

COMING EVENTS

John Tate Memorial Lecture.—Sir HENRY COHEN will speak on "The Role of the Laboratory in Clinical Medicine" on July 21 at 5.30 p.m., at the Middlesex Guildhall, Westminster, S.W.1.

Health Education.—The Central Council for Health Education will hold a summer school on August 17–27 at Bangor, North Wales, on the subject "Programme and Practice in Health Education." Lecturers will include Professor F. A. E. CREW, F.R.S., and Dr. GRANTLY DICK READ. Details from the Medical Director, Central Council for Health Education, Tavistock House, Tavistock Square, London, W.C.1.

SOCIETIES AND LECTURES

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

Monday, July 12

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Joseph Henry Lecture by Dr. R. A. M. Case: Tumours of the Urinary Bladder as an Occupational Disease.

Tuesday, July 13

● INSTITUTE OF NEUROLOGY.—5.30 p.m., Dr. J. St. C. Elkington: Cerebral Infarction.

Wednesday, July 14

OXFORD UNIVERSITY.—At Radcliffe Infirmary, 5 p.m., Dr. Morris C. Davis (University of Melbourne): Use of Special Visual-aid Techniques in the Integrated Teaching of Clinical Medicine.

Thursday, July 15

● INSTITUTE OF NEUROLOGY.—5.30 p.m., Dr. David Sutton: Radiology of Traumatic States.

ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.—At Hospital for Tropical Diseases, 4, St. Pancras Way, London, N.W.1, 7.30 p.m., clinical meeting. Cases and pathological specimens will be demonstrated.

Friday, July 16

BIOCHEMICAL SOCIETY.—At Department of Biochemistry, Queen's University, Belfast, 11 a.m., 331st meeting. Scientific papers will be read.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Charles Tomes Lecture by Professor M. A. Rushton: Anomalies of Human Dentine.

APPOINTMENTS

NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.—Helen M. Mayer, M.R.C.S., L.R.C.P., M.R.C.O.G., Part-time Consultant Obstetrician and Gynaecologist, Forest Gate Hospital; I. L. M. Larkin, M.D., Full-time Consultant Pathologist, Oldchurch and other hospitals in the Romford Group; F. McL. McGown, M.D., M.R.C.P., Full or Maximum Part-time Consultant Physician, Oldchurch and St. George's, Hornchurch, Hospitals; Frances Gardner, M.D., F.R.C.P., Part-time Consultant Physician, The Mother's (Salvation Army) and Thorpe Coombe Maternity Hospitals; P. J. Carter, F.R.C.S., D.L.O., Part-time Consultant Ear, Nose and Throat Surgeon, Tilbury and Riverside Hospitals; Vivien U. Lutwyche, M.D., M.R.C.P., Full-time Consultant Chest Physician, Epping and Buckhurst Hill Chest Clinics; E. M. C. Dunlop, M.D., M.R.C.P., Part-time Consultant Venerologist, Metropolitan Hospital; A. J. Freese, F.R.C.S.Ed., L.D.S., Part-time Consultant Dental Surgeon, Victoria Hospital, Romford; J. N. Milnes, M.D., M.R.C.P., Part-time Consultant Neurologist, Metropolitan Hospital; Marcia I. P. Wilkinson, B.M., B.Ch., M.R.C.P., Part-time Consultant Neurologist, St. Margaret's Hospital, Epping; T. E. Broadbent, M.B., Ch.B., D.M.R.D., Full- or Maximum Part-time Consultant Radiologist, North Middlesex Hospital and Annexes.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Edelman.—On July 2, 1954, at Hillingdon Hospital, Middlesex, to Jacqueline (formerly Heller), wife of Dr. Seymour Edelman, of 267, Church Road, Hayes, Middlesex, a brother for Ian-Roger Adrian.

Elliott-Binns.—On June 26, 1954, at the Barrett Maternity Home, Northampton, to Cicely, wife of Dr. C. P. Elliott-Binns, a daughter—Jane Elizabeth.

Ring.—On June 30, 1954, in London, to Stella, wife of Mr. Peter Ring, F.R.C.S., a son.

Tepper.—On July 4, 1954, at Brighton General Hospital, to Drs. Rachel (formerly Claiman) and Raphael Tepper, a brother for Jane.

DEATHS

Davidson.—On June 12, 1954, at R.N. Hospital, Great Yarmouth, Norfolk, Arthur Robertson Davidson, M.B., Ch.B., Surgeon Captain, R.N., retired.

Davies.—On June 14, 1954, Josephine Margaret Davies (formerly Howells), M.R.C.S., L.R.C.P., D.P.H., of Bryn-y-Wawr, Llandilo, Carmarthenshire, late of Caerphilly, near Cardiff.

Hickley.—On June 15, 1954, at his home, "Lonmay," Beaconsfield, Bucks, Thomas Brooke Hickley, M.R.C.S., L.R.C.P.

Johnstone.—On June 14, 1954, at "Highroyds," Menston, near Leeds, Yorks, John Stephen Johnstone, M.B., Ch.B., Dipl. Psych., formerly of Aberdeen, aged 45.

MacGregor.—On June 6, 1954, at 71, Fuller's Road, Chatswood, New South Wales, Australia, James MacGregor, M.C., M.D., Group Captain, R.A.F., M.S., retired.

McKee.—On June 16, 1954, at 9, Molesworth Terrace, Stoke, Plymouth, Devon, Thomas Barrington McKee, M.C., M.D., D.P.H.

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.

First-aid Dressings for Burns

Q.—What is the best dressing to apply to burns of exposed skin? Official first-aid handbooks mention both dry dressings and dressings soaked in a bicarbonate solution. The underlying principle seems to be agreed that what is wanted is to exclude air and relieve pain. I think there can be no doubt that cold wet dressings on the actual burn relieve the pain far better than a dry one. What would your expert advise?

A.—The pain and hyperalgesia following superficial burns are relieved by cooling applications and by protecting the surface from external stimuli. On these grounds, dressings soaked in bicarbonate solution are likely to be superior to dry dressings for relieving pain and discomfort. On the other hand, the painful condition usually lasts only a few minutes, and a far more important consideration for the healing of the burn is whether it should become septic. Any wet dressing is more liable to permit infection to pass through from the outside, and furthermore it is difficult to ensure that, unless freshly prepared with sterile materials, the bicarbonate solution is itself free from organisms. An application which meets both criticisms is a cream such as penicillin cream B.P., which is both cooling and active in preventing the more severe types of infection. For the large burn, time which would be spent in devising and applying local dressings is much better employed in ensuring rapid transport to hospital. For such cases a freshly laundered or sterile cloth to cover the area is the local first-aid treatment of choice.

Rescue and Treatment after Electrocution

Q.—A person has been rendered unconscious by contact with a high-voltage cable. In such an emergency: (1) What is the safest way of removing him from contact with the source of electricity, it being assumed that articles such as rubber gloves are not immediately available? (2) How should he be treated, and for how long should artificial respiration be performed before it is abandoned? (3) Are there any risks of the victim remaining charged after breaking the contact, and, if so, what precautions should the rescuers take? (4) What is the prognosis, and what factors influence it?

A.—(1) There is no safe way for the uninitiated to remove a person from contact with a high-voltage cable. It cannot be stressed too strongly that such a procedure is extremely likely to produce two victims instead of one. The following comments, however, might be of interest.

Presumably the words "high voltage" mean something of the order of 6.6 kV upwards—that is, up to 275 kV, the voltage of the supergrid—and the only way a person could come into contact with voltages of this type would be by overhead cables or by climbing into a substation and coming into contact with some of the live conductors on the equipment. At 6.6 kV and above, persons rarely continue in contact, for the simple reason that the current jumps across from the conductor to the person's body before contact is made. This generally has the effect of throwing him off, and in many cases considerable arcing occurs which involves the person in extensive burns. This arcing may be the means of automatically disconnecting the circuit, but there would be no definite indication of this to a would-be rescuer. If the victim of a shock is unfortunate enough to fall across a live high-voltage conductor and remain in