

COMING EVENTS

The British Association.—The annual meeting of the British Association for the Advancement of Science is being held this year at Oxford from September 1 to 8. Dr. E. D. ADRIAN, O.M., P.R.S., has entitled his presidential address "Science and Human Nature": it is to be broadcast on the Home Service at 9.15 p.m. on September 1. There will be about 300 speakers at the meetings of 13 sections, and, as usual, many excursions and visits to places of interest have been arranged. Among the subjects of medical interest to be discussed at the section meetings are genetics and medicine (zoology), medical geography (geography), obesity (physiology), relief of pain (physiology), and hallucinations (psychology). Application for membership tickets should be made to the Secretary, British Association for the Advancement of Science, Burlington House, London, W.1.

Tuberculosis Refresher Course on "Case Finding and its Implications" at Bristol, September 27 to October 1. Details from Tuberculosis Educational Institute, Tavistock House North, Tavistock Square, London, W.C.1.

Medical Photography.—Fifth annual conference of Medical Group of Institute of British Photographers, September 23–26, at Royal College of Surgeons and Institute of Neurology. Open to all interested. Details from Mr. N. K. Harrison, Department of Medical Photography, St. Bartholomew's Hospital, London, E.C.1.

NEW ISSUES

British Journal of Ophthalmology.—The new issue (Vol. 38, No. 8) is now available. The contents include:

OCULAR HISTOLOGY IN PREMATURE INFANTS WITH REFERENCE TO RETROLENTAL FIBROPLASIA. B. A. Ward.
POLYSACCHARIDE GRANULES IN ASSOCIATION WITH DEVELOPING RETINAL VESSELS AND WITH RETROLENTAL FIBROPLASIA. Geoffrey Serpell.
VASCULARIZATION OF THE OPTIC PATHWAY: I. LAMINA CRIBROSA AND OPTIC NERVE. J. François and A. Neetens.
EXPERIMENTAL TOXOPLASMOSIS OF THE UVEAL TRACT. J. K. A. Beverley, C. P. Beattie, and B. A. Fry.
EXTRAOCULAR APPROACH TO THE EXTRA-OCULAR MUSCLES. M. Sarwar.
EFFECT OF RAISED OCULAR TENSION ON THE EPISCLERAL VESSELS: DEVELOPMENT OF THE CAPUT MEDUSAE IN PRIMARY GLAUCOMA. J. H. Dobree.
HYPERTROPIA CORRECTED BY CHANGES OF THE LATERAL RECTUS INSERTION. John Foster and E. C. Pemberton.
LOCALIZED INTRA-ORBITAL AMYLOID DISEASE. Ahmed Handousa.

Issued monthly; annual subscription £4 4s.; single copy 8s. 6d.; obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

British Journal of Preventive and Social Medicine.—The new issue (Vol. 8, No. 3) is now available. The contents include:

A STUDY OF TWO YEARS' WORK IN NORTHERN IRELAND GENERAL PRACTICE. J. C. C. Crawford.
RECENT TRENDS IN SURVIVAL OF PATIENTS WITH RESPIRATORY TUBERCULOSIS. C. R. Lowe.
BODY-WEIGHT OF MEN RELATED TO STATURE, AGE, AND SOCIAL STATUS. WEIGHT OF SCOTSMEN MEASURED IN 1941. E. M. B. Clements and Kathleen G. Pickett.
CHEST GIRTH OF MEN RELATED TO STATURE, AGE, BODY-WEIGHT, AND SOCIAL STATUS. CHEST GIRTH OF SCOTSMEN MEASURED IN 1941. E. M. B. Clements and Kathleen G. Pickett.
HETEROSPECIFIC PREGNANCY. J. M. Johnstone.
SEX RATIO AND THE ABO BLOOD GROUP SYSTEM. J. M. Johnstone.
SOCIAL CLASS VARIATIONS IN MORTALITY. W. P. D. Logan.

Issued quarterly; annual subscription £2 2s.; single copy 12s. 6d.; obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Black.—On June 24, 1954, at Aberdeen Maternity Hospital, to Dr. Margaret Caie, wife of J. Knowles Black, M.B., B.Ch., D.A., of "High Bury," Grafton Drive, Upton, Wirral, Cheshire, a son—Stephen Farquaharson.

FitzGerald.—On July 20, 1954, to Ita (formerly MacAuliffe), M.B., B.Ch., B.A.O., wife of Maurice A. FitzGerald, M.B., B.Ch., B.A.O., D.M.R., 10, Upper Maze Hill, St. Leonards-on-Sea, Sussex, a brother for James and Mary.

Jones.—On July 28, 1954, at Farnborough Hospital, Kent, to Dr. C. Margaret Watt, wife of Dr. David C. B. Jones, a son—Charles Richard.

DEATHS

Freeth.—On July 26, 1954, at "Surrey Cottage," Porlock, Somerset, Harold Freeth, M.D., aged 75.

Walters.—On July 26, 1954, Alexander Radclyffe Walters, M.R.C.S., L.R.C.P., J.P., of 1, Alders Court, Reigate, Surrey, aged 86.

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.

Encephalopathy after T.A.B.

Q.—Recently a Chinese child of 6 years was given a first inoculation of 0.2 ml. T.A.B. vaccine. The child became feverish that evening with a temperature of 106° F. (41.1 C.), and was admitted to hospital, where she died two days later. The body was not available for post-mortem examination. There appeared to be no physical abnormalities in the various systems except for mild leucocytosis (10,400). The cause of death was attributed to "hyperpyrexia due to T.A.B. inoculation." About 400 to 500 children were inoculated at the same time and place, and none, except this child, became ill. What is your expert's opinion of this case?

A.—In the absence of a necropsy, it is impossible to decide whether death was due to the vaccine or to some unsuspected intercurrent condition. The illness may have been an "encephalopathy," analogous to those reported after injections of pertussis vaccine in the U.S.A. by Toomey¹ and in this country by Anderson and Morris.² Such attacks are often associated with pyrexial illnesses, and may prove fatal. Encephalitic symptoms have also followed, though very rarely, smallpox vaccination and rabies or T.A.B. inoculations. The pathogenesis is unknown. Possible causes include the activation of a latent virus by the vaccine, or a cerebral vascular accident, associated with thrombosis of small cerebral vessels. Leakage from the inoculation site into a small vein would explain the latter mishap.

REFERENCES

- ¹ J. Amer. med. Ass., 1949, 139, 448.
- ² Lancet, 1950, 1, 537.

Inheritance of Otosclerosis and Congenital Dislocation of the Hip

Q.—My patient is a woman of 28 who has early otosclerosis. She wishes to marry her first cousin. A mutual aunt became deaf at an early age with no previous history of otitis media. My patient's paternal grandfather was very deaf, but it is not known under what circumstances the deafness started. Also, her fiancé's brother's daughter has congenital dislocation of the hip. What should I tell this couple about the chances of their offspring developing otosclerosis or congenital dislocation of the hip?

A.—This is a very difficult question, as the genetics of both conditions are obscure. Then there is the complication of the projected cousin marriage. With congenital dislocation of the hip the most favoured explanation is that a dominant gene is involved, though only a rather small proportion of the bearers of the gene are actually affected. The apparently normal bearers may often, however, show on x-ray examination an acetabulum which is shallower or flatter than in the normal hip. An alternative explanation which has been put forward tentatively is that the shallow acetabulum may be due to one dose of the gene and the deformity itself to the double dose. If the fiancé's brother's child is the only instance in the whole family group, the likelihood of a child of the projected marriage being affected is probably quite small.

The favoured explanation in otosclerosis is again a dominant gene manifested by some bearers only. It is likely that there are non-hereditary or sporadic cases also, but that does not arise here, as there is a definite family history. To add to the difficulty some pedigrees suggest recessive