

Fleming obtained leave to volunteer, and in 1915-16 saw service in Poland and Russia, where much work was necessary to combat typhus and dysentery epidemics.

In 1923, with the advent of responsible government in Southern Rhodesia, Fleming took the opportunity entirely to remodel the medical and nursing services of the colony, as well as to produce entirely new health legislation. On these foundations the whole of the colony's present health services have been built, and from them they will be extended in the future. For this work he was appointed C.B.E. in 1924. On his retirement in 1931, after 37 years of tireless and devoted service, Fleming had the satisfaction of knowing that he had established ten major general hospitals, a mental hospital, and a leprosarium, as well as laboratory services, a medical service of over twenty officers, and two training-schools for nurses—no mean achievement with the meagre funds at his disposal.

For a few years after he had retired from the post of medical director of Southern Rhodesia Fleming continued to practise as an estate medical officer, but in 1946, on inheriting the estate of Dunsinnan, near Perth, he returned to Scotland and assumed the name of Fleming-Bernard. He spent the rest of his days on his estate, although he made several flying visits to the Rhodesia he loved and for which he had given so much of his life. Those who were privileged to work for and with him retain as an abiding memory his well-directed energy, his high ideals, and his devotion to duty. If these ideals at times bore hardly on his subordinates, it is proper to remember that he never asked more of them than he himself was constantly giving. He was ever an inspiration to his junior staff. His monument can be seen in every Southern Rhodesian centre, and his memory will ever be honoured in the colony.—R. M. M.

Mr. ARTHUR GREENE, who died at Cromer on October 20 at the age of 77, was a member of an old Irish family and the third son of Mr. Thomas Greene, at one time High Sheriff of County Kildare. Born at Dublin on January 3, 1876, Arthur Greene was educated at the High School there and at Trinity College and the Royal College of Surgeons in Ireland, graduating M.B., B.Ch. in 1898; in the same year he proceeded to the M.D., and took the L.M. diploma at the Rotunda. In 1908 he was admitted to the Fellowship of the Royal College of Surgeons in Ireland. After graduation he held appointments as house-surgeon and registrar at the Royal Eye Hospital, London, and clinical assistant at the Royal Westminster and Moorfields Eye Hospitals before settling in practice at Norwich in 1903. He was the first specialist to be appointed to the staff of the Norfolk and Norwich Eye Infirmary as a whole-time ophthalmic surgeon. It was very largely due to his efforts that the old Eye Infirmary in Pottergate was moved in 1912 to a more suitable site opposite the Norfolk and Norwich Hospital, with which it was later amalgamated. Mr. Greene was on the staff of the eye infirmary for over 37 years. During the 1914-18 war he saw service with the R.A.M.C. in France and was for some time ophthalmic surgeon to the 5th Army. A member of the Ophthalmological Society of the United Kingdom since 1903, he attended its annual meetings regularly for a great many years. He had served as a member of the council of the Oxford Ophthalmological Congress, and was a past president of the Norwich Medico-Chirurgical Society. He was one of the founder members of Toc H in Norwich, and he rarely missed any meetings of the Norfolk and Norwich Archaeological Society, in which he took a lively interest. He leaves a widow and a son, who is chaplain of Kelling Sanatorium, Holt.—G. M.

The death occurred on October 10, while he was on holiday, of Dr. G. F. MITCHELL, of Rugby, at the age of 62. George Fowler Mitchell was born at Aberdeen on July 16, 1891, and was a medical student there, graduating M.B., Ch.B. in 1917. As a student he won the Fife Jamieson gold medal in anatomy. After graduation he was a house-surgeon at Aberdeen Royal Infirmary before entering the R.A.M.C. for service in the war of 1914-18. For a time he was pathologist to the 40th British General Hospital in Mesopotamia: while there he collected statistics on the treatment of local leishmaniasis, and, after putting his findings into writing, submitted them as a thesis for his M.D., which he obtained with a commendation in 1921. After demobilization he held various appointments at the Hospital for Sick Children, Great Ormond Street, until 1921, when he settled in practice at Rugby, where he became also a member of the surgical staff of the Hospital of St. Cross, and, later, the senior surgeon of the hospital. Only an occasional contributor to the medical literature, Dr. Mitchell was particularly pleased when, in 1933, his article entitled "Total Avulsion of the Scalp—a New Method of Restoration" (which was published originally in this *Journal*) was translated into Italian. Dr. Mitchell was appointed a serving brother of the Order of St. John of Jerusalem in 1945, and he was a past president of the Rugby Medical Society, having been in earlier days its honorary secretary. He was also a keen Rotarian. For the past two years friends tried to persuade him to do less and to take the rest he deserved, but he wanted to go on. At last he began to realize that he was overworking himself and he went away for a restful holiday, after dealing with a number of exhausting emergency cases, but it was too late. Symptoms of heart trouble appeared almost on his arrival at Tenby, and despite every care he died. Dr. Mitchell loved the simple things in life; he loved the Hospital of St. Cross; but above all he loved his family, and he never tired of telling of some achievement of his wife, his son, or his daughter, all of whom survive him. A simple memorial service in the chapel of the hospital was attended by his personal friends and by those with whom he worked.—R. E. S.

The death occurred on October 23 of Dr. FRANK GEOFFREY HOLMAN, of Stanmore, Middlesex, at the age of 44. He was a medical student at Guy's Hospital, and after qualifying he held an appointment as house-physician at the Hospital of St. John and St. Elizabeth, and then settled in practice in North-west London. For some years he was a member of the executive committee of the Hampstead Division of the British Medical Association. Dr. Holman served in the R.A.M.C. throughout the last war, attaining the rank of lieutenant-colonel, and was appointed O.B.E. in 1944 for gallant and distinguished services in Italy. On his return to civilian life he went to live at Stanmore, soon afterwards accepting an appointment as medical officer with the North Thames Gas Board.

W. G. writes: To a multitude of friends the untimely death of Geoffrey Holman will bring a sense of loss and bewilderment. In this age, when few seem to have much zest for living, he was an outstanding exception. Medicine, sport, gardening, good food, good wines, the love of children, and the study of his fellow men excited and held his abiding interest. Born and bred in a medical family—for nearly a hundred years before 1939 a Holman had practised medicine in St. John's Wood—he was at his best as a family doctor. In that sphere his sound clinical sense, kindness of heart, and sense of humour endeared him to a large number of patients of all ages in all walks of life. Although after the war circumstances turned his steps to industrial medicine he never seemed to find that more impersonal sphere completely satisfying. His war record was revealing. He volunteered for the Army in July, 1939, and served in the R.A.M.C. until 1945. Posted overseas in the winter of 1939-40, he survived the perils of Dunkirk, and after service in Madagascar and India eventually commanded the

141st Field Ambulance during the Italian campaign. There he earned the confidence and affection of all ranks, and for his distinguished services in the field was awarded the O.B.E. Later, in the Central Mediterranean Training School, he was outstandingly successful as senior instructor. Men of the calibre of Geoffrey Holman are rare beings, and to his devoted wife and children goes the sympathy of all who knew him.

The many friends and patients of Dr. T. CARLYLE MITCHELL heard with dismay of his sudden death from coronary thrombosis on October 18, St. Luke's Day. He was 51, and had that morning, as was his wont, attended mass with his family. He felt unwell at lunch-time, but was determined to attend an afternoon meeting of the Radlett Rifle Club, of which he was a founder and leading member. On reaching the firing point he again felt unwell and was returning to his car, when he collapsed and died shortly afterwards. Born in Natal, South Africa, on October 2, 1902, Thomas Carlyle Mitchell studied medicine at Edinburgh University, graduating M.B., Ch.B. in 1927. He proceeded to the M.D., with high commendation, two years later, being awarded the Syme surgical fellowship for his thesis. In 1930 he became M.R.C.P.Ed. and won the Grocers' Company's medical research scholarship, and he was elected a Fellow of the College in 1936. After graduation he held the appointments of house-physician and house-surgeon at Chalmers Hospital, Edinburgh, before going back to South Africa to become resident medical officer at Grey's Hospital, Pietermaritzburg. He returned to England in 1934 and was in practice at Norwood, where he was honorary surgeon to the Norwood and District Cottage Hospital, and later at Rugby and Mill Hill, before settling at Radlett in 1943. At the time of his death he was on the medical staff of the Bushey and District Hospital.

E. J. C. writes: Dr. Mitchell was an active member of the West Herts Division of the British Medical Association, and many a remark made or question asked by him at meetings was well worth attention. He was a man of few words, always well chosen, and of great integrity. His death left a sense of bewilderment among his patients, to whom he was not only a trusted medical adviser but a real friend. His colleagues will miss him sadly, and our sympathy goes out to his widow and his four sons and three daughters. I was privileged to know him at home, and never was there a happier family. His indeed was a life fully spent in the service of others. This was evidenced by the large congregation at the requiem mass at the memorial service held in Christ Church, Radlett.

## Medico-Legal

### CONTAMINATED SPINAL ANAESTHETIC

Mr. Justice McNair, in the Queen's Bench Division on November 12, gave judgment for the defendants in an action in which two former labourers alleged that they became paralysed from the waist downwards following the administration of spinal anaesthetics when they were operated upon at Chesterfield Royal Hospital on October 13, 1947.

The men, Mr. C. H. Roe, aged 51, and Mr. A. Woolley, aged 62, claimed damages from the Ministry of Health, as successors to the former trustees of the hospital, and Dr. J. Malcolm Graham, the visiting anaesthetist. Plaintiffs alleged the anaesthetic was negligently administered, and contended that their paralysis was caused by the phenol solution in which the ampoules were immersed before their operations.

The allegations were denied.

Ciba Laboratories, Ltd., manufacturers of "nupercaine," the anaesthetic, who appeared as third defendants, were dismissed from the action earlier as having no liability.

### Expert Evidence

Professor R. R. Macintosh, consultant anaesthetist, giving evidence for the plaintiffs, said the best method of sterilizing ampoules was by autoclaving. He had used nupercaine for spinal anaesthetics and did not think the anaesthetic caused the paralysis. He thought the paralysis was caused by phenol.

Professor Brodie Hughes, professor of neurosurgery in the University of Birmingham, said that, if sufficiently concentrated, phenol would kill the nerve cells. He said it was a practice in 1947 to store ampoules in phenol. He knew before 1950 that it was possible for spirit to seep into ampoules through cracks not visible to the naked eye. In cross-examination he agreed that it was an accepted practice in Britain in 1947 to store ampoules in antiseptic solutions.

Dr. J. Carson, consulting neurologist, giving evidence for the plaintiffs, said he examined them in 1947; he thought the spinal injection caused the paralysis, and the most probable cause was a chemical irritant.

Sir Francis Walshe, consultant neurologist, giving evidence for the Ministry, said the plaintiffs' injuries were consistent with the use of spinal anaesthetics. He said their case histories were inconsistent with a corrosive poison such as phenol. If phenol had been responsible, he would have expected it to be dramatic at the onset and immediate in its effect.

Dr. Macdonald Critchley, consulting neurologist, said he thought the plaintiffs' condition was a most intense form of complication due to spinal anaesthetics. Their condition was typical of what was known to follow the administration, at times, of spinal anaesthetics.

Sir Hugh Griffiths, consulting surgeon, called for the Ministry, said he thought the plaintiffs' condition was caused by the anaesthetic injection.

### Administration Perfectly Normal

Dr. Graham said he had given about 500 spinal anaesthetics before October, 1947. Mr. Roe's operation was performed in the morning and Mr. Woolley's in the afternoon. The first indication he had of anything abnormal was when Mr. Roe complained of a headache during the operation. It was not until three days later that he knew something was seriously wrong. He said that in the case of Mr. Woolley the administration of the anaesthetics was perfectly normal. He had no idea what had happened to the plaintiffs until Dr. Carson had visited the hospital. In 1947 he did not appreciate the danger of phenol penetrating an ampoule through an invisible crack. Some weeks before the operation he had found a cracked ampoule in the phenol solution, and rejected it. He spotted it at once. He denied that he casually examined the ampoules.

Dr. R. W. Cope, consulting anaesthetist, said that ampoules could be contaminated through invisible cracks. He did not think an ordinary competent anaesthetist would appreciate that in 1947.

### Judgment

Mr. Justice McNair, giving judgment, said the operations on Mr. Roe and Mr. Woolley were comparatively minor, but in each case the result was disastrous: both unfortunate men were now permanently paralysed from the waist downwards. The method of anaesthesia was in 1947 a well-known method, and no charge of negligence had been made in regard to the adoption of that method in these two cases.

The hospital's obligation was to provide a competent anaesthetist, which obligation it had undoubtedly fulfilled. In his lordship's view a specialist anaesthetist was in the same class as a visiting surgeon, and the hospital did not assume responsibility in law for his acts. Although Dr. Graham was responsible for the choice of anaesthetic and the activities of the theatre staff, he could not be regarded as being responsible for any of their casual acts of negligence. The hospital was responsible for any acts of negligence by the theatre staff on the basis of master and servant.

The judge said he found that the plaintiffs' injuries were in fact caused by contamination of the nupercaine by phenol. The percentage of such injuries following such anaesthetics seemed to be about 1 in 10,000. An explanation that in those rare cases the injuries were due to some personal

of the total available number of hospital and infirmary beds was required for the treatment of patients over 65. The report of the Bristol Local Medical Committee was a model report on the care of the chronic sick in Bristol. It stated, among other things, that a mobile physiotherapy service was operating on a voluntary basis, but was handicapped by lack of funds and the opposition of the Ministry of Health to mobile services working under general-practitioner control. Referring to diseases of the central nervous system, which he said appeared to be on the increase, he suggested that one of the wartime aerodromes could be adapted for the accommodation of patients, and would so used provide a "laboratory" for the research so essential in these diseases, particularly Parkinson's disease and disseminated sclerosis.

MISS PAT HORNSBY-SMITH, in the Government reply, stated that the number of beds for the chronic sick in the Health Service hospitals had risen from 50,300 to 54,000, and the number of contract beds in institutions from 538 to 1,754. There had also been a marked increase in the treatment made available in out-patient departments, particularly in physiotherapy, where the number of patients had risen from 2,210 in 1950 to 6,071, with total attendances of 26,247. But the waiting-lists also had continued to increase, and were now approximately 9,000. One cheering figure that had emerged in the last two years was that they were getting a better turnover of patients who needed close attention by increasing rehabilitation. Considerable progress had been made in the geriatric service, about 60 units were in operation, and the specialist geriatricians recently appointed in many of the regional areas had concentrated their efforts on rehabilitation.

About the controversy in Bristol, where some G.P.s wished to provide a physiotherapy service, she said it was within the power of the practitioner to direct that a patient should enjoy the far wider facilities available in the hospitals. The Ministry felt that the best service they could provide was under a consultant in a hospital rather than by a small mobile unit. The question of cover for diseases under the Industrial Injuries Act was under review by a departmental committee with Mr. Beney as chairman. Its terms of reference were to review the provisions of the Act on which benefit was paid for industrial diseases and injury not caused by accident, and to make recommendations.

#### Rock Carling Investigation

MR. OSBERT PEAKE, Minister of Pensions and National Insurance, on November 16 informed Mr. JAMES SIMMONS that he had not yet received the final report of the Rock Carling Committee. The special examination of several thousand pensioners for which the committee had asked was taking longer than was expected. The committee, composed almost entirely of doctors, disagreed among themselves. As a result the examination of some 4,500 men was undertaken. They wanted it to be a thorough examination, because the results would be of world-wide importance.

## Universities and Colleges

### UNIVERSITY OF EDINBURGH

At a Graduation Ceremony on July 15 the following degrees and diplomas were conferred:

M.D.—<sup>1</sup>Barbara E. Clayton, <sup>2</sup>G. Dempster, H. J. Gibson, I. D. Grant, <sup>3</sup>A. A. Guild, M. W. MacD. Hadley, <sup>4</sup>G. B. Ludlam, <sup>5</sup>E. W. Macmillan, M. MacM. Macrae, <sup>6</sup>D. MacVicar, <sup>7</sup>I. M. Richardson, <sup>8</sup>R. F. Robertson.

PH.D.—*In the Faculty of Medicine*: <sup>1</sup>F. A. Hamdi, M.B., B.Ch., <sup>2</sup>F. L. W. Jayewardene, M.B., B.S., K. Mahadeva, L.M.S., <sup>3</sup>B. G. Ray, M.B., B.S.

M.B., CH.B.—W. L. Aikman, C. J. Barton, Violet M. MacD. Campbell, Mary B. Jamieson, S. S. S. Keys, J. A. King, N. McKerron, I. MacLachlan, N. L. McMillan, J. B. McWhinnie, Margaret B. Manson, D. R. B. Mends, Harriet R. Mitchell, D. N. Nicolson, J. W. Sandison, A. J. Simpson, F. J. Smyman, Sheila C. Spark, K. M. Stewart, G. J. Whiston.

DIPLOMA IN PUBLIC HEALTH.—P. E. Brown, W. R. Brown, A. R. Duff, Lucy McL. C. B. Duncan, J. H. Fox, I. G. P. Fraser, Eleanor J. More, R. J. A. Morris, W. O. Petrie, I. B. Sutherland, Margaret H. F. Turnbull, R. L. Walsh, H. G. H. Waters.

DIPLOMA IN MEDICAL RADIODIAGNOSIS.—J. M. Brunton, N. T. Spiers.

DIPLOMA IN TROPICAL MEDICINE AND HYGIENE.—P. Crosby, Elizabeth A. De Rose, N. S. Ghani, C. W. G. Irvine, D. L. Mackay, K. P. N. Pai, K. Parameswaran, J. F. Rodrigo, M. Tajuddin.

The following scholarships, bursaries, prizes, etc., were awarded in the Faculty of Medicine: *Royal Victoria Hospital Tuberculosis Trust Medal*, S. S. S. Keys. *George Guthrie Research Fellowship in Child Health*, I. C. Lewis. *Paterson Travelling Scholarship in Surgery*, Sir James D. Fraser. *Crichton Research Scholarship*, R. B. Duthie. *Gunning Victoria Jubilee Prize in Materia Medica*, C. W. M. Wilson. *Wellcome Medal and Prize in the History of Medicine*, J. J. McKessack. *Wightman Prize in Clinical Medicine*, A. W. McKenzie. *MacLagan Prize in Forensic Medicine*, C. J. W. Huston. *Stirton Bursary and Colonel Thomas Biggam Memorial Medal and Prize in Pathology*, Elizabeth M. Connell. *Gunning Medical Bursaries*, D. C. Flenley, I. B. Macleod, R. J. Wilson. *George William Falconer Macnaughton Bursary in Physiology*, D. P. Braid. *Senior John Aitken Carlyle Bursary in Anatomy and Physiology*, T. W. Fenton. *Junior John Aitken Carlyle Bursary in Anatomy and Biochemistry*, W. J. Irvine; *proxime accessit*, J. A. Birkbeck and W. A. Souter. *Mackenzie Bursaries in Anatomy*, W. J. Irvine, Jean M. D. Dott, W. A. Souter; and G. M. Paterson and Phyllis M. Fulton (equal). *Whiteside Bruce Bursary*, W. Simpson. *Ross Inkster Medal in Public Health and Social Medicine*, Elizabeth L. Jamieson. *Lewis Cameron Undergraduate Prize in Bacteriology*, H. A. Crispin and M. G. Kerr (equal). *Cunningham Memorial Medal and Prize in Anatomy*, I. B. Macleod. *Ian Oswald Prizes in Anatomy*, J. A. Waddell, T. W. Fenton. *Robert Wilson Memorial Prize in Chemistry and Vans Dunlop Prize in Physics and Chemistry*, H. G. Coore. *Boots Drummond Memorial Prize in Biochemistry*, R. J. Wilson. *Vans Dunlop Prize in Botany and Zoology*, Sadie D. Walsh and Lilian L. Orba (equal). *MacGillivray Prize in Zoology*, Sadie D. Walsh.

<sup>1</sup>Highly commended for thesis. <sup>2</sup>Commended for thesis. <sup>3</sup>*In absentia*.

### UNIVERSITY OF LIVERPOOL

The following candidates have been approved at the examinations indicated:

M.D.—J. H. E. Carmichael, J. C. Davis, F. Lanceley, G. McLoughlin, A. L. Smallwood, Esme M. Wren.

CH.M.—D. Annis, E. W. Parry.

PH.D.—*In the Faculty of Medicine*: A. H. Cruickshank, M.D. FINAL M.B., CH.B.—Mary F. Allen, D. H. Alltree, Audrey Beavan, Joyce V. Blackburn, Marjorie J. Bowness, Margaret M. Bradley, Cicily G. Brenner, W. G. Cooper, I. G. Currie, Diana M. F. Daniel, Muriel Douglas, O. Dworetzki, A. Dyson, K. B. Edwards, Elizabeth E. Evans, Shirley R. Fine, Margaret K. Flenley, D. C. French, R. W. Galloway, <sup>1</sup>Elizabeth M. Grantham, H. Halsall, Sylvia Hawthorne, D. Helbert, P. G. Holt, L. Horwich, Eileen M. Howarth, J. C. Jaques, Nuala M. Kelly, J. H. Leavesley, Ann B. Lewin, Pamela R. Lipman, Eleanor C. Lloyd, I. L. Loch, Ursula Loewenthal, P. F. Lynch, <sup>2</sup>Kathleen T. McCurley, Joan E. McFarland, Kathleen McKee, G. M. Makhlof, G. M. Mason, R. Middlefell, R. Owen, M. Pearson, C. R. Porteous, E. J. Raffle, A. Ramsden, Le R. H. Le Riche, Cynthia R. Roberts, G. S. Roberts, J. H. Roberts, J. S. Robinson, R. W. Rouse, P. J. W. Rowell, J. H. <sup>3</sup>Rustage, R. T. Shepherd, R. I. Smith, <sup>4</sup>S. E. J. Smith, Gwladys E. P. Williams, Mary B. Woodfield, S. J. P. Woods, Helen E. Worsley, P. J. J. Wren, V. Wright. *Passed in separate subjects*: S. J. Alltree, D. F. Rice (surgery and obstetrics and gynaecology), D. R. Cole, T. R. W. Cowell, M. A. R. Eslick, C. D. Fisher, D. N. Guest, D. R. Morris, A. M. Stewart (medicine and surgery), L. M. Ellis, F. Hewitt, I. V. Lishman, S. Naylor (medicine and obstetrics and gynaecology).

DIPLOMA IN PUBLIC HEALTH.—Catherine M. Connolly, Alice T. McGlinchey, J. McHugh, A. N. Pickles, W. A. Pollitt, L. G. Poole, Z. D. A. Sheikh, C. Sudhipongse, T. Sukhananya, Sheila M. Towers.

DIPLOMA IN RADIOLOGY.—*Radiodiagnosis*: A. Ansell, G. Ansell, P. K. Ganguli, R. I. Green.

FINAL M.B., CH.B.—*Part I*: J. L. Crane, E. E. Cureton, G. Horne, T. Owen. *Part II*: I. K. Brown, D. V. Coakley, W. P. Cuthbert, W. A. Downie, G. O. Dubourg, M. W. Fowles, S. G. Gooch, Brenda Grant, H. G. Harding, Gladys E. Hemes, E. Holmes, T. R. T. Hughes, J. B. McFarland, J. L. Mason, J. B. Peters, W. V. N. Pugh, R. W. Royston, T. Trace, E. S. Wylie, <sup>1</sup>R. A. Yorke.

<sup>1</sup>With distinction in obstetrics and gynaecology.

**NORTH-WESTERN TUBERCULOSIS SOCIETY.**—At Aintree Hospital, Liverpool, 5.30 p.m., Mr. H. Morrison Davies: A Review of the Treatment of Pulmonary Tuberculosis and the Future Prospects.  
**POSTGRADUATE MEDICAL SCHOOL OF LONDON.**—2 p.m., Professor C. Rimington: Porphyrin Metabolism.  
**ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.**—3.30 p.m., Dr. H. S. Le Marquand: Obesity in Children (illustrated).  
**ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE: EDINBURGH BRANCH.**—At West Medical Theatre, Edinburgh Royal Infirmary, 5 p.m., Dr. B. A. Sybil Russell: Malaria as it Affects the Young in an Endemic Area.  
**ST. MARY'S HOSPITAL MEDICAL SCHOOL.**—At Wright-Fleming Theatre, 5 p.m., lecture-demonstration by Dr. R. C. MacKeith: Psychological Medicine.

#### Thursday, November 26

**BRITISH POSTGRADUATE MEDICAL FEDERATION.**—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Dr. H. E. Sigerist (Yale, U.S.A.): Science and History.  
**GLASGOW UNIVERSITY MEDICO-CHIRURGICAL SOCIETY.**—At Glasgow University Union, 7.30 p.m., Dr. H. E. Hutchison: Any Old Iron?  
**HONYMAN GILLESPIE LECTURE.**—At University New Buildings, Edinburgh, 5 p.m., Professor D. M. Douglas and Professor I. G. W. Hill: Some Aspects of Mitral Disease in Relation to Surgical Treatment.  
**INSTITUTE OF CHILD HEALTH AND INSTITUTE OF NEUROLOGY.**—At National Hospital, Queen Square, W.C., 5.30 p.m., Dr. M. Kremer: Sensory Defects in Paralytic Syndromes.  
**INSTITUTE OF DERMATOLOGY.**—5.30 p.m., Dr. R. W. Riddell: Tinea Infections.  
**LIVERPOOL MEDICAL INSTITUTION.**—8 p.m., Dr. F. P. Hudson and Mr. P. P. Rickham: Emergencies in Newborn Infants: With Special Reference to Early Diagnosis and Management Outside Hospital.  
**LONDON JEWISH HOSPITAL MEDICAL SOCIETY.**—At Medical Society of London, 8.30 p.m., Sir John Parkinson: Syncope.  
**OXFORD UNIVERSITY.**—At Nuffield Orthopaedic Centre, Wingfield-Morris Orthopaedic Hospital, 8.30 p.m., Mr. N. Capener: Evolution of Latéral Rachotomy.  
**ROYAL ARMY MEDICAL COLLEGE.**—5 p.m., Mr. J. Laver: Meaning of Military Uniforms.  
**ST. ANDREWS UNIVERSITY.**—At Physiology Department, Dundee, 5 p.m., Mr. R. S. Handley: Carcinoma of the Breast.  
**ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.**—5 p.m., Dr. Desmond Curran: psychiatry demonstration.  
**SURREY INTER-HOSPITAL PSYCHIATRIC ASSOCIATION.**—At Netherne Hospital, Coudsdon, Surrey, 7.30 p.m., Dr. A. A. Baker: Effects of Largactil in the Treatment of Psychotic Excitement; Dr. J. P. S. Robertson: Symmetry of Constructed Patterns: An Experiment with Psychotics; Dr. Sybille L. Yates: Problems in the Treatment of Neuroses in a Psychiatric Hospital; Dr. R. K. Freudenberg: Planning Aftercare for the "Long-stay" Psychiatric Patient.

#### Friday, November 27

**INSTITUTE OF DERMATOLOGY.**—5.30 p.m., clinical demonstration by Dr. I. Muende.  
**MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES.**—7.30 p.m., general discussion to be opened by Dr. R. R. Willcox and Mr. A. J. King: For and Against Treatment Before Diagnosis.  
**POSTGRADUATE MEDICAL SCHOOL OF LONDON.**—4 p.m., Dr. K. Shirley Smith: Clinical Features and Treatment of Shock in Cardiac Infarction.  
**ROYAL INSTITUTION OF GREAT BRITAIN.**—9 p.m., Sir Alexander Fleming, F.R.S.: Antibiotics.  
**ROYAL MEDICAL SOCIETY, Edinburgh.**—8 p.m., Dr. Henry Yellowlees: The Psychiatric Situation.  
**ROYAL SANITARY INSTITUTE.**—At Town Hall, Dudley, 10.15 a.m., Mr. W. Parker: Post-war Housing Trends; Dr. H. Paul: Infectious Disease—The New Look.  
**SOCIETY OF CHEMICAL INDUSTRY: FINE CHEMICALS GROUP.**—At London School of Hygiene and Tropical Medicine, 7 p.m., Mr. A. L. Bacharach: Writing Wrongs.

#### Saturday, November 28

**INSTITUTE OF ORTHOPAEDICS.**—10 a.m., clinical demonstration.

## BIRTHS, MARRIAGES, AND DEATHS

### BIRTHS

**Crawford.**—On October 7, 1953, at St. Mary's Hospital, Portsmouth, to Jeanne (formerly White), wife of Surgeon Lieutenant I. B. Crawford, R.N., a daughter—Belinda Jane.  
**Leaming.**—On October 22, 1953, to Barbara, wife of Dr. Harry Leslie Leaming, D.A., a daughter—Isobel Joan.  
**Macdonald.**—On November 12, 1953, at Cuckfield Hospital, Sussex, to Rose Ann (formerly Davies), wife of Duncan Donald Macdonald, M.B., B.Ch., a son—Malcolm Robin Howard.  
**Meldrum.**—On November 2, 1953, at Stoneacre, Swinton, Manchester, to Betty (formerly Dunsmore), M.B.E., wife of Robert Meldrum, M.B., Ch.B., a daughter.

### MARRIAGES

**Spencer—Crane.**—On October 27, 1953, at the Baptist Chapel and Consulate, Leopoldville, Belgian Congo, Michael Charles Spencer, B.M., B.Ch., to Philippa Joan Eldred Crane.

### DEATHS

**Alexander.**—On October 29, 1953, Frederick Hugh Alexander, M.B., of Elmhurst, Angmering, Sussex.  
**Avery.**—On October 30, 1953, at The Gables, Church Street, Ewell, Surrey, Leonard Avery Avery, D.S.O., T.D., M.R.C.S., L.R.C.P., Major, R.A.M.C., retired.  
**Boger.**—On October 29, 1953, at the Hospital of St. John and St. Elizabeth, St. John's Wood, London, N.W., Hugo Boger, M.R.C.S., L.R.C.P., of 43, Lauderdale Mansions, Maida Vale, London, W.  
**Crawford.**—On November 2, 1953, Gilbert Stewart Crawford, C.M.G., M.D., D.P.H., D.T.M., Lieutenant-Colonel, R.A.M.C., retired, of 54, Victoria Road, Exmouth, Devon, aged 85.  
**Maybury.**—On November 15, 1953, at St. Thomas's Hospital, Hydestyle, Surrey, Bernard Constable Maybury, M.B., F.R.C.S., of Weston Corbett House, Basingstoke, Hants, aged 65.  
**Maynard.**—On October 20, 1953, John Seymour Maynard, M.D., of 16, Prince Edward Mansions, Pembroke Square, 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.*

### Full-cream or Half-cream Milk?

**Q.**—Is it best to prescribe full-cream national dried milk as the standard diet for all artificially fed babies, or should they be fed on half-cream for a period? Food officers seem reluctant to permit the half-cream and it is always much more difficult to get.

**A.**—Very large numbers of normal, healthy babies are brought up from the beginning on full-cream cow's milk, whether fresh, evaporated, or dried. Similar numbers of equally healthy babies are brought up for the first few weeks on a half-cream dried milk. The idea behind the use of partially skimmed milk is that the fat of cow's milk is difficult to digest. This is said particularly to be the case with premature infants and those recovering from gastroenteritis, and there seem to be occasional otherwise normal infants who do better on a half-cream (partially skimmed) milk.

The idea is disappearing that variations in the type of milk, and minute alterations in the proportions of fat, sugar, and protein, are important in the artificial feeding of the normal child. However, many mothers and many of the nursing profession still firmly hold this belief, and it is wise to use the type and brand of milk which the mother, grandmother, or nurse prefers, should she have a definite opinion.

### Poliomyelitis at School

**Q.**—A case of poliomyelitis has occurred at a boarding school, and parents have been given the option of taking their children home. What action is advised?

**A.**—An answer to this query cannot be given without quoting the arguments for and against school closure.

There is no rule that can be applied as a generality in such a case. For example, a decision may be influenced by the circumstances of the single case, particularly if "imported." In that event it might be argued that the child, having contracted the disease before the opening of the term, had not necessarily spread the disease throughout the school. If he had one could merely await developments, as (apart from gamma globulin therapy, as yet impracticable here) nothing would be gained by breaking up the school; in fact, such a step could possibly disseminate infection to other areas. In the meantime, pending the completion of quarantine, steps should be taken to minimize the risk of dissemination of the virus by avoiding overcrowding and undue physical exertion and by maintaining close medical supervision.

If the case occurred more than three weeks after school opening, it could be reasonably inferred that the virus might be already widespread in the school. Here again procedure should differ little from that already described, except that there should be an intensification of separation and of medical observation of contacts, particularly those in closest contact.

In the event of a number of cases occurring, especially in successive generations, there would be a reasonable argument for closure. By that time, however, there might already be a widespread dissemination of virus without clinical disease, but with natural immunization occurring. However, the objections to closure already stated could be applied. It might be wise to advise apprehensive parents