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Names of contributors are printed in capitals. Subject entries for original articles, leading articles, and annotations are indicated by the use of the symbols (O), (L), and (A) respectively. Some subjects dealt with under various main headings in the Journal-e.g., "Annotations," "Any Questions ?", "Leading Articles," etc., are also set out under these headings.

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comparisons have been submitted to analysis by valid statistical methods.

The number of animals used each year in the laboratories of Great Britain is probably now well over a million, mice being facile princeps with more than half that number, guineapigs second, and rats third, the figures for those species being of the order of 200,000 and 100,000 respectively. From the point of view of importance, however, both because of the work for which they are essential and because of the esteem in which they are held by the British peoples, the absolutely insignificant number of cats and dogs used annually (about 2,500 to 5,000 of each) is no measure of their relative value in teaching and research. One would therefore have supposed that special treatment would be meted out to them in this book. And so it has-but exactly in the opposite way from what might have been expected at first blush, for the authors say in essence, "Cats and dogs are so difficult that you must consult the experts (some names are given) and keep in touch with the vet. Nothing we could write here would be of any practical help to you." However, one can see behind this the shrewd tactics of the book's level-headed planners, who are willing to run with the laboratory hares in the most friendly association provided they are not also expected to hunt with the antivivisectionist hounds. They help to avoid this by their special deference to our domestic pets.

All the same, the book contains useful information on the maintenance—including housing and feeding—and the breeding of several important species besides the most used ones. The value of rabbits, ferrets, pigeons, and hamsters is well known, but it is not so generally appreciated that voles of several species, hedgehogs, canaries, deer mice, and cotton rats are sufficiently often required for scientific work fully to justify assigning to them severally a number of chapters in this book.

In his task of collecting, with some degree of collating, data from various experts the editor has included many excellent illustrations-of buildings, cages, equipment, normal animalsand has supplemented the chapters on individual species by some more general ones on the animal laboratory and on pest control. It would have been helpful to have included also, possibly as an additional short chapter, some discussion on pure lines," the case for their use in research and assay work, and the best systems for producing and maintaining them. A list of available pure lines, or even of available highly inbred stocks, of mice, rats, guinea-pigs, and rabbits in this countryeven if foundation breeding stock is all that can be got "off the shelf "-has never yet been compiled; it could have been, without very much additional work, by the organizers of this book and would have made it still more useful. As things are, we must wait for publication of some authoritative list by the Laboratory Animals Bureau of the Medical Research Council.

In subsequent editions—and these are pretty sure to be needed—I would suggest that some notice be taken of the fact that rats—albinos and hooded strains at any rate—can be bred in wooden cages of suitable design and that some of the healthiest and most uniform colonies here and in the U.S.A. are so raised. A reference to the use of the "doughmixer" type of blender for preparing homogeneous diets, whether stock or experimental, might call some readers' attention to one of the most potent of all time-saving arrangements in animal diet kitchens, even for relatively small colonies. It might have been a good idea to include *Passer domesticus* in the list of pests that can bring disease to animal houses and to call attention to the corollary need for "sparrow-proof" windows and ventilators.

Two outstanding features of this book, both by the Federation's energetic chairman, Major C. W. Hume, are a chapter on "Law and Practice: the Rights of Laboratory Animals" a brilliant and highly instructive survey of the present law governing experiments on animals—and an appendix with the modest title "A Conspectus of the Elements of Statistical Analysis." This occupies 20 pages and is a masterpiece of expository condensation. It alone is worth almost the whole of the apparently high price charged for this book. The book is indeed a bargain, and indispensable to all concerned in any way with the production and use of animals in laboratories. A. L. BACHARACH.

BOOKS RECEIVED

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

Die Elemente der Nervösen Tätigkeit. By A. E. Kornmüller. (Pp. 120. M. 13.50.) Stuttgart: Georg Thieme. 1947.

Pathologische Physiologie. By R. Wanke. (Pp. 196. M. 24.) Stuttgart: Georg Thieme. 1948.

Conditioned Reflexes and Neuron Organization. By J. Konorski. (Pp. 267. 18s.) Cambridge: The University Press. 1948.

Neurovegetativo. By E. L. Uranga. (Pp. 595. No price.) Buenos Aires: Lopez and Etchegoyen, S.R.L. 1948.

Mental Readjustment. By S. Reiss. (Pp. 167. 10s. 6d.) London: George Allen and Unwin. 1949.

Das Altersulkus an Magen and Zwölffingerdarm. By K. Spang. (Pp 103. M. 10.50.) Stuttgart: Georg Thieme. 1948.

Argneitherapie des Praktischen Argtes. By G. Banzer. 3rd ed. (Pp. 320. Unbound M. 10; bound M. 12.) Berlin: Urban and Schwarzenberg. 1949.

Medikamentenlehre für Schwestern. By G. Banzer. (Pp. 129. No price.) Berlin: Urban and Schwarzenberg. 1949.

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Die Beurteilung der Zurechnungsfähigkeit. By K. Schneider. (Pp. 24. No price.) Stuttgart: Georg Thieme. 1948.

Neoplasms of Bone and Related Conditions. By B. L. Coley, M.D. (Pp. 736. \$17.50,) New York: Paul B. Hoeber Inc. 1949.

Dictionnaire des Termes Techniques de Médecine. By M. Garnier and V. Delamare. 15th ed. (Pp. 1,038. No price.) Paris: Librairie Maloine. 1949.

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Gymnastique Thérapeutique. By A. L. Pécunia. (Pp. 341. No price.) Paris: Librairie Maloine. 1948.

Die Synkopaler Anfälle. By W. Schulte. 2nd ed. (Pp. 92. M. 9.60.) Stuttgart: Georg Thieme. 1949.

Surgeon's Saga. By R. McDouall. (Pp. 330. 15s.) London: Heinemann. 1949.

Handbook of Diseases of the Skin. By R. L. Sutton, M.D., and R. L. Sutton, jun., M.D. (Pp. 749. 63s.) London: Henry Kimpton. 1949.

Groves and Brickdale's Text-Book for Nurses. Revised by J. A. Nixon, C.M.G., F.R.C.P., and Sir C. Wakeley, K.B.E., C.B., F.R.C.S. 7th ed. (Pp. 698. 30s.) London: Geoffrey Cumberlege. 1948.

Social Biology and Welfare. By S. Neville-Rolfe, O.B.E. (Pp. 416. 21s.) London: George Allen and Unwin. 1949.

Blood Transfusion. By E. L. DeGowin, M.D., and others. (Pp. 587. 45s.) London: W. B. Saunders. 1949.

Pathology and Surgery of Thyroid Disease. By J. L. DeCourcy, M.D., and C. B. DeCourcy, M.D. (Pp. 476. 50s.) Oxford: Blackwell Scientific Publications. 1949.

Synopsis of Psychosomatic Diagnosis and Treatment. By F. Dunbar, M.D., and others. (Pp. 501. 32s. 6d.) London: Henry Kimpton. 1948.

The Practice of Refraction. By Sir S. Duke-Elder, K.C.V.O., D.Sc., M.D., F.R.C.S. 5th ed. (Pp. 317. 18s.) London: J. and A. Churchill. 1949.

The Hospital in Contemporary Life. Edited by N. W. Faxon, M.D. (Pp 288. 27s. 6d.) London: Geoffrey Cumberlege. 1949.

The Annual Charities Register and Digest. 1949. 56th ed. (Pp. 398. 10s. 6d.) London: Longmans, Green. 1949.

Renewal pages for the Nelson Loose-Leaf Surgery.

spent four years in the postgraduate study of diseases of the ear, nose, and throat at Vienna, Birmingham, and London, where he was clinical assistant at the Metropolitan Ear, Nose, and Throat Hospital. He continued his postgraduate studies in Edinburgh, taking the F.R.C.S.Ed. in 1927. On his return to New Zealand he was appointed to the ear, nose, and throat department of Waikato Hospital, Hamilton, and subsequently to the Auckland Hospital. Keenly interested in his specialty, he visited clinics in the United States and England in 1937-8. He also took his full share in the life of his community, was a prominent member of the Rotary and other clubs, and honorary surgeon to the local Jockey Club and the Boxing Association. A charming personality, always ready to extend a helping hand to his juniors, Dr. Blomfield's untimely death is a great loss to oto-laryngology in New Zealand. He is survived by his wife, a daughter, and two sons, to whom the sincere sympathy of his colleagues and friends will be extended. R. S. S.

R. **S**. **S**.

Medical Notes in Parliament

NURSES BILL

When the Nurses Bill was considered on Report in the House of Lords on July 21, Lord SHEPHERD said he believed that the measure was now an agreed one. He moved to leave out Clause 4 as it stood, and to substitute the original clause.

In committee, Lord Luke had carried an amendment to delete the clause and to substitute one which took away the authority of the General Nursing Council and the Standing Nurse-Training Committees over expenditure, and transferred that authority to a new independent body. Ministers had attempted to reach an accommodation on the matter so that the Bill could be sent to the House of Commons as an agreed measure. As a consequence of the discussions a series of amendments were to come before the House that day. He recommended the House to delete the present Clause 4 and put back the original clause, and then to meet the views of Lord Luke by creating in the General Nursing Council a Statutory Committee for administering the funds for training nurses. The Bill also provided that when disputes on matters of finance arose in the Standing Nurse-Training Committees there should be an appeal to the General Nursing Council, with whom the final word would rest. The Government believed that it now possessed means by which the 600 schools which existed to-day for training nurses could, through the Standing Nurse-Training Committees, be brought into intimate contact with the General Nursing Council.

Lord LLEWELLIN thought this was a better method than the amendment which his friends had previously inserted in the Bill. He hoped that when the General Nursing Council set up the Finance Committee they would take advantage of the proposal under the first schedule whereby the Minister was to appoint three persons with knowledge of hospital administration and finance. He advised the House to accept this compromise.

Lord WEBB-JOHNSON said the amendment carried on the committee stage had been carried because of anxiety about the position of the teaching hospitals. He felt that anxiety would be removed by the amendments standing in the name of Lord Shepherd.

The House agreed to Lord Shepherd's amendments and to the deletion of Clause 7 (Expenses of Ho'spital Grants Committee) and the insertion of the following new clause:

(" .--(1) The Council shall appoint a finance committee consisting of members of the Council.

(2) The number of members of the finance committee and their term of office shall be such as may be prescribed by rules made by the Council under subsection (1) of section three of the Act of 1919.

(3) Any matter relating to the discharge by the Council of their functions with respect to the defraying of expenses incurred by standing nurse-training committees shall stand referred to the finance committee and any other matter may be referred by the Council to that committee; and the committee shall consider the matter and report upon it to the Council, and the Council, before taking any action on the matter, shall, unless in the opinion of the Council the matter is urgent, receive and consider the report of the committee.

(4) The power of the Council under paragraph (f) of subsection (1) of section three of the Act of 1919 to make rules for authorizing the delegation to committees of the powers of the Council and for regulating the proceedings (including quorum) of committees shall be exercisable in relation to the finance committee.")

On Clause 9 Lord SHEPHERD moved amendments at the request of the General Nursing Council to make it perfectly clear that no nurse trained abroad who had failed to pass an examination forming part of her training should have any title to be admitted to the register. He added that his amendments would not preclude the admission of nurses who had completed training which did not involve the taking of an examination but which the General Nursing Council could regard as satisfactory.

Lord SHEPHERD moved to insert in Clause 10 an additional provision:

"(3) No request under the last foregoing subsection shall be made by the Council with respect to the supplementary part of the register containing the names of nurses trained in the nursing and care of persons suffering from mental diseases unless the Council are satisfied that means exist whereby members of the public can readily ascertain whether a registered nurse has been so trained and no such request shall be so made with respect to the supplementary part of the register containing the names of nurses trained in the nursing of sick children unless the Council are satisfied that means exist whereby members of the public can readily ascertain whether a registered nurse has been so trained."

He said that during the committee stage Lord Webb-Johnson had expressed fears about the position of specialized training. The Government had gone closely into the matter and had produced a new subsection which it hoped would meet the difficulty. They desired in particular to make it clear that the training of sick children's nurses was not to be discontinued. Nothing in the Bill would prevent the General Nursing Council in keeping its register from attaching to the names of registered nurses the special qualifications which they had earned. The Council would have among its members representatives of specialized nurses who would watch these matters.

Lord WEBB-JOHNSON thought the new subsection would safeguard the position of the General Nursing Council. The House agreed.

On the First Schedule Lord SHEPHERD said the Minister had agreed to submit amendments one of which added to the General Nursing Council three persons who would appear to the Minister "to have had experience in the control and management of hospitals." A further amendment was also approved providing for regional elections if in the opinion of the General Nursing Council they appeared desirable. Further drafting amendments were made and the Report Stage concluded.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

J. A. R. Miles, M.B., B.Chir., has been reappointed Huddersfield Lecturer in Special Pathology, and G. W. Harris, M.D., University Lecturer in Physiology, from Jan. 1, 1950, with tenure to the retiring age, and D. B. Cater, F.R.C.S., University Demonstrator in Pathology for five years from Jan. 1, 1950.

The following medical degrees were conferred on June 11:

M.D.-D. H. Davies, M. W. W. Wood, A. G. Marshall, Marjorie Lawton.

M.B., B.Chir.-Joan C. Owen.

M.B.-Phyllis L. Broomhead (by proxy).

In the *Journal* of June 4 (p. 1014) we incorrectly announced that certain honorary degrees were conferred on May 28. On that date *proposals* for the conferment of the degrees were approved. It is expected that they will be *conferred* at a special Congregation to be held on Aug. 20, when the First International Congress of Biochemistry will be held at Cambridge.

The following candidates have been approved at the examination indicated :

FINAL M.B.—Part I (Surgery, Midwifery, and Gynaecology): A. G. Ackerley, L. J. H. Arthur, M. J. Ball, J. L. R. Barlow, R. G. Beard, D. A. A. Beardsmore, I. F. Bishop, P. E. Bodkin, G. H. Bond, E. C. A. Bott, S. D. Bradley, H. H. Broadhead, E. A. Cooper, M. B. S. Cooper, H. M. C. Corfield, G. A. Court, E. M. D. Craig,

S. J. Crews, Gwenhwyfar Davies, G. H. J. Dickinson, M. V. Doherty, R. E. Eban, I.-D. Edeleanu, J. W. H. Elder, P. Elliott, G. R. C. Fisher, E. H. R. Ford, D. C. H. Garrod, T. M. D. Gimlette, J. R. Glover, A. Gol, M. P. Goodson, J. D. J. Havard, J. F. Hort, M. J. Glover, A. Gol, M. P. Goodson, J. D. J. Havard, J. F. Hort, M. J. Hunter, M. M. Ives, E. W. P. Jones, A. K. Knowles, A. S. Law, J. Lynfield, D. H. Mackenzie, I. R. McWhinney, J. L. Milligan, A. O'Brien, D. J. D. Perrins, J. H. Rack, K. F. Robinson, W. Rodger, H. Schlossmann, J. B. Self, R. C. Shepherd, J. T. B. Stewart, R. Thomas, P. D. S. Thomas, P. R. Thompson, J. D. W. Tomlinson, J. F. Trunchion, E. Veldhuyzen, M. P. Ward, R. G. Watkinson, R. H. R. White, B. F. Whitehead, H. B. L. Williams, N. W. H. Young.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Professor D. W. Gordon Murray, F.R.C.S., will deliver the Moynihan Lecture at the College (Lincoln's Inn Fields, London, W.C.) on Tuesday, July 5, at 5 p.m. His subject is "The Surgery of Congenital Heart Disease."

EPIDEMIOLOGICAL NOTES

Poliomyelitis

Notifications (uncorrected) of poliomyelitis and polioencephalitis together increased from 19 in the week ended June 11 to 38 in the week ended June 18. Counties with more than one case were London (6), Devon (4), Lancaster (2), Middlesex (3), Southampton (2), Surrey (2), Sussex East (5), Yorks W. Riding (5). In the week ended June 25 groups of cases were reported from Newhaven, Lewisham, Plymouth, and Cornwall. Thus it appears that the small increases so far reported are widely scattered.

Discussion of Table

In England and Wales infectious diseases were less prevalent during the week and there were decreases in the notifications of measles 524, whooping-cough 372, scarlet fever 152, acute pneumonia 77, dysentery 46, and diphtheria 12. Exceptions to the general decline were increases in the incidence of paratyphoid fever 17 and typhoid fever 5.

The largest falls in the notifications of measles were London 282, Middlesex 131, Lancashire 114, and Essex 101; the largest rises were Kent 182, Derbyshire 98. The largest decreases in the notifications of whooping-cough were Lancashire 111 and Middlesex 54.

A small decrease in the incidence of scarlet fever was reported in most areas; the largest fall was Cheshire 32. Notifications of diphtheria again reached a new low record, being 6 below the previous lowest figure. The chief feature of the returns for diphtheria was an increase of 7 in Birmingham C.B.

Of the 24 cases of paratyphoid fever 15 were notified in the county of Durham (Hebburn U.D. 5 and Jarrow M.B. 5). The decrease in dysentery was due to the experience of Lancashire, where the notifications fell from 67 to 17 (Oldham C.B. 6 and Liverpool C.B. 8). There were 94 cases of food poisoning notified from Southampton, Fareham, U.D.

In Scotland an increase of 119 was reported in the notifications of measles and there were decreases in the incidence of acute primary pneumonia 21 and diphtheria 14. The chief centres of dysentery were in the cities of Glasgow 34 and Dundee 5. Of the 26 cases of diphtheria 17 were notified in Glasgow.

In Eire there were decreases in the notifications of whoopingcough 88, measles 19, diarrhoea and enteritis 13, and scarlet fever 9. In contrast to the remainder of the country an increase of 30 in the notifications of measles was recorded in Dublin C.B.

In Northern Ireland decreases were recorded in the notifications of measles 13 and whooping-cough 10. The largest outbreak of ringworm in recent years in the British Isles has been reported from County Down. Since last September 395 children in the Newtownards area have been affected.

Week Ending June 18

Notifications of infectious diseases in England and Wales during the week included : scarlet fever 930, whooping-cough 2,253, diphtheria 82, measles 9,152, acute pneumonia 426, cerebrospinal fever 22, acute poliomyelitis 35, dysentery 57, paratyphoid 38, typhoid fever 8.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended June 11. [No. 23

In the British Isles during the week ended June 11. [No. 23 Figures of Principal Notifiable Diseases for the week and those for the corre-sponding week last year, for: (a) England and Wales (London included). (b) London (administrative county). (c) Scotland. (d) Eire. (e) Northern Ireland. Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London). (b) London (administrative county). (c) The 16 principal towns in Scotland. (d) The 13 principal towns in Ere. (e) The 10 principal towns in Northern Ireland. A dash — denotes no cases; a blank space denotes disease not notifiable or no return available. return available.

Disease			1948 (Corresponding Week)							
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever Deaths	28	4	14	3	1	45	_6	24	1	—
Diphtheria Deaths	81 1	4	26	3	3	160	19	47 1	5	_4
Dysentery Deaths	53	2	51	1	1	95	11	44	=	_1
Encephalitis lethargica, acute Deaths	3	_1	2	-	-			1	-	
Erysipelas Deaths		_	30	3	6			35	5	1
Infective enteritis or diarrhoea under 2										
years Deaths	26	4		21 2	1	38	2	8	25 4	2
Measles* Deathst	9,249	801	576 1	217	159	12,225	1083	251 1	125 1	66
Ophthalmia neonatorum Deaths	45	4	5	2	-	48	1	21		-
Paratyphoid fever Deaths	24 1	1	3(B) -	-	_	_ 6	_1	-	=	-
Pneumonia, influenzal Deaths (from influ- enza)‡	416 8	30	10	6	9	460 3	15	2	8	-
Pneumonia, primary	147		159	16	5	163		150	 24 1	 11
Polio-encephalitis, acute	2					105				
Poliomyelitis, acute Deaths§	17 4	2				13 2	3		-	
Puerperal fever		-	13				1	10		
Puerperal pyrexial Deaths	96	11	14	1	-	112	_9	13	4	
Relapsing fever Deaths	-	-			-	-	-			
Scarlet fever Deathst	1,090	82	180	63 1	44 —	1,562	125	293	53 1	37
Smallpox Deaths	-			_	11.	-		-	=	_
Typhoid fever Deaths	_ 9	_2	=	_1	11	_ 3	=	_1	_1	_1
Typhus fever Deaths			-	Ξ					=	
Whooping-cough* Deaths	1,806	102	128	76 2	63	3,298 12	248 2	48	80 2	14
Deaths (0-1 year) Infant mortality rate (per 1,000 live births)	246	32	26	16	6	289	39	43	11	14
Deaths (excluding still- births) Annual death rate (per 1,000 persons living)	4,276	653		164 10·2	100	4,314	696	531 10·7	180 11·3	119
Live births Annual rate per 1,000 persons living	7,326	1218 \	982 19·7	420 26·0	269	8,349	1307	1082 21·8		303
Stillbirths Rate per 1,000 total births (including	192	36	26			212	21	33		
stillborn)			26					30		

* Measles and whooping-cough are not notifiable in Scotland, and the returns

Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.
 † Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.
 ‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.
 § The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.
 || Includes puerperal fever for England and Wales, Eire, and Northern Ireland.

logists, and an invitation is extended to Fellows and Members of the College and other doctors interested in the subject. Admission is by ticket only, obtainable from the secretary of the College at 58, Queen Anne Street, London, W. Tickets will be allotted in order of application.

Summer School in Health Education

The Central Council for Health Education will hold a residential summer school in health education at the School of Domestic Economy, Eastbourne, on July 28-Aug. 11 under the direction of Dr. Robert Sutherland. The school is intended for medical practitioners as well as nurses, social workers, and others interested in health education. The cost of the course, which includes board and tuition, is 15 guineas or 16 guineas, according to room. Particulars may be obtained from the Medical Adviser and Secretary, Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

SOCIETIES AND LECTURES

Monday

INSTITUTE OF NEUROLOGY, National Hospital, Queen Square, London, W.C.-July 4, 5 p.m., "Some New Facts on the Painful Stump," by Professor René Leriche (Paris).

Tuesday

- **Fuesday** INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., July 5, (1) 11 a.m., "Bacterial Non-goncoccal Urethritis (Post-goncoccal)," by Dr. A. H. Harkness; (2) 5 p.m., "Retropubic Operations on the Prostate," by Mr. A. W. Badenoch. ROYAL COLLEGE OF SURGEONS OF ENGLAND, Lincoln's Inn Fields, London, W.C.—July 5, 5 p.m., "The Surgery of Congenital Heart Disease," Moynihan Lecture by Professor D. W. Gordon Murray, F.R.C.S.

Wednesday

- Weinesday
 Weinesday
 INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., July 6, (1) 11 a.m., "Bacterial Non-gonococcal Urethritis," by Dr. A. H. Harkness; (2) 5 p.m., "Endoscopic Resection of the Prostate," by Mr. R. Ogier Ward.
 ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY.—At Royal Society of Medicine, 1, Wimpole Street, London, W., July 6, 4.30 p.m., "Allergy: A Dermatologist's Reminiscences and Speculations," Proseer White Annual Oction by Professor Maximum P. Subharan
- "Allergy: A Dermalologist's Reminiscences and Speculations, Prosser White Annual Oration by Professor Marion B. Sulzberger (New York).

Thursday

- Thursday INSTITUTE OF UROLOGY.—At St. Paul's Hospital, Endell Street, London, W.C., July 7, (1) 11 a.m., "Abacterial Urethritis," by Dr. A. H. Harkness; (2) 5 p.m., "Malignant Disease of the Prostate," by Mr. H. G. Hanley. LONDON UNIVERSITY.—At Institute of Neurology, National Hospital, Queen Square, London, W.C., July 7, 5 p.m., "Surgical Treatment of Myasthenia Gravis," by Mr. Geoffrey Keynes. ROYAL SOCIETY, Burlington House, Piccadilly, London, W.—July 7, 2.30 p.m., "Muscular Contraction and Relaxation: Their Physical and Chemical Basis," discussion to be opened by Professor A. V. Hill, F.R.S. T. GEORGE'S HOSPITH MEDICE Contraction and Physical Physical Contraction and Physical Physical Contraction and Physical Phys

- St. r. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—July 7, 4.30 p.m., "Psychiatry," lecture-demonstration by Dr. D. Curran. London,

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

follings.—On June 19, 1949, at Warrington General Hospital, to Joan (née Eddy), wife of Dr. A. H. Hollings, a son. Hollings.

DEATHS

Addis.—On June 4, 1949, at Los Angeles, U.S.A., Thomas Addis, M.D., late of Stanford Leland University.

Beveridge. — On June 13, 1949, at 44, Inverleith Place, Edinburgh, William John Morton Beveridge, M.B., B.Chir. Braid.-On June 17, 1949, at Dunalistair, Milngarie, Elizabeth Grace Braid,

M.B., Ch.B. Cass.—On June 19, 1949, at Edinburgh, Frederick James Duncan Cass, L.R.C.P.&S.Ed., of 2, Eildon Street, Edinburgh, and late of Links Lodge,

Montrose.

Connellan.—On June 16, 1949, at 65, Western Avenue, London, W., Edmund Victor Connellan, M.R.C.S., L.R.C.P.

Victor Connellan, M.R.C.S., L.R.C.P.
Devers.—On June 9, 1949, Michael Devers, M.B., Ch.B.
Fischer.—On June 15, 1949, at Westwood, Crowborough, Sussex, Ernest Cotton Fischer, M.D., F.R.C.S., aged 83.
Francis.—On June 16, 1949, at 8, Langdale Road, Hove, James Bernard Chalmers Francis, M.R.C.S., L.R.C.P.
Greaves.—On June 14, 1949, Alice Mary Ley Greaves, L.M.S.S.A., of 5, Grosvenor Road, Scaford, Sussex.

John.—On June 9, 1949, at Sandon House, Stoke-on-Trent. Ambrose Hilton John, M.B., B.S., aged 73. Jones.

ones.—On June 15, 1949, at Highfields, Hertford, Evan Jones, M.R.C.S., L.R.C.P.

E.K.O.T. Bern-On June 12, 1949, William Wallace Keir, C.M.G., M.B., B.Ch., Surgeon Rear-Admiral R.N., retired, aged 72.

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.

Dicoumarol and Prothrombin Level

Q.-The required dosage of dicoumarol for patients undergoing anticoagulant therapy has to be judged by the level of prothrombin in the blood. I would like to know the range which is considered to be safe, and the correlation between prothrombin time, prothrombin index, and percentage prothrombin.

A.-The normal prothrombin time, as measured by means of fresh Russell viper venom, ranges between 15 and 25 seconds with undiluted plasma when the usual technique is employed. Solutions of Russell viper venom are so unstable that it is always wise to measure the prothrombin time in a normal control at the same time as it is measured in the patient. When the normal time is around 20 seconds, the ideal level to be maintained in the patient is between 30 and 40 seconds. The prothrombin index is

the normal time as measured in a control × 100 the prothrombin time as measured in the patient

and should be maintained between 50 and 66%. The prothrombin activity or percentage prothrombin level is worked out from a graph, which is constructed for the particular patient under consideration, by measuring the prothrombin time with varying dilutions of plasma, usually 100%, 50%, 25%, and 12.5%. The curve that results from plotting the prothrombin times against the plasma dilutions is a rectangular hyperbola, the prothrombin time being inversely proportional to the plasma dilutions; the curve can therefore be converted into a straight line by plotting the time against the reciprocals of the plasma dilutions. From this graph the patient's prothrombin time from day to day may be expressed in terms of percentage activity. Thus, if a time of 40 seconds is seen from the graph to represent the time resulting from 20% plasma dilution, it may be expressed as 20% prothrombin activity. It is usual to aim at 15 to 25% activity when administering dicoumarol.

Hypoglycaemia and Cerebral Lesions

Q.—Are frequent attacks of mild hypoglycaemia after globin insulin likely to cause temporary or permanent cerebral damage? If so, what are the symptoms and signs, and is there any treatment?

A .- Provided that the attacks do not cause coma, and are readily relieved when sugar is eaten, cerebral complications will not occur. Periods of coma of short duration are also unlikely to do any damage, but if lasting longer-say, six hours or more-they may cause serious damage to the brain. The less severe symptoms are: (1) loss of memory for recent events, which may gradually return; (2) mental degeneration, which may be permanent or, in the case of children, may gradually improve; (3) complete unconsciousness, which may persist for several weeks before death ensues from pneumonia or other These serious complications only occur if a big misdisease. take has been made in the dose of insulin or if the hypoglycaemia starts soon after the insulin has been injected and before any food is eaten. The hypoglycaemia which follows injection of the ordinary or quick-acting insulin is likely to be of shorter duration than that which occurs after the slow-acting globin and protamine-zinc insulins, and is much less likely to do harm.

If the patient is in coma, subcutaneous injection of 1 ml. of adrenaline, 1 in 1,000, is often efficacious in a mild case, but it is usually necessary to give glucose intravenously as soon as possible. Ampoules which contain 25 ml. of 25% glucose are convenient for this purpose, and the injection of 10 or 20 ml. will usually restore the patient to consciousness at once, but

BRITISH MEDICAL JOURNAL

THE JOURNAL OF THE BRITISH MEDICAL ASSOCIATION

SUPPLEMENT

containing

Reports on the Work of the Association

Health Service News

General Medical Council

Meetings of Branches and Divisions

Service Appointments

Correspondence, etc.

VOLUME II, 1949

LONDON

BRITISH MEDICAL ASSOCIATION

TAVISTOCK SQUARE, W.C.1

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