FOUNDATION OF A NUTRITION SOCIETY

Workers engaged on research on nutrition in this country have been feeling the need for a scientific society devoted specifically to their subject. In the past no organization has existed to enable investigators in the many and varied branches of the science—clinical, physiological, agricultural, and sociological—to find a common meeting ground for discussion and the exchange of views. Representative workers in all these fields accordingly decided to form a Nutrition Society. The new venture owed its inception to the following circular letter signed by the heads of some of the better-known centres for research on nutrition in this country.

Just before the outbreak of war a suggestion was made by several people interested in research on nutrition that a Nutrition Society should be formed. Owing to the outbreak of war the idea was abandoned. The question has, however, again been raised, and there are a considerable number of research workers and others in favour of holding meetings to discuss nutritional problems. Such meetings would serve a useful purpose, especially in enabling workers studying different aspects of the same problem in agricultural and medical institutions to meet and help each other with information and constructive criticism.

If there is a sufficient number of workers who wish to hold meetings for discussion of nutritional problems, the best procedure would be to form a society on the lines of the Physiological and the Biochemical Societies, although there would be no question of publishing a journal in the meantime.

In view of the difficulty of travelling it might be convenient to form separate English and Scottish branches, which would meet independently but which might maintain contact during the war by exchanging short notes on the papers and discussions at meetings.

Sir Joseph Barcroft, F.R.S. (Chairman, Food Investigation Board).

Dr. Harriette Chick (Head of Division of Nutrition, Lister Institute).

Prof. J. C. Drummond (Scientific Adviser to Ministry of Food, and Professor of Biochemistry, University College, London).

Dr. John Hammond, F.R.S. (Superintendent of Animal Research Station, Cambridge).

Dr. Leslie J. Harris (Director of Nutritional Laboratory, Cambridge).

Sir Frederick Gowland Hopkins, O.M., F.R.S. (Professor of Biochemistry, Cambridge).

Prof. H. D. Kay (Director of National Institute for Research in Dairying).

Sir Charles J. Martin, F.R.S. (Roebuck House, Cambridge).

Sir Edward Mellanby, F.R.S. (Secretary, Medical Research Council).

Sir J. B. Orr, F.R.S. (Director, Rowett Research Institute).

Prof. R. A. Peters, F.R.S. (Professor of Biochemistry, Oxford).

Subsequently a meeting was held at the Royal Institution attended by representatives from the various institutes, and the following provisional committee was formed: Sir John Orr, chairman; Dr. John Hammond, vice-chairman; Dr. Leslie Harris, honorary secretary; Mr. A. L. Bacharach, honorary treasurer; Dr. Harriette Chick; Dr. E. M. Cruickshank, Cambridge; Dr. H. H. Green, Veterinary Laboratory, Weybridge; Prof. H. P. Himsworth, University College Hospital; Prof. A. St. G. Huggett, St. Mary's Hospital; Dr. Franklin Kidd, Food Investigation Board; Dr. S. K. Kon, National Institute for Research in Dairying; Dr. B. S. Platt, Medical Research Council; Dr. H. M. Sinclair, Department of Biochemistry, Oxford.

It is, of course, not intended that the new society should compete in any way with existing scientific societies; its functions would be complementary to theirs, and would cover a more general and in some ways less specialized field. The main activity of the society at the start would be to hold meetings at various research institutes, at each of which some specific topic could be discussed: several main papers would first be read and would be followed by a general discussion. Arrangements have been made to hold the first conference of this kind at Cambridge on October 18, when the theme will be "The Evaluation of Nutritional Status." Contributions have been promised by Sir Frederick Hopkins (introductory address), Dr. Leslie Harris (Assessment of Level of Nutrition in Man), Dr. B. S. Platt (Clinical Signs of Dietary Deficiency), Dr. C. Crowther (Nutrition of Farm Animals). Among those who have promised to take part in the discussion are Dr. H. M. Sinclair, Dr. John Yudkin, Dr. G. W. Robertson, Dr. R. H. Dobbs, Dr. W. C. W. Nixon, Dr. H. H. Green, Dr. John Hammond.

Further particulars of the society can be obtained from the Honorary Secretary, Dunn Nutritional Laboratory, Field Laboratories, Milton Road, Cambridge.

Local News

ENGLAND AND WALES

Bristol Hospitals Commission

The Nuffield Provincial Hospitals Trust, having accepted an invitation from the Bristol and District Divisional Hospitals Council to make a survey of municipal and voluntary hospitals and ancillary services in Bristol and district, has appointed the following survey committee, to be known as the Bristol Hospitals Commission: Sir Farquhar Buzzard, Bt., Regius Professor of Medicine in the University of Oxford, and chairman, Medical Advisory Council of the Trust; Alderman Sir George Martin, vice-chairman, Provincial Hospitals Regionalization Council of the Trust; Prof. G. E. Gask, F.R.C.S., president, Medical Society of London, member of the Medical Research Council; Dr. M. T. Morgan, medical officer of health, Port of London Authority; Dr. John Buchan, medical officer of health, City of Bradford; Dr. J. P. Candler, late medical officer, Ministry of Health; Dr. A. Q. Wells, medical secretary, Medical Advisory Council of the Trust; Alderman W. Hyde, secretary, Nuffield Provincial Hospitals Trust; and Mr. S. Clayton Fryers, house governor and secretary, General Infirmary at Leeds. The terms of reference of the Commission are: "To take into consideration the present position of the voluntary and municipal hospitals and ancillary hospital and teaching services operating within the area of the Bristol and District Divisional Hospitals Council; inquire whether it is desirable that any steps be taken to promote further co-ordination or extension; consider how the existing and future services may best be financed and administered; and frame such recommendations as may be thought expedient and acceptable without prejudice to developments which subsequent inquiry may find to be desirable in other divisions in the projected West of England Region." The Commission has visited Bristol this week, with headquarters at the Council House. Preliminary work was undertaken by the Trust's officers. Each hospital has been invited to reply to a questionary, and the Lord Mayor has sent a letter to all contributory schemes in Bristol inviting them: (1) To submit observations on the present hospital accommodation and to make recommendations in regard to the future adequate maintenance and expansion of the hospitals and their progressive developments adequately to cater for the needs of the community. (2) To explain how, in their opinion, their organization can best help to solve the present financial problem of the Bristol voluntary hospitals, having regard to the principles on which the contributory scheme movement operates in the large cities, and how they can best help to implement the recommendations they have made under (1), assuming such recommendations to be acceptable to the hospitals.

Salaries in L.C.C. Medical Services

The London County Council recently revised the remuneration of certain of its district medical officers and assistant officers in consequence of a general diminution of work throughout the county, the reductions to be operative from September 1. Meanwhile representations were made to the Minister of Health by the officers concerned, and the Hospitals and Medical Services Committee of the Council received a deputation from the British Medical Association. As a result the Council, while satisfied that the proposed restrictions were justified in view of the amount of work actually performed during the period under review, is of opinion that some concession should be made, particularly in view of the fact that, irrespective of the reduction of work, there still remains the requirement that the district medical officer shall be available in his district, personally or by deputy, throughout each twenty-four hours. A revised scale of salaries has therefore been worked out, giving more advantageous terms to district medical officers with a small number of patients. This will have the effect of lessening the reductions in most cases by amounts varying from £5 to £25 a year. The earlier proposals would have resulted in a saving of approximately £5,020 a year; the new proposals will reduce this saving to about £3,740. The Council has also improved the salaries and conditions of service of certain medical staff at the Whitechapel venereal diseases clinic. New methods of treatment recently introduced make it unnecessary to provide medical attendance at all hours, and it is considered that, as nursing staff and orderlies are available at the clinic all day, the medical staff can more efficiently be employed for certain fixed times, which can be covered by each assistant medical officer working twenty hours a week instead of a minimum of thirty-six as at present. The assistant medical officers now receive yearly salaries varying from £375 to a maximum of £500, and are granted four weeks' annual leave and sick leave with pay. It is proposed that their remuneration henceforth shall be fixed at £500 a year, that their annual leave shall not exceed four weeks, and that they shall provide and pay approved substitutes during absence from duty through any cause, including annual leave.

Reports of Societies

THE ANALYSIS OF A PAIN

At a meeting of the London Association of the Medical Women's Federation, which was held at B.M.A. House on September 18, Dr. JANET AITKEN presiding, Prof. J. A. RYLE gave an address on "the Analysis of a Pain."

It had always been an arresting reflection to him, said Prof. Ryle, that many of our most important and accurate assessments and decisions in medicine were based upon biological phenomena which we could neither see nor measure—that is to say, upon symptoms. In a recent essay he had drawn attention to the need for a much wider and deeper understanding of the two great primary symptoms which our patients bring to us—pain and fear. It was impossible to compute the number of lives which might be saved, the hours of suffering which might be curtailed, the illnesses which might be shortened, and the increase in working hours which might be obtained if only the fullest use were made of what we already know about the physiological import and consequent clinical interpretation of many types of pain. And what a lot there was still to be discovered! A symptom, he reminded his audience, expressed a physiological dysfunction, a sign, a structural alteration. A physiological dysfunction was in the direction of either an exaggeration or a depression of a normal process. We could often trace the gradations between a "symptom" of health—such as hunger—through the symptom of health modified by stress to the symptom of developed disease, as he would endeavour to illustrate. We often spoke of the "symptom of a disease"; this was incorrect, for symptoms, while specific for disturbances of function, were not specific for pathological changes.

Why did so many pains, even including some of the more classical and familiar varieties, go so often unexplained and unrelieved? Because we had not been taught to systematize our inquiries into subjective phenomena with one-tenth of the thoroughness with which we had been taught to systematize objective studies. The more the use of objective measures was extended and elaborated the more, it seemed, did we tend to neglect the analysis of subjective phenomena, which often permitted precise diagnoses even when "other investigations" were unavailing. What was needed to remedy existing deficiencies in method and knowledge? First, better clinical education; secondly, better habits of observation and record in practice; and, thirdly, planned experiment as advocated and practised by Sir Thomas Lewis and his school. It was in the power of all in practice to improve their observational method. In respect of any pain we required an anatomical, a physiological, a pathological, and a psychological diagnosis; to know, in other words, where it originated, how it was produced, by what agency it was stimulated, and to what extent it was modified by temperament, mood, and sensibility in the individual case. Biological purpose should also be philosophically pondered. He emphasized the importance, whenever possible, of seeing patients when actually in pain, and advocated a pain questionary, including twelve points relating to character, severity, situation, localization, paths of reference, duration, frequency, special times of occurrence, activating or aggravating factors, relieving factors, associated symptoms, and elicited pain or tenderness.

Anginal Pain and Hunger Pain

Prof. Ryle then proceeded to an analysis of anginal pain and hunger pain on the basis of such a questionary. In the case of angina pectoris he pointed out how mistakes in favour of a diagnosis of "dyspepsia" could sometimes be traced to the occurrence of the symptom after food; close inquiry always showed that it was exercise after food which caused the symptom. He asked his audience to consider whether Lewis's conclusions in regard to the physiology of anginal pain arrived at by clinical experiment might not have been forecast on the basis of more careful clinical observation. Anginal pain was encountered in coronary occlusion, coronary sclerosis, aortic disease (rheumatic and syphilitic), the overactions of the heart accompanying paroxysmal tachycardia and hyperthyroidism, severe anaemia, tobacco excess, and emotion. Coronary occlusion and anaemia should have given the clue. The only common factor in all these conditions was the unfavourable ratio of work to oxygen supply, or a relative anoxia of the cardiac muscle. Anginal pain was, in fact, found to be specific for a physiological disturbance and not for a "disease." It would seem to have a direct biological purpose, acting as a warning, and a very impressive one, that the patient's capacity for work was strictly limited and his heart in jeopardy.

A similar analysis of hunger pain showed it to be specific for a certain dysfunction which could be described as an exaggeration of the tonic and peristaltic muscular phenomena that characterize normal hunger and not for any single disease such as duodenal ulcer. It was relieved by the same factors which relieved hunger; it was often accompanied by water-brash, which could be regarded as an exaggeration of normal mouth-watering, and by the same general irritability as observed in natural hunger. Biologically it could be argued that those things which relieved it also relaxed the too tense muscle fibres and buffered the gastric acids and so helped healing when the provocative factor was an ulcer. Biological purpose in the case of pain should not, however, be too strongly pressed, and could not always be adduced, even though in injury and angina the pain might seem to have a clear and benign use.

In conclusion he did not insist that every busy practitioner must subject all his patients with pains to such an exhaustive symptom-analysis as he had outlined. Life was too short. He did suggest, however, that such analyses were valuable in difficult cases, that they added interest and achievement in a diagnostic sense to the experience of practice and made for clearer and deeper thinking about the everyday natural phenomena of disease. Other subjective phenomena besides pain could be studied by a somewhat similar approach. We could not and should not dispense with objective methods. We should always prefer measurements to qualitative assessments. But we should also remember that human sensibility and sensitivity were so delicate that they often led to accurate decisions long before eyes or hands or instruments could make their contribution or guided and modified opinion when other evidence was forthcoming.

to the National Institute for the Deaf in order that good use might be made of these men, many of whom were extremely valuable although no longer of use for military service.

Food-poisoning on Board Ship

On September 30 Dr. MORGAN asked the Minister of Health whether, during 1938, 1939, and 1940, there were any further outbreaks of food-poisoning on board ships; whether any further outbreaks of toxic peripheral neuritis, similar to the outbreaks of Ginger or Jake paralysis in the United States, were observed and recorded; whether the fine medical work in this connexion of the medical officers of his Ministry, reported in the 1938 Annual Report of the Ministry's chief medical officer, had been repeated; whether special watch had since been kept for such outbreaks; and whether appropriate commendation had been made to the officers concerned Mr. ERNEST BROWN said that no further outbreak of toxic polyneuritis or of other serious food-poisoning on board ship had come to his notice. He greatly appreciated Dr. Morgan's tribute to the work of his medical officers, and assured him that their watch for any serious outbreak of the kind to which he referred was a close one.

Employment of Alien Doctors

Miss RATHBONE asserted on October 2 that many general practitioners, especially in neutral and reception areas, were seriously overworked owing to the calling up of their medical colleagues, yet were debarred from securing the assistance of alien doctors in their private practices. She asked Mr. Ernest Brown to change the Regulations to permit alien doctors, accepted for the War Emergency Register, to engage in private practice under conditions thought necessary to protect British doctors, such as the limitation of the permit to the duration of the war, and, if necessary, the restriction of the permit to doctors required to work as assistants to, or partners of, British doctors. Mr. BROWN replied that under a recent Order an alien doctor who fulfilled the other necessary conditions could be placed temporarily on the *Medical Register* if he was to be employed as an assistant to a British doctor in private practice. The employment was in each case subject to the approval of the Home Secretary. A practitioner who desired to secure the services of an alien doctor could take the normal steps available to the profession, or, if in doubt, could write to the Ministry of Health.

Sir FRANCIS FREMANTLE remarked that the Central Medical War Committee would undertake these arrangements.

Medical Personnel Priority Committee

In a reply on October 2 to Sir Francis Fremantle, Mr. ERNEST BROWN said an interim report had been received from the committee presided over by the Under-Secretary of State for Dominion Affairs on the distribution of medical man-power. Action was being taken on the recommendations. These included suggestions for the establishment of regional committees to promote the maximum co-operation between civil and Service medical establishments, the continued recruitment for the time being of medical officers for the Forces at the present rate, the compilation of particulars of bed accommodation and staffing for all civil hospitals, and measures to secure greater mobility of resident medical staffs between one hospital and another.

Tuberculosis Increase: Special Inquiry

Dr. SUMMERSKILL inquired on October 2 to what cause Mr. Ernest Brown attributed the increase in tuberculosis. Mr. BROWN said he had arranged for a special inquiry, with the assistance of the Medical Research Council, into the causes of the wartime increase in tuberculosis. On June 30 last there were 1,763 persons in England and Wales who had been for upwards of ten days on local authority waiting lists for institutional treatment. Information was not available on the incidence of non-pulmonary tuberculosis in areas where pasteurized milk was unobtainable. The Ministry of Health was arranging to make available some E.M.S. beds.

Medical Examination of Miners.—On September 30 Mr. GRENFELL informed Miss Ward that to secure uniformity and speed in the urgently needed return of men to the pits under the registration scheme, the question of medical examination was determined in each case by officers of the Ministry of Labour and National Service on the facts brought to their notice at the interview.

The Services

NAVAL AWARD

Surgeon Commander George McCoull, R.N.V.R., and Acting Surgeon Commander Gerald Frederick Stavely Parker, R.N.V.R., have been awarded the Royal Naval Volunteer Reserve Officers' Decoration.

CASUALTIES IN THE MEDICAL SERVICES

ROYAL NAVY

Surgeon Lieut.-Commander CLAUD DENIS DELACOUR DE LABILLIERE, R.N., who was recorded as "Missing" in the *Journal* of June 21, is now posted as "Missing, Presumed Killed" in an Admiralty Casualty List published on October 1. He was serving in H.M.S. *Fiji*, which was sunk in the operations off Crete in May last. Qualifying M.R.C.S., L.R.C.P. in 1929, he entered the Royal Navy as surgeon lieutenant in the following year, and was promoted to surgeon lieutenant-commander in 1936. He had been a member of the British Medical Association since 1931.

ROYAL ARMY MEDICAL CORPS

Prisoners of War

Temporary Major Robert Harvey.
Temporary Major Patrick David Clifford Kinmont.
Temporary Major George Albert William Neill.
Captain Arthur Geoffrey Veasey Aldridge.
War Substantive Captain Charles Alan Hutt.
War Substantive Captain David Frew Wood.
Lieut. James Manson Knight.

DEATHS IN THE SERVICES

Lieut.-Colonel HENRY GEORGE LUTHER WORTABET, I.M.S. (ret.), died at Bournemouth on September 19, aged 88. He was born in Syria on September 5, 1853, and was educated at the University of Edinburgh, where he graduated M.B., C.M. in 1878, proceeding M.D. in 1883. Entering the I.M.S. as surgeon in 1879, he became lieutenant-colonel after twenty years' service, and retired in 1909. He served in Afghanistan in 1880, receiving the medal, and in the Burmese campaigns in 1886-8, taking part in the operations of the 4th and 6th Brigades, and gaining the Frontier medal with two clasps. He had been a member of the British Medical Association for fifty years.

Medical News

The activities of the Royal Medical Society of Edinburgh are proceeding as usual, though the war has necessitated the temporary abandonment of the annual dinner. The inaugural address for the forthcoming session will be delivered by Surgeon Rear-Admiral Sir W. I. de Courcy Wheeler on Friday, October 17, at 8 p.m. in the Hall of the Society. The title is to be "What Society has Gained by the Progress of Surgery." During the session addresses will be given by Colonel F. A. E. Crew, Prof. G. B. Fleming, Prof. A. T. Jurasz, Dr. J. Trueta, and Prof. Samson Wright.

The 1941 annual meeting of the National Society for the Prevention of Blindness (U.S.A.) will be held in New York City from December 4 to 6.

The Duchess of Portland has accepted the presidency of the London Ambulance Benevolent Fund. Founded less than three months ago, the Fund has already raised £2,500, and has been the means of help in over forty cases of distress among members of the regular and auxiliary Ambulance Service and their dependants.

Mr. Geoffrey Williams Carte, F.R.C.S., surgeon, London, has been commended for brave conduct in civil defence.

On September 11 the New Zealand House of Representatives passed the Crimes Amendment Act, substituting life imprisonment for the death penalty for murder and abolishing flogging.

Dr. H. D. Clementi-Smith has been elected a Warden of the Mercers' Company, the first, in order of civic precedence, of the twelve great Guilds of London.

The Department of Health of the City of New York is planning to establish an Institute of Scientific Research.

Universities and Colleges

UNIVERSITY OF SHEFFIELD

The following candidates have been approved at the examination indicated:

FINAL M.B., CH.B.—*Parts II and III:* H. Barrada, Pauline M. Hardcastle, L. Ishak, L. F. Q. Maclaine, Margaret E. Withers.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

Arnott and Erasmus Wilson demonstrations and Museum lecture-demonstrations will be given at the College (Lincoln's Inn Fields, W.C.) as follows: October 13, Prof. A. J. E. Cave, the constitution of the skull; October 14, Mr. L. E. C. Norbury, benign neoplasms of the rectum; October 15, Prof. Cave, vascular arrangements of the head and neck; October 16, Mr. Norbury, malignant neoplasms of the rectum; October 17, Prof. Cave, lymphatics of the head and neck; October 20, Prof. Cave, surgical anatomy of the nasal fossa; October 21, Mr. R. Davies-Colley, diseases of the testicle; October 22, Prof. Cave, surgical anatomy of the mouth and jaws; Oct. 23, Mr. C. E. Shattock, tumours of the kidneys; October 24, Prof. Cave, surgical anatomy of the pharynx and larynx; October 27, Prof. Cave, surgical anatomy of the liver and bile ducts; October 28, Mr. Davies-Colley, tumours of the intestines; October 29, Prof. Cave, surgical anatomy of the kidney and ureter; October 30, Mr. Shattock, tumours of bone; October 31, Prof. Cave, surgical anatomy of certain nerves. All the demonstrations begin at 2.30 p.m., and are open to advanced students and medical practitioners.

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.

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TELEGRAPHIC ADDRESSES.—EDITOR, *Aitiology Westcent, London;* SECRETARY, *Medisecra Westcent, London.*

B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.

QUERIES AND ANSWERS

Cancer in the Lower Animals

J. T. M. writes: I shall be glad if anyone can tell me what is the incidence of cancer among domesticated animals, particularly the cow, sheep, poultry; and fish. I have been told by an authority that cancer is rather common in poultry, affecting particularly their sexual organs.

Behaviour of Children and Adults under War Conditions

Miss EVELYN FOX, C.B.E., honorary secretary of the Mental Health Emergency Committee (24, Buckingham Palace Road, S.W.1), writes: This committee has been making an inquiry into the behaviour of children and adults under war conditions. Questionaries have been sent out to child guidance clinics, mental treatment clinics, psychiatric wards of emergency hospitals, and to psychiatric social workers in the reception areas. This inquiry was intended to be only a preliminary survey, and before proceeding further the committee would be very interested to learn whether any similar investigations are being carried out, either by groups or by individuals, and if so would welcome opportunities of co-operation.

Income Tax

Expenditure on Books

"X. Y." refers to an answer in our issue of July 16, 1941, and asks for a note on the decision in Simpson *v.* Tate.

*** The answer referred to was given on the understanding that the inquirer was in general practice and assessed under Schedule D; salaries, etc., are assessable under Schedule E, and the rule in that Schedule with regard to expenses is more stringent than the corresponding Schedule D rule. Dr. Tate was a county M.O.H., and claimed to deduct subscriptions to certain professional societies. In his judgment Rowlatt J. said that "taking in professional literature and all that sort of expense which enables a man to keep himself fit for what he is doing are things which can none of them be allowed." This decision seems to cover the purchase of books if the income is assessable under Schedule E.

LETTERS, NOTES, ETC.

Irrigation in Treatment of Diverticulosis

Dr. BERNARD MYERS (London, W.1) writes: Diverticulosis is not an infrequent condition in older adults, not difficult to diagnose from the train of symptoms and confirmation by *x* rays. Not only constipation but the tendency to attacks of diverticulitis with the accompanying discomfort and pain is apt to cause depression, especially in the more severe cases. From my experience of these cases I suggest that the essentials of treatment are a non-irritating diet free from pips, skins of fruit, or other indigestible material, the daily taking of liquid paraffin in sufficient but not in excessive doses, and irrigation of the colon from time to time. Cases that receive this treatment have, I suggest, not at all a bad time, and can enjoy life reasonably and play games. With regard to liquid paraffin, I find cases differ to some extent, but, generally speaking, a tablespoonful thrice daily suits many sufferers; but to some this would be excessive, and less must be taken, as too much causes too frequent action of the bowels with much discomfort and accidents in clothes. Others need more, and I know of a well-marked case in a man over 60, who takes two tablespoonfuls every morning before breakfast and the same quantity before the evening meal, and keeps free now from attacks of diverticulitis provided his colon is irrigated at least every two months. Irrigation must be done only by real experts, as those not properly initiated into the method may cause great discomfort or even danger. I believe that many bad cases need irrigation once a month and possibly more often. When it is properly done the patient complains of no pain or discomfort, but, on the other hand, a feeling of great relief and well-being. It is surprising to see the material removed from a diverticulum after a careful irrigation. Sufferers from diverticulosis should not strain at stool; indeed, there should be no need if the dose of paraffin be well regulated.

The Blunt Needle

Mr. A. P. BERTWISTLE, F.R.C.S.Ed. (London) writes: A blunt needle is at once a source of annoyance and danger. The chief danger is that the needle may break in the tissues, requiring operative removal. A second danger is that it must pass through the tissues more like a saw than a knife. If the needle is obviously rusty micro-organisms may lodge in the crevices untouched by antiseptics, save those of low surface tension, though not by boiling, of course. Hypodermic needles are now made of stainless steel; they become blunt very often by the tip bending backwards, usually over the lumen, and also from excessive use. They can be sharpened with the aid of an oil-stone. Gone are the days when a matchbox was, surreptitiously, used for removing rust. With regard to suture needles, I have the authority of Messrs. Thackray for stating that stainless steel has so far proved unsatisfactory, since it will not harden or temper as well as carbon steel. (In the present emergency they have been asked not to draw on supplies available.) Prof. John Hilton in a broadcast said that safety-razor blades became blunt as the result of an invisible rust forming on the cutting edge, it being impossible to dry the edge perfectly with a towel. If, however, the blade is finally cleaned with a rag moistened with a thin cycle oil it will keep its edge twice as long. Applying this principle to suture needles, if the needle be drawn through a piece of chamois leather impregnated with thin oil several times after use it will be found that the needle keeps sharp much longer, a point of value in these hard times.

Disclaimer

Drs. J. ROBINSON and M. STOCK write from Manchester: Our attention has been called to a recent newspaper article concerning the treatment of influenza and colds in which our names appeared. We desire to state clearly that we have given no interview to the writer of the article or any other person, and that we had no knowledge of its proposed preparation or publication. We desire further to state that we take no responsibility for the nature or accuracy of the statements made or the facts alleged.

Corrigendum

In the report supplied to us of the meeting of the Association of Clinical Pathologists held at Cambridge on July 19 and published in the *Journal* of August 30 (p. 315) Dr. S. C. Dyke is recorded as having made observations on eosinophilia in glandular fever. Dr. Dyke was in fact discussing trichiniasis and not glandular fever, and he asks that this correction may be notified to our readers.