

movement can be obtained by pressure of the fingers and thumbs. Finally, the toes are manipulated, but if they are really stiff damage can easily be caused unless proper attention is given to technique (a point which applies equally to the fingers and the knees).

The metatarso-phalangeal and the interphalangeal joints are usually described as ginglymus or hinged joints. This is not a good description, because their movement is really a circular gliding movement about a circle with a centre nearly half an inch proximal to the joint surface (Fig.—A). A common method of manipulating such a joint is to bend it about the point B. This is not a natural movement, and, if forced, can only result in breaking something. The correct method of manipulating a metatarso-phalangeal joint is as follows. Fix the metatarsal head between the fingers and thumb of one hand, grasp the toe with the fingers of the other hand, placing the thumb on the dorsum of the base of the first phalanx. Now pull in the direction of the long axis of the first phalanx to separate the joint surfaces and stretch the lateral ligaments. While still maintaining traction push downwards with the thumb on the base of the phalanx, thus causing it to slide round the head of the metatarsal in the natural way.

I wish to express my thanks to Mr. Blundell Bankart, to whose teaching I owe my interest in manipulative surgery, for permission to refer to the cases treated in the orthopaedic department of Middlesex Hospital.

## Memoranda

### MEDICAL, SURGICAL, OBSTETRICAL

#### PLEXIFORM (CIRSOID) ANEURYSM OF THE SCALP

The above condition, although uncommon, is of importance because of the annoyance and danger it may entail for the patient and the difficulties and disappointments it may bring the medical attendant. Undue encouragement is not given by the standard modern surgical textbooks to those about to undertake its treatment, nor is optimism as to the outcome very marked. References in the literature to its occurrence in various parts of the body are not infrequent, but personal experience in the practice of individual surgeons is probably not great. Some notes of an apparently successfully treated case may therefore be of interest.

#### CASE RECORD

A man, aged 26, was referred to me on account of a vascular swelling on the forehead, which he had had as long as he could remember. It was slowly increasing, and gave rise to no pain. He had taken an active interest in such games as football, so far without detriment. Two enlarged supra-orbital veins were very evident in the forehead, and just inside the hairy scalp almost in the mid-line was an elongated, rather tortuous, pulsating swelling about  $3/4$  in. in width and 2 in. in length. The hair was thinned over it, and no naevoid formation was visible. The swelling could be emptied easily by pressure. A systolic bruit was audible over it. Pulsation appeared to be stopped completely by firm pressure on the superficial temporal arteries at the zygoma and on the supra-orbital and frontal arteries at the superior orbital margin. Treatment by injection of coagulant substances was considered, but not adopted because of the large veins and their communications indirectly with the cavernous sinus. Operative treatment was advised, and the patient was admitted to the National Temperance Hospital. On re-examination of the shaved scalp the condition appeared to be more extensive than at first estimated, and opinion was more guarded as to the ultimate result of treatment by ligature, although control of pulsation was still obtainable by pressure upon the arteries, as described above.

#### Operative Treatment

On November 1st, 1932, ligature of both superficial temporal arteries at the level of the zygoma and of all the obvious pulsating feeding vessels on each side and posteriorly was carried out through short incisions. The vessels were defined by blunt dissection after division of the scalp, doubly ligatured with strong chromic catgut, and divided between the ligatures. The vessel walls appeared to be thinned and were easily torn. Where tearing occurred bleeding was stopped by passing a suture around the vessel with a round-bodied curved needle. At the end of this procedure there was doubtful pulsation in the aneurysm, but at the first dressing after operation there was neither doubt nor optimism, for pulsation was as free as ever.

In these circumstances further operation was advised—excision, if at all possible, being in mind—and was undertaken a week later. A rubber tube was applied as a tourniquet around the head just above the auricles. A rather narrow flap containing the aneurysm, and having its base anteriorly about the margin of the hairy scalp, was now outlined by a horseshoe incision down to the pericranium. There was a free flow of blood from an unexpectedly large number of wide-mouthed, thin-walled vessels on both margins of the wound in spite of the tourniquet. The bleeding was easily controlled by the application of Sargent's scalp forceps, and the flap was turned forward. The forceps had been applied to the posterior and outer margin of the wound in the first place, and, as a consequence, the aneurysmal cavity had been allowed to empty and its definition was far from easy. The site of the aneurysm was incised from the deep aspect of the flap through the occipito-frontalis aponeurosis. The cavity was opened up and a director and the finger introduced. It was only then that its complexity was appreciated. It appeared to twist about in various planes of depth in the scalp, recalling the complicated tracks of some ano-rectal fistula. It was laid open—just as the latter are—and the mouths of the feeding vessels sought and surrounded from the inside by chromic gut sutures. The upper ends of the large draining veins were surrounded by ligatures passed from the deep aspect of the flap, and the open mouths of all vessels visible on both margins of the original incision were similarly dealt with. The tourniquet was released, and with a feeling of considerable relief one found that only a few bleeding points remained to be secured, none being in the aneurysmal cavity. The flap was replaced and sutured in position with silkworm-gut.

#### Further Progress

Two days after this operation the flap, forehead, and eyelids were swollen, but there was no return of pulsation. By November 15th the swelling was gone for the most part, and half of the stitches were removed. On November 17th the remaining stitches were taken out, and the patient was allowed home on November 19th. Except for a feeling of faintness at the early dressings, and in preparation for return home, convalescence had been uneventful. On December 2nd the flap was still a little swollen but was firm, and no pulsation or bruit was detectable. On April 13th, 1933, all scars were sound and not noticeable, there was no pulsation, and the hair had grown thickly over the flap where it had been thinned before operation. The former large veins in the forehead were now apparent only immediately after stooping. On June 21st the scalp, apart from scars, was normal, and showed no sign of return of pulsation or swelling. The large veins in the forehead were still apparent after stooping.

#### DISCUSSION

The typical appearance of the disease in the scalp is as described in the above case. It usually occurs in the branches of the superficial temporal artery.

It has been suggested that this condition arises—sometimes, at any rate—in naevoid tissue. It consists of thin-walled varicose arterial channels which communicate directly with large veins, often associated with naevoid tissue. It has a great tendency to increase in size, to recur if removed, and eventually to communicate with channels in the skull bones. Treatment advised ranges

from the injection of coagulant fluids to excision of the portion of the scalp involved. Electrolysis and diathermy are other recommendations. Injection of coagulants should, it seems to me, be undertaken with great caution where there are large veins, as in the case described above. Ligation of vessels alone is not successful. Excision of the complete thickness of the scalp has been employed with success by A. E. Roche.<sup>1</sup> Patel<sup>2</sup> has described a case treated by several excisions of the subcutaneous tissues down to the pericranium after turning down flaps of skin, with ultimate success. In his last operation communications with channels in the cranium were very troublesome. This suggests not only early attack upon the disease, but also careful follow up.

The method used in the above case may be looked on as a combination of the usual way of dealing with tracks of ano-rectal fistulae and one of Matas's methods of endoaneurysmorrhaphy. Painting the interior of the cavity with strong solution of iodine, or pure carbolic acid, after closing the mouths of feeding and draining vessels, would, no doubt, give additional security against recurrence. This operation would avoid any necessity of skin grafting where the affected area was a large one.

## REFERENCES

<sup>1</sup> *Clinical Journal*, June, 1929, lviii, 269.

<sup>2</sup> *Lyon Chir.*, May-June, 1929, xxvi, 414.

R. A. KERR, M.C., M.B., B.Ch., F.R.C.S.,  
Assistant Surgeon, National Temperance Hospital.

#### A CASE OF MATERNITY AT SEVEN YEARS OF AGE

It seems worth while to report the following case owing to the immature age of the mother.

H., a Mohammedan unmarried girl, was admitted into hospital on March 18th, 1932, for an abdominal tumour. Her age as given by the father was 7 years. The general development was good, and the intelligence fair. Height, 3 ft. 11 in.; weight, 3 st. 6 lb. The milk teeth were still present, except the first molars and the right lower incisor; the left lower incisor was just erupting in front of the milk tooth. The patient had never menstruated. On examination the tumour proved to be the uterus, six and a half months pregnant. Labour started on June 7th. The pelvic measurements were: interspinous, barely 7 inches; intercrural, barely 8 inches; external conjugate, 5½ inches. A trial of labour was given, but as the head would not engage Caesarean section was performed, and a living female child weighing 4 lb. 3 oz. was delivered. Beyond suffering from fright for the first three days the mother made a perfect recovery, was able to nurse her baby, and continued to do so for nine months. The weight of the child at the end of this time was 11 lb. 2 oz.

The date of the patient's birth was taken from the municipal records, and was verified by the health officer, who personally interviewed the father. The latter stated that he had had a son two years before this girl was born, and as this entry was verified by the health officer too there seems no doubt that the age given by the father was correct. The entry showed that the girl-mother was born on October 11th, 1925.

The points on which I invite opinions are: (a) is this the earliest case recorded of pregnancy going to full term? (b) delivery being by Caesarean section; (c) the child being entirely breast-fed.

My thanks are due to the health officer for the interest he took in verifying entries, and to several dentists, radiologists, etc., who examined the patient.

HILDA L. KEANE, W.M.S., L.R.C.P. and S.,  
L.R.F.P. and S.

Victoria Zangana Hospital, Delhi.

## Reviews

### DISEASES OF THE NERVOUS SYSTEM

The value of a commodity can only be estimated in relation to the market for which it is intended. There is no absolute standard. So it is with books, and we think that in preparing his *Diseases of the Nervous System*,<sup>1</sup> Dr. RUSSELL BRAIN has scarcely paid sufficient regard to this truism. No one reading this book will deny its intrinsic worth. The material is accurate and well arranged. The style is clear, and the English good. The errors of commission are few, and the misprints, to which the reader of modern textbooks needs to accustom himself, are refreshingly rare. The author clearly thinks in a logical manner, and though this is reflected in a tendency to describe clinical syndromes as the direct expression of theoretical considerations (as if Nature had no cards left up her sleeve!) the occasionally pedantic presentation of the subject is offset by its lucidity. Yet after reading this book the reviewer finds himself asking the question, "For whom was it written?" We fear it will prove too detailed for most students and practitioners, especially in its attempt to give at least some account of the rarest and most obscure nervous conditions. Nor is it sufficiently detailed to serve as a book of reference to those particularly interested in neurology. It must be freely admitted that few subjects present greater difficulties to the aspiring author than neurology, and it may well be doubted if it is possible for one writer to cover adequately the whole field without a long life of clinical experience to draw upon. It is for this reason that in forty years Sir William Gowers's manual has had no worthy successor.

The volume begins with a section on the applied anatomy and physiology of the nervous system. This is an excellent summary of the well-established facts in relation to clinical neurology. We note with satisfaction that Dr. Russell Brain, in writing on aphasia, departs from the artificial classifications and diagrams usually copied from one book to another in favour of a simple and objective description. The section on the cerebrospinal fluid is a valuable one. Chapter II deals with the functions of the cranial nerves, and will meet with little criticism, though the author is probably in error in attributing a motor function to the mesencephalic root of the trigeminus, and the dissociation of sensory function in this nerve, as judged by clinical observation, is not the simple and diagrammatic affair that we are asked to believe. The section on intracranial tumours contains a useful survey of modern views on the pathology and localization of these disorders. The statement, on page 248, that tuberculomata "if they are not too large lend themselves to complete removal" will be challenged, and that on page 226, that "uncinate lesions produce diminished taste and smell on the same side" is not supported by clinical observation.

The chapter on head injuries and their results constitutes a valuable feature of the book. The sections on disseminate sclerosis, neurosyphilis, and subacute combined degeneration fail to give a vivid picture of the respective diseases, and illustrate one of the shortcomings of the book—namely, a lack of proportion. This leads to undue space being given to numerous syndromes of great rarity at the expense of the disorders commonly encountered. All will not agree that a bilateral extensor plantar response is usually found in general paresis, or that sensory loss is absent in this disease in the absence of other tabetic manifestations. The chapters on the disorders of the peripheral nerves and convulsive disorders are

<sup>1</sup> *Diseases of the Nervous System*. By W. Russell Brain, M.A., D.M., F.R.C.P. London: H. Milford, Oxford University Press, 1933. (Pp. 999; 50 figures. 27s. 6d. net.)

know some of the arguments for and against the value of certain methods of pre-natal care in view of the above diversity of opinion. I suggest that a body like the Medical Society of London could usefully arrange such a discussion.—I am, etc.,

Golders Green, N.W., Sept. 12th.

L. S. WOOLF.

### Primary Thrombosis of Axillary Vein

SIR,—The article on the above subject by Mr. J. Cosbie Ross, in the *British Medical Journal* of September 16th (p. 525), has brought to my mind a case that occurred twelve years ago in my practice in Ealing.

A strong, healthy married man, aged 26 years, noticed difficulty in removing his ring from the third finger of his left hand. Swelling extended up the arm, to the shoulder, and the upper left chest during the following three days. There was at times very severe pain at varying places in the arm and forearm. Very obvious veins appeared on the left side of the chest. The patient was kept in bed with the arm on a pillow. He made a complete recovery in the course of about four weeks. He remains in perfect health and has had no recurrence. The condition did not follow any illness or unusual exertion.

—I am, etc.,

New Malden, Sept. 17th.

FRED. W. JAMES.

## Obituary

### PROFESSOR FÜLLEBORN

We regret to record the death, on September 9th, in his sixty-seventh year, of Geh. Medizinalrat Professor Dr. Friedrich Fülleborn, director of the Tropical Institute in Hamburg.

Professor Fülleborn as a scientist had an international reputation, and as a man and sympathetic friend he was universally beloved. Well versed in many sciences, he will chiefly be remembered for his pioneer work in helminthology. He was one of the world's greatest, if not the most renowned worker in this important study of biology, and proved himself a worthy successor to Loockhart and Loose. He was one of the earliest pupils in the London School of Tropical Medicine, and remained throughout one of Patrick Manson's most sincere and staunch admirers. Fülleborn was a many-sided character, and was almost equally well known for his studies on anthropology and pure zoology. Fülleborn was also a great judge of human nature, and was a connoisseur in art and a confirmed epicure. He was well known in every country in Europe and America, and was particularly welcome in England, to which he returned after the war as a kind of pilgrimage to visit the shrine of Manson, under whom he first studied tropical medicine in 1900-1, and also, he would jocularly remark, to partake of a saddle of mutton at S—'s. Professor Fülleborn was one of the original founders of the Tropical Institute in Hamburg in 1901, and from that date he has been one of its most brilliant and tireless workers. In September, 1926, he was recognized as a professor of tropical medicine by the University of Hamburg, and in July, 1930, was appointed director of the Institute on the recommendation of Professor B. Nocht. Fülleborn had a good deal of military service, and as a regimental medical officer saw much fighting in the Herero war and in German East Africa. In the great war he was called up for service in 1914, found himself immediately at the front, and was badly wounded. Afterwards he served as a malaria expert on the Balkan front. Fülleborn was the recipient of many honours from many universities, and was a corresponding member of the Royal Society of Tropical Medicine as well as of the Royal Society of Medicine.

P. M.-B.

We regret to announce the death, on September 4th, at a Southsea nursing home, after a long illness, of Dr. J. H. F. WAY. The eldest son of F. W. Way, M.R.C.S., of Portsmouth, he was born in 1868, educated at Epsom College and University College, London, and received most of his medical training at St. Thomas's Hospital, obtaining the L.S.A. in 1892 and the M.R.C.S. in 1896. For thirty-one years he was a medical practitioner in Southsea, but retired owing to ill-health in 1926. Dr. Way was for some years honorary secretary and subsequently chairman of the Portsmouth Division of the British Medical Association, and was also a member of the Portsmouth Insurance Committee. For eight years he acted as honorary medical officer to the Diocesan Rescue Homes, Southsea. He was keenly interested in the work of the St. John Ambulance Association and received the award of Hon. Associate in the Order of St. John of Jerusalem. Dr. Way's kindly and tolerant nature endeared him to all his colleagues in the Portsmouth area. The funeral service at St. Matthew's Church, Southsea, was attended by a number of medical men, including Dr. F. C. B. Gittings, honorary secretary of the Portsmouth Division of the B.M.A., and Dr. J. T. Westby, representing the Portsmouth Panel Committee.

The death occurred on September 14th, at his residence, Port William, Wigtownshire, of Dr. WILLIAM McDOWALL SELBY, J.P. Dr. Selby was born at Kirkcowan, Wigtownshire, in 1873, and after preliminary education at George Watson's College, Edinburgh, he took up the study of medicine at the university, and graduated M.B., C.M., with honours, in 1894. For a time he was demonstrator in anatomy at Minto House Medical School, Edinburgh, and later house-surgeon in the Leith Hospital and house-physician in the Royal Hospital for Sick Children, Edinburgh. For some two years he was an assistant in general practice at Hawick, and in 1897 he took over his father's practice in Wigtownshire. Here he was one of the best-known practitioners in the South-West of Scotland for thirty-five years, retiring last year on account of failing health. He held the posts of medical officer to Mochrum Parish and medical officer to the Post Office. He also took a warm interest in many local activities outside his professional work. He was one of the founders of Port William Horticultural Society, and was an active member of the Dumfries and Galloway Antiquarian Society. On his retirement he received a public presentation in recognition of his many services to the community.

## Medical News

The annual distribution of prizes at Charing Cross Hospital Medical School will be held on Friday, September 29th, in the hospital, following tea at 4 p.m. The prizes will be distributed by Professor W. Langdon Brown. The annual dinner of past and present students will take place on September 30th in the Café Royal, Regent Street, at 7.30 for 8 p.m., with Dr. William Hunter in the chair; cost of tickets 10s. each. The post-graduate course will be held on Saturday and Sunday, September 30th and October 1st, from 10 a.m. to 5 p.m.

The annual dinner of past and present students of St. Mary's Hospital will be held on Saturday, September 30th, at 7.30 p.m., at the Trocadero Restaurant. Dr. Reginald Miller will be in the chair.

The Westminster Hospital annual dinner will be held at Grosvenor House on Saturday, September 30th, at 7.30 p.m., with Dr. Eric Gandy in the chair.

The winter session at King's College Hospital Medical School will commence on October 5th, when Sir George Newman will deliver the introductory lecture. A course of lectures, free to all medical practitioners, on medicine, accentuating the preventive aspect, will be delivered in the lecture theatre of the medical school on Thursdays at 4.30 p.m. from October 12th to December 14th, inclusive, and from January 11th to March 8th, 1934.

A reunion of past and present members of the Medical School of Birmingham University will be held on Tuesday, October 3rd, when a series of lectures for post-graduate members and final-year students only will be given in the lecture theatre of the General Hospital and at Queen's Hospital. In the medical theatre, Edmund Street, at 5 p.m., Professor Arthur J. Hall will distribute prizes and deliver an address to students. At 7.45 p.m. there will be a reception by the Dean in the Great Hall, Edgbaston, and at 8.15 p.m. a dinner.

The annual address at the Central London Throat, Nose, and Ear Hospital (Gray's Inn Road, W.C.) will be given by Dr. C. P. Symonds on Friday, October 6th, at 4 p.m. His subject is "The Clinical Significance of Vertigo."

The prize distribution and conversazione will be held at the Royal Dental Hospital of London School of Dental Surgery on Friday, October 6th, at 8 p.m., with Sir Holburt Waring, President of the Royal College of Surgeons, in the chair. The annual clinical "At Home" will be held at the hospital on Saturday, November 25th, and the annual dinner at the Trocadero on the evening of the same day, with Mr. J. G. Turner, F.R.C.S., in the chair.

On Friday, September 29th, at 8.45 p.m., Professor D. Fraser-Harris will speak at the Princess Elizabeth of York Hospital, Shadwell, E., on "Science and Poetry." The chair will be taken by the Printer to the University of Oxford, Dr. John Johnson. Visitors welcomed.

We are asked to announce that Dr. Hans Maier has consented to deliver his lecture at the Royal College of Surgeons on September 28th at 8 p.m. in English instead of in French, as announced last week (p. 550).

At the meeting of the Royal Sanitary Institute on October 17th at 5.15 p.m., at 90, Buckingham Palace Road, S.W., Mr. John D. Watson will read a paper on "The Middlesex Sewerage and Sewage Disposal Scheme." At the meeting on October 21st at 10.30 a.m., in the West Ham Town Hall, Stratford, a description of the River Lea improvement works will be given by Mr. Lionel Jenkins, who will afterwards conduct those attending over the works.

The Fellowship of Medicine has arranged a post-graduate course in medicine and surgery at the Metropolitan Hospital, Kingsland Road, from October 2nd to 14th, and an afternoon course in dermatology at the St. John's Hospital for Diseases of the Skin from October 2nd to 28th. An evening course of lecture demonstrations on physical therapy will be held at the London Clinic and Institute of Physical Medicine from October 2nd to 25th. A tutorial course in medicine, surgery, and midwifery for male graduates has been arranged for the period September 29th to October 3rd inclusive, at the Connaught Hall of Residence (University of London), Torrington Square. An intensive course in cardiology will take place at the National Hospital for Diseases of the Heart from October 9th to 31st. For graduates not desiring a special course of instruction, daily clinics are available in almost every branch of medicine and surgery. Arrangements for these clinics and for special courses must be made with the Fellowship of Medicine, 1, Wimpole Street, W.1.

A series of post-graduate lectures on medical, surgical, and special subjects will be given at the Manchester Royal Infirmary on Tuesdays from September 26th to December 12th (except October 24th), and demonstrations of clinical cases on Fridays from September 29th to December 15th. The meetings are free and commence at 4.15 p.m. Details may be obtained from the secretary of the post-graduate lectures.

The annual post-graduate course for former students of the London Hospital will be held on October 11th to 14th, from 10 a.m. daily.

The President of the National Smoke Abatement Society is Dr. H. A. Des Vœux, and its vice-presidents include Sir Thomas Barlow and Dr. J. Johnstone Jervis. The fifth annual conference is being held at Sheffield on September 22nd, 23rd, and 24th, with headquarters at the Grand Hotel.

A congress of therapeutics will be held in Paris from October 23rd to 25th, under the presidency of Professor Loeper, president of the French Society of Therapeutics. The subjects to be considered include: the parenteral approach to gastric ulcer; pharmaceutical combinations; treatment of *B. coli* infections; the adrenaline group of drugs; short waves in therapeutics; and the treatment of dermatitis due to  $x$  rays and radium. Inquiries should be addressed to Dr. G. Doin, treasurer of the congress, 8, Place de l'Odéon, Paris, VIe.

An international congress in connexion with the scientific and sociological aspects of the cancer campaign will be held in Madrid from October 25th to 30th. In the scientific section special attention will be paid to the biology of the cancer cell, early diagnosis of the disease, treatment, and tumours of the nervous system. In the sociological section will be considered: industrial cancer, including its legislative and insurance sides; statistical investigations; organization of anti-cancer campaigns, both nationally and internationally; and education of the public. Further information may be obtained from the secretary-general, Dr. Don Julio Bejarano, Facultad de Medicina-Decanato, Atocha 104, Madrid.

A confidential report on markets in India for surgical, medical, dental, and veterinary instruments, based on information received from H.M. Trade Commissioners at Calcutta and Bombay, has been issued by the Department to firms whose names are entered on its special register. United Kingdom firms desirous of obtaining a copy of the report, together with particulars of the special register service of information, should apply to the Department of Overseas Trade, 35, Old Queen Street, S.W.1. Reference No. B.Y. 7649 should be quoted.

## Letters, Notes, and Answers

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## QUERIES AND ANSWERS

### Menstrual Eruption

"L. B." would be glad to learn of any line of treatment for a young unmarried woman in excellent health who suffers from a non-itching papular rash on the forehead, chest, and back, which comes on regularly a few days before menstruation and disappears in the last two days of the flow. The bowels are very regular in action. Various haematinic mixtures have not brought relief from this affection, which distresses her very much.

### Obesity

"M.B." writes: I should welcome suggestions as to the treatment of an obstinate case of obesity in a young female patient. Strict dieting merely serves at the best to keep the body weight stationary, and thyroid medication in the customary dosage is futile.