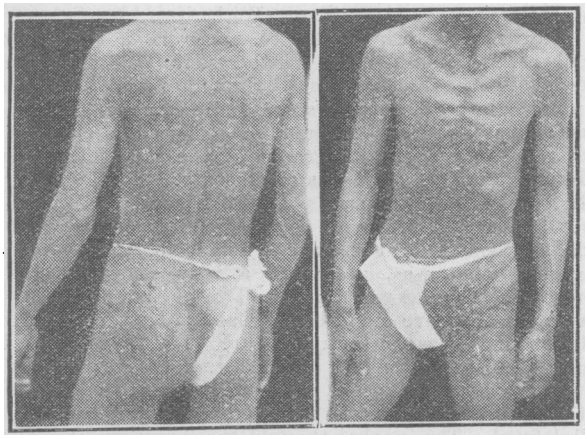
Memoranda:
MEDICAL, SURGICAL, OBSTETRICAL.

COEXISTENT HERPES ZOSTER AND VARICELLA.

RECENTLY attention has been drawn to an apparent connexion between herpes zoster and varicella, and several correspondents have recorded cases in which herpes in one member of a family had occurred almost at the same time as varicella in another member. Although cases of the two diseases coexisting have been described, the onset is as a rule not simultaneous, and therefore I feel that the following notes may be of interest.

A male Chinese, aged 36, was admitted to Tan Tock Seng Hospital on August 5th, complaining of a painful eruption on the left buttock and inguinal region of three days' duration.

On examination he was found to have herpes zoster affecting the above-mentioned sites, the posterior root ganglia of the last



thoracic and first lumbar nerves being implicated. In addition, there were varicella vesicles, in varying stages of development, on the trunk and face. The patient had tried the effect of some Chinese medicine on the buttock, and this has caused several bullae to appear.

The condition is shown in the accompanying illustrations. The vesicles on the trunk were touched with eosin in order to make them stand out more clearly.

Dr. C. C. B. Gilmour of the Middleton Hospital for Infectious Diseases in this city tells me that about six months ago he saw an instance of the coexistence of the two diseases in one patient. In his case the herpes affected the right side of the chest and axilla, while the varicella vesicles were much more numerous than in my patient.

I am indebted to Hon. Dr. A. L. Hoops, principal civil medical officer, Straits Settlements, for permission to record this case.

J. M. A. LOWSON, M.B., Ch.B.St.And.,
Medical Officer in Charge, Tan Tock Seng Hospital, Singapore.

HERNIA OF THE UTERUS IN AN INFANT.

IT is stated in the textbooks that any of the contents of the abdomen may at times be found in a hernial sac, but the following condition is, I believe, sufficiently unusual to be worth placing on record.

A female infant, aged 17 months, was brought to my consulting room at 10.30 p.m. with an irreducible right inguinal hernia about the size of a walnut. The hernia, which had never previously been larger than an almond, had been controlled by a rubber truss for about six months, but this had been left off a few days before owing to excoriation of the skin, and the swelling in the groin had been present since the morning. The child seemed well, had taken her food normally, and had her bowels opened, but had vomited several times during the evening. She did not greatly resent attempts at reduction, but as these failed she was admitted to the Finchley Memorial Hospital, and was operated on by Dr. W. S. Rooke.

After the escape of some fluid from the sac it was seen that the contents were the uterus and adnexa of both sides, the cervix uteri being firmly gripped by the internal abdominal ring. The right ovary was purple, but quickly regained its normal colour on relief of the pressure. The right broad ligament was continuous with the sac wall, and had to be dissected away from it before reduction was possible.

E. MARJORIE ROOKE, M.R.C.S., L.R.C.P
London, N.12.

Reports of Societie .

HEAD INJURIES AND THEIR TRE IMENT.

At the meeting of the Medical Society o London on December 6th, with Mr. DONALD ARMOUR, pr ident of the society, in the chair, the subject of discussi n was "The treatment of head injuries."

Mr. WILFRED TROTTER, in introducing the subject, said that this was a very ancient branch of surgery. The operative opening of the skull was the oldest of known operations, and had been practised for many thousands of years. The subject, as the present surgical generation had received it, was not only founded on an immense body of experience and observation, but encrusted to a considerable extent with traditions which showed a remarkable power of survival. Surgery was thought of as essentially a progressive art. But in surgery ideas which once had a real or supposed validity survived long after the increase of knowledge had made them obsolete. An example might be cited from the junior branch of abdominal surgery. The doctrine that the peritoneum was excessively susceptible to infection was of vital importance in its time, but was superseded and disproved under the antiseptic method; nevertheless it lived on, and for many years ingenious and complicated methods of doing extraperitoneal operations were taught. In the surgery of head injuries one of the chief needs was a resolute overhauling of its inherited ideas. The difficulties of the subject were in any case considerable, and should not be increased by the retention of conceptions which had lost their validity or which involved needless obscurity and complication.

The subject of head injuries, Mr. Trotter continued, had developed in three stages—what might be called the early, middle, and modern periods. The first period extended roughly from the earliest times to the seventies of the last century. The middle period, covering the last quarter of the nineteenth century, was the period during which the subject attracted the attention of the experimental physiologist, and underwent very great advances in consequence. Subsequently there had been no very great extension of knowledge by experimental methods, but a distinct assimilation of the knowledge acquired experimentally with clinical experience. What had surgery inherited from these two earlier periods? The first period was dominated by one idea—that of fracture of the skull. That idea had been superseded by further knowledge and experience, yet it survived to-day, truly in diminished strength among the medical profession, but with unabated vitality in the lay mind, and especially in the legal mind. What, in the light of subsequent knowledge, was the significance of fracture in cases of head injury? The skull, although its most obvious characteristic was its rigidity, was, of course, also flexible and elastic to a considerable extent. When, therefore, violence was applied to it it yielded correspondingly, and in a local or general way according to the manner in which the force was applied. It was this distortion of the skull, as it might be called, which was responsible for intracranial injury. If the distortion was not sufficient to go beyond the limit of the skull's elasticity, the skull recovered its shape when the distorting force was withdrawn, and there was no fracture, although the brain might already have received serious damage. If, on the contrary, the limit of elasticity was exceeded, fracture occurred at the places where the distortion was most marked. When the external force was limited to a small area, the distortion and the fracture were local; when the force was more general, so were the distortion and the fissured fractures which resulted. The presence of a fracture made it probable, though not certain, that considerable distortion of the skull had occurred. It furnished, therefore, some rough measure of the violence to which the brain had been exposed. The absence of fracture was no evidence that the skull had not been considerably distorted and the brain seriously damaged. There was no longer justification in the investigation of head injury for regarding the question of fracture as being of the first importance. The amount of damage the brain had received must always be a matter for inquiry.

poignantly as he might have done. Life has been brighter and better. These are great advantages worthy of serious consideration by those who advise the deaf.

Completely deaf persons, taking up the study of lip-reading for the first time, are often unnecessarily alarmed by what they wrongly regard as the immensity of the task. By this time they are frequently depressed, nervous, and fearful of effort. Only those strong enough to overcome these handicaps are likely to succeed.

Lip-reading is the most promising remedy for the relief of the social ills of deafness; but, as is the case with every other remedy for human suffering, it should be applied at the right time. That time is at the early stage of the affliction.—I am, etc.,

A. J. STORY,
Secretary.

National Institute for the Deaf,
2, Bloomsbury Street, W.C.1, Dec. 10th.

CREMATION IN GUERNSEY.

SIR,—A crematorium has just been opened in Guernsey by the States, or Government, of the island. The mortuary chapel of the Foulon cemetery has been enlarged for the purpose. The coke furnace has been supplied by Gibbons Brothers, Ltd., of Dudley, and provision is made for a second furnace should circumstances require it in the future. On account of the elevated position of the chapel it has been found to be very efficient, and to heat quickly. A columbarium and "garden of remembrance" have been provided. The beauty of the site, and the way in which the work has been carried out by Mr. T. J. Guilbert, the States surveyor, gave great satisfaction to both official visitors and inhabitants.

The local law, although somewhat on the lines of the English one, has some important modifications, perhaps improvements. Certificates "A" and "B" are identical with it, and so is the wording of "C," but it has to be filled in by the medical referee, who is the States medical officer of health (a whole-time official), or his deputy, instead of a second medical practitioner. Certificate "F," which in England has to be signed by the medical referee, and is the authority to cremate, has to be signed by one of the law officers of the Crown—the Attorney-General or Solicitor-General. These officials have the power to refuse to allow the cremation without stating any reason. If a post-mortem examination is officially ordered, two medical practitioners must be present and supply a joint report, one being the medical referee, the other being appointed by the Crown law officers. At every judicial necropsy in Guernsey two medical men must be present; their fees are paid by the Crown. In the event of a dead body being brought into Guernsey for cremation, Form "A" must be countersigned by a person having authority to administer an oath in the place from which the body came; "B" "C," and "D" must be filled in and properly attested, which means that a necropsy by two doctors must have been made.

The Burial Law of Guernsey is stringent, in that no corpse can be buried except in a burial ground approved by the Royal Court. It is also forbidden to dispose of a corpse except by burial or cremation as regulated by the Ordonnance, without the consent of the Royal Court, who will impose such restrictions as they may consider necessary. If permission were granted, for example, for burial at sea, the formalities required by the Cremation Law would, no doubt, have to be first observed. As regards an exhumation, if the body has been buried in consecrated ground, and it is desired to re-inter it in consecrated ground, the Ecclesiastical Court of the island, which still has great authority, gives the permit if it thinks fit to do so. In other cases the Royal Court of Guernsey would be the authority concerned.—I am, etc.,

HY. DRAPER BISHOP,
States Medical Officer of Health.

Guernsey, Dec. 5th.

GAS-OXYGEN ANAESTHESIA.

SIR,—With reference to the interesting article by Mr. Edmund Boyle regarding gas-oxygen anaesthesia in midwifery (December 7th, p. 1051), I have used this method a limited number of times during the last three years, and have nothing but praise for it. I was particularly struck by some of the points he mentions—namely, that analgesia can be produced at will, often when requested by the patient, and that it need not interfere with the uterine contractions, and has little or no after-effects. In my experience, admittedly small, gas-oxygen is far superior to chloroform in these cases. It has, however, as Mr. Boyle says, the disadvantages of being expensive and requiring special knowledge in administration.—I am, etc.,

E. MOXON BROWNE,
Surgeon Commander R.N.; late Anaesthetist R.N. Hospital, Malta; and Honorary Anaesthetist, King George V Hospital, Malta.

H.M.S. *Malaya*,
Devonport, Dec. 9th.

Obituary.

THE death took place at his residence, Abbey Green, Jedburgh, on November 23rd, of Dr. WILLIAM BLAIR, a well-known practitioner of the Border district. Dr. Blair was born in 1838, and was thus in his ninety-second year. After studying at Glasgow University, he graduated M.D. there in 1863, and afterwards acted as assistant in the Lying-in Hospital of that city. Taking up practice in Jedburgh shortly before 1870, he spent a busy life of over fifty years in the practice of the medical profession in that town and its neighbourhood. He took a great interest in local public affairs, held several friendly society appointments, and was a staunch supporter of the British Medical Association for many years. One of his principal hobbies was photography, and having taken up the study of colour photography soon after its introduction, he had become a recognized expert in this subject. Dr. Blair was a widower, and is survived by two daughters.

Dr. WILLIAM HENRY FRETZ, who was accidentally killed near his residence in Parkstone, Dorset, on November 26th, was born in Ceylon, in 1859. He was the son of an official in the Ceylon Civil Service, and was directly descended from an old Dutch family, who went to that island in the seventeenth century. He received his medical education in Aberdeen, and obtained the diplomas L.R.C.S., L.R.C.P.Ed. in 1880. After practising for a short time in England he obtained a Government appointment in the island of Nevis, British West Indies; he was subsequently appointed to St. Kitts, where he became senior medical officer of the Presidency. He was a member of the executive and legislative councils and, on occasions, was responsible for the government of the colony in the absence of the administrator. Dr. Fretz retired in 1920, after having served for thirty-nine years. He was an active member of the British Medical Association, and at the time of his death was a member of the Bournemouth Division. He leaves a widow and three sons.

Dr. GEORGE CLARK STEWART, who died at his residence in Falkirk, on November 29th, at the age of 60, received his medical education at Glasgow, where he graduated M.B., C.M. in 1891, with high commendation. For a few years subsequently he practised at Stratford-on-Avon, and then went to Falkirk thirty years ago to take over the practice of the late Dr. Allan. Dr. Stewart was medical referee to the East Stirlingshire Pensions Committee and the Employment Department of the Ministry of Labour; he was also medical officer to the Falkirk and District Ironfounders Accident Insurance Company. During the war he held a temporary commission in the Royal Army Medical Corps, being stationed first at Ashton-under-Lyne, and subsequently serving in the Auxiliary Hospital in Falkirk. He was a member of the British Medical Association.

The following well-known foreign medical men have recently died: Professor THEODOR SOMMERFELD of Berlin, an authority on industrial hygiene, aged 69; Dr. ALEXANDER SKUTETZKY, lecturer on medical pathology and treatment at the German University of Prague, aged 61; Dr. PAUL FAIVRE, honorary inspector-general of the French Ministry of the Interior and Commander of the Legion of Honour; and Dr. PAUL SOULIGOUX, honorary surgeon of the French hospitals.

Universities and Colleges.

UNIVERSITY OF LONDON.

THE following candidates have been approved at the examination indicated:

THIRD M.B., B.S.—*§‖R. K. Bowes, *‡C. R. E. Freezer, *‡A. Gilpin, *‡D. H. Haler, *‡H. Temkin, H. W. Appin, C. V. Bloom, E. J. C. Bockett, A. M. Boyd, Bertha A. Briant, A. P. L. Cogswell, C. N. Cohen, Mabe J. Cooke, P. Dalzell, C. C. Davis, G. H. Dobney, C. J. East, Lilian P. Edwards, Muriel F. M. Evans, M. J. Evans, A. D. Everett, B. M. Fonseka, R. A. Furniss, F. W. Gilbert, Alice E. N. Gilby, Sibyl D. Goodwill, D. R. Griffith, Grace M. Griffith, T. R. Griffiths, R. W. Haines, Margaret L. Hamburger, E. O. Harris, C. V. Harrison, G. F. Harrison, G. B. M. Heggs, E. A. H. Hinchaugh, R. C. Holderness, G. MacI. Housden, S. Kerr, R. A. King, K. E. Lane, L. P. E. Laurent, F. J. G. Lishman, Dorothy M. Lufkin, Gladys E. McCabe, J. F. Mackenzie, J. R. A. Madgwick, E. W. Martindell, Olive M. Midgley, T. H. Negus, Doreen G. C. Nixon, Penelope A. Peach, L. M. J. A. Pilot, N. E. Pitt, R. Purvis, Sylvia M. Ransford, N. W. Roberts, W. P. Roe, H. Selby, R. Shelley, R. C. N. Shires, S. Shone, A. W. E. Soysa, Marjorie V. N. Sudds, C. B. V. Tait, S. A. Underwood, L. E. Vine, W. H. S. Wallace, Eileen A. L. Webb, J. W. Wigg, E. M. Wijerama, R. M. Williams, C. S. Wise, H. S. H. Wood, N. R. W. Wynn-Williams. (*Group D*): Kathleen L. Bland, A. Clark, T. V. Cooper, C. H. Dale, H. B. A. R. Densham, R. L. H. Harris, A. G. Harsant, D. T. Jones, H. W. Jordan, Laura H. Macfarlane, H. G. McGregor, F. M. Mallinson, C. E. H. Maycroft, L. H. Mottet, C. M. Ockwell, G. F. Peters, E. S. Pope, B. Ram, A. C. Riley, N. L. Sheppard, Helana Sidarous, B. Stanley, H. Teitelbaum. (*Group II*): E. F. D. Baker, R. C. Bennett, P. C. C. de Silva, F. A. Edwards, J. D. S. Flew, H. S. Hamlin, K. W. D. Hartley, H. B. Hodson, A. S. Hosegason, J. Ives, A. H. M. McMullan, R. Machray, J. R. Murray, R. K. Price, Everell M. Shippam, C. E. H. Turner, R. C. Williams.

* Honours. § Distinguished in Midwifery.
† Distinguished in Medicine. ‖ Distinguished in Forensic Medicine.
‡ Distinguished in Pathology.

UNIVERSITY OF BIRMINGHAM.

THE following candidates have been approved at the examinations indicated:

M.D.—J. W. Field (with honours), C. J. Polson.
M.B., CH.B.—T. A. Cooper, G. J. Garratt, L. B. Gumede, R. H. Hucknall, E. J. Kerr, E. J. Mann, P. H. Merlin, A. Monib, J. D. W. Shedden, Mary A. Tomlinson.

UNIVERSITY OF DURHAM.

ON the nomination of the Senate, Sir Thomas Oliver, M.D., LL.D., has been appointed Pro-Vice-Chancellor of the University.

UNIVERSITY OF DUBLIN.

TRINITY COLLEGE.

AT the earlier winter commencements, held on December 8th, the following medical degrees and licence were conferred:

M.D.—R. W. T. H. Stewart.
M.CH.—J. C. Fouché.
M.B., B.CH., B.A.O.—G. R. Beare, Josephine M. Enright, G. C. Graham, W. B. Hamilton, W. R. Johnston, W. A. Y. Knight, J. F. K. MacCarthy-Morrogh, F. S. Mackenna, J. N. U. Russell, Lilla M. Spiller, A. B. Thrift, Frances E. Wilson, E. J. M. Bam, A. G. Garde.
LIC.MED. AND S.—M. E. Kirwan.

ROYAL COLLEGE OF SURGEONS OF ENGLAND.

A MEETING of the Council of the Royal College of Surgeons was held on December 12th, when Lord Moynihan, the President, was in the chair.

The death, on November 17th, of Mr. T. H. Openshaw, past Member of the Council, was reported, and a vote of condolence was passed.

Fellowship.

The Fellowship of the College was conferred upon the following:

M. S. K. Joshi, R. M. Dannatt, D. L. Jones, G. J. Griffiths, E. F. King, J. I. Griffiths, A. J. King, N. E. Laurence, H. V. Wells, A. S. Gough, J. F. E. Gillam, H. L. Peake, F. W. Law, Beatrice G. Smith, J. McN. Milloy, J. G. Wigley, W. P. Greenwood, A. W. L. Row, E. McLellan, W. C. W. Nixon, R. E. Norrish, S. F. Russell, S. Shalaby, W. E. Underwood, F. Forty, M. V. P. Peiris, W. J. H. M. Beattie, M. V. Modi, H. S. Waters, M. C. Rous, H. T. Simmons, P. Wiles, J. O. Smith, J. Dawson, D. N. Epstein, A. L. Johnston, A. J. Mason, A. R. Mowlem, L. A. Riddell, A. L. Webb, F. E. Webster.

Membership.

Diplomas of Membership were granted to E. Marks and Alson J. Rae.

Recognition of Hospitals for Final Fellowship Examination.

A recommendation from the Court of Examiners "that the Blackburn and East Lancashire Royal Infirmary and the Hampstead General and North-West London Hospital be recognized for the twelve months' surgical practice required of non-members before admission to the Final Fellowship Examination," was approved and adopted.

Appointments.

Lord Moynihan was elected the representative of the College on the Court of the University of Birmingham for three years from January 1st, 1930. Mr. C. H. Howkins of Birmingham was re-elected a member of the board of examiners in dental surgery, subject to the provisions of the Charters.

Demonstrations.

The President reported that Sir Frank Colyer had, upon the invitation of the Council, undertaken to give two demonstrations on the odontological collection on March 12th and 19th, 1930.

Annual Report.

A report from the committee on the annual report of the Council was read and the following reply to the resolution carried at the annual meeting on November 21st was approved and adopted: "No evidence has been submitted to the Council that the change in the constitution of the College advocated in the resolution is desired by any considerable number of Members of the College, and the Council is therefore not prepared to reopen the question at the present time."

Medical News.

THE House and Library of the Royal Society of Medicine will be closed from Monday, December 23rd, to Saturday, December 28th, both days inclusive.

A meeting of the Society for the Study of Inebriety, to be held in the rooms of the Medical Society of London, 11, Chandos Street, Cavendish Square, W., on Tuesday, January 14th, at 4 p.m., Dr. William Brown, Wilde reader in mental philosophy in the University of Oxford, will open a discussion on "The role of psychotherapy in the prevention and treatment of alcoholism and other drug addictions."

THE annual dinner of the Medico-Legal Society was held at the Holborn Restaurant on December 13th, with the president, Lord Riddell, in the chair. In proposing the toast of "Medicine and Law" Dr. Nathan Raw referred to the social revolution that had been brought about, directly or indirectly, by the work of such men as Harvey, Lister, Jenner, and Ross. It was difficult to believe, he said, that only a century ago two-thirds of the people of this country were disfigured by small-pox, a disease which, owing to Jenner's great discovery, had, in its severer forms, almost disappeared from England. The medical profession was proud of Lord Dawson and his team of skilled workers, who together had undoubtedly saved the life of the King. Medicine and the Law were united in supporting the Mental Treatment Bill now before Parliament, and their joint efforts would secure a greater advance than any that had hitherto been made in the treatment of persons suffering from early mental disorder. Lieut.-Colonel C. T. Samman, Master of the Society of Apothecaries, replying for Medicine, said that the doctor of the future would depend for his success not on mere empiricism, but to an increasing extent on the established sciences of biochemistry and bacteriology. He and the lawyer together would promote the public health by formulating and incorporating into the law of the land wise enactments designed to secure the prevention of disease. Replying for the Law, Mr. A. E. Mitchell-Innes, vice-chairman of the General Council of the Bar, said that sooner or later the joint wisdom of the medical and legal professions would bring about a change in the conception of what constituted insanity, and by their efforts the definition of insanity now acted on by His Majesty's judges would be brought into line with modern views on psychology. Lord Greenwood proposed the toast of "The Medico-Legal Society," and Lord Riddell, in responding, said that the value of the society to the lawyer and the doctor was that it provided them with an excellent resort in which they could spend "a busman's holiday." Replying to the toast of "The Guests," which had been proposed by Sir John Collie, the Attorney-General (Sir William Jowitt) referred to the criticisms which had lately been directed against the English system of coroners' inquests; he could imagine, he said, no greater tribute to the coroners of this country or to the system which they administered, than the fact that although about 30,000 inquests were held each year only one or two had been made the basis of adverse criticism. Mr. Donald Armour, also replying, said that the Medico-Legal Society could play a great part in the education of the two professions; the doctor had to learn to answer questions on matters about which he knew everything, and the lawyer to ask questions on matters about which he knew nothing.

AT a meeting of the Central Midwives Board for England and Wales, held on December 5th, a letter was read from the Ministry of Health stating that the existing rules of the Board were approved for a further period of one year, as from December 31st. Approval was given to a scheme of lectures to be delivered at Hull submitted by the medical officer of health.

THE Minister of Health received, on December 5th, a deputation from the Standing Joint Committee of Industrial Women's Organizations. The deputation was introduced by Dr. Marion Phillips, M.P. and the speakers drew attention to the acute

distress prevailing in South Wales, Durham, Northumberland, Staffordshire, and other necessitous areas, and stressed in particular the need for further financial help to enable boots and clothing to be provided for children. The deputation urged that further help was imperative and should be given through a public fund administered by public bodies. Distress should be the sole criterion for relief, and the areas to be assisted should not be fixed arbitrarily. The Minister said, in reply, that on the general question of relief to distressed areas there seemed to be some conflict of evidence. A full report had recently been obtained which appeared to show that the Lord Mayor's Fund was meeting the distress in the coalfields. The deputation had, however, suggested that that was not the case. Any further Government assistance was a matter upon which he would have to consult the Cabinet, and before he could submit any proposals he would require definite evidence that the Lord Mayor's Fund was not meeting the need. Dr. Phillips promised to submit further evidence, and pointed out that the need was not confined to areas in which the Lord Mayor's Fund operated, but was quite as great in some other necessitous districts. The Minister promised to give full consideration to that point.

AT the annual meeting of the British Dental Hospital, held in the Battersea Town Hall on December 5th, the president, Sir Harry Baldwin, made a presentation to Mr. George Thomson, L.D.S., who founded this institution in 1911. It was announced that the hospital now comprises five chief treatment centres, eight maternity and child welfare clinics, eight tuberculosis clinics, one insurance society clinic, one full-time school clinic, one special clinic for children under the age of 5, and also a centre for treatment of minor ailments and disorders of the ear, nose, and throat. The staff numbers two medical practitioners, thirty-nine dental surgeons, and twelve anaesthetists.

THE Joint Advisory Committee on River Pollution, which was appointed to "consider, and from time to time to report on, the position with regard to the pollution of rivers and streams, and on any legislative administration or other measures which appear to be desirable for reducing such pollution," met on December 12th and 13th at the Ministry of Health. The committee is at present addressing itself to the question of the access of trade and manufacturing waste liquids to the sewers of local authorities.

THE issue of *Schweizerische medizinische Wochenschrift* for November 30th is devoted to the proceedings of the thirteenth annual meeting of the Swiss Society of Dermatology and Venereology, held at Geneva on June 29th and 30th, under the presidency of Professor C. Du Bois.

THE Royal College of Physicians of London will be closed for the Christmas vacation from Tuesday, December 24th, to Monday, December 30th, both days inclusive.

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.***

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Correspondents who wish notice to be taken of their communications should authenticate them with their names, not necessarily for publication.

Authors desiring REPRINTS of their articles published in the *British Medical Journal* must communicate with the Financial Secretary and Business Manager, British Medical Association House, Tavistock Square, W.C.1, on receipt of proofs.

All communications with reference to ADVERTISEMENTS, as well as orders for copies of the *Journal*, should be addressed to the Financial Secretary and Business Manager.

The ***TELEPHONE NUMBERS*** of the British Medical Association and the *British Medical Journal* are *MUSEUM 9861, 9862, 9863,* and *9864* (internal exchange, four lines).

The ***TELEGRAPHIC ADDRESSES*** are:

EDITOR OF THE *BRITISH MEDICAL JOURNAL, Aitiology Westcent, London.*

FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westcent, London.*

MEDICAL SECRETARY, *Mediocra Westcent, London.*

The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone: 62550 Dublin), and of the Scottish Office, 7, Drumsheugh Gardens, Edinburgh (telegrams: *Associate, Edinburgh*; telephone 24361 Edinburgh).

QUERIES AND ANSWERS.

TRAIN SICKNESS.

"J. T. M." asks for advice in treating a healthy girl, aged 9 years, who has attacks of nausea, culminating in vomiting, when she travels in a train, bus, or tram.

DIET AFTER JEJUNOSTOMY.

"A. J. A." asks for advice as regards the feeding of a man, aged 59, on whom a jejunostomy has been performed. Eleven years ago he was treated for duodenal ulcer by a posterior gastro-enterostomy; a large gastro-jejunal ulcer subsequently developed at the site of anastomosis, and, owing to the condition of the patient, the only possible operation was a jejunostomy below the site of the old anastomosis. The patient is now being fed through the new stoma with peptonized milk, butter, glucose, soups, and eggs (not peptonized); his digestion is good. Can any surgeon with experience of similar cases recommend anything else as regards food?

CHRONIC URTICARIA.

DR. H. S. BURNELL-JONES (London, N.W.) recommends "X. Y." (December 7th, p. 1093) to try autohaemotherapy for chronic urticaria of unknown causation. He writes: Withdraw 3 c.cm. of the patient's blood in a syringe and, without removing it from the syringe, inject it into the gluteal muscles. Gradually increase the volume of blood up to 10 c.cm., and give one injection every week.

DR. L. A. FRANCIS (Uxbridge) writes: A lady patient of mine was a sufferer from urticaria for many months, and was treated by diet and stomachics, by bromides and other nerve sedatives, by an autogenous vaccine, and by innumerable external remedies. She saw many physicians. Nothing did her any good till she took collosol calcium one teaspoonful in water thrice a day. She improved at once, and has remained well for several weeks.

LETTERS, NOTES, ETC.

COTARNINE HYDROCHLORIDE IN HAEMORRHAGE FROM THE PROSTATE.

DR. J. R. LOGAN (Liverpool) writes: I think it is worth while to put on record the very distinct success which I have had in the treatment of prostatic haemorrhage by the administration of cotarnine. If I remember aright the prostate is regarded as the anatomical homologue of the uterus, and therefore it was that I resolved to try whether the remarkable effect which cotarnine has in causing uterine contraction might be paralleled if I used it in treating cases suffering from haemorrhage from the prostate. In the past five or six years I have had the opportunity of trying the treatment on quite a dozen occasions and, I am pleased to be able to say, with phenomenal success. The bleeding always stopped in a few days, seldom persisting as long as a week. I have no doubt there are disorders of the gland in which this drug can be of but little, if any, use, but in simple cases I believe it will be found advantageous in checking bleeding, and also in causing diminution in the size of the prostate. I have ordered cotarnine hydrochloride 3/4 grain as a tabloid thrice daily.

TUBERCULOSIS AND THE ROYAL SOCIETY OF MEDICINE.

DR. G. GREGORY KAYNE (Denbigh, N. Wales) writes: It is hardly necessary to emphasize the benefits derived by the medical profession from the various Sections of the Royal Society of Medicine. Would it not be possible to organize a separate Section for tuberculosis? Tuberculosis takes an enormous toll in human death and illness, and well deserves special attention. Such a Section would bring together the men interested in the problem in its various aspects (for the disease still remains very much a problem), and perhaps prevent the periodical apathy into which the medical profession (as a whole) falls with regard to the disease. Moreover, the Society would attract many men who, occupied purely with tuberculosis, find it difficult to take an interest in a Society which hardly "caters" for them at present. It would be interesting to hear what other medical men specializing in tuberculosis think of this matter.

EXTRA-ARTICULAR FIXATION OF THE SACRO-ILIAC JOINT.

IN the abstract of the article on this subject by W. M. Phelps and M. K. Lindsay (*Epitome*, December 7th, para. 509) it should have been mentioned that the procedure they employed was devised by Mr. P. Jenner Verrall, F.R.C.S., and published by him in the *Journal of Bone and Joint Surgery* in July, 1926. Messrs. Phelps and Lindsay in their article made it quite clear that they had been using Mr. Verrall's method.

THE CANCER PROBLEM.

IN the course of a letter Dr. A. W. CRAWFORD (Bolton) disagrees with the assertion of Dr. A. T. Brand on December 7th (p. 1094) that cancer has been demonstrated to be due to an extrinsic pathogenic micro-organism. He adds that the association of an organism with a lesion is no evidence of an etiological connexion, and that convincing proof of the microbic causation of spontaneous cancer is lacking.

PERCAIN.

WITH reference to the local anaesthetic percain, of which an account appeared on December 14th (p. 1114), we are now informed that it is not necessary to order supplies of it from the makers at Basle; it may be obtained from the Clayton Aniline Company, Ltd. (Pharmaceutical Department), 40, Southwark Street, London, S.E.1.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 43, 44, 45, 48, 49, and 50 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 46 and 47.

A short summary of vacant posts not fied in the advertisement columns appears in the *Supplement* at page *268*.