

SOCIETY OF APOTHECARIES OF LONDON.—4.30 p.m., Dr. E. F. Scowen: Clinicopathological Aspect of Bilateral Adrenalectomy; 5.45 p.m., Mr. J. D. Fergusson: Surgical Aspect of Bilateral Adrenalectomy.
WEST END HOSPITAL FOR NEUROLOGY AND NEUROSURGERY.—5.30 p.m., neurological demonstration by Dr. C. C. Edwards.

Wednesday, November 3

EDINBURGH CLINICAL CLUB.—4 p.m., visit to Princess Margaret Rose Hospital for Crippled Children.
INSTITUTE OF DERMATOLOGY.—5.30 p.m., Dr. R. W. Riddell: Diagnosis of Ringworm Infection.
INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—5.30 p.m., Professor F. C. Ormerod: Sigmoid Sinus Thrombosis.
INSTITUTE OF UROLOGY.—4.30 for 5 p.m., Mr. Harland Rees: Differential Diagnosis of Frequency of Micturition.
MIDLAND MEDICAL SOCIETY.—At Birmingham Medical Institute, 154, Great Charles Street, 8.15 p.m., Dr. J. H. Sheldon: Old Age.
PHARMACEUTICAL SOCIETY: NORWICH BRANCH.—At Assembly House, Theatre Street, Norwich, 7.30 p.m., Dr. E. Lester Smith: Isolation, Properties, and Functions of the Vitamins B₁₂. (Illustrated by lantern slides.) Members of the Norwich Division of the B.M.A. are invited.
POSTGRADUATE MEDICAL SCHOOL OF LONDON.—2 p.m., Professor R. H. S. Thompson: Biochemical Investigations in Nervous Disorders.
ROYAL INSTITUTE OF PUBLIC HEALTH AND HYGIENE.—3.30 p.m., Dr. R. I. Mackay: Headache in Childhood (Illustrated).

Thursday, November 4

BRITISH POSTGRADUATE MEDICAL FEDERATION.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., Professor W. T. J. Morgan, F.R.S.: Chemical Basis of Blood Group Specificity in Man.
FACULTY OF ANAESTHETISTS: ROYAL COLLEGE OF SURGEONS OF ENGLAND.—4.30 p.m., Frederic Hewitt Lecture by Dr. H. J. V. Morton: Education and Recreation in Routine Work.
FACULTY OF HOMOEOPATHY.—5 p.m., Dr. Kathleen G. Priestman: Homoeopathic Case-taking in Children.
GLASGOW UNIVERSITY MEDICO-CHIRURGICAL SOCIETY.—At Glasgow University Union, 7.30 p.m., Professor G. M. Wyburn: The New Anatomy.
HONYMAN GILLESPIE LECTURE.—At University New Buildings, Edinburgh, 5 p.m., Dr. Donald Stewart: Industrial Rehabilitation.
LIVERPOOL MEDICAL INSTITUTION.—8 p.m., Dr. W. N. Pickles: Epidemiology in Country Practice.
LONDON UNIVERSITY.—At Royal Society of Medicine, 5 p.m., Semon Lecture by Professor Eelco Huizinga (Groningen): Bronchological Pneumology.
RESEARCH DEFENCE SOCIETY.—At Physiology Lecture Theatre, University College, 5.30 p.m., 23rd Stephen Paget Memorial Lecture by Sir Geoffrey Jefferson, F.R.S.: Man as an Experimental Animal.
ROYAL EYE HOSPITAL.—5.30 p.m., Dr. T. H. Whittington: Myopia, and the Care and Treatment of the Myopic Patient.
ROYAL MEDICO-PSYCHOLOGICAL ASSOCIATION.—At Royal Society of Medicine, 2.15 p.m., 29th Maudsley Lecture by Professor Wilder Penfield, O.M., F.R.S.: Role of the Temporal Cortex in Certain Psychical Phenomena.
ST. ANDREW'S UNIVERSITY.—At Physiology Department, Medical School, Small's Wynd, Dundee, 5 p.m., Professor A. J. Lewis: Trends in Psychiatry.
ST. GEORGE'S HOSPITAL MEDICAL SCHOOL.—5 p.m., Dr. D. J. Williams: Neurology demonstration.
SOCIETY OF APOTHECARIES OF LONDON.—4.30 p.m., Professor L. P. Garrod: Some Recent Developments in Antibiotic Therapy; 5.45 p.m., Sir Lionel Whitby: Treatment of Anaemia.

Friday, November 5

●INSTITUTE OF DERMATOLOGY.—5.30 p.m., clinical demonstration by Dr. R. M. B. MacKenna.
INSTITUTE OF DISEASES OF THE CHEST.—5 p.m., clinical demonstration by Mr. W. P. Cleland.
POSTGRADUATE MEDICAL SCHOOL OF LONDON.—(1) 2 p.m., Professor P. A. Fitzgerald: Investigation and Treatment of Lower Limb Venous Insufficiency. (2) 4 p.m., Dr. D. J. Williams.
●ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW.—5 p.m., Mr. Kenneth Fraser: Surgery in Pulmonary Tuberculosis.

Saturday, November 6

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—11.30 a.m., Professor Eelco Huizinga (Groningen): Physiological and Clinical Importance of Experimental Work on the Pigeon's Labyrinth.
MIDLAND TUBERCULOSIS SOCIETY.—At Birmingham Chest Clinic, 3 p.m., Professor J. Gough: Correlation of Radiology and Pathology in Some Diseases of the Lung.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Hammar.—On October 16, 1954, at the Charing Cross Hospital, London, W.C., to Berenice, wife of Dr. B. Hammar, a son—Paul David.
Mills.—On October 6, 1954, to Sheila I. (formerly Haldane), M.B., Ch.B., wife of Robert B. Mills, B.Sc., A.H.-W.C., A.R.I.C., of 2, Lyndhurst Road, Corringham, Essex, a daughter.

MARRIAGES

McHugh—McGlinchey.—On September 18, 1954, at St. Teresa's Church, Cleveleys, Lancs, Dr. John McHugh, D.P.H., to Dr. Alice T. McGlinchey, D.C.H., D.P.H.

DEATHS

Gelber.—On October 3, 1954, at the Central Middlesex Hospital, London, N.W., Ludwik George Gelber, M.B., Ch.B., of Tunbridge Wells, Kent, aged 37.
Johnston.—On October 2, 1954, at the home of his son, 1A, Inverleith Row, Edinburgh, Samuel Everett Johnston, M.B., C.M., late of Penpont, Dumfriesshire.
Langwill.—On September 29, 1954, James Langwill, M.D., of 8, Lussielaw Road, Edinburgh, formerly of Kirkcaldy, Fife.
O'Rorke.—On September 25, 1954, Charles Hyacinth O'Rorke, M.B., B.Ch., Major, R.A.M.C., retired, of Oaklands, Dawlish Warren, South Devon.
Paxton.—On September 30, 1954, John Paxton, L.R.C.P.&S.Ed., L.R.F.P.S., of 2, White Buildings, Lee-on-Solent, Hants, late of Yacht "Heibe."
Scargill.—On October 3, 1954, in a nursing-home, Leeds, Harold Brooke Scargill M.B., B.S., of Wharfe View, Linton, Wetherby, Yorks.

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.

Tetanus Toxoid after Allergy to A.T.S.

Q.—Is there any danger in giving tetanus toxoid to a child who has had an allergic reaction to antitoxic serum in the past?

A.—While no injection should be regarded as completely devoid of risk, the likelihood of reaction in an allergic child is very much less after tetanus toxoid than antitoxic serum. Active immunization is therefore indicated; a cautious course of injections of toxoid should obviate the emergency use of antitoxic serum. It is suggested that a small dose of 0.1 ml. of toxoid should be given deep subcutaneously or intramuscularly, followed by 0.5 ml. or 1.0 ml. about two days later, if the "detector" injection has been trouble-free. With such a mild prophylactic as tetanus toxoid, the remainder of the course can usually follow the accepted scheme—namely, a second full dose after an interval of six weeks, and a third after six to twelve months. Thereafter, periodic boosting is probably necessary every three to five years. When the injections are given, a syringe and adrenaline 1:1,000 must be kept in readiness for the prompt control of any allergic symptoms which may develop. The use of an antihistaminic drug may also be considered.

Allergic children should be actively immunized against diphtheria as well as tetanus. Ideally, a duplicate record card should be given to parents, with instructions that it must be readily available when required.

Impotence in Diabetes

Q.—Can you tell me what are the aetiology and treatment of impotence in the diabetic?

A.—Impotence in the male diabetic may occur in the early untreated patient, in which case it is usually temporary and disappears with proper control of the diabetes. Impotence occurring in the treated diabetic tends to be gradual in onset and does not respond to any form of treatment. Its cause is unknown, but it has been suggested that it may be neuropathic or possibly due to local vascular disease; the former seems more probable, as the bulbo-cavernosus reflex is often absent.

Testosterone by injection in large doses may have some slight effect in the early stages, but fails to produce any improvement when impotence is fully established; this condition is therefore not due to lack of male hormone, and the results of testicular biopsy support this view.

Anatomy of Leucotomy

Q.—Please describe the anatomical extent of the original leucotomies and the present-day modified leucotomies. What tracts are interrupted?

A.—In the standard prefrontal leucotomy an incision is made in the white matter of the frontal lobe in the plane of the coronal suture. It is carried inferiorly to the floor of the anterior cranial fossa, superolaterally to the cortex of the convexity, and medially to 1 cm. lateral to the midline. The incision divides the nerve fibres connecting all parts of the frontal cortex anterior to it with the medial nucleus of the thalamus. The effects of the operation are decreased by anterior placement of the incision and increased by its posterior placement, the latter carrying the additional risks of motor and trophic disturbances as well as uraemia.

In an attempt to obtain the desired therapeutic effect and limit post-operative personality alteration various modifica-