

SOCIETIES AND LECTURES

A fee is charged or a ticket is required for attending lectures marked ●. Applications should be made first to the institution concerned.

Friday, October 30

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—3.30 p.m., clinical meeting for general practitioners. Mr. C. Gill-Carey: The Common Cold.

Monday, November 2

INSTITUTE OF PSYCHIATRY.—5.30 p.m., Dr. E. Stengel: lecture-demonstration.

● POSTGRADUATE MEDICAL SCHOOL OF LONDON.—4 p.m., Dr. William Evans: The Electrocardiogram in Cardiac Pain.

ROYAL EYE HOSPITAL.—5.30 p.m., Miss J. M. Dollar: Management of Diseases of the Uveal Tract.

Tuesday, November 3

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Professor E. C. Amoroso: Biology of the Foetal Membranes and the Placenta.

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. J. A. Dudgeon: Viral Diseases of the Skin.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Arris and Gale Lecture by Mr. H. A. Haxton: Sympathetic Supply of the Upper Limb.

ST. MARY'S HOSPITAL MEDICAL SCHOOL.—At Wright-Fleming Theatre, 5 p.m., Dr. M. H. E. Hulbert and Dr. W. M. Levitt: X-ray Therapy in Gynaecology.

WEST END HOSPITAL FOR NERVOUS DISEASES.—5.30 p.m., Dr. C. C. Edwards: neurological demonstration.

Wednesday, November 4

INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. J. A. Dudgeon: Viral Diseases of the Skin.

INSTITUTE OF UROLOGY.—4.30 for 5 p.m., Mr. A. R. C. Higham: Enuresis.

MANCHESTER MEDICAL SOCIETY: SECTION OF MEDICINE.—At Medical School, Manchester University, 4.30 p.m., address by Dr. Denis Williams.

MIDLAND MEDICAL SOCIETY.—At Birmingham Medical Institute, 8.15 p.m., Dr. J. C. Gilson: Is Coal Dust Harmful to Man?

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN.—7.30 p.m., Mr. T. C. Denston, B.Pharm., Ph.C., F.R.I.C.: General Survey of the British Pharmacopoeia, 1953.

POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Dr. F. V. Flynn: Na and K Metabolism.

ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Lord Amulree: Geriatrics.

SOCIETY OF APOTHECARIES OF LONDON.—4 p.m., Mr. J. B. Harman: Management of Inoperable Malignant Disease; 5.15 p.m., Dr. F. P. Lee Lander: Asthma and its Treatment.

Thursday, November 5

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. P. M. F. Bishop: Physiological Action of Sex Hormones.

GLASGOW UNIVERSITY MEDICO-CHIRURGICAL SOCIETY.—At Glasgow University Union, 7.30 p.m., Dr. D. K. Adams: Food in Relation to Health and Disease.

● INSTITUTE OF CHILD HEALTH AND INSTITUTE OF NEUROLOGY.—At National Hospital, Queen Square, W.C., 5.30 p.m., Dr. E. A. Carmichael: Hemiplegia: Clinical Types, Diagnosis and Treatment.

● INSTITUTE OF OBSTETRICS AND GYNAECOLOGY.—At Queen Charlotte's Hospital, 3.30 p.m., Professor A. M. Claye: The Forceps in Present-day Practice.

LIVERPOOL MEDICAL INSTITUTION.—8 p.m., Symposium to be opened by Mr. A. Sutcliffe Kerr: Management of Paraplegia.

LONDON UNIVERSITY.—At Royal Society of Medicine, 5 p.m., Semen Lecture by Professor F. C. Ormerod: The Management of Cancer of the Larynx.

ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.—At Royal Society of Medicine, 2.15 p.m., 28th Maudsley Lecture by Earl Jowitt: Medicine and the Law.

ROYAL SOCIETY.—4.30 p.m., The Leeuwenhoek Lecture by Dr. K. M. Smith, D.Sc., F.R.S.: Some Aspects of the Behaviour of Certain Viruses in their Hosts and of their Development in the Cell.

ST. ANDREWS UNIVERSITY.—At Physiology Department, Dundee, 5 p.m., Professor J. Glaister: Some Medico-Legal Trifles.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—5 p.m., Dr. Denis Williams: neurology demonstration.

ST. JOHN'S HOSPITAL DERMATOLOGICAL SOCIETY.—4.30 p.m., demonstration of clinical cases; 5.15 p.m., discussion of clinical cases.

Friday, November 6

INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. B. F. Russell: Pyogenic Infections.

● POSTGRADUATE MEDICAL SCHOOL OF LONDON.—4 p.m., Professor W. Melville Attrott: Peripheral Vascular Disease.

ROYAL EYE HOSPITAL.—4.30 p.m., Mr. A. J. Cameron: Recent Advances in Retinal Detachment Surgery.

Saturday, November 7

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—11.30 a.m., Professor E. Luscher (Basle): Psychical Factors in Ear, Nose, and Throat Diseases.

● INSTITUTE OF OBSTETRICS AND GYNAECOLOGY.—At Hammersmith Hospital, 12 noon, Mr. J. A. Stallworthy: Genital Tuberculosis.

MIDLAND TUBERCULOSIS SOCIETY.—3 p.m., Professor J. McMichael: Pulmonary Heart Disease.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Barter.—On October 23, 1953, at Queen Charlotte's Hospital, London, W., to Marjorie (formerly Staveley), wife of Dr. Antony P. Barter, a daughter—Suzanne.

Fisher.—On October 22, 1953, at the Royal Maternity Hospital, Belfast, to Sheila, wife of Oliver D. Fisher, M.D., M.R.C.P., a daughter—Amanda Jane.

Solomons.—On October 2, 1953, in Dublin, to Joan (formerly Maitland), wife of Michael Solomons, M.R.C.O.G., a son.

Stok.—On October 13, 1953, at Liverpool Maternity Hospital, to Pauline (formerly Jones), wife of Dr. E. Theodoor Stok, a son.

Swan.—On September 12, 1953, at the Civil Hospital, Aden, South-West Arabia, to Veronica (formerly Donnelly), wife of Thurloc Swan, M.Ch., F.R.C.S.I., a daughter—Oonagh Mary.

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.

Exchange Resins for Peptic Ulcer

Q.—What is the consensus on the status of anion exchange resins in the medical management of peptic ulcer? Which resin or type of resin is believed to be best, and in what dosage? Are there any toxic possibilities or contraindications?

A.—Anion exchange resins are large insoluble bases with the capacity to absorb the anion of an acid forming an insoluble resin salt; and in the alkaline small intestine the anion exchange is reversed. Amberlite 1 R-4 (particle size 200 mesh), a polyethylene polyamine substituted resin of diphenylol dimethyl methane and formaldehyde in basic form, has been used for the treatment of peptic ulcer, and up to 28 g. by mouth daily has been used without causing untoward effects.¹ The neutralizing efficiency is not impressive, comparable effects being obtained by 0.6 g. aluminium hydroxide and 3.2 g. of Amberlite 1 R-4, and there is evidence that it is in no way superior to other antacids. No definite ill effects have been noted, and constipation does not develop during its administration. Spears and Pfeiffer² found that all but one of a group of 30 patients experienced relief from pain, but this, however, was not synonymous with healing, and in some cases recurrence or complications occurred during treatment. Wirts, Sullivan, and Hammerly³ found that the effect of resin for duodenal ulcer was comparable to that of aluminium hydroxide gel, but did not notably surpass it. Similarly, Segal *et al.*⁴ achieved 65% clinical remission with chronic recurrent duodenal ulcer, but failed to get assistance in the more serious and protracted cases. On the whole, there seems remarkably little justification for its use in peptic ulcer.

REFERENCES

- 1 Kirsner, J. B., Palmer, W. L., Levin, E., and Klotz, A. P. (1951). *Ann. int. Med.*, 35, 785.
- 2 Spears, M. M., and Pfeiffer, M. C. J. (1947). *Gastroenterology*, 8, 191.
- 3 Wirts, C. W., Sullivan, B. H., and Hammerly, W. C. (1950). *Ibid.*, 15, 1.
- 4 Segal, H. L., Friedmann, H. A., Ellis, E. E., and Watson, J. S. (1950). *Amer. J. dig. Dis.*, 17, 293.

Liquid Paraffin and Cancer of Bowel

Q.—What is the origin of the view that the continued use of liquid paraffin may cause cancer of the bowel? It crops up from time to time and is invariably denied in the medical journals.

A.—The belief that the long-continued use of liquid paraffin by the mouth as an aperient conduces to cancer of the intestine has no doubt been encouraged by, if it did not arise from, the most unfortunate term "paraffin cancer" applied to occupational cancers of the skin occurring in workers exposed to shale oil, petroleum, or products derived from them. "Aniline cancer" is another most misleading title.

The word "paraffin" has at least two meanings: in chemistry it is a quite exact term denoting a class of compound of the general formula C_nH_{2n+2} ; while in everyday life and in commerce it may be applied to a variety of mineral oils, especially to those used for heating and lighting, which may consist to a large but not to a specific extent of paraffins conforming to the chemical definition.

One may perhaps take some data, which are still relevant, from a paper published many years ago "On the Cancer-producing Factor in Tar" by E. L. Kennaway.¹ In the lignite tar and shale oil industries the workmen who have most to do with the most concentrated forms of chemical