. F. E. Lewis (Trinidad), P. L. E. Wood (London), J. H. Goonewardene (Colombo), S. J. Fleishman (Johannesburg), A. A. Williams (Middlesbrough), A. W. B. Edmunds (Edinburgh), L. G. Woods (East London), J. C. Williams (Pretoria), A. A. Guild (Airdrie), N. R. Stewart, jun. (British Columbia), D. C. Haig (Edinburgh), R. F. Robertson (Perth), and S. H. B. Blaikie (London) were elected Members of the College.

COMING EVENTS

Franco-Anglo-American Medical Society

Lord Horder will open the meeting of the British Section of the Franco-Anglo-American Medical Society, of which he is President in Great Britain, at 3.30 p.m. on Tuesday, Aug. 12, and not at 2.30 p.m. as announced last week (p. 195).

C.M.F. Surgeons' Dinner

The annual dinner of the C.M.F. Surgeons Club will be held at Claridge's Hotel, London, W.1, on Sept. 11, at 7 p.m. The charge, exclusive of wine, is 25s. Surgeons and anaesthetists who served with the Central Mediterranean Force should apply for tickets through the Secretary of the Club, at 10, Park Square West, London, N.W.1.

Aslib Study Group

The Association of Special Libraries and Information Bureaux has organized a study group on special librarianship, in co-operation with the Library Association, to be held at Chaucer House, Malet Place, London, W.C.1, during the week Aug. 11-16. Fees are £2 2s. for the course, or 10s. per day. Programme and application forms may be obtained from the Aslib office, 52, Bloomsbury Street, London, W.C.1.

U.N.E.S.C.O. Conference

A conference under the auspices of U.N.E.S.C.O. has been planned to take place in October to establish a permanent Bureau of International Medical Congresses. Among the activities considered suitable for the bureau to undertake are the collecting of type cultures, improving the circulation of scientific literature, and the establishing of international stock rooms for pure substances not commercially available—e.g., radioactive isotopes and pure-line strains of laboratory animals.

Narcotic Drugs

The Narcotic Drugs Supervisory Body of U.N. has tentatively fixed Nov. 17 as the day for its next meeting.

APPOINTMENTS

LENNANE, G. A. Q., M.B., B.Ch., Government Medical Officer, Rotorua, New Zealand.

MISS MARJORIE ROUSE is the first nutritionist to be appointed in Tasmania. She is preparing a report for the Commonwealth National Health Scheme.

Miss Rouse, who is a native of New South Wales, graduated from the Science University of Sydney in 1936, and in 1944 came to Britain with a British Council scholarship to work with the Oxford Nutrition Survey. She returned to Australia in 1946.

BLAIR, E. J., M.D., M.R.C.P., Physician, New Cross Hospital, Wolverhampton.

HULL ROYAL INFIRMARY.—Honorary Physician: T. Stirling Eddie, M.B., B.S., M.R.C.P. Honorary Assistant Physician: T. Morton J. Stewart, M.D., D.C.H.

KENNEDY, D. A. V., M.B., Ch.B., M.R.C.O.G., Honorary Consulting Gynaecologist, Aldershot Hospital.

LONDON COUNTY COUNCIL.—The following appointments have been made in the Council's mental health services for duty at Maudsley Hospital: Physician, E. W. Anderson, M.D., F.R.C.P.; Senior Registrars, D. L. Davies, B.M., B.Ch., and W. Warren, M.B., B.Chir.

PILKINGTON, FRANCIS, M.B., M.R.C.P., D.P.M., Honorary Physician in Psychological Medicine, Prince of Wales's Hospital, Plymouth.

RUNWELL HOSPITAL, near Wickford, Essex.—Senior Physician, P. D. Scott, M.B., B.Chir. Assistant Physician, E. H. Cranswick, M.B., B.S.

BIRTHS, MARRIAGES, AND DEATHS

The charge for an insertion under this head is 10s. 6d. for 18 words or less. Extra words 3s. 6d. for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.

BIRTHS

KERSHAW.—On July 26, 1947, at Liverpool, to Dr. Mary Cowell, wife of Dr. W. E. Kershaw, a second child—a daughter.

LEACH.—On June 1, 1947, at Crediton, to Dr. Irene Bower, wife of Capt. A. B. Leach, a daughter—Gillian Mary. Address: George Hotel, Combe Martin, Devon.

MACRAE.—On July 28, 1947, at St. Brenda's Nursing Home, Bristol, to Phyllis (née Mahy), wife of James Macrae, M.D., F.R.F.P.S., a daughter.

WILSON.—On July 26, 1947, at University College Hospital, to Lallie and Maxwell Wilson, a son—Andrew Thomas.

DEATH

COOKE.—On July 29, 1947, at his home, "Whistler's Corner," Shalford, Guildford, after a long illness courageously fought, Cyril John Chesterfield Cooke, M.R.C.S., L.R.C.P., D.M.R.E. Funeral private.

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.

Poliomyelitis and Tonsillectomy

Q.—There have recently been four cases of anterior poliomyelitis in children in this district. What interval should be allowed to elapse from the onset of the last notified case before tonsillectomy can safely be undertaken on two children (not contacts) living one mile from the outbreak?

A.—Notifications of poliomyelitis are increasing steadily and it would therefore be unwise to recommend tonsillectomy in any child who is living in an area—urban or rural—where cases are still occurring. The virus may persist in the faeces of convalescent cases for three to four weeks, and be present for the same period in the sewage of the district where cases have occurred. Tonsillectomy should therefore not be carried out for at least four weeks after the last case has been notified.

Period in Bed after Operation

Q.—After an identical operation with a normal convalescence surgeons may vary by as much as 21 days in the period they keep their patients in bed. Has any really scientific work been done to prove which school of thought is right?

A.—The question of recumbency in bed after operation is a constantly recurring one, and over the years the pendulum swings freely from one side to another. The necessary economics of war in the United States has restored the popularity of early post-operative activity in that country—with seemingly excellent results. The outlook in this country is distinctly more conservative—probably too much so. To get every case out of bed on the first post-operative day simply shows lack of judgment and experience; to keep every straightforward appendicectomy case (especially when a gridiron type of incision has been used) in bed for a week or more is at least entirely unnecessary. A considerable amount of statistical and clinical research on the subject has been carried out in recent years in the U.S.A., and reference may be made to an article by Blodgett and Beattie (*Surg. Gynec. Obstet.*, 1946, 82, 485) in which further work is quoted. Summarized, the benefits of early post-operative rising are: maintenance of general physical strength, less painful wounds, shorter stay in hospital and economy of nursing staff owing to patients being able to care for themselves to a large extent, a decrease in wound disruption and infection, a lower incidence of pulmonary complications, and a great increase in morale.

Milk in Schools

Q.—School-children get 1/3 pint (189 ml.) of milk per day. This entails an enormous amount of labour and a large quantity of milk, although, individually, the amount is insignificant. Is it worth the trouble and expense? Now that children get a balanced midday meal at school, would they not benefit as much from a lump of sugar and a multi-vitamin tablet with the meal? This would free a large quantity of milk and avoid waste, which is bound to occur through absenteeism.

A.—What is a "balanced" meal? The average school lunch is a good meal, but it supplies only about 25 g. of protein, 250 mg. of calcium, 500 i.u. of vitamin A value (mainly in the form of carotene), and 0.4 mg. of riboflavin; these are not half enough for a day. One-third of a pint of milk supplies a further 6 g. of animal protein, 220 mg. of calcium, about 200 i.u. of vitamin A (mainly preformed), and 0.27 mg. of riboflavin. The value of both school milk and school lunches is well shown in a paper by Chattaway, Happold, and Happold (*Journal*, 1946, 1, 429). It should be possible to avoid waste by organizing the collection of surplus milk for conveyance to factories. The value of vitamin tablets is doubtful (see Bransby *et al.*, *Journal*, 1946, 1, 193). School milk accounts for under 5% of the total liquid milk consumed; about 80% of this total is sold through ordinary channels at full price.