

APPOINTMENTS

DUMMER, F. H. M., M.B., Ch.B., C.P.H., D.P.H., Medical Officer of Health, Borough of Andover, Rural Districts of Andover, Whitechurch and Kingsclere, Hants.

FISHER, MARGARET L., M.B., B.Ch., House-physician to Neurological and Neurosurgical Department, Hospital for Sick Children, Great Ormond Street, London, W.C.

GRANT, DONALD KERR, M.B., B.S., M.R.A.C.P., House-physician, Hospital for Sick Children, Great Ormond Street, London, W.C.

SOUTH-WEST METROPOLITAN REGIONAL HOSPITAL BOARD.—Lotte Rosenberg, M.D., D.P.M., Whole-time Assistant Child Psychiatrist (S.H.M.O.), Hampshire Child Guidance Service; B. W. Richards, M.R.C.S., L.R.C.P., D.P.M., Whole-time Deputy Physician Superintendent and Consultant Psychiatrist, St. Lawrence's Hospital, Caterham; G. W. Garland, M.D., M.R.C.O.G., Part-time Consultant Obstetrician and Gynaecologist, Lambeth Hospital; Mrs. Micha L. Kohnstamm, M.D., Whole-time Assistant Chest Physician (S.H.M.O.), King George V Hospital, Godalming; A. M. Macarthur, M.B., F.R.C.S., Part-time Consultant Thoracic Surgeon, St. Helier, Croydon and Redhill Groups; B. A. Pomryn, M.B., B.S., D.P.M., Whole-time Assistant Psychiatrist (S.H.M.O.), Belmont Hospital; E. P. H. Charlton, M.D., D.P.M., Whole-time Physician Superintendent and Consultant Psychiatrist, Banstead Hospital; G. V. Sybil Aldridge, M.B., B.S., D.C.H., Part-time Chest Physician (S.H.M.O.), Battersea Chest Clinic; Lois E. Hurter, M.D., M.R.C.O.G., Part-time Consultant Obstetrician and Gynaecologist, Lambeth and Wandsworth Groups; F. Denny, M.D., M.R.C.O.G., Part-time Consultant Obstetrician and Gynaecologist, Chelsea, and Fulham and Kensington Groups; C. P. Mills, M.B., B.S., Surgical Registrar, Royal Hants County Hospital, Winchester; Thomas P. Nash, F.R.C.S., Surgical Registrar, Southampton General Hospital; R. Alhadeff, F.R.C.S., Surgical Registrar, Mayday Hospital; A. O. Parker, F.R.C.S., Surgical Registrar, Princess Beatrix Hospital; Mary D. Watkins, M.B., B.S., Medical Registrar, St. Stephen's Hospital; Margaret H. North Smith, L.R.C.P.&S.Ed., Anaesthetic Registrar, St. Stephen's Hospital; J. Levin, M.B., Ch.B., Anaesthetic Registrar, Fulham Hospital; J. Towers, M.B., B.Ch., D.P.M., Senior Psychiatric Registrar, Graylingwell Hospital; R. H. Boardman, M.B., B.Chir., D.P.M., Senior Psychiatric Registrar, Springfield Hospital; V. N. Bagadia, M.D., and H. K. Rose, L.R.C.P.&S., D.P.H., Psychiatric Registrars, Netherne Hospital; Rosemary M. W. Ince, M.B., Ch.B., Pathological Registrar, Portsmouth and Isle of Wight Area Pathological Service; Diana G. Paradise, M.D., D.C.H., Senior Thoracic Medical Registrar, Croydon Chest Clinic; H. G. Dixon, M.B., B.S., M.R.C.O.G., D.Obst. R.C.O.G., Obstetric and Gynaecological Registrar, Southlands Hospital; M. C. Michelow, M.B., B.Ch., D.Obst. R.C.O.G., Obstetric and Gynaecological Registrar, Redhill County Hospital; Margaret M. Downes, M.B., Ch.B., M.R.C.O.G., Obstetric and Gynaecological Registrar, St. Luke's Hospital; R. D. Nicholson, M.B., B.S., Orthopaedic Registrar, Winchester Group of Hospitals; W. E. J. Bennett, F.R.C.S., Surgical Registrar, St. James Hospital; Mary D. Campbell, L.R.C.P.&S.I., Anaesthetic Registrar, St. Mary Abbots Hospital; G. Dutton, M.B., B.S., Psychiatric Registrar, Botleys Park Hospital; K. W. Cochrane, M.B., Ch.B., F.R.C.S.Ed., D.Obst. R.C.O.G., Obstetric and Gynaecological Registrar, Epsom and District Hospital; B. A. Gavourin, M.B., B.S., D.Obst. R.C.O.G., Obstetric and Gynaecological Registrar, Mayday Hospital; W. R. Parkes, M.B., Ch.B., Medical Registrar, Fulham Hospital; J. A. C. Brown, M.B., B.S., D.Obst. R.C.O.G., Surgical Registrar, Redhill County Hospital; M. G. Jones, M.B., B.Ch., Surgical and Orthopaedic Registrar, Queen Mary's Hospital for Children; R. W. L. Calderwood, M.R.C.S., L.R.C.P., Orthopaedic Registrar, St. James Hospital; P. A. Bramley, M.B., Ch.B., B.D.S., and I. H. Heslop, M.B., B.S., F.D.S., Dental Registrars, Rookdown House, Basingstoke; A. G. Pollen, M.B., B.S., and C. H. J. Rey, F.R.C.S., Surgical Registrars, Lambeth Hospital; A. J. Heber, M.B., B.S., Anaesthetic Registrar, Redhill County Hospital.

BIRTHS, MARRIAGES, AND DEATHS

MARRIAGES

Horne—Mackenzie.—On September 30, 1953, at King's College Chapel, Aberdeen, James Landess Horne, M.D., D.P.H., of Maybank, Strathpeffer, to Margaret Marian Mackenzie, M.B., Ch.B., of Croft Mhairi, Tain, Ross and Cromarty.

DEATHS

Farr.—On August 29, 1953, at 5, Burnham Gardens, Bognor Regis, Sussex, Arthur Farr, M.R.C.S., L.R.C.P., late of Kensington, London, W., aged 79.

Kilkelly.—On July 14, 1953, in Kenya, Charles Randolph Kilkelly, C.M.G., M.V.O., M.B., B.Ch., D.P.H., Surgeon Lieutenant-Colonel, Grenadier Guards, retired, late of Drimcong, Moycullen, Co. Galway, Ireland, aged 93.

King.—On September 3, 1953, near Bath, Somerset, Lorna Susan King, M.B., B.S., formerly of Bromley, Kent.

McHugh.—On September 8, 1953, at his home, 101, Withington Road, Manchester, Louis Joseph Edward McHugh, M.B., B.Ch., aged 78.

MacLennan.—On September 8, 1953, at All Saints' Hospital, Chatham, Kent, Kenneth Falconer Macrae MacLennan, M.B., Ch.B.

Napier.—On September 10, 1953, George Napier, M.B., Ch.B., D.P.H., of Salisbury, Wilts.

Newton.—On August 31, 1953, at 4, Walden Road, Welwyn Garden City, Herts, Hallé Newton (formerly Marsten), M.R.C.S., L.R.C.P.

Nicoll.—On August 30, 1953, Henry Maurice Dunlop Nicoll, M.B., B.Ch., of Great Amwell House, Ware, Herts, and 146, Harley Street, London, W., aged 69.

Robertson-Ross.—On September 7, 1953, at "Laurel Trees," West Coker, Som., James Ewen Robertson-Ross, L.M.S.S.A., aged 63.

Taylor.—On September 2, 1953, Maud Taylor, M.D., late of Godfrey's Farm, Radwinter, Essex.

Teasdale.—On August 26, 1953, at his home, West Retford House, Retford, Notts, John Cambridge Teasdale, M.B., Ch.B., aged 75.

Wallace.—On August 22, 1953, at St. Thomas's Hospital, Godalming, Surrey, John Wallace, O.B.E., T.D., M.D., Colonel, R.A.M.C. (T), retired.

Will.—On September 7, 1953, whilst on holiday, Ella Kennedy Will, M.R.C.S., L.R.C.P., of 1, Winsford Terrace, Edmonton, London, N.

Zuckermann.—On September 29, 1953, Ernst Zuckermann, M.D., of 14, Oxford Street, Nottingham.

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.

Pain on Ejaculation

Q.—A man of 48 has suddenly developed pain in the glans penis on ejaculation. There is no history or evidence of genito-urinary disease. What is the likely cause, and what treatment is advised?

A.—In this case the pain in the glans penis is almost certainly referred from the prostate or vesicles. These structures must therefore be carefully investigated for signs of infection; the secretion expressed by prostatic and vesicular massage should be examined for pus cells, and the urine voided subsequently for the presence of threads. A small concretion in the prostate might also cause pain on ejaculation. If no physical lesion can be found the possibility of the pain being psychogenic must be considered. A husband who is unable to satisfy his wife sexually sometimes falls back on pain as an excuse for this. Diathermy treatment, using rectal and suprapubic electrodes, is often helpful.

Which Barbiturate?

Q.—How do the various official barbiturate preparations differ in action, effective dose, rate of elimination, and toxicity?

A.—This topic often occupies a whole chapter in a modern textbook of pharmacology, but a good and succinct account will be found in the *National Formulary*, 1952.

The duration of action of a barbiturate depends upon its rate of degradation by the liver, absorption by other tissues, excretion by the kidney, on the rate and route of administration, and also upon the dose given. In general the long-acting barbiturates take effect more slowly than the short-acting ones when given orally. It is usual to classify the substances according to their duration of action as long-, medium-, and short-acting drugs. Barbitone and its sodium salt are almost entirely removed by renal secretion, and a single dose may be effective for 12 hours or more. This substance may be detectable in the urine for several days after a single dose. Phenobarbitone and methylphenobarbitone are partly excreted by the kidneys and partly broken down in the liver. All these substances are slowly eliminated and cumulation may occur, especially if renal function is poor. Medium-acting barbiturates such as pentobarbitone sodium and quinalbarbitone sodium are more rapidly metabolized by the liver, while the short-acting thiopentone sodium is probably dealt with by most tissues including liver. The barbiturates mentioned above are official in the *B.P.* (1953), but of these only phenobarbitone and quinalbarbitone are widely used. The *B.P.C.* (1949) includes also the medium-acting allobarbitone, amylobarbitone, and butobarbitone, and the short-acting cyclobarbitone and hexobarbitone. The use of the last-named is, however, dying out in Britain.

The actions of barbiturates vary from sedation, for which some like phenobarbitone are specially suitable, to full anaesthesia. With some compounds such as cyclobarbitone most stages between these two extremes can be usefully obtained by varying the dosage. The short-acting thiopentone sodium is commonly given by intravenous injection. Doses used obviously vary according to the effect desired. Phenobarbitone is used as a sedative in doses of 30–120 mg. (½–2 gr.) and barbitone as a hypnotic in doses of 0.3 to 0.6 g. (5–10 gr.). Medium acting barbiturates are often given in doses of 90–180 mg. (1½–3 gr.) for hypnosis; cyclobarbitone is used in double these amounts, while quinalbarbitone