three inches in diameter. It would doubtless have shared the same fate as the right ovarian cyst had it not been removed.

3. During this period, menstruation had been normal and regular.

4. The risk of intestinal obstruction was constantly present by reason of the Meckel's diverticulum fixed at either end like a bow-string. This danger became enhanced by the advent of adhesions following the ruptured cyst, the fluid being of a particularly gluey and fibrinous nature.

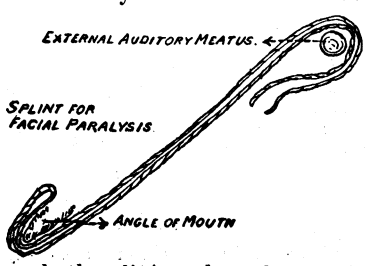
Memoranda:

MEDICAL, SURGICAL, OBSTETRICAL.

TREATMENT OF FACIAL PARALYSIS DUE TO EXPOSURE.

FACIAL paralysis due to exposure to cold, often in riding in an omnibus, is by no means rare; I have seen four cases during the last two years.

The great majority clear up quickly under the influence of salicylates and protection from cold by wool, but there are a minority which become chronic, one instance being a woman, aged 70, who had been afflicted since childhood. Undoubtedly such cases would decrease in number if precautions were taken to prevent the facial muscles from becoming stretched, a line of treatment adopted in other paralyses. In neurological and massage clinics suitable apparatus is used with this end in view, but frequently cases only reach the clinics when the condition has become chronic.



Two acute cases received salicylate treatment. In another patient a simple splint, made in a few minutes, was used in addition. A piece of covered electrical wire (not flex), about 15 inches long, was bent in the middle and covered with linen tape. The doubled end was bent in the form of a retractor, and inserted in the angle of the mouth. The free ends were carried round the ear in the manner of spectacles, and in such a way as to draw the angle of the mouth upwards and backwards. The device is worn as much as possible, day and night.

The patient volunteered the statement that articulation was easier with the apparatus in position and that it felt more comfortable. Recovery started six weeks later and was almost complete.

A. P. BERTWISTLE, M.B., Ch.B.,
Harrow. F.R.C.S.Ed.

TREATMENT OF ACUTE TRAUMATIC SYNOVITIS OF THE KNEE.

ON page 39 of the Army Health Report for 1925 it is stated that where there is no internal derangement cases of synovitis of the knee recover more quickly if treated by aspiration of the joint, repeated if necessary on several occasions. When this operation came into my experience re-aspiration was not found necessary, perhaps because my cases were but few, perhaps because they were seen early, perhaps because they were young; but, I venture to submit, it may have been because of the after-treatment by elastic pressure.

I was then serving in the *Excellent*, where there were many young officers and men going through courses of instruction, and it was urgent that any case of synovitis should be cured with the least delay possible. Consequently any joint that seemed to have more than half an ounce of fluid in it was aspirated, the puncture was sealed with collodion, and over that cotton-wool and an elastic bandage were adjusted, producing gentle and uniform pressure; the patient remained in bed, without a splint, though his leg might be swung, for two or three days. No patient was away from work more than seventeen days, and none had to be aspirated twice. In the first eight months of 1908, of the 15 cases of injury to the knee 3 went to hospital (2 with loose cartilages), 1 had a contusion of bone, and 11 had effusion—small in 6, who went to duty in fourteen days (average); 5 had more effusion and were aspirated (fluid 3½ oz. downward); they also returned to duty—4 in fourteen, 1 in seventeen days—but of course they were the more severe cases. The first time I heard of this elastic pressure treatment for a superficial effusion Mr. Chiene was telling us of a patient who, on the night before his wedding, boxing with a friend, got a nasty smack in the eye, and came to Mr. Chiene in great perturbation to be saved from an awkward disfigurement on the morrow. Mr. Chiene filled up the patient's orbit very evenly with cotton-wool, put an elastic bandage over, and next day the man was unmarked. Care is required in the adjustment, for haemorrhage occurs wherever in the orbit pressure is relieved by inequality in the packing. The method is most useful, too, in treating sprains, especially if they are seen early, when it prevents subcutaneous laceration of tissues and shortens the time of absorption; it is also useful after operation to limit oozing.

W. E. HOME,
Kew. Fleet Surgeon, R.N.(ret.).

RETROVERTED GRAVID UTERUS WITH INTESTINAL OBSTRUCTION AND RUPTURE OF BLADDER.

THE following case appears to be worthy of mention on account of its rarity, the complication of anuria and enteritis, and the remarkably rapid improvement of the patient after the intravenous injection of hypertonic saline solution, and of ammonium chloride by the rectum as a preliminary to operation.

On December 15th, 1925, I was called to see a woman, aged 32, who was complaining of a sudden acute attack of abdominal pain, colicky in character and accompanied by vomiting. There was no previous history of gastric, biliary, renal, or appendicular trouble, and menstruation had been regular until four months previously; since then she had had no periods and thought that she was about four and a half months pregnant. The bowels acted regularly.

The abdomen was slightly distended and a tumour, dull on percussion, was felt above the pubes, passing down into the pelvis. There was no sign of free fluid. Per vaginam, the cervix was felt to be pushed forward towards the symphysis, and a fairly firm mass filled the pouch of Douglas.

The patient was admitted to hospital, and on vaginal examination under an anaesthetic the uterus appeared to be retroverted and fixed in the pelvis. An unsuccessful attempt was made to replace it. On recovery from the anaesthetic abdominal pain with vomiting continued, and distension increased. A few hours later the patient aborted a four and a half months' foetus, but abdominal distension continued and signs of free fluid were found, particularly in the left flank. As distension of the abdomen persisted and the bowels did not move with treatment, exploratory laparotomy was undertaken. The patient's condition at this time was grave, so 3 drachms of ammonium chloride in 5 oz. of water were injected into the rectum, and 10 oz. of a 15 per cent. solution of sodium chloride intravenously.

Operation.

The operation was performed under scopolamine and morphine and local anaesthesia with a little open ether; the peritoneal cavity was found to be full of clear fluid, which was mopped up and siphoned off. The small intestine was distended and obstructed by pressure at a point where the postero-inferior wall of the elevated bladder made an angle with the anterior wall of the retroverted and enlarged uterus. Here were some flakes of recent lymph, and here also was a small rent in the postero-inferior wall of the bladder, through which urine was passing into the peritoneal cavity. The intestine was easily freed undamaged and the bladder wall sutured. The abdomen was closed except for a rubber drain to the bladder area, and the uterus was brought up from its retroverted position. A catheter was left in the urethra.

For two days after operation the patient had complete anuria, and complained of intense thirst, after which urine was passed normally, but very intense and persistent diarrhoea developed and continued for four or five days, during which time she became very ill, but slowly improved and left hospital on January 22nd, 1926, the bladder and bowels acting normally. She has since been delivered at full term of a normal infant, after the newly pregnant uterus had again become retroverted.

Mr. Rutherford Morison, in *Abdominal and Pelvic Surgery*, mentions rupture of bladder with retroverted pregnant uterus as an emergency, and refers to the occurrence of enteritis following the accident as an extremely rare and dangerous complication. The development of

intestinal obstruction in this case was an interesting complication, especially as its site was at the point of rupture in the bladder.

F. C. PRIDHAM, F.R.C.S.Ed.,
Honorary Surgeon, Darlington General Hospital.

THE HOT BLANKET PACK IN PERSISTENT VOMITING.

ABOUT seven years ago I read in the BRITISH MEDICAL JOURNAL an article on treatments for cholera, ending with the remark: "On no account forget the hot blanket pack, especially in the case of children." Some time afterwards I was asked to see, in consultation, a boy suffering from uncontrollable vomiting, due to gastritis; the usual remedies had failed, and I recommended the blanket pack. The boy was wrapped in a warmed blanket, and to his body was applied a flannel compress previously wrung out of hot water to which mustard had been added. Food and medicine were stopped. In a short time he went to sleep, and an hour or so after waking was allowed sips of water, and, later, small quantities of liquid nourishment—milk and soda water, etc. I generally begin with sugar and water, and later give milk, with or without soda water, albumin water, and bovril, and usually by the third day a gradual return to full diet is possible. In some cases I have used linseed meal poultices with a teaspoonful of mustard added to the first, in place of the compress.

One case was unusual. A girl, aged 7, had been ill with chicken-pox for a week, and during the last three days had been unable to retain food or medicines, and had got into a critically weak state, with sighing respiration, great restlessness, and very feeble pulse. Within three hours of the use of the pack the whole outlook was changed and recovery assured. The next case was a lady who had both eyes operated on for glaucoma, the first with local, and the second, twelve hours later, with a general anaesthetic. When I visited her two days later I found the surgeon in attendance anxious because of persistent vomiting. I suggested the blanket pack and mustard compress, and had a cheerful note the next day to say that all went well afterwards.

So far I have not had a failure with this line of treatment, so thought it worth while passing it on as an effective and simple means of dealing with other troubles than cholera. In the case of a child one large blanket should be enough, in adults two might be used. In any case the object is to secure good surface warmth generally and counter-irritation over the stomach.

Keighley. JOHN B. BERRY, M.D.

POST-NATAL OSSIFICATION OF THE PARIETAL BONE.

As it must be comparatively rare for the membranes over a meningocele to ossify, the following case may be worthy of record.

On June 10th, 1927, I delivered a primipara of a male child. The presentation was a right occipito-posterior; the head rotated naturally after a somewhat prolonged labour, and the child was delivered easily with low forceps.

The caput appeared to be rather large, but at the time this was attributed to the prolonged labour. On the fourth day the "caput" was still present and was found to be a meningocele. It was fluctuant and translucent, situated at the posterior superior angle of the left parietal and measured 2 by 2 in., being raised about three-quarters of an inch above the surface. The edge of the bone could be felt as a sharply defined ring around the swelling. Apart from the deformity the child was in perfect health and weighed 8 lb. at birth. I naturally felt pessimistic and gave the parents a guarded prognosis.

On July 1st, when the child was 3 weeks old, a ring of bone a quarter of an inch wide had grown in around the margin of the opening. By July 8th the hole was only one inch across and by July 22nd was completely closed; the new bone forming a hemisphere over the swelling measuring approximately 1¼ by 1¼ by 1/4 in. It was quite hard, not translucent, and pressure on it caused the child no inconvenience.

The lesion seems to have been an exaggerated posterior fontanelle. The rapid ossification of the membrane was very striking and seemed to argue the removal of some factor which had prevented intrauterine ossification.

Norbury, S.W. W. EDWARDS, M.B., B.Ch.

Reviews.

A NEW TEXTBOOK OF PSYCHIATRY.

DRS. D. K. HENDERSON and R. D. GILLESPIE are conjointly responsible for a *Text-book of Psychiatry for Students and Practitioners*.[1] Though the subject-matter and its arrangement are naturally similar to those which are customary in manuals of psychiatry, this volume has a distinctive "atmosphere" of its own, and we feel that its authors have been justified in providing yet another textbook on mental disease.

The first chapter consists of an interesting historical review of the care and treatment of mental illness, and the second deals with classification. The authors point out that no attempt at psychiatric classification is entirely satisfactory, and consequently that "diagnosis," or the placing of the patient in an appropriate class is on an unstable foundation. It is not diagnosis which matters, however, but the understanding of the disorder, and the patient who suffers from it—under what circumstances it arose, how it is related to the patient's normal condition, what the disorder means, what light is shed on his problems, and what can be done to help towards a favourable outcome. The authors—with considerable justification, it would seem—renounce the rigid notion of disease entities, speaking of the different types of mental disorder as different "types of reaction." Disease, whether physical or mental, is not, as we know, an entity or "thing" with an independent existence of its own; it is a process—a reaction of the living organism to conditions which tend to disintegrate it. Thus general paralysis is merely a convenient term to include some of the reactions which result from the action of the syphilitic virus upon the organism. It is only one of the many types of reaction which may be exhibited, for the nervous system may be affected in numerous ways without adversely influencing the psychic reaction, and when the latter is affected, as in general paralysis, the clinical forms of this malady are infinite in their variety. It is in mental diseases particularly that we observe how variable are the reactions of the living being to the same noxious influences.

The scheme of classification adopted in this volume is simple but adequate. After chapters dealing with etiology, method of examination, and general psycho-pathology, we are given a clinical description and modes of treatment of the affective (manic-depressive psychosis, and involutional melancholia), schizophrenic, and paranoid reaction types. These are followed by chapters on mental defect; psychoneuroses; and the psychoses and psycho-neuroses of war. The volume includes a practical account of occupational therapy, and also a chapter on psychiatry and the law. The latter includes an account of the law in Scotland relative to the admission of voluntary boarders and certified patients into mental institutions.

A valuable feature of this book is the large number of clinical records of the writers' own cases. In their preface they state that they have done this for the following reasons: since mental illness is an individual affair, its symptoms have but little meaning apart from the setting in which they occur. This setting includes not only the general mental and physical condition at the time, but the individual's personality, circumstances, and history from his earliest days. Hence general descriptions of clinical syndromes, while interesting, are not of the first importance. What is wanted always is an understanding of the patient as a human being, and of the problems which he is meeting in a morbid way.

Unfortunately, many psychiatrists feel, the main "problem" which the psychotic patient has to face is a morbid change in his organism—in the depths of his organic life—which manifests itself by morbid irruption into his psychic life. This morbid change—the patient's problem—he certainly cannot control, and he is even unaware of its existence. In only too many cases the

[1] *A Text-book of Psychiatry for Students and Practitioners.* By D. K. Henderson, M.D.Ed., and R. D. Gillespie, M.D.Glas. Oxford Medical Publications. London: Milford, Oxford University Press. 1927. (Demy 8vo, pp. x + 520. 18s. net.)

as recently as last August received Prince Henry on the occasion of the opening of a new wing. His literary publications included *Notes and Thoughts from Practice*, which was reviewed in our issue of July 31st, 1909 (p. 269), and several papers in medical journals on pulmonary and surgical subjects. His last contribution, dedicated to his colleagues at the Royal Victoria Hospital, was noticed in our issue of March 26th, 1927 (p. 572).

A colleague writes: Among those who have adorned the ranks of general practitioners in our time few have attained to such a position in the regard of his own profession and that of the general public as did Dr. Tyson. The fullness of his knowledge, his well garnered experience, his breadth of view, and the simple-mindedness of his aim, commanded and retained to the end the respect and affection of his medical colleagues. He was a devoted churchman and a prominent member of the House of Laity for the Diocese of Canterbury. His election to the Fellowship of the Royal College of Physicians was richly deserved as a recognition of his efforts in upholding on all occasions the dignity of his profession and in promoting the attainment of knowledge. He never seemed to grow old, preserving as he did his sense of humour, his interest in new movements, and his love of children. He had all the characteristics of a true sportsman, and was a cricketer till he was 60. He was a fair shot, even in his seventy-sixth year, and played a sound game of golf. Alert in his movements, he was also quick in his mental action, and consequently was a good debater and a valuable chairman. His rare kindliness of disposition, generous thought for those in distress, and transparent sincerity will be sadly missed by all who had the good fortune of his friendship.

EDGAR GEORGE BARNES, O.B.E., M.D.,
Pontac, Jersey.

WE regret to announce the death of Dr. E. G. Barnes, O.B.E., who formerly practised for many years at Eye in Suffolk. Edgar George Barnes was born at Starbroke, Suffolk, in December, 1848, and after private study entered St. George's Hospital. After taking the diplomas of M.R.C.S. and L.S.A. he graduated M.B.Lond. (with honours in obstetric medicine) in 1870, and proceeded M.D. three years later. At St. George's he held the posts of resident obstetric officer and assistant chloroformist.

During his forty-four years of medical practice in Suffolk he became known to many members of the profession, more especially in the Eastern Counties, and was for some years a prominent member of the British Medical Association. In 1899 he succeeded the late Dr. W. A. Elliston as a representative of the East Anglian Branch upon the Central Council and remained a member of Council until 1909. He also served for short periods on more than one of the central committees. During the Annual Meeting at Ipswich in 1900 he undertook the duties of joint honorary local secretary, and he was subsequently elected president of the East Anglian Branch. In addition to this work for the profession he took an active interest in the Medical Defence Union, holding the office of President from 1911 to 1913; while the Norwich Medico-Chirurgical Society, of which he was a past president, elected him an honorary member upon his retirement from practice. He was for many years medical officer of health for the borough of Eye and the Hartismere rural district, and was elected mayor of the borough in 1908.

He left Eye at the end of 1913 and the last twelve years of his life were spent at Pontac in Jersey. During the war he acted as County Director of the Jersey Red Cross Society, being awarded the O.B.E. in 1920. He became an active member of the Société Jersiaise and served on its executive committee. He took a keen interest in the Jersey General Dispensary and other local institutions.

DR. MICHAEL BEVERLEY, who was associated with Dr. Barnes as joint honorary secretary of the East Anglian Branch writes: Edgar Barnes was one of the best workers for the Association, and to him was due the great success of the Ipswich meeting, when Dr. Elliston was President. He was a splendid organizer.

WE regret to record the death of Dr. PERCY ALLAN, a leading practitioner of Croydon. He will be greatly missed by his fellow practitioners, to whom he had endeared himself by his strong personality and genial manner. Arthur Percy Allan was born at Chislehurst in 1868, and after five years' study at Birkbeck College entered Guy's Hospital Medical School. He graduated M.B., B.S.Lond. in 1894, and in 1898, after holding the posts of clinical assistant and house-physician at Guy's, he proceeded to the M.D. degree. During a large part of his successful career as a general practitioner Dr. Allan acted as surgeon to the St. John Ambulance Association, and during the war he was medical officer in charge of Wallacefield Hospital, which served as an auxiliary to the 4th London General Hospital. His war services were recognized by the award of the Medaille du Roi Albert. Dr. Allan was a man of varied tastes, and his literary ability was shown in a number of contributions to our columns and those of other medical journals. He was long a member of the Croydon Division of the British Medical Association, and was at the time of his death vice-president of the Surrey Branch. He was one of the founders and the first president of the Croydon Medical Society, and for several years acted as its honorary secretary. It was largely due to his interest and efforts that the society reached the high position it now holds. Dr. Allan leaves a widow but no children.

Medical News.

THE new winter session will open at the Middlesex Hospital Medical School on Tuesday, October 4th. The introductory address, entitled "The paths to the stars," will be delivered at 3 p.m. at the Queen's Hall by Mr. Victor Bonney, M.D., M.S., F.R.C.S., after which the prizes gained during the past year will be distributed by the Right Hon. Lord Justice Sargant. The annual dinner will be held the same evening at 7 for 7.30 p.m., at the Savoy Hotel (Embankment entrance), with Mr. Somerville Hastings, M.S., F.R.C.S., in the chair. Dinner tickets (price 11s. 6d., exclusive of wine) may be obtained from the secretary of the Medical School.

THE inaugural address of the winter session of the Westminster Hospital Medical School will be delivered on Monday, October 3rd, at 3 p.m., by Dr. E. W. Ainley Walker, dean of the school of medicine of the University of Oxford. The annual dinner for past and present students will be held on Saturday, October 1st, at 7 p.m., in the Royal Adelaide Gallery, at Gatti's Restaurant; the chairman will be Dr. de Souza.

THE Fellowship of Medicine announces that a two weeks' course in general medicine, surgery, and the specialties will start at the Westminster Hospital on September 19th; on the same date the Royal National Orthopaedic Hospital begins a fortnight's course occupying the whole of each day. A course in cardiology at the National Hospital for Diseases of the heart from October 3rd to 15th which is strictly limited to 20. A three weeks' course at the Central London Throat, Nose, and Ear Hospital will also begin on October 3rd, and include two parts, which may be taken together or separately, the clinical part occupying the whole day, and a practical operative surgery class in the mornings, and also a peroral endoscopy course. A course in ante-natal work will be held at the Royal Free Hospital by Professor Louise McIlroy on Fridays, at 5 p.m., from October 7th to 28th; the course is strictly limited to 10. On Wednesdays, at 5.15 p.m., from October 12th to November 2nd, Dr. C. B. Heald will give lectures and demonstrations in electrotherapy. Other courses will be given at the Chelsea Hospital, the Royal Eye Hospital, the London School of Hygiene and Tropical Medicine, and the Paddington Green and Victoria Hospitals for Children. A two months' course in neurology at the National Hospital, Queen Square, starts on October 3rd, consisting of attendance at the afternoon clinics at the hospitals and certain special lectures. Copies of syllabuses and of the general course programme may be obtained from the Secretary of the Fellowship, 1, Wimpole Street, W.1.

HEALTH WEEK will be celebrated from October 2nd to 8th in various parts of the country; lectures, demonstrations, and exhibitions will be arranged, and prizes for essays on "The health road to happiness" will be awarded to school children. Further information and suggestions for programmes may be obtained from the Secretary, Health Week Committee, 90, Buckingham Palace Road, S.W.1.

THE annual dinner of past and present students of University College Hospital, London, will be held at the Hotel Cecil on Friday, October 14th, at 7 p.m. Sir George Blacker will be in the chair.

THE "John Hampton Hale" Research Laboratory of the Royal Dental Hospital of London will be opened on October 4th, at 4 p.m., by Sir Walter Fletcher, M.D., F.R.S., who will also distribute the prizes to the students.

WOMEN students are now to be admitted to the Royal Veterinary College, Camden Town, for the complete course of instruction for the diploma of the Royal College of Veterinary Surgeons.

THE Sims Woodhead course of lectures in constructive health education, arranged by the Medical Council of the People's League of Health, will begin on Thursday, October 13th, at 6 p.m., in the lecture room of the Medical Society of London. Particulars may be had from the honorary organizer of the league, Miss Olga Nethersole, 12, Stratford Place, W.1.

THE British Institute of Philosophical Studies has arranged the following courses of lectures for next term: Professor Alexander, "Value"; Mr. John Hobson, "Economics in relation to ethics"; Professor Leonard Russell, "The approach to philosophy"; the Director of Studies, "Introduction to philosophy"; Dr. William Brown, "Psychology." A full syllabus can be had from the Director of Studies, 88, Kingsway, W.C.2.

DR. TOM HARE, B.V.Sc., M.R.C.V.S., of the Lister Institute of Preventive Medicine, London, has been appointed to the Chair of Pathology at the Royal Veterinary College. He graduated in medicine at the University of Liverpool in 1924 and proceeded M.D. last year.

DR. ADAM WILSON, V.D., J.P., of Newcastle-upon-Tyne, has been appointed a Deputy Lieutenant for the county of Northumberland.

AN abridged form of *The British Pharmacopoeia* has been translated into Chinese by Dr. C. L. Kao, and has been published under the auspices of the London Chamber of Commerce and the British Chamber of Commerce, Shanghai. It may be obtained from the London Chamber of Commerce, 1, Oxford Court, E.C.4, price 6s.

THE *Revista Sud-Americana de Endocrinologia, Immunologia, e Chimioterapia* offers three prizes for the best works in Spanish, Italian, French, German, English, or Portuguese on endocrinology, immunology, or chemotherapy. Works that can be used for commercial purposes are excluded. The value of the first prize is 1,000 pesos (£86) and of the second and third 500 pesos each. The award will be made by a committee consisting of university professors and the editor of the *Review Rivadavia*, 1745, Buenos Aires, to whom the works should be sent before September 30th.

THE Osiris prize of 100,000 francs of the Institut de France has been awarded to Dr. Charles Nicolle, Director of the Pasteur Institute of Tunis, for his work in acute infectious diseases, especially in connexion with typhus, measles, and Mediterranean fever.

THE Bureau of the Far East at Singapore reports that during the week ending August 6th there were 12 cases of plague, all fatal, 443 cases of cholera with 261 deaths, and 100 cases of small-pox with 22 deaths.

MESSRS. BAILLIÈRE, TINDALL AND COX announce for early publication a new and enlarged edition of Dr. Muthu's *Pulmonary Tuberculosis: its Etiology and Treatment*.

THE report of the Professional Classes Aid Council (251, Brompton Road, S.W.3) for 1926–27 shows a steady appreciation of its work. The council began as a war relief fund in 1914, and in the following six years it dealt with 12,000 applications for help. Distress among the professional classes did not end with the war, and the obligation remains to aid those who suffer as much as any and make no parade of their sufferings. The applications prove that there is permanent need of the council's work. Its policy is to avoid doles. Immediate help is given where necessary, but the endeavour is to set professional men and women on their feet. A great part of its work is bridge building, tiding over temporary difficulties and helping people to permanent work. A correspondent wrote: "Your Council appears to be a sort of 'superman' institution, overlapping the more than sixty societies whose names are given. I do not understand why the professional classes with their numerous societies do not look after their own members." The reply was that these societies do all they can, but their funds are often administered under conditions that cut some applicants off from help. Some assist only their own subscribers, some may only aid those with definite qualifications. There is no overlapping, for there is intercommunication in regard to any particular case that it appears possible may be provided for by another society. There is co-operation. Its income last year was just over £8,000; of this £5,500 was spent in the assistance of cases, mainly by way of paying fees for education.

Letters, Notes, and Answers.

All communications in regard to editorial business should be addressed to ***The EDITOR, British Medical Journal, British Medical Association House, Tavistock Square, W.C.1.***

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The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 4737 Dublin), and of the Scottish Office, 6, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone: 4361 Central).

QUERIES AND ANSWERS.

CONSULTING ROOM COUCHES.

"COUCH" asks for information about consulting room couches, not too inartistic in design.

*** The Medical Supply Association (167–185, Gray's Inn Road) has a couch of the kind; the specimen we saw was in oak and was covered with brown pegamoid, but it could be made in mahogany. It had an adjustable head or back rest, which could be flat with the rest of the couch or raised at any angle. The cost was £10. A similar couch, made by the Holborn Surgical Instrument Company (Thavies Inn, Holborn Circus), is of polished mahogany or walnut colour, with adjustable back rest and sliding tray. Its price, with straight legs, was £6; with cabriole legs, 15s. more. The same firm had a more expensive couch, though not more pleasing in appearance, embodying a three-action movement. The price, plain upholstered, was £10 15s., and button upholstered, £11 10s. Messrs. W. H. Bailey and Son, Ltd. (45, Oxford Street, W.), supply several types of adjustable couch, with frames of mahogany, oak, or walnut, and upholstered in rexine of any colour to suit the other furniture. The prices range from £7 7s. to £10 15s.; detachable leg sections, crutches, and sockets are extras. Messrs. Mayer and Phelps (59–61, New Cavendish Street, W.) have a consulting room couch with an adjustable end, upholstered in pegamoid; it can be made in birch, stained mahogany, oak, or walnut, from £6 10s. The price of a similar couch, adjustable at both head and foot, and with nickel plate leg crutches, for lithotomy position, is £13 15s. We believe that all the firms mentioned are prepared to build a couch to any design to suit the other furniture of the room.

LETTERS, NOTES, ETC.

PELVIMETRY.

DR. J. G. M. MOLONY (Truro) writes: Professor Munro Kerr states the obvious truth in saying that he considers the foetal head the best pelvimeter, and describes a modification of Müller's method of examination—namely, pressing the foetal head down with one hand into the pelvis, then passing two fingers of the other hand into the vagina and estimating the degree of overlapping of the foetal head with the thumb of this hand. The only difficulty I have had is that if the fingers are passed far into the vagina—say in the region of the sacral promontory—one needs an abnormally long thumb to reach the top, or just over the top, of the symphysis pubis. I suggest, therefore, the following modification:

The foetal head is pressed down as before with one hand, the forefinger of the other hand is passed into the vagina *against* the symphysis, and overlapping tried for with the thumb of this hand; overlapping is again tried for with the same thumb, but this time the forefinger is just *below* and internal to the symphysis. Of course the other methods, such as estimating the distance of the sacral promontory, are tried as well.

This method may of course, for all I know, be well known, but I have never seen it described or heard it mentioned.