

Medical News

The opening address to students of the Welsh National School of Medicine, Cardiff, will be given by Prof. W. E. Le Gros Clark, F.R.S., of the University of Oxford, on Tuesday, Oct. 3, in the Medical School.

At the opening of the 103rd session of the College of the Pharmaceutical Society of Great Britain at 17, Bloomsbury Square, London, W.C., on Wednesday, Oct. 4, at 3 o'clock, the inaugural address will be given by the president, Mr. Frederick George Wells.

The Food Education Society, 29, Gordon Square, W.C.1, announces that Miss Rose Simmonds, dietician at Hammersmith Hospital, will give a lecture on "Food and the Sick," on Monday, Oct. 23, at 2.30 p.m., at the London School of Hygiene and Tropical Medicine, Keppel Street, Gower Street.

"Red Army Medical Service," will be the chief film at a special showing arranged by the Leeds Division of the B.M.A. at the Majestic Cinema, Leeds, on Sunday, Oct. 1, at 3 p.m. The programme will also include a film from the series on "Technique of Anaesthesia," dealing with nitrous-oxide-oxygen-ether anaesthesia. All medical members of the Services in the Leeds area will be welcomed.

The British Insulin Manufacturers announce that the prices of insulin, protamine-zinc-insulin, and globin insulin are to be reduced on Monday, Oct. 2, when a new schedule of retail prices will come into operation.

On Tuesday, Oct. 3, all voluntary hospitals serving the City and Metropolitan Police Districts will unite in their combined street collection. Gifts may be sent to the chairman of the Central Committee, Lord Luke, 36, Kingsway, London, W.C.2.

The Ophthalmological Society of Egypt (Dar El Hekma, 42, Kasr El Ainy Street, Cairo), in order to encourage scientific ophthalmic work, will award a prize to the value of £E.20 for the most valuable contribution brought before the annual congress of the Society by any of its members of less than 20 years' practice, according to regulations, of which a copy may be had from the honorary secretary.

Dr. Alan Churton Taylor, medical officer in charge of first-aid post, Civil Defence Casualty Service, Southsea, has been appointed M.B.E., and Frederick George Mitchell, of the rescue service, Portsmouth, has been awarded the B.E.M. The citation in the *London Gazette* reads:

During an air raid a H.E. bomb destroyed premises, and a man was trapped in a cellar which had collapsed and was covered with wreckage from the building above. After debris had been cleared away, Dr. Taylor and Mitchell entered the cellar through a small opening between two concrete slabs, one of which was supporting the debris of the house. The casualty was trapped at the base of these slabs, and the cutting of the reinforcement had to be effected by means of a hacksaw. Each time a piece of reinforcement was cut through the supporting concrete slabs moved, thereby endangering the lives of the rescuers. Neither Dr. Taylor nor Mitchell came out of the hole until the casualty was eventually removed 2 hours later. Dr. Taylor and Mitchell showed courage and determination with a total disregard of personal danger.

A revised and enlarged British standard specification for conversion factors and tables (B.S. No. 350: 1944) has been issued by the British Standards Institution. This comprises linear, square, and cubic measures, measures of capacity, weights, speeds, stresses and pressures, weight per unit length, densities, concentrations, forces, moments, moments of inertia, work, heat, energy, and power. There are also temperature conversion charts and tables, and wire and sheet metal gauge sizes expressed in decimals of an inch and in millimetres. Copies of the specification can be had from the Publications Department, British Standards Institution, 28, Victoria Street, London, S.W.1, price 3s. 6d. post free.

The Czechoslovak Government, in consultation with UNRRA, has organized a medical mission which will shortly be leaving London to assist the health services of liberated Czechoslovak territory and to bring them sufficient hospital supplies to tide over the emergency period. The thirty doctors of this mission, led by Dr. Ungar, many of them specialists in health administration, will be assisted by a staff of trained nurses and social workers. Their instructions are to follow as closely as possible upon the retreating enemy forces, surveying medical and nutritional needs and aiding in epidemiological control. The rapid organization of this mission has been made possible by the British Government and local authorities having granted immediate leave to Czechoslovak medical personnel.

Medical officers of health are asked to arrange for the medical examination, particularly with regard to tuberculosis, of nurses employed in residential and wartime nurseries in their areas. Any nurse found to be suffering from active tuberculosis in an infective state should be excluded from nursery work.

Letters, Notes, and Answers

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ANY QUESTIONS?

Byssinosis Regulations

Q.—*What are the Byssinosis Regulations? In my district no one seems to know them.*

A.—Schemes for compensation and benefit for workmen have been made by the Secretary of State under the Workmen's Compensation and Benefit (Byssinosis) Act, 1940, and came into force on May 1, 1941. Administrative and Medical Boards appointed by the Secretary of State administer them. The compensation scheme applies to all *male* workmen employed at any time on or after that date for a period or periods amounting to not less than 20 years in cotton-rooms, blowing-rooms, or card-rooms, in factories in which the spinning of raw cotton is carried on. The weekly payments made are the same as those made in respect of total incapacity under the Workmen's Compensation Act. The benefit scheme applies to all *male* workmen employed under the same conditions as above, *before but not on or at any time after* May 1, 1941. The benefit payable is 15s. per week. For both schemes the workman must be totally and permanently incapacitated for work, or, for the purposes of compensation only, have died as a result of the disease. Fuller details of both schemes are given in Statutory Rules and Orders, 1941, Nos. 525 and 625, and 1944, No. 504, published by H.M.S.O., and other particulars may be obtained from Mr. John Lowe, the Secretary of the Administrative Board, 68, Deansgate Arcade, Manchester, 3.

Surgical Treatment of Migraine

Q.—*A patient with very severe migraine for the last few years has tried various types of treatment without the slightest result. Is the operation of cutting the cervical branch of the sympathetic nerve any use?*

A.—An account of the surgical treatment of migraine by section of the cervical sympathetic was given in an article in this *Journal* written by G. F. Rowbotham (1943, 1, 12). Very few cases have been done, but enthusiastic results have been reported. There is a certain amount of anatomical evidence to support an operation of this sort, but at present it is best to treat with reserve the results which have so far been published. The disability resulting from section of the sympathetic high up in the neck is not great, and this alone might justify the procedure as a last resource when all other methods have failed.

Tentorial Pressure Cone

Q.—*Would you state briefly the causes of "traumatic tentorial pressure cone," and the chief diagnostic symptoms and signs?*

A.—The prime cause of traumatic tentorial pressure cone is increase in pressure above the tentorium. After trauma this is likely to be a haematoma, either subdural, extradural, or intracerebral, or cerebral oedema or infection. It is unwise to look upon the condition as different from a pressure cone due to any other cause of high intracranial pressure. The main symptoms and signs are those of the cause. There will be signs of a head injury with high pressure and the patient will probably be in coma. Added to this there will be signs of the complication, such as intra- or extra-cerebral bleeding, and, finally, there will be the signs of the cone itself. These will usually be variations in consciousness, with altering pupillary signs, increasing external ophthalmoplegia, and also alterations in the pulse rate—in short, signs of brain-stem compression. Lumbar puncture may show a very low pressure or the physician may be unable to obtain any cerebrospinal fluid at all; but this must not be expected, for the interruption of the flow of cerebrospinal fluid is likely to vary from hour to hour. In no event should cerebrospinal fluid be removed. The object should be to reduce pressure *above* the tentorium.