

SOCIETY OF CHEMICAL INDUSTRY: MICROBIOLOGY GROUP.—At Medical Society of London, 11, Chandos Street, Cavendish Square, W., 2.30 p.m., "The Application of Paper Chromatography to Microbiology," papers by Mr. H. Proom and Dr. A. J. Woitwod.

Friday, October 17

BRITISH INSTITUTE OF RADIOLOGY.—At 32, Welbeck Street, London, W., 5 p.m., Meeting of medical members.

EDINBURGH UNIVERSITY: FACULTY OF MEDICINE.—At Surgery Lecture Theatre, University New Buildings, Teviot Place, 5 p.m., "The Clinical Management of the Burn Wound," MacArthur Postgraduate Lecture by Professor E. I. Evans (Virginia).

FACULTY OF RADIOLOGISTS, Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., 2.15 p.m., "Intrathoracic Fibroma," by Mr. C. E. Drew; "Tuberculous Bronchitis and Bronchiectasis," by Dr. G. Simon; "X-ray Appearances of Honeycomb Lung," by Dr. Neville Oswald. 5 p.m., meeting of medical members.

●INSTITUTE OF DERMATOLOGY, Lisle Street, Leicester Square, London, W.C.—5.30 p.m., "Lichen Planus," clinical demonstration by Dr. M. S. Thomson.

KENT AND CANTERBURY HOSPITAL, Canterbury.—8 p.m., clinical meeting.

LONDON UNIVERSITY.—At King's College, Strand, W.C., 5.30 p.m., "Movement of Fluid and Dissolved Substances through the Capillary Wall—(3) Effects of Injury, Cold, Hypoxia, and Certain Clinical Conditions," special university lecture in physiology by Professor E. M. Landis (Harvard).

●ROYAL COLLEGE OF SURGEONS OF ENGLAND: FACULTY OF ANAESTHETISTS, Lincoln's Inn Fields, London, W.C.—5 p.m., "Hypnotics and Narcotics," by Dr. H. C. Stewart; 6.15 p.m., "Drugs Acting on the Urinary Tract," by Dr. H. C. Stewart.

ROYAL INSTITUTE OF PHILOSOPHY.—At University Hall, 14, Gordon Square, London, W.C., 5.15 p.m., "Mind and Its Place in Nature," Manson Lecture by Professor J. Z. Young, F.R.S.

APPOINTMENTS

ABSE, DAVID WILFRED, M.D., D.P.M., Clinical Assistant Professor of Psychiatry, School of Medicine, University of North Carolina, Chapel Hill, North Carolina, U.S.A.

FERGUSON, J. H. L., M.B., B.Chir., F.R.C.S., Assistant General Surgeon, Middlesex Hospital, London, W.

TEMPLE, J. LI., M.B., B.S., F.R.C.S., Consultant Surgeon to Bristol Clinical Area (Weston-super-Mare), South-western Regional Hospital Board.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Black.—On September 24, 1952, at the Liverpool Maternity Hospital, to Jeanie (formerly Dr. J. F. Gordon), wife of Mr. A. L. Black, F.R.C.S., a daughter.

Cooke.—On August 30, 1952, at the Maternity Hospital, Birmingham, to Dr. Hilary Cooke (formerly Rose), wife of Dr. M. A. Cooke, of Farcroft, South Road, Smethwick, Birmingham, a son.

Gawthorpe.—On September 28, 1952, at 158, Far Laund, Belper, Derbyshire, to Betty (formerly Dawson), wife of Dr. J. A. Gawthorpe, a daughter.

Hogarth.—On October 2, 1952, at The Clinic, London, to Harriette Ruth (formerly Lewis), wife of Dr. J. C. Hogarth, a son.

MacWilliam.—On September 30, 1952, to Cicely (formerly Gray), wife of Dr. James C. MacWilliam, of Burnley, Lancs, a son.

Parkinson.—On September 29, 1952, at King's College Hospital, London, S.E., to Helen (formerly Overton), wife of Dr. Charles F. C. Parkinson, a daughter.

Williams.—On September 27, 1952, at Cheslyn Hay, Staffs, to Dorothy (formerly Ashdown), wife of Dr. K. Stanley Williams, a son—Richard David.

DEATHS

Aitken.—On October 2, 1952, at his home, "Clodiagh," Stanmore, Middlesex, James Aitken, M.B., Ch.B.

Andrew.—On September 30, 1952, at "Highfield," 13, Glendene Avenue, Bramhall, John Vere Orlebar Andrew, M.R.C.S., L.R.C.P., aged 63.

Catterall.—On September 29, 1952, at 20, St. Lawrence Avenue, Worthing, Cuthbert George Catterall, M.R.C.S., L.R.C.P., aged 89.

Coffey.—On September 6, 1952, Richard Coffey, D.S.O., T.D., L.R.C.P. & S.I., of 21, Storey Square, Barrow-in-Furness.

Ewart.—On September 26, 1952, at Dumfries, Edward Ewart, M.D., aged 75.

Henderson.—On September 29, 1952, at Ridgeway, Orchard Hill, Bideford, Devon, George Pouncey Henderson, M.D., aged 78.

Lawrie.—On September 25, 1952, at Edinburgh, John Lawrie, M.B., Ch.B., of 10, Eglinton Crescent, Edinburgh, formerly of Woking, Surrey.

Merrick.—On September 26, 1952, at Kingston Hospital, Horace Townsend Newman Merrick, M.B., B.Ch., aged 87.

Nagelschmidt.—On October 4, 1952, at the Victoria Memorial Jewish Hospital, Manchester, Karl Franz Nagelschmidt, M.D.

Shaw.—On September 29, 1952, William Samuel Jagoe Shaw, M.D., Lieutenant-Colonel I.M.S., retired, of Calcote House, Sandecotes Road, Parkstone, Dorset, aged 81.

Sloan.—On October 2, 1952, at Edinburgh, Allen Thomson Sloan, D.S.O., M.B., Ch.B., of Balerno, Midlothian.

Topham.—On September 25, 1952, at "The Mount," 328, Heysham Road, Morecambe, Frederick Stocks Topham, M.R.C.S., L.R.C.P., formerly of Halifax, aged 77.

Wade.—On October 5, 1952, Richard Ramsden Wade, M.D., of The Little House, Hindhead, Surrey.

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.

Oestrogens and Cancer

Q.—It is established that stilboestrol in large doses can be carcinogenic. What precautions are necessary in prescribing other synthetic hormones in this group to avoid this tragic possibility? So many women at the menopause derive great benefit from some form of oestrogen treatment.

A.—All oestrogens, natural and synthetic, are powerful epithelial stimulants, acting especially on the tissues of the breast, uterus, Fallopian tubes, vagina, and vulva. They cause endometrial hyperplasia, often of the "adenomatous" rather than the "cystic" type, and this condition is generally regarded as sometimes leading to carcinoma of the body of the uterus. Cases of cancer of the genital organs are recorded as arising in women under treatment with oestrogens, but this has not as yet been shown to be more than a coincidence. Indeed, oestrogens have never been proved to be carcinogenic in the human being. The fear that they might be is based largely on theoretical considerations and on animal experiments in which it has been shown that their local application can cause skin cancer, and that when given systemically they favour the development of carcinoma of the breast and cervix. There is also some evidence that the simultaneous administration of progesterone tends to prevent cancer formation in animals.

The general view at present is that although it is wise to be cautious when dealing with a woman who has a strong family history of malignant disease, or who already has what might be regarded as a precancerous lesion in the genital tract, oestrogens in reasonable dosage and given for short periods of time carry a negligible risk of inducing cancer in women. So far as the treatment of menopausal symptoms is concerned the dose should in any case be very small, and the course of treatment should be completed within two or three months, being discontinued at any time if it induces uterine haemorrhage.

Calcium in Pulmonary Tuberculosis

Q.—What is the value of calcium therapy in pulmonary tuberculosis? Could it in any way interfere with the action of streptomycin or P.A.S.?

A.—Although used for many years, it is probable that calcium is of no value in the treatment of pulmonary tuberculosis. As far as is known, it is unlikely to interfere with the action of streptomycin or P.A.S. (para-aminosalicylic acid). The only exception to this is that calcium should not be injected locally at the same time as streptomycin sulphate, as calcium sulphate might be precipitated. However, it is very unlikely that anyone would want to do this.

Psychotherapy and Skin Disease

Q.—What are the indications for psychotherapy in cases of skin disease where there is a definite relationship to emotional strain? What results may be expected?

A.—Psychotherapy, especially of the abreactive kind, has proved very useful with dermatoses such as eczema, psoriasis, seborrhoeic dermatitis, etc., where a well-marked relationship has been found between exacerbations in the skin condition and emotional strain, worry, anxiety, or tension. Repeated abreaction of the accumulated emotional