the M.R.C.S., L.R.C.P. in 1889 and then held the appointments of house-surgeon and clinical assistant at Liverpool Royal Infirmary. Having decided upon dental surgery as a career, he took the L.D.S. of the Royal College of Surgeons of Edinburgh in 1890. He then settled in practice at Liverpool, and in 1898 was appointed honorary surgeon to the Liverpool Dental Hospital, a position he held for twenty-five years. At the beginning of the century he became honorary dental surgeon to the Children’s Convalescent Home at West Kirby, Cheshire, where he then made his home. He was always keenly interested in the dental welfare of children and was appointed honorary dental surgeon to the Liverpool County Hospital for Children, Heswall, in 1910. His reputation as a dental specialist already stood high, and Liverpool University had enlisted his services in 1906 as a member of its Board of Dental Studies, of which he later became chairman. For a number of years he was also an examiner on behalf of the university. A member of the Liverpool Medical Institution from the time he first qualified, he later became a member of the Liverpool and District Odontological Society, of which he was president in 1913, and of the British Dental Association, and he was a delegate to the International Dental Congress held in London in 1914. As a keen member of the Territorial Army, he held the rank of surgeon-major and served for many years at the Lancashire Fortress of the Mersey Coast defences manned by the Royal Engineers. He retired from the Territorial Army just before the outbreak of the last war, after some thirty years’ service, for which he was awarded the Territorial Decoration. Returning from practice in the mid-thirties, he left West Kirby to go to live at Hoylake. He was a keen golfer and had played only a fortnight before his death. He is survived by his widow, two daughters, and one son, who is the Rt. Hon. Selwyn Lloyd, Minister of State at the Foreign Office.


Vital Statistics

Marriages in 1952

The Registrar-General's civil statistics1 for 1952 show that there were 349,308 marriages, giving a rate of 15.8 persons marrying per thousand population. The average age of men marrying was 29 and of women 26; the most popular age of marriage for men was 23 and for women 21. 50% of marriages were in the Church of England and the Church in Wales, 9% in Roman Catholic churches, and 31% in register offices. The numbers marrying in the Church of England and the Church in Wales have decreased from 91% in 1844; those marrying in Roman Catholic churches and in register offices have increased from 1.7% and 2.6% respectively. The most popular month for marriage was March, partly because of the incomparably lower number of births in the previous January, and the least popular was January. Divorce decrees numbered 33,922. The two most frequent causes were desertion (15,870 cases) and adultery (13,010 cases). In 10,995 cases there were no children of the marriage and in 296 cases there were seven or more. Confinements resulting in multiple births numbered 5,590, of which 64 were of triplets and 1 of quadruplets. Examination of the 1952 death records for married women showed that 17.7% died without having borne a child.

Week Ending August 14

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 431, whooping-cough 2,090, diphtheria 7, measles 2,840, acute pneumonia 279, acute poliomyelitis 97, dysentery 384, paratyphoid fever 15, and typhoid fever 4.

Infectious Diseases

Infectious diseases were less prevalent in England and Wales during the week ending August 7. The largest falls in the number of notifications were 495 for measles, from 3,387 to 2,892, 290 for whooping-cough, from 2,000 to 1,710, 180 for scarlet fever, from 712 to 532, and 121 for dysentery, from 445 to 324. The largest falls in the number of notifications of measles were 151 in Lancashire, from 759 to 608, and 107 in Cheshire, from 438 to 331, and the only large exception to the general trend was a rise of 62 in Yorkshire West Riding, from 162 to 224. The largest decrease in the notifications of whooping-cough was 64 in Lancashire, from 230 to 166. No large variation was reported in the local trends of scarlet fever. 18 cases of diphtheria were notified, 4 more than in the preceding week. The largest returns were Lancashire 6 (Liverpool C.B. 3), Devonshire 3 (Plymouth C.B. 3), London 82.

82 cases of acute poliomyelitis were notified. These were 1 fewer for paralytic and 11 fewer for non-paralytic cases than in the preceding week. The largest returns were Lancashire 11 (Liverpool C.B. 9), Yorkshire West Riding 7 (Leeds C.B. 2), London 7 (Deptford 2), Durham 6 (Stockton-on-Tees M.B. 2), Kent 9.

A decrease occurred in the number of notifications of dysentery for the fourth consecutive week. The largest centres of infection during the week were Lancashire 52 (Salford C.B. 12); London 42 (Ilfording 9); Kent 38 (Penge U.D. 31); Yorkshire West Riding 27; Gloucestershire 25 (Bristol C.B. 23); Middlesex 19.

1Registrar-General’s Statistical Review, 1952, Tables, Part II, Civil. H.M.S.O., 6s.
Guy’s Hospital Dinner.—The Guy’s Hospital Biennial Dinner will be held at the Connaught Rooms, Great Queen Street, W.C.1, on Friday, October 1, at 7.30 p.m. Tickets, 2s. 6d. each, may be obtained from the honorary secretary, Mr. O. Gayler Morgan, M.C.H., at the Medical School, Guy’s Hospital, S.E.1.

NEW ISSUES

British Journal of Ophthalmology.—The new issue (Vol. 38, No. 9) will be available in a week’s time. The contents include:


Electromyographic Study of Conditions Involving Limited Mobility of the Eye, Chiefly Due to Neurogenic Paralysis. A. Bjoerk.


Radioactive Phosphorus as an Aid to the Diagnosis of Malignant Invasion of the Eye. M. Snodgrass, M. A. Lembrak and D. A. Pintoff.

Strength of the Orbicularis Oculi. H. Jacobs.


Primary Tuberculosis of the Conjunctiva Treated with Streptomycin and Para-aminosalicyclic Acid. S. Eade.

Choroidal Detachment Following Operation for Detached Retina.

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.

Journal of Clinical Pathology.—The new issue (Vol. 7, No. 3) will be available in a week’s time. The contents include:


Non-reactive Tuberculosis. J. R. O'Brien.

Bacteriological Diagnosis of Tuberculosis Endometritis. R. L. Volum.

Oxurias Granuloma of the Endometrium. R. C. Nairn and Helen L. D. Duguid.


Widespread Serious Membrane Involvement by Rheumatoid Nodules. Philip Ellman, Leon Cudkowicz, and J. Stanley Elwood.


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.

APPOINTMENTS


BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Dave.—On August 18, 1954, to Beulah (formerly Taylor), wife of Dr. Neville Dave, in London, a son—Fabian Alexander Dave.

Laukhin.—On July 31, 1954, to Dr. Helena (formerly Taylor), wife of Dr. J. R. Laukhin, University College, Ibadan, Nigeria, a daughter—Ingrid Gayer Laukhin.

Matthews.—On August 21, 1954, at Cardinal’s, to Joyce (formerly Wallis), wife of Dr. Greg Matthews, a third son—Richard Anthony Matthews.


Wilson.—On July 13, 1954, at Mary Stevens Maternity Home, Stour-

Bury, to Valerie (formerly Tone), wife of Ian Wilkinson, a daughter—Sara Anne.

MARRIAGES

Williams—Stockley.—On August 21, 1954, at Crofton Road Baptist Church, South Croydon, by Reverend W. H. Baistone, Greenvale John Castle, son of the late Mr. and Mrs. John C. Williams, and Dorothy Jean, daughter of Dr. and Mrs. Handley G. Stockley.


Morgans.—On August 1, 1954, Hettie Stevens, M.R.C.S., L.R.C.P., of Hatton, Eldon Road, Eastbourne, Sussex, formerly of Dover, Kent.

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.

Yoghurt

Q.—What is yoghurt, and how is it made? What is its nutritional value compared with milk? Can it carry milk-borne diseases, such as tuberculous, or is it sterilized during manufacture? Are there any medical conditions in which it is specially indicated? Wide claims have been made for its health-giving properties.

A.—Yoghurt is a form of soured milk made by boiling milk, cooling to 37–40°C, and inoculating with a culture of Lactobacillus bulgaricus or L. acidophilus, with a small amount of previously prepared yoghurt. The inoculated milk is kept at 37–40°C until the next day. Sometimes the milk is evaporated to half its bulk before adding the culture.

Yoghurt is a semi-solid creamy substance containing 2–3% lactic acid. Its nutritional value is practically the same as that of milk, although some of the vitamins will be destroyed in its preparation. Tubercle and other bacilli, if present in the milk, will be destroyed in the preparation of yoghurt, which still remains a good culture medium and can be infected with certain organisms—e.g., from dirty hands or droplet infection. In spite of former enthusiasm, dating from the days of Metchnikoff at the beginning of the century, yoghurt is of no more value medically than milk, and it has no special health-giving properties that the latter has not got.

Recurrent Oedema of the Tongue

Q.—What is the aetiology and treatment of repeated swelling of the tongue, duration three to nine hours, sometimes involving only one-half and sometimes involving the whole tongue, in a woman of 83? This swelling, which has now occurred seven times in the last two years, is nocturnal. The patient wears dentures and uses a gizastic solution. The swelling is not prevented by one tablet of promethazine at night, and does not seem to be influenced by the administration of adrenaline, subcutaneously or intra-muscularly, or diphenhydramine intravenously, but eventually the swellings subside. The patient’s daughter has examined the throat and larynx and is equally puzzled. The taking of breakfast seems to cause some improvement.

A.—Recurrent swelling of the tongue of short duration suggests a diagnosis of angioneurotic oedema. The lack of response to adrenaline and to one tablet of promethazine at night is not, of necessity, inconsistent with this diagnosis. The tongue is one of the parts most frequently affected. Just over 50% of cases of angioneurotic oedema have been found to be due to allergens, and the possibility of drugs or foods as the cause should be considered. Over a half of the allergic cases are found to be due to drugs, aspirin and the barbiturates being the commonest exciting agents. The nocturnal nature of the attacks would fit in with this possibility. It would be wise to stop all drugs, even the occasional sleeping-tablet, headache powders, or purgative, apart from antihistaminics and adrenaline preparations.

A food should also be considered as a possible cause, a careful dietary history being taken, and, if necessary, a food diary kept. One must remember that, with both foods and drugs, although some patients are acutely sensitive to the first trace of an allergen, others only develop the oedema when a larger quantity than usual has been taken. Contact and inhalant allergens are only rarely a cause. There are a number of observations on focal