

minutes before she was seen she had had three convulsions in rapid succession; she was "very restless, then went into spasm, with arms and legs straight out and eyes open and turned up." Each fit lasted about one minute. She was unconscious, and could not be roused. Vomiting had occurred once earlier in the day. Previous history told of a normal birth at full term and an attack of whooping-cough about three months before admission.

Examination showed the child to be in a comatose condition; the temperature was 104.6° F., pulse 134, and respiratory rate 80 a minute. There was impaired concussion note over left side of chest, mainly at the base, with high-pitched bronchial breath sounds; rales were present at both bases. Abdomen was flaccid and slightly distended; there was no rigidity and no palpable tumour. Heart sounds were rapid, but otherwise normal. Pupillary, superficial, and deep reflexes were all normal. There was a rash on the trunk and limbs consisting of small erythematous spots, which, however, faded during examination; no other cutaneous manifestations occurred. Optic disks were normal.

For the next seven hours the condition of the patient was one of extreme drowsiness and apathy. At the end of this time the temperature was 105° F., pulse 128, and respiratory rate 80. About thirty minutes later another convulsion occurred, with generalized body twitchings and eyes turned up. This quickly subsided, to be followed by another brief convulsion, during which death occurred.

Necropsy Findings.—The body was that of a well-nourished female child, normally proportioned and well grown. The skin presented no abnormal features. Thoracic contents: heart normal; right lung, a little basal congestion; left lung, some consolidation and collapse affecting the lower half, the distribution suggesting a bronchopneumonic rather than a lobar pneumonic infection; pleural cavities were clear. Abdomen: the spleen was somewhat enlarged, engorged, and slightly diffuent; liver normal; suprarenals were enlarged and dark red in colour, and on section there was extensive haemorrhage into each, the left side being more affected than the right; other abdominal viscera were normal, as were also the cranial contents.

Histopathological Findings.—Sections of the adrenal glands showed that the medulla had been practically destroyed by the haemorrhage, which had extended into the cortex, but had not transgressed the boundaries of the gland capsule. There was no sign of any diseased condition of the gland itself. Section stained by Gram's method failed to reveal the presence of any organism. The spleen was engorged, but otherwise normal; section stained by Gram's method was, as in the case of the suprarenal gland, negative for organisms.

COMMENT

A case is reported of spontaneous suprarenal haemorrhage, presenting a fairly typical history and with fatal termination. Owing to the fact that the condition was not diagnosed until after death, investigations such as blood culture, which might have thrown light on the aetiological factor at work, were not made. The occurrence of the terminal hyperpyrexia is noteworthy, as is also the non-appearance of a definitely purpuric rash.

With regard to causation it is conceivable that an organism responsible for the state of the left lung, itself a possible legacy from the attack of pertussis, might have been culpable, a view not supported by the negative "Gram" sections. Remembering the ease with which basal collapse occurs in moribund children, the pulmonary factor in the aetiology of this case should not be overstressed.

On purely theoretical grounds, by analogy with Addison's disease, a very low blood sugar might be expected in these cases, though such investigation was not carried out in our patient, nor is there any record of a blood sugar estimation having been made in reported cases. If this conception of the condition is borne out by investigation in future cases, it is suggested that a rational line of treatment should include the administration of glucose, adrenaline, and a potent extract of the suprarenal cortex, such as is now obtainable, given by

the most rapid route available. If the patient could be tided over the acute phases of the condition—an acute glandular failure—recovery is just possible: the haemorrhage may cease as it began, spontaneously. Unfortunately, the majority of such adrenal haemorrhages progress to a fatal termination.

I wish to thank Dr. H. Sanguinetti and his assistant, Mr. Creed, of the Pathological Department, National Temperance Hospital, for their assistance in the preparation and staining of the microscopical sections; and to acknowledge my debt to the librarian of the British Medical Association Library.

REFERENCES

- 1 Gunson, E. B.: *Proc. Roy. Soc. Med.*, 1914-15, viii, 54.
- 2 Eadie, J.: *Practitioner*, 1917, xcix, 183.
- 3 Lusk and Brumbaugh: *Journ. Amer. Med. Assoc.*, 1919, lxxii, 1062.
- 4 Goodhart and Still: *Diseases of Children*, 1921, p. 517.
- 5 Severn, A. G. M.: *Lancet*, 1923, i, 647.
- 6 Kempf, H.: *Vierteljahrsschrift für gerichtliche Medizin*, 1918, lvi, 71.
- 7 Rabinowitz, M. A.: *Amer. Journ. Med. Sci.*, 1923, clxvi, 513.
- 8 Kessell, J. S.: *Med. Journ. of Australia*, 1925, ii, 456.
- 9 Thomson, J.: *The Clinical Study and Treatment of Sick Children*, 1925, p. 461.
- 10 Henderson and Pettigrew: *British Medical Journal*, 1932, i, 14.

Memoranda

MEDICAL, SURGICAL, OBSTETRICAL

REPEATED PERFORATIONS IN A CASE OF DUODENAL ULCER

There is little mention in the literature of cases of repeated perforation of the same duodenal ulcer. The following case is unique in my experience, and is perhaps worthy of brief record.

A man, aged 65, was admitted into the Southend General Hospital on June 9th last. A few hours previously he was seized with the sudden excruciating pain so characteristic of perforation, and when admitted he had all the familiar signs and symptoms of this catastrophe. He diagnosed his own condition and was able to give a concise account of three similar experiences. In May, 1925, he was admitted to St. Olave's Hospital, Rotherhithe, as an acute abdominal emergency; the abdomen was opened, and a perforated "gastric" ulcer was embedded and closed by suture. In 1927 he was operated upon on admission to St. Leonard's Hospital, Hoxton Street, for a second perforation, and again in the same hospital in August, 1932. Although full notes were not available, the same type of emergency operation was performed, infolding and suture, on each occasion.

The fourth perforation, as already mentioned, occurred on June 9th, 1933, and the abdomen was opened through the old scar. Adhesions were conspicuous by their absence; the general peritoneal cavity contained gas and much free fluid. The perforation was readily found in the first portion of the duodenum adjacent to the pylorus. It was closed in the usual manner, covered with omental tags, and on this occasion a posterior gastro-enterostomy was performed. The patient made a rapid recovery, and was discharged from hospital a month later. A careful search was made for any evidence of gastric ulcer, but none was found. We felt certain at the end of the operation that it was the same duodenal ulcer which had perforated and had given rise to the same typical clinical phenomena on each of the four separate occasions.

London, W.1.

W. I. DE C. WHEELER.

ANTE-NATAL VERSION AND SUBSEQUENT RUPTURE OF THE UTERUS DURING LABOUR

In midwifery there is now a great increase in ante-natal version, with a view to easing the delivery for the mother and lowering the stillbirth rate. The stillbirth rate in breech cases is over 20 per cent. in the statistics of most large maternity hospitals. There are certain recognized dangers in association with version—for example, haemor-

rhage per vaginam due to detachment of the placenta, or death of the foetus *in utero* from interference with its blood supply by injury to the placenta or by causing a knot in the cord. Premature labour may also follow version.

There is, however, a danger not yet recognized—namely, rupture of the uterus at the subsequent labour. This is liable to occur if a breech with extended legs is turned with the child in the same position, so that the presentation becomes a head-and-feet presentation. If the foetus remains in this position when the membranes rupture then the position becomes fixed by the contraction of the uterus, and the labour is obstructed and must result in rupture.

I have collected four cases of rupture of the uterus with death of the mother, and Farquhar Murray mentions four cases, with three deaths, in his article on "Obstetrical Errors" in the *Journal* for July 1st. All these were in multiparae, and all had had version for breech presentations. I have gone into the details of my cases, and I find that in two of them vaginal examination had been made previous to the rupture to discover the cause of the delay in the descent of the head, and that a foot was found presenting with the head. I feel confident that all these cases of rupture were due to this cause.

The conclusion one is forced to adopt is that either an x-ray examination should be made before doing a version and cases of breech with extended legs left unturned, or, if on subsequent x-ray examination the presentation be a head with extended legs, then the foetus should be returned to its original position and delivered as a breech.

W. McK. H. McCULLAGH, F.R.C.S.,
Senior Obstetric Surgeon, City of London
Maternity Hospital; Surgeon, Samaritan
Hospital for Women.

British Medical Association

SCIENCE COMMITTEE

The Science Committee has received statements of the work done by the Association's scholars and grantees for 1932-3, together with reports on this work by the committee's visitors.

SCHOLARSHIPS

Dr. H. P. NELSON (Ernest Hart Scholar) has been investigating the value of posture in the treatment of non-tuberculous infections of the lung: (1) anatomical investigation by dissection and x rays of the distribution and direction of the principal bronchi in the lungs in order to demonstrate the posture to be adopted for lung abscess in various parts of the organ; and (2) clinical observation of cases in hospital submitted to postural treatment. He has supplied an interim report, in which the value of posture seems to have been made clear. Professor F. R. Fraser, the Association's visitor, states that Dr. Nelson has demonstrated the clinical value in bronchiectasis and lung abscess of continuous postural drainage in seventeen cases, and has evolved what appears to be a satisfactory method of ascertaining and demonstrating the anatomical distribution and direction of the branches of the bronchi. With the completion of this, it is added, he will be able to give concise indications for the method of postural drainage that should be used in any given case. Dr. Nelson reports that an attempt to visualize anatomically the exact situation of a lesion seen in an x-ray examination of the chest by removing the sternum of the cadaver and injecting lipiodol (the lungs being subsequently inflated, and x-ray photographs being taken in two positions) did not prove satisfactory. More indirect methods have now been employed, including the dissection of bronchi, lipiodol fillings in living patients, and the examination of injected post-mortem lungs. His clinical observations led him to devise a bed for the continuous postural drainage of lesions in the lower

lobe bronchi. The bed is hinged across the middle, and can be wound up so that the centre of it rises. He is satisfied that considerable clinical benefit resulted.

Dr. N. J. LOGIE has been conducting an investigation of chloride metabolism in its relationship to intestinal obstruction and to post-operative vomiting, with a view to establishing the existence of a connexion between the chloride content of the blood and the motor functioning of the alimentary canal. Professor L. S. P. Davidson, the Association's visitor, considers this line of research valuable, there being several very important points regarding the effect of chlorides on intestinal movements which ought to be worked out to a satisfactory conclusion.

In addition to animal experiments devised to indicate the effects resulting from an induced lowering of the blood chloride content, and others on related lines, Dr. Logie has undertaken clinical investigations on normal and diseased human subjects. It was noted that patients with post-operative abdominal discomfort and distension seemed to benefit in some cases from the administration of 5 per cent. salt solution. In certain patients the bowels acted within a short time of this administration. In others no immediate bowel action ensued, but they experienced some measure of relief. A study of the reactions of the blood of these patients to the saline administration has been commenced. Cases of likely obstruction, both spontaneous and post-operative, have had blood chloride estimations performed in view of the possibility that the lesion might prove to be progressive.

Dr. C. L. G. PRATT has been making a study of the response of the heart in intact laboratory animals to toxic and other influences, with a view to providing some suggestions as to the mode of action of the same substances in the human being. The substances in course of investigation include thyroid gland preparations, bacterial toxins, ephedrine, bromides, and calcium by deprivation. Dr. J. C. Matthews, the Association's visitor, reports that it is obvious that Dr. Pratt has mastered a most difficult technique, and has displayed great ingenuity in devising special apparatus. He has accumulated a very large number of tracings, sections, and records, which require further intensive study. These, Dr. Matthews thinks, should produce results not only of theoretical interest, but also probably of great practical value, especially if they reveal the nature of the well-known tendency to cardiac failure in diphtheria, and point the way to an appropriate line of treatment.

Dr. Pratt states that during the year he has used rabbits, rats, and guinea-pigs in investigating the effect on the electrocardiogram of adding thyroxine and thyroid gland to the diet, the effect on the histology of the myocardium, on the heart ratio and the pulse frequency, and on associated non-cardiac factors. About 750 photographs were taken, and sections (some serial) of forty-four hearts were cut and stained. He has also studied the effect of intravenous injections of scarlatina toxin on the electrocardiogram of the rabbit, and of subcutaneous injections of diphtheria toxin on that of the guinea-pig. About 250 photographs have been taken in the course of this investigation, which is not yet complete. Sections of thirty-six hearts have been cut and stained, and the relevant literature studied. Details of the technique elaborated and records of the control normal electrocardiograms have been submitted in a thesis for the degree of M.Sc. in the University of Liverpool.

Dr. E. W. SKIPPER's work on diabetes in pregnancy is described by Professor F. R. Fraser as being thoroughly satisfactory, and contributing to knowledge on this subject. One paper has been accepted for publication in the *Quarterly Journal of Medicine*, and a second paper is being prepared which will embody observations on the alterations in carbohydrate metabolism that occur in pregnancy.

Dr. Skipper reports that he has studied thirty-nine pregnant diabetic patients (forty-three pregnancies) treated at the London Hospital since 1923. Attention was paid to the following aspects of the subject: insulin and the fertility of the diabetic; the effect of insulin on the maternal and foetal mortality; modifications in the course of diabetes consequent upon pregnancy and the puerperium; the influence of the maternal disease upon the child; the diagnosis of diabetes during pregnancy, with special reference to the non-diabetic glycosurias of pregnancy; and the management of the diabetic during pregnancy and the puerperium. He found that insulin treatment had reduced the maternal mortality, but had had

department above mentioned, which incidentally included manipulative treatment, was opened in May of the following year. As an instance of the striking advance of physiotherapeutic treatment I might mention that during the past year 57,000 treatments were given in the department.

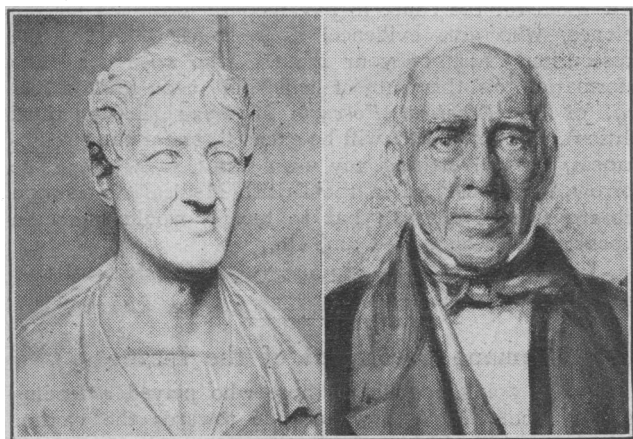
I cannot conclude without remarking on the skill and assiduity with which the staff (all, of course, members of the C.S.M.M.G.) have carried out their arduous duties.—I am, etc.,

W. H. BROAD, M.D., B.S.,

Honorary Surgeon in Charge, Physiotherapeutic
September 30th. Department, Northern Hospital, Liverpool.

Portraits for Identification

SIR,—The help of any of your readers in identifying two likenesses, of which I enclose photographs, will be much appreciated: (1) a bust found in the Manchester Medical School—it is not even known if this is of a medical man; (2) a water-colour portrait of a Dr.



Anderson reported to have died at the age of 99, apparently (from scanty figures given to me) about 1850 or 1860. He is said to have been head of a mental home in Manchester. I cannot corroborate these facts by a search either in the local records or in old editions of the *Medical Directory*.—I am, etc.,

Medical School, Manchester University, E. BOSDIN LEECH.
Sept. 24th.

Obituary

PHILIP EDWARD GLYNN, F.R.C.S.

We regret to announce the untimely death, on September 18th, at the age of 27, of Philip Edward Glynn at the Leeds Infirmary, where he occupied the post of resident orthopaedic officer. The son of Major E. F. Glynn of Ilkley, he was educated at Charterhouse, and at the School of Medicine, Leeds. He qualified with the Conjoint diplomas in 1929, and gave an early indication of his abilities by winning prizes for surgical anatomy and clinical medicine. He held a house-surgeon's post in the Leeds Infirmary, and also the post of resident medical officer at the convalescent branch; following these he was casualty officer at the Beckett Hospital, Barnsley, and then house-surgeon at the Belgrave Hospital for Children, London. His interests turned to orthopaedic work during a short period at the Harlow Wood Orthopaedic Hospital, Nottingham; and on obtaining the F.R.C.S. in 1932 he became house-surgeon at the Royal National Orthopaedic Hospital, London, returning to Leeds towards the end of that year as resident orthopaedic officer.

A correspondent writes: Philip Glynn's death at such an early age cuts short a career of brilliant prospects. He

had already revealed an unmistakable flair for his chosen subject, and his work showed on all sides the happy results of sound training allied to enthusiastic interest, which promised so much for his future and for the future of his department. What struck one most about him was his boundless energy and bright enthusiasm. Nothing was allowed to become between him and his work, for which he was prepared to make any sacrifice. His death leaves a gap in a large circle of friends who loved him for his gentle and kindly nature, and of colleagues who had the very highest regard for his abilities. When taken ill he was about to start on a holiday which—and this was typical of him—was to include visits to orthopaedic and physical training centres abroad. His outside interests were largely those of the open air; he was a keen fisherman and swimmer, and had done some rock-climbing. He was a member of the British Medical Association, of the British Orthopaedic Association, and Fellow of the Royal Society of Medicine.

A funeral service was held in the chapel of the General Infirmary, and was attended by most of the honorary and nursing staffs, by friends and colleagues, and by representatives of the British Orthopaedic Association, and the Harlow Wood and the Royal National Orthopaedic Hospitals.

Universities and Colleges

UNIVERSITY OF LONDON

Lecture Programme

Professor Cyril Burt, M.A., D.Sc., will give a course of five Heath Clark Lectures on the normal and subnormal mind, at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Wednesdays, October 18th to November 15th inclusive, at 5 p.m. Dr. C. S. Myers, F.R.S., will take the chair at the first lecture. The lectures are open to the public, admission free, without ticket.

A course of six lectures on the physiology of the sense organs will be given by Dr. R. J. Lythgoe at University College, Gower Street, W.C., on Mondays from October 9th to November 13th inclusive, at 5 p.m. Admission free, without ticket.

Dr. J. W. Pickering will give a course of four lectures on blood plasma and platelets at King's College, Strand, W.C., on Tuesdays, October 10th, 17th, 24th, and 31st, at 5 p.m. Admission free, without ticket.

On Thursdays, October 12th, 19th, 26th, and November 2nd, at 5 p.m., Dr. W. Robson will give a course of four lectures at King's College, Strand, W.C., on the metabolism of carbohydrates, fats, and proteins. Admission free, without ticket.

Dr. H. Burger, professor of oto-laryngology and dean of the Faculty of Medicine in the University of Amsterdam, will give the Semon Lecture on "The So-called Associated Paralysis of the Larynx (Multiple Cranial Nerve-palsy)," at the Royal Society of Medicine, 1, Wimpole Street, W., on Thursday, November 2nd, at 5 p.m.

A list of advanced lectures and practical courses in physiology to be given during the session may be obtained on application to the Academic Registrar.

UNIVERSITY COLLEGE

Professor Charles Singer, M.D., will deliver a public lecture on "The Development of the Study of Man" at University College, on Monday, October 23rd, at 5.30 p.m.

UNIVERSITY OF LEEDS

The following candidates have been approved at the examinations indicated:

M.D.—Rosie B. Becker, R. E. Tunbridge.

FINAL M.B., CH.B.—(Part I): F. H. B. Fuller, L. Rabinovitch, E. Vining. (Part II): F. M. Brook, A. Cohen, P. Crann, T. A. Divine, R. W. Rutter, T. Simpson, Lydia A. Wilson. (Part III): (carrying degree) F. M. Brook, A. Cohen, P. Crann, T. A. Divine, R. W. Rutter, W. Sharp, T. Simpson, J. F. Warin, Lydia A. Wilson.

D.P.H.—Sarah N. S. Barker, G. M. Holliday, J. C. Knox.

The following awards have been made:—*Edward Ward Memorial Prize*: E. E. Blomfield. *West Riding Panel Practitioners' Prize*: K. O. Milner.

The Services

The King has granted the following officers of the Royal Navy authority to wear decorations conferred on them by the President of the Hellenic Republic in recognition of valuable services rendered by them on the occasion of the earthquake in Chalcidice, as follows: *Commander of the Order of the Phoenix*: Surgeon Commander A. C. Anderson. *Officer of the Order of the Phoenix*: Surgeon Lieutenants E. J. Mockler, F. W. Gayford, and T. S. Osborne.

DEATHS IN THE SERVICES

Surgeon Captain Robert Hughes, R.N. (ret.), died at Southbourne, Bournemouth, on September 28th. He was educated at Owens College, Manchester, and took the L.R.C.P.Lond. in 1898, after which he joined the Navy as surgeon. He attained the rank of surgeon commander on May 15th, 1913, and retired, with an honorary step of rank as surgeon captain, on May 25th, 1925. He served during the war of 1914-18, and received the medals therefor.

Medical News

Sir Norman Walker, President of the General Medical Council, will give an inaugural address at the University of Durham College of Medicine, Newcastle-upon-Tyne, on Friday, October 13th, at 4.15 p.m.

Sir George Newman will deliver four lectures on the English hospital system, at Gresham College, Basinghall Street, E.C.2, on Monday, Tuesday, Wednesday, and Thursday, October 9th, 10th, 11th, and 12th, at 6 p.m. Admission free.

The Schorstein Memorial Lecture will be given by Dr. Otto Leyton in the anatomical theatre of the London Hospital Medical College on Thursday, October 12th, at 4.30 p.m. The subject is "Multiglandular Disease," and members of the medical profession will be welcomed.

A public lecture under the Chadwick Trust on "Port of London Sanitary Administration" will be given by Mr. P. W. Coombe at the Royal Society of Arts, Adelphi, W.C., on Monday, October 23rd, at 5.15 p.m. The chair will be taken by Sir George W. Humphreys.

The Harben Lectures will be delivered in the Lecture Hall of the Royal Institute of Public Health, 23, Queen Square, W.C., at 4 p.m. on October 9th, 10th, and 11th, by Dr. J. C. Drummond, professor of biochemistry, University of London. The first lecture will be on recent studies of the chemical nature of the vitamins; the second on the physiological function of the vitamins; and the third on the vitamins in relation to practical problems of human nutrition. The lectures will be illustrated by lantern slides. No tickets of admission are required.

The annual old students' dinner of the London Hospital Medical College will be held at the Trocadero Restaurant, on Thursday, October 12th, at 8 p.m.

The annual dinner of the Chelsea Clinical Society will be held at the Rembrandt Hotel, Thurloe Square, S.W., on Wednesday, October 18th, at 8 p.m.

University College Hospital Medical School has arranged a programme of post-graduate demonstrations for the benefit of old students on Thursday and Friday, October 12th and 13th, from 10 a.m. to 4 p.m. At 4.15 p.m., on October 13th, the annual general meeting of the Old Students' Club will be held in the Medical Society's Rooms in the Medical School, under the chairmanship of the president, Dr. H. Batty Shaw. At 7.30 p.m. the same day the annual dinner (12s. 6d., exclusive of wines) will be held at the Hotel Victoria, Northumberland Avenue, W.C. The annual dinner of the University College Hospital Women's Medical Association will be held at the Piccadilly Hotel on Friday, October 13th, at 7.45 p.m.

The Fellowship of Medicine (1, Wimpole Street, W.1) has arranged a whole-day course in cardiology for advanced students at the National Hospital for Diseases of the Heart, from October 9th to 21st. A week-end

course in clinical surgery will be given at the Royal Albert Dock Hospital on October 21st and 22nd. Forthcoming courses include a course in gynaecology at the Chelsea Hospital, October 23rd to November 4th; a course in neurology at the West End Hospital for Nervous Diseases; a week-end course in diseases of the chest at the Hospital for Consumption, Brompton; ophthalmology at the Central London Ophthalmic Hospital; urology (advanced) at St. Peter's Hospital for Stone. A panel of teachers giving clinic instruction daily is available throughout the year. Courses, etc., arranged by the Fellowship of Medicine are open only to members and associates.

A post-graduate course in urology will be given at St. Paul's Hospital, Endell Street, W.C., on Wednesdays, from October 11th to November 29th (except October 25th), at 4.30 p.m. The lectures, etc., are free to medical practitioners and students, who are invited to attend any branch of the work in which they are interested. Tea at 4 p.m.

On October 4th a service was held in the chapel of the Dreadnought Hospital, Greenwich, in memory of the late Lawrie McGavin, F.R.C.S., and a tablet of appreciation was unveiled by Sir John Rose Bradford. Mr. McGavin became associated with the Seamen's Hospital Society in the late 'nineties, when he joined the staff of the Albert Dock Hospital. Subsequently he was appointed chief surgeon at the society's headquarters, the Dreadnought Hospital, where he served with distinction until failing health compelled his retirement in 1921. On October 18th the Duke of Montrose will unveil a tablet over the bed endowment in memory of the late Captain Sir Arthur Wellesley Clarke, R.N.R.

Dr. H. K. Graham Hodgson, honorary radiologist to King's College Hospital, has been appointed physician-in-charge of the new department of x-ray diagnosis at the Middlesex Hospital, the establishment and equipment of which is due to the generosity of Mr. W. H. Collins (*British Medical Journal*, July 29th, p. 209).

Letters, Notes, and Answers

All communications in regard to editorial business should be addressed to **The EDITOR, British Medical Journal, B.M.A. 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.

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QUERIES AND ANSWERS

Treatment of Deafness

"M.B." asks for suggestions for the treatment of deafness due to otosclerosis or middle-ear catarrh in a young female patient, aged 29. The onset has been very gradual, and the condition has been noticeable for eight years. Treatment has been the administration of calcium, removal of tonsils and adenoids, and a course of treatment with the electrophonoide instrument six years ago. The condition is gradually becoming worse.