

He could estimate fairly the physical obstructions to restoration of function, and if he considered these could be overcome there was no limit to the sensitive understanding which brought his patient from lethargy and "light duty" to a patient and persistent co-operation in restorative measures and to full work and pay.

It is recorded of a soldier, "There is no need to record his virtues: they are engraven in the hearts of his friends." All who had been associated with him were Moore's friends, and railwaymen of all grades were round his grave on Saturday. Cloud and shadow were in plenty in his 72 years, but, storm or shine, "H. E." could be relied on to play the game and seek no other reward.

Universities and Colleges

UNIVERSITY OF CAMBRIDGE

The Nuffield Foundation has offered grants of £1,000 a year for two years for work on peptides of adrenocorticotrophic hormones under the supervision of Professor A. R. Todd; of £4,100 spread over two years for work on these hormones under the supervision of Professor F. G. Young; and £2,400 spread over three years in support of an investigation in the Department of Colloid Science on antigen-antibody reactions, all of which the Council of the Senate has gratefully accepted.

J. F. R. Withycombe, M.Chir., F.R.C.S., has been elected to a Comyns Berkeley Bye-Fellowship at Gonville and Caius College.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College held on July 31 with the President, Sir Cecil Wakeley, in the chair, Dr. O. C. Carter and Dr. Bernard Johnson were admitted to the Council. A resolution of condolence was passed on the death of Sir Hugh Cairns, a past member of the Council.

Professor F. Wood Jones was appointed to the post of Honorary Curator of the Hunterian collection of human and comparative anatomy on his retirement from the Sir William Collins Professorship of Anatomy.

Mr. Hedley Whyte was reappointed as representative of the College on the council of King's College, Newcastle-upon-Tyne, and Mr. L. E. C. Norbury on the examination and tuition advisory board of the Association of Medical Records Officers.

Dr. B. E. Heard (St. Mary's Hospital) was appointed Lecturer in Pathology. The Hallett Prize was awarded to Dr. James Keith Ross (Middlesex Hospital).

It was decided that as from January 1, 1954, the period of post-graduate surgical training in recognized posts required of candidates for the final Fellowship examination be increased to two years.

Diplomas of Fellowship were granted to D. I. Stirk (St. Mary's) and G. Westbury (Westminster).

Diplomas of Membership of the College were granted to the candidates whose names are printed in the *Journal* of August 9 (p. 345) in the report of the meeting of the Royal College of Physicians of London as recipients of the L.R.C.P.

Diplomas in Public Health, in Ophthalmology, and in Industrial Health were granted, jointly with the Royal College of Physicians of London, to the candidates whose names are printed in the report of the meeting of the Royal College of Physicians of London in the *Journal* of August 9 (p. 345).

The Council received with gratitude a delineascope, the gift of Dr. Howard Naffziger, Hon.F.R.C.S., of San Francisco.

ROYAL AUSTRALASIAN COLLEGE OF PHYSICIANS

At the annual meeting of the College held at Adelaide in May, with the President, Dr. Alex Murphy, in the chair, the following Members were elected to the Fellowship of the College: C. G. Bayliss, J. H. Colebatch, K. J. Grice, W. E. King.

The following candidates, having satisfied the Boards of Censors in Australia and New Zealand, were admitted to Membership of the College: J. L. Allsop, A. L. Anderson, G. E. Bauer, D. A. Ballantyne, B. P. Billington, J. V. Cable, R. G. Dreadon, A. A. Ferris, J. J. Fitzwater, A. J. Goble, C. Gresson, P. F. Hall, D. A. Henderson, K. H. Holdgate, C. W. Howden, J. D. Hunter, I. R. Mackay, T. G. Maddison, J. W. Perry, D. W. Piper, V. E. Sampson, G. Selby, B. C. Sinclair-Smith, I. D. Thomas, A. R. Tink, D. Tomlinson, A. S. Turner, R. H. Vines, C. E. Watson.

INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending July 26 (No. 30) and corresponding week 1951.

Figures of cases are for the countries shown and London administrative county. Figures of deaths and births are for the 160 great towns in England and Wales (London included), London administrative county, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available. The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES in Countries and London	1952					1951				
	Eng. & Wales	London	Scot.	N. Ire.	Eire	Eng. & Wales	London	Scot.	N. Ire.	Eire
Diphtheria ..	21	0	6	1		36	2	8	1	2
Dysentery ..	135	19	45	0	1	226	26	59	1	
Encephalitis, acute..	5	0	0	0		11	0	0	0	
Enteric fever:										
Typhoid ..	5	0	2	0	2	61	6	1(B)	1	
Paratyphoid ..	75	1	0	0						
Food-poisoning ..	231	17		0		201	33		2	
Infective enteritis or diarrhoea under 2 years ..				14	23				24	39
Measles* ..	7,363	844	96	128	193	5,258	114	123	161	130
Meningococcal infection ..	34	4	9	1		35	3	19	1	
Ophthalmia neonatorum ..	39	5	9	0		27	0	9	0	
Pneumonia† ..	247	10	142	4	1	308	11	106	2	
Poliomyelitis, acute:										
Paralytic ..	157	23	9	6	1	50	4	8	5	1
Non-paralytic ..	96	10				71	3			
Puerperal fever§ ..	260	31	14	2	1	114	9	14	0	
Scarlet fever ..	1,173	113	144	16	53	758	76	108	19	34
Tuberculosis:										
Respiratory ..			121	32				144	33	
Non-respiratory ..			23	10				28	13	
Whooping-cough ..	2,040	97	91	70	133	3,261	171	266	57	71

DEATHS in Great Towns	1952					1951				
	Eng. & Wales	London	Scot.	N. Ire.	Eire	Eng. & Wales	London	Scot.	N. Ire.	Eire
Diphtheria ..	2	1		0		0	0	0	0	0
Dysentery ..	0	0					1		1	
Encephalitis, acute..		0					0			0
Enteric fever ..	0	0		0		0	0	0	0	
Infective enteritis or diarrhoea under 2 years ..	7		2	0		12		1	0	0
Influenza ..	6	0	2	0		3	0	0	0	0
Measles ..		0		0			0	0	0	0
Meningococcal infection ..		1	1				0	0		
Pneumonia ..	129	21		10		86	7	0	6	3
Poliomyelitis, acute	6	3				4	1			0
Scarlet fever ..		0		0			0	0	0	0
Tuberculosis:										
Respiratory ..	83	8	16	3		106	12	15	2	5
Non-respiratory ..		2	1	0			1	4	2	1
Whooping-cough ..	0	0		0		2	0	0	0	2
Deaths 0-1 year ..	204	23	15	10		165	16	27	5	16
Deaths (excluding stillbirths) ..	4,177	609	523	96		3,839	557	465	92	131
LIVE BIRTHS ..	7,310	109	89	244		6,893	1152	872	229	467
STILLBIRTHS ..	177	19	29			191	22	27		

* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.

THE VITAL STAINING OF MUSCULAR BIOPSIES WITH METHYLENE-BLUE. C. COËRS.

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COMING EVENTS

Royal Army Medical College.—The College is running a series of evening lectures this winter which are open to all members of the profession, admission free. The first lecture, to be given by Captain M. P. Ward, R.A.M.C., on October 6, at 5 p.m., is called "The Mount Everest Reconnaissance, 1951." Others include "Korean Experiences," by Major J. M. Adam, R.A.M.C., "Children in Hospital," by Professor Alan Moncrieff, "Modern Trends in Hospital Architecture," by Mr. R. Llewelyn Davies, and "Some Aspects of Chemotherapy in Tropical Medicine," by Brigadier J. S. K. Boyd, F.R.S. All lectures will be given in the lecture theatre at the College, Millbank, S.W.1 (entrance from John Islip Street, near the Tate Gallery).

Infantile Paralysis Fellowship in North London.—A group for the promotion of the welfare of people disabled by poliomyelitis in Islington, Stoke Newington, Finsbury, Shoreditch, and the City of London is being organized by Islington Rotary Club, and an inaugural meeting will be held in the Town Hall, Upper Street, N.1, at 7 p.m., on September 22, to which all sufferers and sympathizers are invited. Full information may be obtained from 80, Orpingley Road, N.7.

APPOINTMENTS

BARBER, J. M., M.D., M.R.C.P.Ed., Consultant Physician to North Down Group of Hospitals, Northern Ireland.
BOYD, JOHN MACKIE, M.B., Ch.B., D.P.H., Assistant Medical Officer of Health and Assistant School Medical Officer for Banffshire.
FARQUHAR, ROBERT WARRENDER, M.B., Ch.B., D.P.H., Divisional Medical Officer, Health Division No. 2, Lancashire County Council; Medical Officer of Health Lancaster Borough, Lancaster Rural District, Lunesdale Rural District, and Carnforth Urban District.
GRACE, R. F. T., M.D., M.R.C.P., Assistant (Consultant status), to the Department of Psychological Medicine, the National Hospital, Queen Square, London, W.C.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Dobson.—On July 24, 1952, to Dr. Margaret J. Dobson (formerly Barker), M.B., Ch.B., wife of Sydney F. Dobson, of Marple, Cheshire, a son.
Lord.—On August 7, 1952, at the County Infirmary, Louth, Lincs, to Reda (formerly Williamson), wife of Dr. W. J. H. Lord, a son.
Tempest.—On July 26, 1952, at St. James's Hospital, Leeds, to Jean Elisabeth (formerly Turner), wife of Mr. Michael N. Tempest, F.R.C.S., a daughter.

MARRIAGES

Abernethy—Dennis.—On July 25, 1952, Barclay Chivas Abernethy, M.B., of Aberdeen, to Isobel Ellen Dennis, M.S.R., of Aberdeen.

DEATHS

Anderson.—On August 1, 1952, at Greenacres, Wootton Courtenay, Somerset, Kenneth Anderson, M.B.
Bannister.—On August 5, 1952, at "Morwenna," Lidden, Penzance, Marmaduke Bannister, M.D., formerly of Blackburn, aged 86.
Chase.—On August 6, 1952, at "Oakwood," Brampton, Cumberland, Robert Godwin Chase, M.B., B.Ch., of 68, Victoria Road, Headingley, Leeds.
Dickson.—On August 2, 1952, at Easthook, Bridgnorth, Salop, Louis Edington Dickson, M.D., aged 74.
Grunbaum.—On August 2, 1952, Lionel Nathan Grunbaum, M.B., B.Chir., M.R.C.P., of 78, Clifton Hill, London, N.W.
Henderson.—On July 31, 1952, at The Hawthorns, Coldstream, Berwickshire, John Henderson, M.B., Ch.B.
Lee.—On August 6, 1952, at Storrington, Sussex, Frederick William Lee, M.R.C.S., L.R.C.P., aged 81.
Lee.—On August 9, 1952, at 17, Princes Avenue, Muswell Hill, London, N., William Edward Lee, M.D., F.R.C.S., aged 81.
McWhan.—On August 6, 1952, at Cheeklaw House, Duns, Berwickshire, Andrew Alexander McWhan, M.B., Ch.B., D.P.H.
Marsh.—On August 9, 1952, at Pillmere House, Saltash, Cornwall, Ernest Louis Marsh, M.B., Ch.B., D.P.H., late of Shanghai, China.
Marwick.—On August 9, 1952, at Edinburgh, Robert Elrick Marwick, M.B., Ch.B., of 7, Learmonth Terrace, Edinburgh.
Moore.—On August 6, 1952, at his home, 1, Wellington Villas, Crewe, Cheshire, Harold Eterick Moore, O.B.E., M.B., Ch.B.
Morris.—On August 2, 1952, John Morris, M.R.C.S., L.R.C.P., of 10, Park Avenue, Newport Pagnell, Bucks, aged 71.
Munro.—On August 4, 1952, at Denham Leys, Quainton, Bucks, John Douglas Ross Munro, M.D., formerly of Nantwich, aged 82.
Passe.—On August 1, 1952, Edward Roland Garnett Passe, F.R.C.S., F.A.C.S., D.L.O., B.D.S., of 36, Weymouth Street, London, W.

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.

Dysentery Carriers

Q.—What should be done about symptomless bacillary dysentery carriers?

A.—The dysentery carrier state is usually transient and therefore calls for no active treatment. The subject should simply be instructed in the precautions to be taken to avoid infecting other people. If the stools remain positive, a course of one of the less soluble sulphonamides may be given—for example, succinylsulphathiazole, 4 g. four times daily for one week. Alternatively, streptomycin may be given by the mouth (1 g. four times daily); this drug is not absorbed from the alimentary tract and is therefore quite harmless when so administered. Both of these forms of treatment are expensive and should rarely be necessary. None of the still more expensive newer antibiotics is indicated for treating this condition: owing probably to the nature of their action on bacteria, which is growth-inhibitory rather than lethal, they are not very useful either for preventing the development of the carrier state or for curing it.

Breast Involution after Repeated Childbirth

Q.—I have a patient who, after the birth of each of her four children, has suffered increasing involution of the breasts. She has now hardly any breast tissue left, and this distresses her considerably. Since increase of breast tissue has been reported in A.C.T.H. treatment, would this be of any value? If not, can anything be done to help her?

A.—The first question is one of diagnosis. The chief major endocrinological cause for involution of the breasts to a size smaller than that preceding the pregnancy is postpartum pituitary insufficiency, as in Simmonds's syndrome. This seems unlikely, in view of the condition occurring after each of four pregnancies, unless one postulates a limitation of the process to the pituitary mammogenic hormone. The questioner does not indicate whether recurring mastitis has been present, which might have led to progressive fibrosis. A.C.T.H. therapy would not be suitable, because of the numerous side factors of prolonged therapy. Stilboestrol and progesterone might be of help if there were any indications of deficiency of ovarian hormone secretions. It would be interesting also to know whether the patient succeeded in breast-feeding on each occasion. If she did, it would rather suggest that glandular tissue is still present and that the decrease in size of the breasts is due to loss of the supporting fatty tissue, in which case it is doubtful whether anything useful can be done.

Bromidrosis of Scrotum

Q.—What are the causes and treatment of bromidrosis localized to the scrotum and surrounding parts? My patient, a man of 56, maintains that he "picked it up" during a short stay in hospital.

A.—It is presumed that there is no disorder of the urinary or gastro-intestinal tracts or local skin disease. Bromidrosis is largely dependent upon general health, and may be related to endocrine or nervous disturbances. Here the affection is probably due to the activity of apocrine glands, and it may be favourably influenced by giving oestrogen as stilboestrol, starting with 1 mg. daily. Local toilet care is important, and the use of a deodorant will help. Bathing with a solution of potassium permanganate (1 in 8,000), bicarbonate of soda (saturated solution), or chlorophyll is suggested.