

and inaccuracies of most of the "popular" works on anaesthesia but cannot follow the highly technical style of scientific textbooks. Dr. Ostlere sets out in lucid and sober fashion the present position of anaesthesia and should reassure many a nervous patient about to undergo an operation. The author has considered his public to be of the average intellectual status of a preclinical medical student, and he has succeeded admirably in presenting his subject accurately without the use of technical terms—a task which must have been difficult. All the latest advances of proved worth have been included, and the book should do much to impress upon the public the importance of being looked after by a highly trained specialist anaesthetist. The type is clear, and four plates on glossy paper are included in the middle of the book.

C. LANGTON HEWER.

## PRE- AND POST-OPERATIVE CARE

*Preoperative and Postoperative Care of Surgical Patients.* By Hugh C. Ilgenfritz, A.B., M.D., F.A.C.S. Foreword by Urban Maes, M.D., D.Sc., F.A.C.S. (Pp. 898; 110 illustrations. \$10 or £2 12s. 6d.) St. Louis: The C. V. Mosby Company. London: Henry Kimpton. 1948.

During the last twenty-five years the risk in undergoing a major surgical operation has been much reduced, an improvement due in large part to the preliminary study of the patient and his preparation and aftercare. This book deals with these subjects, and is divided into two parts. The first thirteen chapters describe matters from a general standpoint, and the later sections give information about the management of disease in various parts of the body. This makes the book convenient for reference on any particular occasion, but increases its size and leads to a certain amount of repetition. Having said this, one can only praise the manner in which the subject has been presented. The physiological basis for each particularly recommended procedure is clearly explained, which makes the book readable and acceptable. And should the reader need more detailed information there is a good list of references at the end of each chapter. Every house-surgeon will want this book. It is of little use to him in a reference library. But it is expensive.

C. A. PANNETT.

## MEDICAL ANNUAL, 1948

*The Medical Annual. A Yearbook of Treatment and Practitioner's Index.* 1948. Editors, Sir Henry Tidy, K.B.E., M.A., M.D., F.R.C.P., and A. Rendle Short, M.D., B.S., B.Sc., F.R.C.S. (Pp. 368; 117 illustrations. £1 5s.; subscription price £1 2s. 6d.) Bristol: John Wright and Sons. 1948.

In its sixty-sixth year the *Medical Annual* maintains the high standard it has long established, and the reviewer's task in selecting particular contributions for comment is not facilitated by the general excellence of the work. Professor Tytler's authoritative review of B.C.G. will be read with interest by all whose work brings them in contact with tuberculosis. Dr. MacKenna's article on the treatment of cutaneous tuberculosis with vitamin D<sub>2</sub>, and Mr. Barrett's on the surgery of the heart and great vessels, are both topical and instructive. Professor Crew's report on social medicine reflects the growing appreciation of the importance of this branch of practice. The book closes with the customary indices of pharmaceutical preparations marketed, and of British and American books published, during the year. The book production is of the high order expected from John Wright, and the half-tone and colour plates deserve particular commendation.

The *Medical Annual* for 1948, as usual, faithfully mirrors the advances in medicine and surgery for the year.

R. BODLEY SCOTT.

The number of books on chiropody—until recently a rather neglected literary field—grows apace. The *Textbook of Chiropody*, by Mrs. Swanson (E. and S. Livingstone: 20s.), represents the teaching of the Edinburgh School of Chiropody. The book covers the subject adequately if briefly within its 200 pages, an outstanding feature being the excellence of the illustrations; the use of a high-grade paper has allowed of almost perfect reproduction of the many photographs and skiagraphs. The production is up to the usual high standard set by Messrs. Livingstone.

## BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

*Les Plaies du Cerveau.* By J.-E. Paillas and J. Bonnal. (Pp. 363. 1,100 francs.) Paris: Flammarion. 1948.  
From the Faculty of Medicine of Marseilles.

*Clearance Tests in Renal Disorders and Hypertension.* By O. Hogeman. (Pp. 264. No price.) Uppsala: Appelbergs. 1948.  
English translation of a work originally appearing in *Acta Medica Scandinavica*.

*Fortschritte der Tuberkuloseforschung und Behandlung.* By H. Birkhauser. Vol. 2. (Pp. 446. 27 Swiss francs.) Basle: S. Karger. 1948.

Aspects of tuberculosis, by Swiss authors.

*Renewal Pages for the Nelson Loose Leaf Medicine.* Vols 1 and 2.

*Letters to Margaret.* By T. Faithfull, M.R.C.V.S., Ps.F. (Pp. 108. 8s. 6d.) London: Rylee. 1948.

Psychological enlightenment for juveniles.

*A Handbook of Self Analysis.* By T. Faithfull, M.R.C.V.S., Ps.F. (Pp. 116. 8s. 6d.) London: Rylee. 1948.

For the layman.

*Religion and Psychotherapy.* By A. G. Ikin, M.A., M.Sc., Ps.F. (Pp. 112. 8s. 6d.) London: Rylee. 1948.

Reprint of the book first published in 1935

*The Value of Neurosis.* By C. W. Wall, Ps.F. (Pp. 116. 8s. 6d.) London: Rylee. 1948.

Mainly for the layman.

*Hadden's Health and Welfare Services Handbook.* By J. Moss, C.B.E. (Pp. 376. 25s.) London: Hadden Best. 1948.

A guide to the law relating to the health and welfare services

*The Anatomy of Semnopithecus Entellus.* By A. A. Ayer. B.A., M.B., B.S., M.Sc. (Pp. 182. 20 rupees.) Madras: Indian Publishing House. 1948.

A study in comparative anatomy.

*Aids to Psychology.* By J. H. Ewen, F.R.C.P.Ed., D.P.M. 3rd ed. (Pp. 192. 5s.) London: Baillière, Tindall and Cox. 1948.

From the familiar series.

*Modern Child Psychology.* By A. H. Bowley, B.A., Ph.D. (Pp. 159. 7s. 6d.) London: Hutchinson's University Library. 1949.

An outline for the general reader.

*Brompton Hospital Reports.* Vol. 16, 1947. (Pp. 248. 10s.) London: Research Department, Brompton Hospital.

Papers from the Brompton Hospital in the year 1947.

*The Medical Clinics of North America: Chicago Number.* Edited by J. H. Mitchell, M.D. (Pp. 292. No price.) London: W. B. Saunders. 1949.

This volume is confined to dermatology.

*Your Hospital Heritage and Future.* By A. R. J. Wise. (Pp. 239. 15s.) London: Heinemann. 1949.

A general survey.

*Methods of Psychology.* Edited by T. G. Andrews. (Pp. 716. 30s.) London: Chapman and Hall. 1948.

For students.

*Experimental Air-Borne Infection.* By T. Rosebury. (Pp. 222. 22s.) London: Baillière, Tindall and Cox. 1947.

Report of an investigation carried out at Camp Detrick, Maryland, between 1943 and 1945.

*Skeletal Tuberculosis.* By V. Sanchis-Olmos, M.D. (Pp. 261. 27s. 6d.) London: Baillière, Tindall and Cox. 1948.

A short treatise translated from the Spanish.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

Frank George Young, D.Sc., F.R.S., has been elected to the Sir William Dunn Professorship of Biochemistry in the University, from Oct. 1.

### UNIVERSITY OF LONDON

Dr. J. W. P. Harkness, Medical Adviser to the Comptroller for Development and Health in the West Indies, has been appointed Heath Clark Lecturer for 1950.

Professor J. M. Mackintosh has been appointed representative of the University on the Council of Management of Slough Industrial Health Service, Ltd.

Professor S. Nevin has resigned the post of Professor of Pathology of Mental Diseases at the Institute of Psychiatry, from Sept. 30.

The William Julius Mickle Fellowship for 1948-9 has been awarded to Dr. Francis Avery Jones, F.R.C.P. The Fellowship, which is of the value of approximately £250, is offered annually to the man or woman who, being resident in London and a graduate of the University, has in the opinion of the Senate done most to advance medical art or science within the preceding five years and has therein shown conspicuous merit.

### UNIVERSITY OF MANCHESTER

The following candidates have satisfied the examiners at the examination indicated:

THIRD M.B., CH.B.—*Pharmacology, Pathology, and Bacteriology*: B. L. Alexander, W. de C. Baker, Constance M. Bevan, J. C. Canney, Barbara M. Couldwell, B. Didsbury, J. Ellis, M. Fox, P. Fulton, G. Garrett, T. V. A. Harry, B. Higgins, T. R. Hunter, A. Hyman, W. Kerns, P. B. Lees, P. F. Lister, G. W. H. Oldfield, M. L. Reynolds, Carolyn C. Rigby, D. S. Rosenberg, Lorna J. Shankland, D. M. Somerville, G. Sullivan, S. E. Sutton, Margaret R. Walley, G. R. Whittaker, B. A. Wolfenden, D. Wolman.

### UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Parts II and III*: R. G. Ball, A. A. Belton, J. D. Bird, J. P. Caley, P. Cauthery, Barbara J. Green, Mary A. Le C. Hills, J. D. Howard, Nansi M. Hutchinson, J. C. Johnson, L. C. W. Kershaw, R. G. F. Lampart, R. P. Lee, Margaret B. Lees, S. C. L. Ramesar, K. E. Spittlehouse, Bett y M. Wylie.

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a meeting of the College held on May 3, with the President, Dr. W. D. D. Small, in the chair, the following were elected to the Fellowship: G. Ormiston (Southampton), R. Y. Keers (Tor-na-Dee), G. R. Griffith (Caernarvon).

Diplomas of Membership were conferred on W. M. Harrowes (Loanhead), J. C. Hogarth (Dartford, Kent), A. R. Piracha (Lahore, Pakistan), R. M. Hayes (Alberta, Canada), J. Pepys (Capetown), A. L. De P. Carnegie (Jamaica, B.W.I.), Ethel E. Robertson (Edinburgh), E. G. McIntosh (Edinburgh), H. M. Brown (Edinburgh), G. H. Murray (Liverpool), J. M. Smith (Alexandria), J. Rabkin (Capetown), J. H. Haldane (Dumfries), F. Stern (Natal), I. R. Wilson (Glasgow), I. Gordon (Port Elizabeth), H. T. G. Strawbridge (Portobello), G. H. M. Thornton (Edinburgh), D. G. Illingworth (Edinburgh), R. D. T. Cape (West Linton), R. P. A. Cumming (Elie), J. W. Gibb (Lockerbie), R. C. Nimmo-Smith (Edinburgh), S. Rae (Edinburgh), R. M. Jhala (Baroda, India), R. D. Rowe (Dunedin, New Zealand), W. R. St. Clair (Swansea).

At a meeting of the Royal College of Surgeons of Edinburgh held on May 3, with Mr. Frank E. Jardine, President, in the chair, the following candidates, having passed the requisite examinations, were admitted Fellows: J. A. MacLeod, H. G. A. Almond, J. W. Boland, A. C. Clark, M. E. A. El Kharadly, H. J. Fisher, H. H. Gilbert, H. A. Graham, H. Hazra, B. Joffe, L. A. Key, P. Kinnear, T. H. Lawton, J. C. Miller, I. P. Munro, A. S. Oscier, E. W. Parry, R. P. Schach, A. J. Sinclair, V. Tabone.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At a meeting of the Royal Faculty of Physicians and Surgeons of Glasgow held on May 2, with Dr. W. R. Snodgrass, President, in the chair, J. F. Mair, M.B., and W. Roy, M.B., were admitted Fellows of Faculty *qua* Physician.

## Medical Notes in Parliament

### NURSES BILL

In the House of Lords on May 3 Lord SHEPHERD moved the second reading of the Nurses Bill. The Bill was summarized in our issue of April 23 (p. 723).

Recalling the reports of committees which had considered the recruitment of nurses between the two world wars, Lord Shepherd said that the Horder Committee of the Royal College of Nursing had suggested that there should be a student nurse status and regional and local committees for carrying out the work of training. The Bill sought to bring into operation regional training committees. The Whitley Councils had greatly increased the allowances to be paid to nurses in training; but, despite all that had been done, the country still needed another 46,000 trained nurses, and of the 127,000 full-time nurses only 45,000 were fully trained.

The Working Party under the chairmanship of Sir Robert Wood had reported in 1947. Most of their proposals needed legislation which would ultimately come before Parliament, but the Government had put into operation some of their proposals. It was experimenting in the selection of student nurses and in the further training of registered nurses for higher positions. The Nuffield Hospital Provincial Trust was carrying on research, as recommended by the Working Party, to decide the kind of jobs that had to be performed in hospital and the staff required. Other important recommendations of the Working Party, however, would have to be dealt with by legislation.

The first feature of the Bill was the decision to increase the status and strength of the General Nursing Council and to make it more widely representative. The Government accepted the view that under present arrangements the training of nurses tended to be subordinated to the staffing of the hospitals, and also accepted the conclusion that so far as practicable training should be dealt with independently of hospital administration. The Bill left open the question of how far a student nurse could be given full student status, but created the conditions in which the answer to this question could be evolved by trial and experiment. It provided regional committees, independent of the hospital authorities, whose main duties would be to co-ordinate training arrangements. Membership of these nurse-training committees would be defined by the Minister, and these committees would advise hospital management committees, boards of governors of teaching hospitals, and any other authorities on schemes of training. The General Nursing Council would control the conditions of admission to the register, conduct examinations, and prescribe the grounds for removal from the register. It would be the duty of the Council to lay down in rules to be approved by Parliament the kind of training which would operate in general, but the Council would have authority to sanction experimental training schemes. Power was given to the General Nursing Council to register nurses from abroad who had undergone the appropriate training. That part of the register which concerned male nurses would be closed shortly after the Bill became law, and male nurses would be transferred to the general register. The Council was to be relieved of the obligation to publish the register, but they would not be prevented from doing so, and the register would be maintained in the office of the Council.

Lord LLEWELIN welcomed the Bill. He said that previously the register of nurses had been published annually at a cost to the General Nursing Council of about £6,000 a year. He suggested that it should be obligatory to publish this register every five years, a year before the election to the Council took place. He inquired whether the Minister intended to appoint any doctors to the General Nursing Council. It was important that the liaison between doctors and nurses should be complete and that doctors should be able to give advice to the Council and have a say in training. The Working Party put the wastage of student nurses who did not finish the course at 35% in the old voluntary hospitals and 43% in the old municipal hospitals. They would retain more of these student nurses if imagination were shown in their training in hospitals and there was less drudgery. He was glad that mental nurses were to be given their own statutory committee and a place on the General Nursing Council. He suggested that the replacement of out-of-date mental institutions should receive a better place in the Government's programme of capital expenditure. The Working Party estimated that, while the percentage of the population which was mad was now 2.1, it might well increase to 4.1 over the next fifty years.

## The Services

Major E. L. O. Hood, and Captain G. D. Powell, R.A.M.C., have been mentioned in dispatches in recognition of gallant and distinguished services in Malaya during the period July 1, 1948, to Dec. 31, 1948.

## Thursday

- BIRMINGHAM UNIVERSITY.**—At Anatomy Theatre, Medical School, Birmingham, May 19, 4 p.m., "*The Problems of Stress Incontinence of Urine in the Female*," Ingleby Lecture by Mr. Charles D. Read.
- BRITISH ASSOCIATION OF PHYSICAL MEDICINE.**—At Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., May 19, 5 p.m., "*The Mechanism of Pain*," by Dr. Graham Weddell.
- BRITISH INSTITUTE OF RADIOLOGY,** 32, Welbeck Street, London, W.—May 19, 8.30 p.m., "*Medical Radiology. Retrospect and Prospect*," Presidential Address by Dr. Hugh Davies; followed by film: "*Cineradiography of Joints*," by Dr. A. E. Barclay and Mr. H. J. Seddon.
- EDINBURGH UNIVERSITY.**—At University New Buildings, Teviot Place, Edinburgh, May 19, 5 p.m., "*Fat Absorption and Some of Its Problems*," Sharpey Schafer Memorial Lecture by Professor H. S. Raper, F.R.S.
- INSTITUTE OF UROLOGY.**—At St. Paul's Hospital, Endell Street, London, W.C., May 19, 11 a.m., "*Treatment of Syphilis*," by Dr. W. N. Mascal.
- MIDDLESEX COUNTY MEDICAL SOCIETY.**—At Chase Farm Hospital, The Ridgeway, Enfield, May 19, 3 p.m., meeting.
- ROYAL SOCIETY OF TROPICAL MEDICINE AND HYGIENE.**—At 26, Portland Place, London, W., May 19, 7.30 p.m., "*Tropical Diseases in Brazil*," by Professor B. Malamos (Athens). Illustrated by lantern slides.
- ST. GEORGE'S HOSPITAL MEDICAL SCHOOL,** Hyde Park Corner, London, S.W.—May 19, 4.30 p.m., "*Neurology*," lecture-demonstration by Dr. A. Feiling.

## Friday

- FACULTY OF RADIOLOGISTS: THERAPY SECTION.**—At Royal College of Surgeons of England, Lincoln's Inn Fields, London, W.C., May 20, 2.15 p.m., "*The Value of X-ray Examination in Bronchogenic Cancer*," Skinner Lecture by Dr. P. F. Möller (Copenhagen).

## APPOINTMENTS

POSTGRADUATE MEDICAL SCHOOL OF LONDON: DEPARTMENT OF ANAESTHETICS.  
—Senior Lecturer, H. Woodfield-Davies, L.M.S.S.A., D.A., F.F.A., R.C.S.;  
Lecturers, A. J. W. Beard, M.D., D.A., F. G. Wood-Smith, M.B., B.Chir., D.A.;  
Assistant Lecturers, Dorothy Spence-Sales, M.B., Ch.B., D.A., Hilda Roberts,  
M.R.C.S., L.R.C.P., D.A., J. A. Smith, M.B., B.Chir., D.A.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

- Rosewarne.**—On April 12, 1949, at 26, Latchett Road, Woodford, London, E., to Barbara, wife of Dr. D. D. Rosewarne, a daughter.
- Walton.**—On April 29, 1949, at the Queen Elizabeth Hospital, Birmingham, to Cynthia (née Moris), wife of Kenneth Walton, M.B., B.S., a daughter.
- Wand.**—On May 2, 1949, at Wellhouse Hospital, Barnet, to Betty (née Manders), wife of Dr. L. G. R. Wand, a daughter—Penelope Jane.

## MARRIAGES

- Goldacre—Wight.**—On March 20, 1949, at St. Lukes, West Norwood, James A. H. Goldacre, M.R.C.S., L.R.C.P., to Miss Barbara Wight, M.C.S.P., M.E.L.E.T.
- O'Reilly—Gavin.**—On April 30, 1949, at St. Edmunds, Bolton, P. O. O'Reilly, M.B., B.Ch., deputy R.S.O., Bury Infirmary, and 42, Bolton Street, Dublin, to Miss Margaret Gavin, Bolton Royal Infirmary.

## DEATHS

- Craig.**—On April 23, 1949, at Royal Sussex County Hospital, Barry Alexander Craig, L.R.C.P.&S.I. and L.M., Lieutenant-Colonel R.A.M.C., retired, of Beech Cottage, Burgess Hill, Sussex.
- Devas.**—On April 23, 1949, Horace Charlton Devas, M.R.C.S., L.R.C.P., Surgeon Captain R.N., retired.
- Eccles.**—On April 24, 1949, at Driffild, Robert Burton Eccles, M.R.C.S., L.R.C.P.
- Gemmell.**—On April 20, 1949, Leonard Woodburn Gemmell, M.B., Ch.B., Surgeon Commander R.N., retired.
- Hope.**—On April 21, 1949, at 5, The Avenue, Knaresborough, Charles William Menelaus Hope, O.B.E., F.R.C.S., aged 68.
- Kay.**—On April 24, 1949, at Leamington Spa, Winifred Julia Kay, M.B., B.S.
- McEntire.**—On April 25, 1949, in London, following an operation, Samuel Drummond Greer McEntire, L.R.C.P.&S.I. and L.M., of Great Baddow, Chelmsford, Essex.
- McGregor.**—On April 23, 1949, at a Glasgow hospital, George Charles McGregor, M.B., C.M., late of Kuala Lumpur, F.M.S.
- MacKellar.**—On April 21, 1949, at Ash Tree House, Savile Town, Dewsbury, John Donald Matheson MacKellar, M.B., Ch.B.
- Nightingale.**—On March 30, 1949, at Thurnby, 17, Devonshire Road, St. Annes-on-Sea, Wilfrid Nightingale, M.B., Ch.B.
- Parsons.**—On April 22, 1949, at Cheltenham, Christopher Thackray Parsons, O.B.E., M.D., of South Leigh Road, Havant, aged 78.
- Paterson.**—On April 20, 1949, at Liberton Hospital, Edinburgh, Thomas Clarkson Paterson, M.B., C.M., aged 89.
- Phillips.**—On April 25, 1949, at The Priory, Roehampton, Charles Morley Phillips, M.D., formerly of Bristol, aged 80.
- Pollock.**—On April 22, 1949, Edward Stoute Pollock, M.D., of Hilcot, Rydon Lane, Exeter.
- Power.**—On April 26, 1949, at 20, Hazelwood Lane, Palmers Green, London, N., Maurice Aloysius Power, M.C., M.B., B.Ch.
- Saxby.**—On April 19, 1949, at Berkhamsted, Ida B. Saxby, D.Sc., M.R.C.S., L.R.C.P.
- Trewby.**—On April 17, 1949, Henry William Trewby, M.R.C.S., L.R.C.P., L.D.S., of Hurstbourne, Tarrant, Andover, Hants.

## 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.

## Inoculation against Typhoid and Tetanus

**Q.**—I have recently seen it advocated that children living on a farm should be inoculated against tetanus and typhoid. What dosage would you suggest for the following ages: 8, 6, 5, 3 years, and 6 months? Is it necessary to inoculate against typhoid when the water is pumped up from a specially sunk deep well?

**A.**—Inoculation against typhoid for children living on farms would seem advisable only if it is known that this disease is endemic in the area and if there is reason to suspect the water supply. A pumped water supply from a deep well should be satisfactory if precautions have been taken to prevent the risk of contamination with sewage. If there is some doubt about the purity of the water, arrangements should be made with the medical officer of health for samples to be tested bacteriologically. Children under 1 year need not be inoculated against typhoid. For all children up to 8 years one-third of the adult dose should be given.

Tetanus is a very rare infection in Britain, and the risk to country children must be small. If, however, protection is desired, it is preferable to give the children two doses of tetanus toxoid at an interval of six weeks or more rather than to give them a dose of tetanus antitoxin whenever they have any accidental wound which might be contaminated with soil containing tetanus spores. A primary course of immunization should be reinforced by a boosting dose one year later. The dose of tetanus toxoid for a child under 1 year should be a quarter of the adult dose—0.25 ml.—and for older children one-third to one-half of an adult dose—0.3 to 0.5 ml.

## Thoracoplasty

**Q.**—Is thoracoplasty now being done in one stage and with the removal of two or three ribs only? What are the indications for this one-stage operation, and are the results as good as those of the more extensive procedure?

**A.**—The general trend in the technique of thoracoplasty for pulmonary tuberculosis has been towards more selective operations. The old paravertebral thoracoplasty of Sauerbruch and the more extensive operation of Brauer were usually complete in that parts of all the ribs, with the exception of the lowest two or three, were removed. The aim of the modern operation is to produce a selective collapse and relaxation of the affected part of the lung and to make this local collapse as complete as possible. For anatomical reasons truly selective collapse of this sort by plastic operations on the ribs is usually possible only for lesions involving the upper part of the lungs. For these an attempt is made to adapt the size of the operation to the degree of collapse thought to be required to deal effectively with the diseased area; the usual criterion of effectiveness is closure of cavities. The effectiveness of the collapse is often increased in suitable cases by combining the operation on the ribs with some form of apicolysis. Generally, however, the operation must be done in more than one stage, and it is very seldom that, even for high apical cavities, a procedure involving fewer than five ribs is satisfactory. The number of stages required will depend partly on the extent of collapse required to control the disease and partly on the patient's general condition; a severely ill patient will tolerate less at each stage than one in good condition. Since the extent of the procedure should be modified to suit the extent of the disease, one cannot usefully discuss the results of limited as opposed to extensive operations.

## Blood-clot and Haemostasis

**Q.**—Could you explain why clot prevents haemostasis? Why is it that clearing clot out of a bleeding tonsillar fossa or a tooth socket will often stop the bleeding?

**A.**—To be haemostatically effective, a blood-clot must be firmly and completely attached, forming an impervious seal