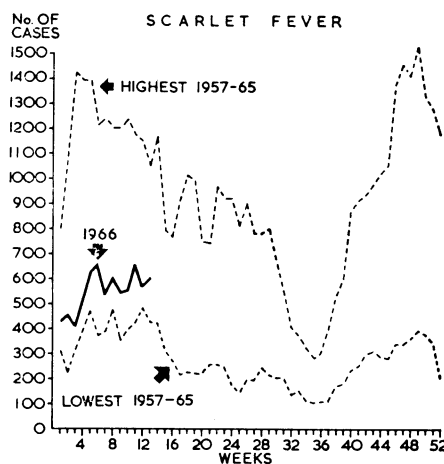
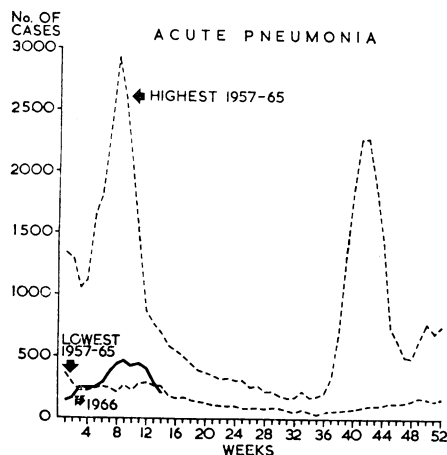


# News and Notes

## EPIDEMIOLOGY

### Graphs of Infectious Diseases

The graphs below show the uncorrected number of cases of scarlet fever and acute pneumonia in England and Wales. Figures for 1966 are compared with the highest and lowest figures for each week in the previous years shown.



### Infectious Diseases

Areas where numbers of notifications were high in the latest two weeks for which figures are available.

Dysentery	19 Mar.	26 Mar.
Berkshire ...	31	31
Buckinghamshire ...	9	33
Aylesbury M.B. ...	9	31

Dysentery (contd.)	19 Mar.	26 Mar.
Cambridgeshire ...	36	20
Cambridge M.B. ...	36	19
Cheshire ...	4	18
Altrincham M.B. ...	0	13
Devonshire ...	8	19
Barnstaple R.D. ...	0	11
Greater London ...	79	86
Islington ...	2	11
Lancashire ...	89	79
Liverpool C.B. ...	5	12
Norfolk ...	64	60
Northamptonshire ...	20	28
Nottinghamshire ...	34	17
Beeston and Stapleford U.D. ...	1	10
Warwickshire ...	19	22
Yorkshire East Riding ...	14	19
Yorkshire North Riding ...	24	21
Yorkshire West Riding ...	57	62
Leeds C.B. ...	25	16
Glasgow ...	17	21

Influenza Deaths	19 Mar.	26 Mar.
Greater London ...	10	14
Lancashire ...	30	14
Hampshire ...	15	13
Yorkshire West Riding ...	10	12

## INFECTIOUS DISEASES AND VITAL STATISTICS

Summary for British Isles for week ending 26 March (No. 13) and corresponding week 1965.

Figures of cases are for the countries shown and for Greater London. Figures of deaths and births are for the whole of England and Wales (London included), Greater London, the 17 principal towns in Scotland, the 10 principal towns in Northern Ireland, and the 14 principal towns in Eire.

A blank space denotes disease not notifiable or no return available.

The table is based on information supplied by the Registrars-General of England and Wales, Scotland, N. Ireland, and Eire, the Ministry of Health and Local Government of N. Ireland, and the Department of Health of Eire.

CASES	1966					1965				
	Eng. & Wales	Gtr. Lnd†	Scot.	N. Ire.	Eire	Eng. & Wales	Lnd A.C.	Scot.	N. Ire.	Eire
Diphtheria ..	0	0	1	0		1		4	0	
Dysentery ..	624	86	51	0	10	595		179	14	1
Encephalitis, acute ..	3	0		0		0			0	
Enteric fever: Typhoid ..	2	1	0	0		2		0	1	
Paratyphoid ..	1	0	5B	0		1		0	0	
Food-poisoning ..	95	27	12	0		84		27	0	
Infective enteritis or diarrhoea under 2 years ..				14	38				8	20
Measles* ..	4,560	418	26	81	103	18,037		210	170	169
Meningococcal infection ..	12	3	0	1		9		5	1	1
Ophthalmia neonatorum ..	17	2	2	0		11		0	0	
Pneumonia† ..	209	31	82	6	25	286		149	6	
Poliomyelitis, acute: Paralytic ..	2	0	0	0		1		0	0	
Non-paralytic ..	0	0	0	0		0		0	0	
Puerperal fever§ ..	109	50	7	0		121		0	0	
Scarlet fever ..	608	74	30	15	6	899		38	19	33
Tuberculosis: Respiratory ..	264	65	40	8		276		41	10	
Non-respiratory ..	43	14	7	3		58		6	1	
Whooping-cough ..	268	32	17	15	3	223		31	9	4
DEATHS	1966					1965				
	Eng. & Wales	Gtr. Lnd†	Scot.	N. Ire.	Eire	Eng. & Wales	Lnd A.C.	Scot.	N. Ire.	Eire
Diphtheria ..	0		0	0	0	0		0	0	0
Dysentery ..	1	0		0		2			0	
Encephalitis, acute ..										0
Enteric fever ..	0	0	0	0		0		0	0	
Infective enteritis or diarrhoea under 2 years ..	6	0	0	0	2	3		0	0	0
Influenza ..	154	14	4		13	60		2	2	1
Measles ..	0		0	0	0	0		0	0	0
Meningococcal infection ..			0					0		
Pneumonia ..	1,011	194	31	33	19	1,021		24	20	7
Poliomyelitis, acute ..	0	0		0	0	0			0	0
Scarlet fever ..	0		0	0	0	0		0	0	0
Tuberculosis: Respiratory ..	46	9	2	1	3	52	4	0	1	
Non-respiratory ..				0	0			0	0	
Whooping-cough ..	0	0	0	0	0	0		0	0	0
Deaths 0-1 year ..	282	54	28	11	7	301		19	8	13
Deaths (excluding stillbirths) ..	11,825	1960	592	157	214	11,753		641	149	194
LIVE BIRTHS ..	17,414	3095	925	315	477	18,142		1002	298	544
STILLBIRTHS ..	264	38	15			280		20		

\* Measles not notifiable in Scotland, whence returns are approximate.

† Includes primary and influenzal pneumonia.

§ Includes puerperal pyrexia.

‡ Not comparable with London A.C.

## MOTORING

## Preparing a Car for Continental Touring

[FROM OUR MOTORING CORRESPONDENT]

The advent of summer time brings thoughts of holiday touring and has prompted these notes on the preparatory measures that my experience has shown to be desirable before leaving on a Continental tour. It is much less formidable an expedition than was once the case, but motor-cars, like human beings, are affected by differences in diet and environment. In each case it is also true that running into trouble abroad is much more of a nuisance (to say the least) than is a similar malaise at home.

Petrol and oil specifications in the more popular European holiday countries are so similar to those of the United Kingdom that no "diet" problem arises for the car, although some people (myself among them) prefer to take with them a few one-pint containers of their favoured engine lubricant. Owners of high-compression sports-car engines should, however, remember that the top 100-octane grades of petrol are not readily available in many Continental countries, so that they must make do with something equivalent to British premium fuel. Badly carboned engines will feel this more acutely than clean ones. A petrol filler-cap lock is a good precaution against "siphon thieves" in countries where fuel is costly.

## Routine Checks

However, my main theme is concerned with precautions against the differences in environment and operating conditions. The more important factors can be listed as follows, but not necessarily in order of importance:

- Driving on the right.
- High ambient temperatures.
- Straight, fast highways.
- Extremes of cross-wise road camber.
- Uneven road surfaces.
- Long climbs and descents.
- Distances from base (and spares).

It follows that a car which has been behaving well for many months in Britain will not necessarily be in the best possible shape for a strenuous Continental trip. Given the availability of a competent garage, I believe that it is well worth while to have a number of routine checks carried out some weeks in advance of the departure date, with special reference to the condition of the cooling system, ignition system, oil-filter element, air-cleaner element, petrol filters, brakes (fluid and linings), clutch (lining and free travel), springs, shock absorbers, tires, steering (play and lubrication), door and boot-lid seals, locks, and hinges.

The extent to which corrective work is found to be necessary will vary greatly according to the age and mileage of the car concerned, but in my experience this kind of check-up almost always uncovers some deficiencies in function or serviceability that make it worth while.

A point worth noting here is the undesirability of taking delivery of a brand new car just before the holiday is due to start. I would strongly advocate a time interval

sufficient to enable at least 2,000 miles to be covered before setting out. This should be sufficient to disclose most of those annoying early troubles that are apt to beset new cars—usually of a minor nature but much more easily remedied when they occur on home ground. This kind of timing also enables the driver and his passengers to become fully accustomed to the car, its seating, and controls.

My reason for including door locks, hinges, and seals in the check list is that a Continental holiday usually involves driving for many miles over indifferent road surfaces which give the body a sustained shaking of a severity that it seldom receives in England. This can be very destructive to door fittings that do not start the trip in good condition. Also, security demands that the locks should function correctly.

## Camber and Hills

Another road condition peculiar to Continental countries is the severity of the cross-contour, or camber, which calls for a constant steering correction in order to keep the car running straight. It can be a most tiring element in long-distance driving if the steering is not in good shape or well lubricated.

The other items in my check list are self-explanatory and mainly precautionary: it is better to find incipient trouble before starting! However, I may add the remark that the very long descents encountered in Alpine passes provide a fade test for the brakes of a kind nowhere met with in the United Kingdom. Their state of adjustment may be a deciding factor in whether they remain effective all the way down.

It is scarcely necessary on a normal Continental holiday trip nowadays to carry spares beyond a fan belt, a couple of sparking plugs,

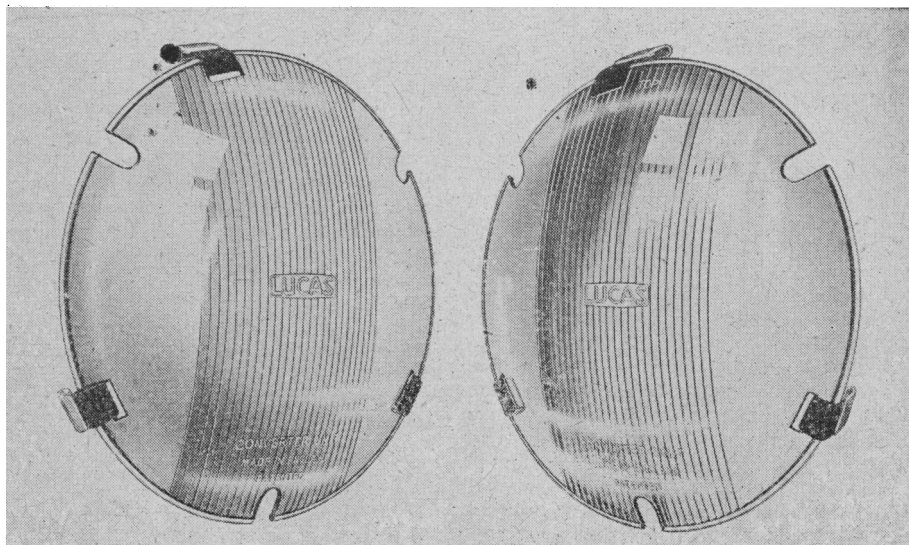
and a few assorted lamp bulbs. This choice is prompted mainly by the convenience of having the right parts handy should trouble arise. Continental mechanics are usually quite resourceful in dealing with major disasters, and so many British cars are sold in Europe that they are no longer the unfamiliar animals that they used to be. Some manufacturers will furnish a list of their agents in the principal countries concerned, and the Michelin Guide provides useful general information on repair facilities in major towns and cities.

My "environmental" list started with the rule of the road. This factor places demands on the driver, rather than the car, but his duties can be eased considerably by prior attention to headlamps and external mirrors. With the fairly general use of "sealed beam" lamps on British cars it became expensive and troublesome to change over to a right-handed dipped beam, but Lucas offer yellow plastic conversion lenses that can easily be clipped over existing lamps. The 7-in. size introduced last summer for normal headlamps (see Figure) is now supplemented by a 5½-in. lens for the outer (dipping) lamps of cars with four-headlamp equipment.

## Mirrors and Windscreen

External mirrors are a "must," in my opinion, for Continental driving and are also important to safe "lane driving" on British M-class roads. There remains the difficulty of seeing the road ahead when following a large vehicle in a British car on a Continental road. I remember an ingenious system of mirrors that gave a left-handed forward view but have no personal knowledge of its effectiveness.

As to the windscreen, opinions are divided on whether the toughened-glass screen fitted to most cars is safer, or less safe, than a laminated-glass screen in the event of an accident, but the toughened variety has the disadvantage of shattering if the highly stressed surface is struck, or scratched, by a



The Lucas "Dip Right" corrector units are lenses moulded in yellow plastic, designed to clip to the chrome rims of normal headlamps.



sharp object. When this happens the fragments are easily removed but the car becomes very draughty and unpleasant to drive.

Because few people want to face the considerable expense of changing to a laminated windscreen, the small risk of trouble with toughened glass is generally accepted. It can be minimized still further if one takes

care not to follow closely behind another vehicle on a loose road surface. Spare windscreens are not readily available on the Continent, but many garages can offer a temporary screen, cut from translucent plastic sheet, as a get-you-home expedient. It is even possible to buy such a "screen" before setting out, in sizes to fit most popular makes

of car, with special adhesive tape for easy installation should the need arise.

Lastly, the language barrier. Even to Britons fluent in French and German the parts of a car can be a puzzle to translate. Consequently it is a help to obtain from one of the motoring organizations the useful glossary they supply.

## MEDICO-LEGAL

### Institutions for Treatment of Alcoholics

[FROM OUR LEGAL CORRESPONDENT]

We hear little nowadays of the powers contained in the statutes known collectively as the Inebriates Acts, 1879 to 1900, more because of the lack of facilities for their operation than because of any inadequacy of the powers given.

The avowed purpose of the Acts is to provide for the control and treatment of alcoholics, who, under the nineteenth-century label of "habitual drunkards," are defined in the Habitual Drunkards Act, 1879,<sup>1</sup> as amended by the Mental Health Act, 1959,<sup>2</sup> as follows: "Habitual drunkard means a person who, not being a mentally disordered person within the meaning of the Mental Health Act, 1959, is notwithstanding, by reason of habitual intemperate drinking of intoxicating liquor, at times dangerous to himself or herself or to others, or incapable of managing himself or herself, and his or her affairs."

It has been decided that this definition applies to a person who habitually drinks to excess, and who when drunk is dangerous or incapable of managing himself or his affairs, even though when sober he is capable of managing himself and his affairs.<sup>3</sup> The habitual drunkard may be treated either after an order for his detention in a "reformatory" following criminal proceedings or, where there has been no breach of the criminal law, after voluntary submission to detention in a "retreat."

#### Reformatories

Local authorities may establish reformatories which, if approved by the Secretary of State, are known as "certified inebriate reformatories" and are specially conducted for the reform of reformable alcoholics. There is also provision for State inebriate reformatories for the care of refractory persons, which are run under prison discipline. Inmates may be transferred from one type of reformatory to another. The courts may order the detention of habitual drunkards in either a State inebriate reformatory or a certified inebriate reformatory if habitual drunkenness has led either to the commission of a serious crime or to the persistent committing of certain offences against the drink laws.<sup>4</sup>

#### Retreats

Perhaps of more interest are the provisions for retreats. Borough and county councils may grant a licence to a person or persons to keep a retreat,<sup>5</sup> but the licence may not be granted in respect of premises which are a mental nursing home within the meaning of the Mental Health Act, 1959.<sup>2</sup> These councils may, either singly or in combination, contribute to the expenses of establishment and maintenance of retreats.<sup>7</sup> Retreats are to be inspected by an Inspector of Retreats appointed by the Secretary of State, and to be regulated by the statutes and by regulations made by the Secretary of State. The Inspector of Retreats should make an annual report to the Secretary of State, who should lay the report before Parliament.<sup>8</sup> Judges of the High Court and county courts also have powers to order inspection and, if necessary, the release of detainees.

Admission to a retreat is obtained by an application in writing made by the alcoholic.<sup>9</sup> The application must be accompanied by the statutory declaration of two persons that the applicant is a habitual drunkard as defined by the Act, and the applicant's signature must be attested by two justices of the peace who must first satisfy themselves that the applicant is an habitual drunkard and explain to him the effect of his application. The application must state the time during which the applicant undertakes to remain in the retreat (not more than two years). The applicant after his reception will not be allowed to leave the retreat until the expiry of that period unless he is granted leave or discharge within the provisions of the Act. If required, certain machinery of the criminal law is provided to ensure that the applicant does in fact remain in the retreat for the period stated in his application. These powers are, of course, additional to any powers available under the Mental Health Act, 1959, which might become appropriate if excessive drinking affected a person's mental health.

#### Legislation Not Used

The legal machinery exists, and if it is not being used the remedy lies mainly in efforts to obtain the provision of adequate facilities.

Inquiries at the Home Office elicited the statement that only one retreat is known to exist in England and Wales, and, although the Chief Medical Officer of the Ministry of Health is nominally appointed by the Home Office to be Inspector of Retreats, no inspection has been carried out since the last war and there has been no report made to the Secretary of State. A spokesman for the Ministry of Health states that there is now no Inspectorate and no retreat.

The real and only substantial defect of the existing legislation is that it lays on no one a specific duty to provide retreats or reformatories. The Secretary of State and county and borough councils (and other persons) may establish reformatories. County and borough councils may give financial assistance to retreats if anyone chooses to apply for a licence and for funds. It seems that, at all events in the case of retreats, no one does so choose. Will private enterprise fill the gap, or must we wait for the "authorities" to use their powers?

#### Position in Scotland

Concern at the extent of the problem in Scotland (where the increase in alcoholism seems to be even greater than in England and Wales) has produced a report<sup>10</sup> from a subcommittee appointed by the Standing Medical Advisory Committee of the Scottish Health Services Council to consider and report on health services for the treatment and rehabilitation of alcoholics.

The subcommittee noted that the administration of the Habitual Drunkards Act, 1879, failed in Scotland owing to its permissive nature and to the lack of retreats, particularly for the poor. The subcommittee recommended that repeal of the Act of 1879 should be considered, but also recommended that the need for fresh legislation for the detention in hospital of certain alcoholics should be examined.

#### REFERENCES

- <sup>1</sup> Habitual Drunkards Act, 1879, S.3.
- <sup>2</sup> Mental Health Act, 1959, S.149 (1) Sch. VII.
- <sup>3</sup> *Eaton v. Best* (1909) 1 KB 632.
- <sup>4</sup> Inebriates Act, 1898.
- <sup>5</sup> Habitual Drunkards Act, 1879, S.6, 7.
- <sup>6</sup> Inebriates Act, 1898, S.14.
- <sup>7</sup> Habitual Drunkards Act, 1879, S.15.
- <sup>8</sup> *Ibid.*, 1879, S.16.
- <sup>9</sup> *Ibid.*, 1879, S.10.
- <sup>10</sup> *Alcoholics, Health Services for their Treatment and Rehabilitation*, 1965. Report of a Subcommittee of the Standing Medical Advisory Committee of the Scottish Health Services Council, H.M.S.O., Edinburgh, 2s. 9d. net.

## MEDICAL NEWS

### New President of Royal College of Physicians

Professor M. L. ROSENHEIM, professor of medicine in the University of London and physician and director of the medical unit at University College Hospital, has been elected president of the Royal College of Physicians (see leading article on page 936). He succeeds Sir CHARLES DODDS, F.R.S. Professor Rosenheim was educated at Cambridge and University College Hospital. After holding the appointment of medical registrar at University College Hospital he went to the United States as Bilton Pollard Travelling Fellow, and worked as a research assistant at Massachusetts General Hospital, Boston. He served in the Army from 1941 to 1946, first as a medical specialist and finally as consulting physician to the Allied Land Forces in South-east Asia. In 1946 he was appointed deputy director of the medical unit at University College Hospital Medical School, and was elected to the staff of University College Hospital as honorary assistant physician. He was appointed to the chair of medicine in 1950.



[Lotte Meitner-Graf

### British Medical Pilots Association

The inaugural meeting of the British Medical Pilots Association was held on 26 March at the Royal College of Surgeons. The association has been formed to promote contact, both professional and social, among doctors, dentists, veterinary surgeons, nurses, and ancillary workers. Members must hold a student pilot or private pilot's licence or a glider pilot's certificate. The association has the support of the Ministry of Aviation. Inquiries should be sent to the Honorary Secretary, Dr. C. D. LINTON, B.M.P.A., 22 Festing Road, Southsea, Hampshire.

### Falling Cost of N.H.S. Medicines

Medicines prescribed on the National Health Service cost about 1½d. a person a day in 1964, compared with an average expenditure of 2s. 8d. a day on smoking and drinking or 2d. a day for newspapers. These figures are given in a leaflet issued by the Association of the British Pharmaceutical Industry. It points out that the prices of the leading branded prescription medicines have been falling by an average of 4% a year. For medicines as a whole the Board of Trade wholesale price index has risen only 2% since 1954, compared with a rise of 26% for all manufactured goods. The association attributes the rising costs of the pharmaceutical services to increased costs in distribution and dispensing and to the prescribing of new and more expensive medicines.

### New Medical Newspaper

Launched on 7 April (World Health Day), the *International Medical Tribune of Great*

*Britain* aims at giving world news on medicine and its practice. The first number has articles by Dr. GEORGE ADAMS, director of the G.P. Advisory Service, and Dr. JOHN FRY, who contributes the first of a series on the U.S.A. medical scene. Both are editorial associates. Dr. ABRAHAM MARCUS is editor-in-chief. The newspaper will be published weekly by Medical Tribune, Ltd., 7 Portland Place, London W.1.

### Council of Europe Medical Fellowships

Every year the Council of Europe awards fellowships to doctors and paramedical workers to enable them to study abroad. Since 1957, when the scheme was initiated, the number has risen from about 40 to an average of 150. Holders of fellowships choose their own subject and the country they visit. Though not a member of the Council, Finland is now taking part in the scheme. The council sets aside three fellowships each year for a joint study. This year the subject is "The Place of Functional Rehabilitation in the Organization of Health Services."

### Society of Health of Nigeria

The first number of the *Journal of the Society of Health of Nigeria* is devoted to a report of the society's third national conference, held at the University of Nigeria, Nsukka, last spring. In opening the conference Sir FRANCIS IBIAM, then Governor of Eastern Nigeria, paid tribute to the work that had been done by mission hospitals and other voluntary organizations. Apart from education, he said, the role of the voluntary organizations in promoting health in Nigeria (the theme of the conference) was "the most outstanding single event" in the history of the country. He thought the Society of Health should bring into its orbit all the voluntary health services, and that together they should form a Nigerian Council of Health.

### Chair of Pathology at Birmingham

Professor R. C. CURRAN, professor of pathology at St. Thomas's Hospital Medical School, London, has been appointed to the chair of pathology at Birmingham University. Professor Curran, who is 44, qualified at Glasgow in 1943, and after service with the Royal Army Medical Corps received his early training in the University department of pathology at the Royal Infirmary, Glasgow. He spent several years as senior lecturer in pathology at Sheffield University before taking up his present post in 1958. He was awarded the M.D. (honours and Bellahouston Medal) in 1955, became M.R.C.P.Lond. in 1959, and was elected F.R.S.Ed. in 1962. He is a Fellow and member of council of the College of Pathologists and secretary of the Pathological Society of Great Britain and Ireland. Professor Curran has published



papers on a variety of topics, but his main interest is in connective tissue and the diseases that affect it. He is also the author of a colour atlas of histopathology that is to be published shortly.

### George Medal Awards

Miss FIONA CHARD, a ward sister at Middlesex Hospital, London, and Mr. M. G. JOHNSON, the hospital's surgical registrar, have each been awarded the George Medal, it was announced in the *London Gazette* last week. They succeeded in restraining a patient from jumping off a narrow windowledge 100 ft. above the ground by climbing out on it themselves. Eventually they persuaded him to go back into the building. The incident took place in the dark when it was raining. According to the citation they saved the man's life. At the same time, it says, they were putting their own lives in great jeopardy.

### Appeal to Ghanaian Doctors

The Ghana Medical Association is asking Ghanaian doctors serving abroad to return home to help set up a health service and rebuild the country. It is estimated that there are nearly 200 Ghanaian doctors working in European and American hospitals.

### Barling Chair of Surgery

The chair of surgery at Birmingham held at present by Professor A. L. d'ABREU has been named the Barling Chair of Surgery.

### United Hospitals Choir

Singers in all voices are invited to join the United Hospitals Choir. The summer term will be occupied with rehearsals for a performance of Faure's *Requiem*. Rehearsals are held on Thursday evenings at 7.30 p.m. in St. James's and St. Peter's School, Great Windmill Street, London W.1. They start on 21 April. Further particulars may be obtained from the Honorary Secretary, Miss FRANCES ALLATT, 23 Guernsey Grove, London S.E.24 (TUL 6765).

### Interaction of Drugs

The leading article on the chemical effects of interaction between drugs (*B.M.J.*, 2 April, p. 811) referred to a symposium at the Royal Society of Medicine. The report of this has been published as a separate supplement to the Society's *Proceedings*, and is available, post free, as follows: paper-bound, 12s. 6d. (U.S.A. \$2); cloth-bound, 21s. (U.S.A. \$3). Application should be made to the assistant editor of the *Proceedings*, Royal Society of Medicine, 1 Wimpole Street, London W.1.

### "Abstracts of World Medicine"

Applications are invited for the post of Assistant Editor on *Abstracts of World Medicine*. Further details are given at p. xxviii of the advertisements.

### People in the News

► Dr. W. S. C. COPEMAN, emeritus physician of the Hospital of St. John and St. Elizabeth, has been made a Commander of Merit of the Sovereign Military Order of Malta in recognition of outstanding services to the hospital.

► Major-General P. N. BARDHAN, formerly Commandant of the Armed Forces Medical College of India, has been appointed director



of the Central Leprosy Teaching and Research Institute, Chingleput, India.

► Mr. J. STEVEN WATSON, of Christ Church, Oxford, has been appointed Principal of St. Andrews University in succession to Sir MALCOLM KNOX. He will take up the appointment in October.

► Professor PATRICK FITZGERALD has been elected president of the Association of Surgeons of Great Britain and Ireland.

### News in Brief

The recently built Regional Burns Centre for the Leeds region at Pinderfields General Hospital, Wakefield, was officially opened on 1 April by Sir GEORGE GODBER, Chief Medical Officer, Ministry of Health. It has cost £127,000 including equipment.

The new University of London chair of clinical pharmacology at Guy's Hospital Medical School has been established with the support of the Wellcome Trust. As announced in the *B.M.J.* of 19 March (p. 748), Professor J. R. TROUNCE is the first holder of the chair.

### Coming Events

**British Association of Sport and Medicine.**—Annual general meeting, 23 April, 11 a.m., Royal Society of Medicine, 1 Wimpole Street, London W.1. Mr. N. CAPENER will be the guest lecturer. Details from Honorary Secretary, Dr. D. CUSSEN, B.A.S.M., 95 Mount Street, London W.1.

**Institute of Accident Surgery.**—Ruscoe Clarke Memorial Lecture, "The Care of the Injured," by Professor W. GISSANE, 25 April, 5.30 p.m., Royal College of Surgeons of England, Lincoln's Inn Fields, London W.C.1.

**Indian Medical Association (Great Britain).**—Dinner-dance, 30 April, Cumberland Hotel, Marble Arch, London W.1. Application for tickets (45s.) to Dr. L. R. SAUSMAN, 21 Eglinton Hill, London S.E.18, not later than 25 April.

**Cambridge University Medical School (Postgraduate Courses for General Practitioners).**—Symposium on ear, nose, and throat diseases, 14 May, Addenbrooke's Hospital, Cambridge. Details from Secretary, C.U.M.S., Tennis Court Road, Cambridge. Notifications of attendance by 11 May.

**Queen's Institute of District Nursing (North Eastern Federation).**—Conference, "Young Chronic Sick: Home or Hospital Care," 17 May, Lounge Hall, Parliament Street, Harrogate. Details from Public Relations Officer, Q.I.D.N., 57 Lower Belgrave Street, London S.W.1.

**Biochemical Society.**—Colloquium on "The Contribution of Enzymes to the Structural Determination of Glycogen and Starch," 20–21 May, London. Details from Administrative Officer, Biochemical Society, 20 Park Crescent, London W.1.

## New Issues of Specialist Journals

Obtainable from the Publishing Manager, B.M.A. House, Tavistock Square, London W.C.1

### ABSTRACTS OF WORLD MEDICINE

The April issue (Volume 39, No. 4) is now available. Published monthly. Yearly subscription £6 6s., U.S.A. \$18. Single number 12s. 6d.

### Societies and Lectures

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

#### Monday, 18 April

HUNTERIAN SOCIETY.—At Livery Hall, Guildhall, 8.30 p.m., Hunterian Society Oration by Lieutenant-General Sir Robert Drew, K.C.B.: John Hunter and the Army.

INSTITUTE OF LARYNGOLOGY AND OTOTOLOGY.—5.30 p.m., combined staff consultation clinical meeting.

INSTITUTE OF OBSTETRICS AND GYNAECOLOGY.—At Queen Charlotte's Hospital, (1) 11.15 a.m., discussion by Mr. R. C. Percival and Professor P. Rhodes: Placenta Praevia; (2) 3 p.m., Professor H. L. Sheehan: Pituitary Gland in Obstetrics.●

#### Tuesday, 19 April

B.B.C.—2 TELEVISION.—1.30 p.m., Medicine Today: (1) Urinary Tract Infections; (2) Management of Colostomy and Ileostomy.

DERBY MEDICAL SOCIETY.—At Derbyshire Royal Infirmary, 8.30 p.m., Professor J. H. Kellgren: Rheumatic Diseases.

ROYAL ARMY MEDICAL COLLEGE.—5 p.m., Professor T. Cecil Gray: Anaesthetic and Surgical Disasters and their Avoidance.

WEST END HOSPITAL FOR NEUROLOGY AND NEUROSURGERY.—5.30 p.m., Dr. N. G. Hulbert: clinical demonstration.

#### Wednesday, 20 April

HARVEIAN SOCIETY OF LONDON.—At 11 Chandos Street, Cavendish Square, W., 8.15 p.m., Sir Roger Ormerod and Dr. R. I. Milne: Medical Evidence in Court.

INSTITUTE OF NEUROLOGY.—5.30 p.m., Dr. F. A. Elliott (Philadelphia): Cerebral Thrombosis—A Biophysical Theory.

INSTITUTE OF OBSTETRICS AND GYNAECOLOGY.—At Chelsea Hospital for Women, 2 p.m., Dr. K. D. Bagshawe: Hydatidiform Mole and Chorion Carcinoma.●

INSTITUTE OF UROLOGY.—5 p.m., Mr. J. A. Kennedy: Transplantation of the Ureter.

STOKE MANDEVILLE HOSPITAL.—(1) 12.15 p.m., Mr. D. T. Methuen: Malignant Disease and Pregnancy; (2) 6 p.m., Dr. W. Shakespeare: Chromosome Abnormalities.

WHITTINGTON HOSPITAL.—At Academic Centre, Archway Wing, London N., 11.30 a.m., Professor E. G. L. Bywaters: Treatment of Rheumatoid Arthritis.

#### Thursday, 21 April

CAMBRIDGE UNIVERSITY POSTGRADUATE MEDICAL SCHOOL.—At Postgraduate Lecture Room, 1.15 p.m., Mr. P. G. Watson: Diabetic Retinopathy.●

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS.—5.30 p.m., postgraduate lecture by Mr. G. J. Sophian: Aetiology of Toxaemia of Pregnancy. A discussion will follow.

MANCHESTER MEDICAL SOCIETY.—At Large Anatomy Theatre, Manchester University Medical School, 4.30 p.m., meeting of Fellows. Professor K. L. White (U.S.A.), Dr. Cedimir Vukmanovic (Yugoslavia), Dr. R. F. L. Logan: How Patients Use Doctors and Hospitals—first results from Chester and comparable towns in U.S.A. and Yugoslavia.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.—5 p.m., Hunterian Lecture by Professor J. M. Powley: Toxic Factors in Small-bowel Obstruction.

#### Friday, 22 April

KENT POSTGRADUATE MEDICAL CENTRE AT CANTERBURY.—At Kent and Canterbury Hospitals, 8.30 p.m., Winston Churchill Memorial Lecture by Mr. T. L. Lewis: Putting Cervical Smears into Perspective.

LONDON UNIVERSITY.—At London School of Hygiene and Tropical Medicine, 5.30 p.m., university lecture in preventive medicine and public health by Dr. J. C. Sim (Copenhagen): Toxoplasmosis.

#### Saturday, 23 April

CAMBRIDGE UNIVERSITY MEDICAL SCHOOL.—At Postgraduate Lecture Theatre, Addenbrooke's Hospital, Symposium on Paediatrics. *Morning session:* 10.30 a.m., Dr. P. A. Tyser: The "At-risk" Baby; 11.30 a.m., Dr. Douglas Gairdner: Foetal Medicine; 12.15 p.m., Mr. G. Brocklehurst: Spina Bifida and Hydrocephalus—results of a two-year programme of surgical correction. *Afternoon session:* 2.30 p.m., clinical cases; 3.30 p.m., Dr. G. E. Roberts: Psychosis in Childhood.

## Universities and Colleges

### OXFORD

The George Herbert Hunt Travelling Scholarship, 1966, has been awarded to Mr. J. I. H. Hadfield.

### CAMBRIDGE

M.D.—<sup>1</sup>S. T. G. Butterworth, J. M. Newsom Davis.

M.CHIR.—<sup>2</sup>J. D. Hardcastle, G. C. Li. Roberts. M.B.—<sup>1</sup>W. A. Saunders, <sup>1</sup>H. T. Jones, <sup>1</sup>R. H. Felix, J. Bird.

M.B., B.CHIR.—P. A. Trott. M.B.—D. N. L. Ralphs, G. H. Pettiford, I. Sykes, P. Gornall, D. B. Nicol, N. R. Southward, G. W. M. Davies, R. G. Nicholson, A. H. Mann. <sup>1</sup>By proxy. <sup>2</sup>With distinction.

### DUBLIN

#### SCHOOL OF PHYSIC, TRINITY COLLEGE

DIPLOMA IN GYNAECOLOGY AND OBSTETRICS.—S. M. Ahmed, M. Ezz-el-Din, A. A. H. F. Biblawi, B. S. Dharwar, M. S. El-Mansouri, M. N. Gogoi, A. M. A. Hayat, Betty D. Holt, A. Hossain, F. I. Khamis, Widad Q. Maqsood, O. Naraine, (Mrs.) Tahira Siddiqi, Vimala Sri-Hari.

### LONDON

The title of Fellow of University College London has been conferred upon Dr. W. W. Gooddy, consultant neurologist, University College Hospital, London, W.C., and St. Richard's Hospital, Chichester, and physician, National Hospital for Nervous Diseases, London W.C.

The following have been recognized as teachers of the University in the subjects indicated in parentheses:

*St. Thomas's Hospital Medical School*, Mr. M. V. Braimbridge (surgery), Dr. T. H. S. Burns (anaesthetics), Dr. D. S. Cadman, Dr. D. R. London, and Dr. R. D. Lowe (medicine), Dr. A. D. F. Hurdle, and Dr. Therese M. Vanier (haematology), Dr. Lois E. Hurter (obstetrics and gynaecology), Dr. A. Pollard (chemical pathology), Dr. J. R. Tighe (pathology). *Charing Cross Hospital Medical School*, Dr. C. P. Farthing (pathology (bacteriology)), Dr. A. Guz (medicine), Dr. N. Howard (radiotherapy), Dr. G. D. Pegrum (pathology (haematology)), Dr. A. C. Pollard (chemical pathology). *University College Hospital Medical School*, Dr. P. E. Hughesdon and Dr. P. M. Sutton (pathology). *King's College*, Dr. A. Taylor (physiology). *King's College Hospital Medical School*, Dr. T. D. W. Davies (anaesthetics). *Westminster Medical School*, Dr. I. M. Duguid (ophthalmology). *Middlesex Hospital Medical School*, Dr. M. A. Epstein (pathology). *University College*, Dr. Frances Lefford (histology). *Guy's Hospital Medical School*, Dr. W. H. H. Merivale (pathology).

### MANCHESTER

On Founder's Day, Wednesday, 18 May, the honorary degree of LL.D. will be conferred upon Dr. F. N. Marshall, for public services.

*Appointment.*—Dr. P. C. Reed (assistant lecturer, surgery).

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Aitiology, London W.C.1.* ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

Authors desiring REPRINTS should communicate with the Publishing Manager, B.M.A. House, Tavistock Square W.C.1, on receipt of proofs.

ADVERTISEMENTS should be addressed to the Advertisement Manager. For details see p. xxvi, 9 April issue.

SUBSCRIPTION COPIES: See p. xxvi, 9 April issue.

MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the British Medical Association. TELEPHONE: EUSTON 4499. TELEGRAMS: *Medisecra, London W.C.1.*

B.M.A. SCOTTISH OFFICE: Drumsheugh Gardens, Edinburgh.