

generation of surgeons tends to welcome direction and dictatorship. Moreover, the essentials of early surgical treatment in war, so important to the recovery of the patient and the man-power of the Army, do not permit of initiative, especially on the part of the tyro in war surgery.

The recommendation that, when tying the main artery after injury, the vein should be left intact is contrary to the experience and practice of both Makins and Subbotich, and indeed to my own and that of a good many experienced surgeons, who find that the chance of the limb surviving without gangrene is greater if, after the tying of the main artery, the limb is elevated for a few minutes to drain it of blood and the main vein is then ligated. The section on surgery in the field is sound and to the point, but possibly more emphasis might have been laid on the essential surgery of wound cleansing and excision as against the use of antibiotics and chemotherapy, which are surely no more than valuable adjuncts to efficient and early wound excision. The sections on abdominal and abdomino-thoracic wounds are sound and practical, as are those on plaster, transfusion, wound infections, joints, amputations, and wounds of hands. The plans for the lay-out of both operating units and theatres are practical. I am glad to see that they do not envisage the use of field surgical units (apart from exceptional circumstances) further forward than the casualty clearing station, and that two or more must be employed together. Possibly this raises the question of the future establishment of field surgical and transfusion units being increased to include two teams. The special departments are briefly but adequately described, as is surgery at the base and rehabilitation.

Like all the Army publications this is sound, concise, and strongly to be recommended as a practical manual which can be carried in the pocket, and it is a most valuable aid to those dealing with casualties in any walk of life.

P. H. MITCHINER.

GOETHE AS SCIENTIST

Der Naturforscher Goethe. Report of Rudolph Virchow Medical Society, 1949. By Professor Bruno Kisch. (Pp. 78; illustrated. No price.) New York: Rudolph Virchow Medical Society. 1949.

In the *Encyclopaedia Britannica* (1929) Goethe's "scientific studies and discoveries" are mentioned as possessing "only a historical interest." This view is not tenable. Goethe's importance as the founder of modern morphology has received ever-growing recognition during the last thirty or forty years. Even his views on the nature of colour, long regarded as curiosities, are now taken seriously.

Goethe was not concerned with the origins of species. His archetypal plant, or *Urpflanze*, was not an ancestral organism from which existing species have "descended." It was the "ground-plan," as it were, according to which every plant develops organically. It was not a "type" that had a tangible existence, nor was it a theoretical construction. It was an immanent reality that could be seen by the "inner eye."

The question that matters is not so much, "Was Goethe right and Darwin or Newton wrong?" (or vice versa) as, "Do Goethe's views on morphology and optics enrich our knowledge to-day?" The answer is that they certainly do. One of the most recent—and most important—contributions to the study of plant morphology, Agnes Arber's *Natural Philosophy of Plant*

Form (1951) is deeply rooted in the Goethean conception. In his *Wandlungen in den Grundlagen der Wissenschaft*, the eminent physicist Heisenberg affirms the importance of Goethe's views on optics, with the qualification that Goethe did not go far enough in his opposition to Newton.

This little book issued by the Rudolph Virchow Medical Society is a significant tribute to Goethe as a scientist. It contains several addresses of exceptional merit. Otto Meyerhof's observations (in German) on Goethe's method of inquiry into nature (*Naturforschung*) give a balanced and penetrating account of Goethe's achievement and its importance in our own generation.

F. A. VOIGT.

BOOKS RECEIVED

Review is not precluded by notice here of books recently received

A Short Textbook of Midwifery. By G. F. Gibberd, M.B., M.S., F.R.C.S., F.R.C.O.G. 5th ed. (Pp. 576. 25s.) London: J. and A. Churchill. 1951.

European B.C.G. Programmes. Conference of the International Tuberculosis Campaign. (Pp. 333. 7s. 6d.) London: William Heinemann. 1951.

Second Annual Report of the International Tuberculosis Campaign. (Pp. 334. 7s. 6d.) London: William Heinemann. 1951.

Aids to Anatomy. By R. J. Last, M.B., B.S., F.R.C.S. 11th ed. (Pp. 379. 7s. 6d.) London: Baillière, Tindall and Cox. 1951.

The Sober Truth. By L. Williams, M.R.C.S., L.R.C.P. (Pp. 63. 6s.) Leicester: Edgar Backus. 1951.

Medicine of the Year 1951. Edited by J. B. Youmans, M.D. (Pp. 298. 40s.) London: J. B. Lippincott. 1951.

William Davidson of Aberdeen. Tercentenary Memorial Lecture by J. Read, Ph.D., M.A., Sc.D., F.R.S. (Pp. 32. No price.) Aberdeen: The University Press. 1951.

Laughs With the Medicos. Compiled by S. Evelyn Thomas. (Pp. 64. 1s. 6d.) London: S. Evelyn Thomas. 1951.

Gynaecological Endocrinology. By P. M. F. Bishop, D.M. 2nd ed. (Pp. 132. 12s.) Edinburgh: E. and S. Livingstone. 1951.

Tumors of the Adrenal. By H. T. Karsner, M.D. (Pp. 60. No price.) Washington, 25: Armed Forces Institute of Pathology. 1951.

Bibliography: Supersonics or Ultrasonics, 1926-1949, with Supplement to 1950. Compiled by B. Curry and others. (Pp. 277. \$2.) Stillwater, Oklahoma: Oklahoma Agricultural and Mechanical College. 1951.

Annual Review of Medicine. Edited by W. C. Cutting. Vol. 2. (Pp. 485. \$6.) Stanford, California: Annual Reviews, Inc. 1951.

Tomorrow's Horizon in Public Health. Transactions of the 1950 Conference of the Public Health Association of New York City. (Pp. 109. \$1.) New York: Public Health Association of New York City. 1950.

Sensibilitätsschema (Second edition. M. 4.80 each. Stuttgart: George Thieme), by Professor K. Hansen, consists of two blocks, each of 50 sheets, containing outline diagrams of the human body. On one block the presumed cutaneous distribution of the spinal segments is indicated, and on the other the distribution of the peripheral nerves, one side of the diagram being left blank so that sensory abnormalities in individual patients may be indicated. Most physicians would prefer blank sensory charts on which to indicate areas of sensory abnormality.

lecturer this academic year. In 1940 he took the M.B., B.S. degrees of London University, and during the course of the last 10 years he held a number of appointments besides that of lecturer in anatomy at the London Hospital. He took the degree of M.Sc.London in 1948. Between 1941 and 1943 he was supervisor of anatomical studies at Clare College, Cambridge, and from 1946 to 1948 he was lecturer in anatomy at St. Bartholomew's Hospital Medical College. At the Annual Meeting of the B.M.A. in Cambridge in 1948 he was honorary secretary of the Section of Anatomy and Anthropology. Later in that year he was appointed to a Commonwealth Teaching Fellowship in anatomy at Sydney University, where he very soon established a reputation for his knowledge and his stimulating teaching: he will always be remembered there by his students and professional friends. His contributions to the literature were varied and valuable, and his observations on the pre- and post-natal development of intervertebral disks led to his being regarded as an authority on this subject. It is to be regretted that he was not spared to continue his studies in this field and see in print his latest work, which, in spite of his increasing weakness, he insisted on continuing and discussing to the very end. His fascinating way of teaching inspired enthusiasm in all. The large forceps he used when demonstrating, his excellent diagrams, his familiar mannerisms, and the personal touch of his teaching will be remembered by all those who were fortunate enough to be his students. His interests were widespread: his knowledge of languages and literature was extensive, and he was an authority on his great hobby, music. To his wife, who was known to many of his pupils, our deepest sympathy is extended.—D. L. W.

An Australian postgraduate in London writes: The recent death of Dr. Albert Peacock has been a sad loss for many Australian postgraduates, for to them he had been friend, teacher, and counsellor. Before accepting a Commonwealth Fellowship at the University of Sydney, Dr. Peacock was well known in Australia for his keen interest in Australian postgraduates studying in London. On his arrival in Sydney his superb lecturing, clear and concise, soon commanded the respect and admiration of student and postgraduate alike, but it was in the dissecting-room that we knew him best. Here he showed to the full his mastery of anatomy and his extraordinary gift of teaching, the latter being in part due to his friendliness and ease of manner and no less to his many colourful mannerisms. Armed with an outsize pair of forceps, he conducted his daily tutorials on the body for hours without evidence of fatigue and kept the interest of students alive by interpolating anecdotes on any subject from music to comparative anatomy. His intense interest in anatomy and his extraordinary gift of presentation of the subject imbued both students and postgraduates with a zeal little less than his own, and it became commonplace for them to remain in discussion throughout the lunch hour. His personal interest in them and the facility he had for remembering them by name ensured his popularity; but it was his charm and wit, together with a wide knowledge of Australian history, flora, and fauna, that cemented his position as favourite with the students. After his return to London, Dr. Peacock's office and home became the first ports of call for many Australians newly arrived in this country, and here he sacrificed his time in giving advice and guidance. For such warm hospitality his popularity grew, and there are few to whom we owe so much. Dr. Peacock will long be remembered with gratitude by many Australians, among whom he held a unique place.

An effort is being made by the Special Committee on Infant Mortality of the Medical Society of the County of New York to lower the neonatal death rate and the incidence of stillbirth in New York. A series of monthly meetings is being held, open to all members of the medical and nursing professions and medical students, at which papers are read by specialists and then discussed.

Medico-Legal

PENICILLIN DISSOLVED IN FLAXEDIL

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

At an inquest held at Ballymoney on April 12 by the coroner for County Antrim it was disclosed that two babies had died as a result of injections of penicillin which had accidentally been dissolved in "flaxedil" instead of distilled water.

Two of the babies in the nursery at the Robinson Memorial Hospital, Ballymoney, developed spots on their faces, and it was decided by the surgeon who was in charge of one of them to treat this condition by injecting penicillin. As there was some doubt whether the available penicillin was soluble or not, the surgeon and the senior staff sister decided to test it in the theatre. The surgeon assembled a sterile syringe, and the sister then handed him an ampoule of what the surgeon thought was distilled water, which he injected into the penicillin ampoule, whereupon the penicillin dissolved. Thinking the solution would be too concentrated for a baby he asked for another ampoule of distilled water, was handed another ampoule, mixed its contents with the former solution, drew 2 ml. into the syringe, and handed syringe and solution to the sister. She returned to the nursery and injected both infants, who died almost at once.

Flaxedil (gallamine triethiodide), a synthetic muscle-relaxant with effects similar to those of curare, causes death in excessive doses by paralysing the muscles of respiration. A dose of 2 ml. would be fatal to an infant. It was stated in evidence that it should never be used on young children. It is similar in appearance to distilled water, and to distinguish flaxedil ampoules from ampoules of distilled water they are marked on the glass "Flaxedil" in red. Distilled water ampoules are marked on the glass in black "Water for Injection." Neither the sister nor the surgeon noticed that the ampoules they used for dissolving the penicillin were marked "Flaxedil." The sister knew that there were both distilled water and flaxedil ampoules in the theatre. The verdict of the coroner's jury was that each baby had died through misadventure, death being due to asphyxia following the injections. The jury added a rider suggesting that, as markings on glass containers are faint, such containers should be distinguished either by being made of different coloured glass or by being marked by distinct labels.

Universities and Colleges

UNIVERSITY OF OXFORD

In Congregation on October 18 the following degrees were conferred:

D.M.—W. A. Briscoe.

M.Ch.—R. E. B. Tagart.

B.M.—Margaret E. Lloyd, J. E. Hodgkin.

In Congregation on October 23 a gift of £50,000 from Viscount Nuffield to defray capital expenditure on the extension and equipment of the Nuffield Department of Medicine and a grant of £34,500 from the University Grants Committee towards defraying the cost of erecting a medical unit at the Churchill Hospital were accepted with gratitude.

UNIVERSITY OF CAMBRIDGE

Dr. W. Russell Brain, President of the Royal College of Physicians of London, has been appointed Rede Lecturer for 1952.

UNIVERSITY OF ST. ANDREWS

On the occasion of the opening of the postgraduate series of lectures for 1951-2, the Faculty of Medicine held a dinner in Dundee to honour Sir David Henderson, who delivered the first lecture on October 18, and to welcome the new professors—W. L. Burgess, of the Chair of Social Medicine; D. M. Douglas, Chair of Surgery; and J. L. Henderson, Chair of Child Health.

UNIVERSITY OF BIRMINGHAM

Dr. O. H. Wolff has been appointed Lecturer in Paediatrics from October 1.

Dr. Vera Norris resigned the post of Senior Statistical Officer in the Department of Medical Statistics on September 30 on appointment as Medical Statistician at Maudsley Hospital.

UNIVERSITY OF LEEDS

The following appointments are announced: *Lecturer in Anatomy*, Dr. R. L. Holmes. *Lecturer in Pharmacology*, Dr. G. A. Mokey. *Senior Registrar and Tutor in Paediatrics*, Dr. B. S. Rose. *Senior Registrar and Tutor in Surgery*, Mr. G. Harrison. *Assistant Medical Officer in Department of Student Health*, Dr. S. E. Finlay.

ROYAL COLLEGE OF PHYSICIANS OF LONDON

At a quarterly comitia of the College held on October 25, with the President, Dr. W. Russell Brain, in the chair, Dr. W. E. Lloyd, Dr. T. C. Hunt, Dr. C. Bruce Perry, Dr. Aubrey Lewis, and Dr. G. E. Godber were elected Councillors.

The following were elected representatives of the College: Sir Harold Boldero, on the Committee of Management; Professor A. A. Moncrieff, on the Central Midwives Board; the President, Sir Harold Boldero, Dr. W. G. Barnard, and Sir Allen Daley were re-elected and Dr. A. M. Cooke was elected on the Standing Joint Committee of the three Royal Colleges; Dr. C. M. Hinds Howell, Dr. T. C. Hunt, Dr. J. C. Hawksley, and Dr. J. B. Harman on the Committee of Reference; and Dr. C. M. Hinds Howell and Dr. J. B. Harman on the Central Medical War Committee.

The President announced that the Jenks Memorial Scholarship had been awarded to Charles David Gascoigne Lee Shimmin, late of Epsom College.

The Registrar announced that Dr. W. R. S. Doll had been appointed Milroy Lecturer for 1953, his subject being "Bronchial Carcinoma: Incidence and Aetiology."

The following candidates, having satisfied the Censors' Board, were elected Members of the College: H. J. Bensted, L.R.C.P., P. M. F. Bishop, D.M., D. H. Bowden, M.B., B. D. Bower, M.B., T. B. Brewin, M.B., A. J. Brink, M.B., J. Butler, M.B., D. J. Conway, M.D., N. Coulshed, M.B., A. W. Downie, M.B., P. C. Elmes, B.M., M. E. Fearnley, M.B., A. M. Ferguson, M.B., J. C. Firih, M.B., R. W. Gilliat, B.M., T. M. D. Gimlette, M.B., E. M. Glaser, M.D., A. Goldberg, M.B., J. G. Hamilton, M.D., R. P. C. Handfield-Jones, B.M., B. Hudson, M.D., S. Kaul, M.B., Lieutenant-Colonel, A.M.C., J. K. Laing, M.B., J. W. Laws, M.B., H. M. Leather, M.B., W. G. Manderson, M.B., G. M. Maxwell, M.B., J. C. Mitchell, M.D., J. G. Neville, M.B., K. M. Nuttall, M.B., T. E. Owen, M.B., R. Prasad, M.B., I. A. M. Prior, M.B., S. R. Rao, M.B., W. D. Ratnavale, M.B., L. Sefton, L.R.C.P., Joyce F. Tucker, M.B., C. E. C. Wells, M.B., G. Westbury, M.B., D. Whitehouse, M.B., M. Wilkinson, M.B., C. P. Williamson, M.B., H. G. Wilson, M.B., I. Yentis, M.D.

Licences to practise were conferred upon 149 candidates (including 23 women) who had passed the final examination in Medicine, Surgery, and Midwifery of the Conjoint Board and who have complied with the necessary bylaws: J. A. Ademiluyi, K. B. Arney, Betty Barst, D. B. Benazon, A. Bendall, M. Bloch, J. R. Blunn, M. H. B. Borthwick, S. K. Boshier, D. J. Bowerman, K. E. J. Bowers, J. W. Bradshaw, G. R. Branson, J. F. Bray, J. Burston, P. J. L. Chapman, A. I. A. Charlton, J. W. Comper, M. N. Cushnir, D. M. S. Dane, P. J. Darlaston, G. B. Davison, F. E. Day, W. C. Duncan, I. S. du Toit, P. J. Edwards, H. O. M. El-Banhawy, D. Ellis, E. W. Evans, Gwenda W. Evans, D. A. Ewing, L. G. Fallows, D. M. Fanning, J. P. Flamank, Carol A. Foxell, M. G. Geffen, J. A. Gobert-Jones, G. Godfrey, M. Goodman, G. W. Goulden, J. F. Goyder, J. M. Gray, R. I. Graymore, P. S. Greaves, Everel C. Green, Barbara M. Griffith-Jones, Ludwika B. Haas, Elizabeth M. Haines, G. H. Hall, J. C. Hartgill, Charlotte Hartstein, D. A. Hastings, B. H. Helal, R. G. Hepworth, P. D. Hockenhuil, C. Hodgson, J. C. Holden, Stephanie Holmes, B. J. Houghton, J. D. M. Howat, Ann H. Howes, F. J. Hughes, J. R. Jaffe, R. R. Japal, D. S. Jones, G. L. Jones, S. G. Jones, A. A. Kaplan, J. G. Kenney, I. H. Kerr, R. J. Kerry, T. W. Kidd, A. K. Knowles, J. Kohári, J. L. G. Kopelowitz, M. M. Kubik, P. F. P. Lansdown, N. R. Lewis, J. A. Linden, J. Lissowski, O. K. Litherland, M. E. Lopresti, D. T. Lovell, Krystyna M. Lubomirska, Dorothy J. Lucas, P. W. Lumley, Judith Lyne, Rosemary A. Macdonald, R. E. Mackie, J. Mackett, Pamela M. McMorran, J. J. D. Macpherson, C. R. Maddock, D. Martyn-Johns, I. A. Moollan, Ann G. Morgan, June M. Morphet, S. Nairman, P. G. Newall Watson, C. H. Nemeth, J. T. Newton, L. Poller, Audrey J. Price, Zoë C. Randall, F. Reiseger, L. A. Reitsma, J. M. Roderick, E. J. Rolls, A.

Ross, P. E. H. Rutter, Anne Savage, A. E. R. Scott, M. B. Scott, J. E. Shahmoon, Mary K. Sharp, T. W. Sherratt, A. Shotts, B. R. J. Simpson, B. R. Singh, Phyllis E. Slater, J. L. Somervell, G. J. Straschnov, P. H. Swinhoe, N. S. Thomas, W. W. Thompson, W. B. Thomson, A. Thorogood, N. C. Tricks, K. W. Tuleja, M. Ungar, Elizabeth J. Vaughan, D. Wakely, D. Wallace, C. J. Wardle, B. T. Warner, A. A. Waterman, L. P. E. Watson, G. D. Weedon, A. G. Wells, R. S. Wells, N. Whelan, W. J. White, B. R. Whittard, J. L. Wilkins, E. R. Wilson, D. Winter, P. Wintersgill, M. Wright, B. Young.

Diplomas in Tropical Medicine and Hygiene, in Industrial Health, in Physical Medicine, in Ophthalmology, in Child Health, in Medical Radio-diagnosis, in Medical Radiotherapy, and in Public Health were granted, jointly with the Royal College of Surgeons of England, to the successful candidates whose names were printed in the report of the meeting of the Royal College of Surgeons of England in the *Journal* of October 20 (p. 979).

A Diploma in Ophthalmic Medicine and Surgery was granted, jointly with the Royal College of Surgeons of England, to A. H. Khan.

The Services

Surgeon Rear-Admiral K. A. I. Mackenzie, C.B., K.H.P., has been promoted to Surgeon Vice-Admiral and appointed Medical Director-General of the Navy in succession to Surgeon Vice-Admiral Sir C. Edward Greeson, K.B.E., C.B., K.H.P., the appointment to take effect in March, 1952.

Major-General (temporary) A. J. Beveridge, O.B.E., M.C., and Brigadier (temporary) R. J. Rosie, late R.A.M.C., have been appointed Honorary Physicians to the King in succession to Brigadier H. T. Findlay and Major-General J. J. Magner, C.B., M.C., retired, respectively.

Air Vice-Marshal J. MacC. Kilpatrick, O.B.E., has been appointed Honorary Physician to the King in succession to Air Vice-Marshal T. C. St. C. Morton, C.B., O.B.E., who vacated the appointment on retirement from the R.A.F.

Air Commodores J. C. Neely and F. W. P. Dixon, M.B.E., have been appointed Honorary Surgeons to the King in succession to Air Commodore W. J. G. Walker, C.B.E., and Air Marshal Sir P. C. Livingston, K.B.E., C.B., A.F.C., respectively, who have vacated the appointments on retirement from the R.A.F.

A Supplement to the *London Gazette* has announced the following awards:

First, Second, and Third Clasps to the Territorial Efficiency Decoration.—Major (Honorary Colonel) W. R. Martine, O.B.E., T.D., R.A.M.C.

Second Clasp to the Territorial Efficiency Decoration.—Major J. B. Bishop, T.D., R.A.M.C.

First and Second Clasps to the Territorial Efficiency Decoration.—Lieutenant-Colonel G. T. Hankey, O.B.E., T.D., R.A.M.C.

First Clasp to the Territorial Efficiency Decoration.—Lieutenant-Colonel E. R. Lovell, T.D., R.A.M.C., retired, and Major H. K. Ashworth, T.D., R.A.M.C.

Territorial Efficiency Decoration.—Captains (Honorary Majors) W. G. Mills, R. Murdoch, C. R. Clayburn, D. V. Summers, and Captain A. R. Oliver, R.A.M.C.

22nd GENERAL HOSPITAL

A reunion dinner of the 22nd General Hospital, R.A.M.C., was held at Liverpool on September 29, with Colonel A. McKie Reid in the chair. Colonels S. O. Dolan and P. R. Hawe, Lieutenant-Colonel K. McL. Cobban, and Majors R. Selby, W. E. Spence, H. G. A. Almond, and A. Langford Williams, with members of the nursing staff and other ranks, were present to the total of 60. The next dinner will be held on Saturday, September 27, 1952, and inquiries should be addressed to Mr. Clifford Cooke, 17, Greenhill Avenue, Liverpool, 18.

CASUALTIES IN THE MEDICAL SERVICES

Captain GEORGE HENRY FERGUSON BEITH, R.A.M.C., who has been killed in action in Korea, was born in 1920. He received his medical education at the Royal Colleges in Edinburgh and took the Scottish Conjoint qualification in 1945. In the following year he became house-surgeon and casualty officer at the General Hospital, Nottingham. He entered the R.A.M.C. in May, 1947, as a temporary lieutenant and in the following month was granted a short-service commission. He was promoted captain in May, 1948, and retired from the Service in June, 1950, but was recalled for duty last December.

ROYAL EYE HOSPITAL, St. George's Circus, Southwark, London, S.E.—November 9, 5 p.m., "Cataract Surgery," by Miss Mary Savory.

ROYAL INSTITUTION, 21, Albemarle Street, London, W.—November 9, 9 p.m., "The Two Theories of Heredity," by Mr. C. D. Darlington, D.Sc., F.R.S.

ROYAL MEDICAL SOCIETY, 7, Melbourn Place, Edinburgh.—November 9, 8 p.m., "Thyrotoxicosis." Symposium.

ROYAL SANITARY INSTITUTE.—At Guildhall, Cambridge, November 9, 10 a.m. Papers on three approaches to man's welfare. (a) "Improving the Environment," by Mr. D. W. Bottom; (b) "Caring for Body and Mind," by Dr. C. G. Eastwood; (c) "Research and the Wider Issues," by Professor A. Leslie Banks.

Saturday

BIOCHEMICAL SOCIETY.—At London School of Hygiene and Tropical Medicine, Keppel Street, London, W.C., November 10, 11.15 a.m., 302nd meeting. Symposium: "Metabolism and Function of Nervous Tissue."

APPOINTMENTS

CATTERALL, R. C. F., M.Chir., F.R.C.S., Assistant Orthopaedic Surgeon King's College Hospital Group.

JONES, HENRY VERNON, M.B., B.Ch., F.R.C.S. Ed., Consultant Surgeon, Barry Accident and Surgical Hospital, Glamorganshire.

LANDGREBE, F. W., D.Sc., Professor of Pharmacology, Welsh National School of Medicine, University of Wales. Dr. Landgrebe is at present Senior Lecturer in Experimental Pharmacology in the Department of Materia Medica at the University of Aberdeen.

MANCHESTER REGIONAL HOSPITAL BOARD.—Consultant Paediatrician, Rochdale and Bury Hospitals, B. Wolman, M.B., M.R.C.P., D.C.H. Consultant Venereologist, Rochdale, Oldham, and Ashton Areas, C. B. Dawson, M.B., Ch.B. Tuberculosis Physician, Salford and West Manchester Areas, J. F. Cotter, L.R.C.P.&S.I.

MANDIWALL, HENRY, M.B., B.S., L.D.S., Dental Consultant, West Middlesex Hospital, Isleworth, North-West Metropolitan Regional Hospital Board.

SCIENCE, PHILIP, M.D., H.M. Coroner to the City and County of Kingston-upon-Hull.

SOUTH-WESTERN REGIONAL HOSPITAL BOARD.—Assistant Chest Physician to Ham Green Sanatorium, Bristol, D. T. Davies, M.R.C.S., L.R.C.P. Venereologist to Bristol, North Gloucestershire, Bath, and Somerset Clinical Areas, G. Ewart Cree, M.R.C.S., L.R.C.P. Clinical Assistant in Ophthalmology to Cheltenham General Hospital, B. A. E. Harley, M.R.C.S., L.R.C.P., Senior Registrar in Thoracic Surgery to South-western Region, D. N. Ross, M.B., Ch.B., F.R.C.S. Orthopaedic Registrar to Mount Gold Orthopaedic Hospital, Plymouth, J. Harding Cox, M.B., Ch.B. Consultant Radiologist to Plymouth Clinical Area, E. A. Waldron, L.R.C.P.&S.I., D.M.R.D.

TATTERSALL, RUTH, M.B., Ch.B., Assistant Medical Officer, Area 10, Middlesex.

WILLIAMS, JOHN, M.B., B.Ch., Assistant Chest Physician to Cardiganshire Area (West Wales).

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Chippindale.—On October 13, 1951, at Bradford, to Ruth (formerly Stevenson), M.B., D.C.H., and D. Keith Chippindale, of Rawdon, near Leeds, a brother for Peter, Simon, and Alison.

MARRIAGES

O'Brien—Craig.—On October 20, 1951, at St. James' Presbyterian Church, Huddersfield, Mr. Richard O'Brien, of Chesterfield, Derbyshire, to Dr. Elizabeth McQuilkan Davidson Craig, of Halifax, Yorks.

DEATHS

Bevan.—On October 26, 1951, at his home, 106, Marine Parade, Brighton, Sussex, Arthur Bevan, M.D., formerly of 39, Gloucester Place, London, W.

Buckley.—On October 22, 1951, at 30, Breck Road, Poulton-le Fylde, Lancs, William Henry Buckley, M.R.C.S., L.R.C.P., L.D.S., aged 84.

Cooper.—On October 25, 1951, at West Croft, Elloughton, Brough, Yorks, Wilbye Cooper, M.C., M.R.C.S., L.R.C.P.

Edwards.—On October 19, 1951, at the Cottage Hospital, Aldeburgh, Suffolk, Robert Edwards, M.D., aged 84.

Fleming.—On October 17, 1951, at Nairobi, Kenya, Alan McKinstray Fleming, M.C., M.B., B.S., D.T.M.&H.

Galstaun.—On October 17, 1951, at the White Lodge, Yelverton, Devon, Shanazar Galstaun Galstaun, M.R.C.S., L.R.C.P., D.M.R.E., F.F.R., late of Calcutta, India.

Hunter.—On October 25, 1951, at Penrose Cottage, Clifton Down, Bristol, Frank Smallpage Hunter, M.R.C.S., L.R.C.P., aged 80.

Kelf.—On October 25, 1951, at Parkstone, Dorset, Henry David Kelf, M.R.C.S., L.R.C.P., D.P.H., aged 76.

Page.—On October 24, 1951, at "Croylands," North Walsham, Norfolk, Cecil Herbert Winter Page, M.D., aged 72.

Serjeant.—On October 25, 1951, at Brighton, Robert Serjeant, M.R.C.S., L.R.C.P., of Portland House Hotel, Brighton, formerly of Clifton House, Isleworth, Middlesex, aged 79.

Taylor.—On October 22, 1951, at Southwold, Suffolk, James MacBain Taylor, M.B., Ch.B., late of Oulton Broad, aged 73.

Woodhead.—On October 28, 1951, at 12, Sibson Road, Sale, Cheshire, Herbert Miall Woodhead, M.B.E., M.B., C.M., aged 91.

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.

Tonsillitis in Children

Q.—What is the best treatment of acute tonsillitis in children?

A.—There are hardly any precise data about the treatment of acute tonsillitis. The few recent worth-while studies have shown that only about half the cases are streptococcal, that the complication rate is low, and that it is doubtful if chemotherapy decisively affects the results. The routine administration of potentially harmful drugs would seem to be wrong, but scepticism can be carried too far, and the writer administers sulphadimidine in standard dosage for four days to:

(1) All infants under 1 year of age (in whom the condition is uncommon anyway).

(2) All children in whom the typical clinical features, deceptive as these may be, the epidemiological evidence, or bacteriological results suggest a streptococcal infection.

(3) All cases of unusual severity.

(4) All children in whom complications are likely to be frequent or particularly unfortunate in their results, as for example those with histories of frequent otitis media or with severe congenital heart disease.

Penicillin has obvious theoretical advantages, but oral or local administration is not wholly reliable in most children and injections are not much appreciated by them. More recent antibiotics which can be taken by mouth are yet too scarce for routine use.

It is still true that general management is the most important aspect of treatment. This is well reviewed by C. H. Smith (*J. Pediat.*, 1948, 32, 423).

Tickling

Q.—(1) Why are some parts of the body more ticklish than others? (2) Why are some people more ticklish than others? (3) Can anything be done for people who are so excessively ticklish that, for instance, they cannot tolerate palpation of the abdomen or scrub the soles of their feet? Is there any remedy for the child who becomes hysterical when tickled by playful adults?

A.—(1) The sensation of tickle is associated with touch sensibility, but its exact pathways and mechanism are unknown. The parts of the body where tickle can most easily be aroused in the majority of subjects have a low threshold of touch sensibility. Tickle can most easily be aroused by application of rapid, light, successive, or rhythmic stimuli which cause minimum deformation of the skin. The stimulus is thus one which tends to affect a group of superficial end organs in a particular manner at the expense of others. It is thus not unreasonable to infer that some parts of the body are more ticklish than others owing either to differences in their pattern of innervation or to variations in the structure of the skin and its appendages in relation to the nerve terminals.

(2) The reason why some people are more ticklish than others is not usually related to structural but to functional mechanisms above the level of the cord. It is comparable to pain, which is felt more acutely by some than by others. The psychological element in tickling is an important one. In some situations—for instance, when a young man is tickling or pretending to tickle a girl—erotic emotions enter the picture. The sensation of tickling can also be self-suggested—for example, when one has reason to believe, even though falsely, that an insect has dropped