

## Universities and Colleges

### UNIVERSITY OF SHEFFIELD

At a meeting of the University Council held on Nov. 10 the following appointments were made: Dr. C. H. Bosenberg, registrar of the Children's Hospital, as temporary lecturer in diseases of children; and Dr. Andrew Wilson, as temporary lecturer in medicine for dental students.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

At an ordinary meeting of the Council held on Nov. 9, with Sir Alfred Webb-Johnson, President, in the chair, Mr. V. Zachary Cope, Mr. C. E. Shattock, Mr. E. W. Riches, and Mr. W. H. C. Romanis were re-elected, and Mr. V. C. Pennell and Mr. A. J. Gardham were elected Members of the Court of Examiners. The Hallett prize was awarded to John Davis Green, B.M., B.Ch., of Oxford University. Mr. L. E. C. Norbury was nominated as representative of the College on the Central Council for District Nursing in London for a further period of three years. Dr. D. H. Tompsett was appointed Prosector to the College.

Diplomas of Membership were granted to R. A. Allen and to the candidates whose names were printed in the report of the meeting of the Royal College of Physicians of London published in the *Journal* of Nov. 4 (p. 612).

### ROYAL COLLEGE OF PHYSICIANS OF EDINBURGH

At a quarterly meeting of the College held on Nov. 7, with Dr. A. Fergus Hewat, President, in the chair, Dr. W. F. Haultain, O.B.E., M.C., was elected a Fellow.

### ROYAL COLLEGE OF PHYSICIANS OF IRELAND

At a meeting of the President and Fellows of the College held on Nov. 3 the following were admitted Licentiates and Members:

Violet K. St.G. Breakey, M.B., E. de Valera, M.B., S. P. O'Toole, M.B.

### ROYAL FACULTY OF PHYSICIANS AND SURGEONS OF GLASGOW

At the annual meeting of the Faculty held on Nov. 6 the following officers were elected for the ensuing year: President, Mr. William A. Sewell; Visitor, Dr. Geoffrey B. Fleming; Honorary Treasurer, Mr. Walter W. Galbraith; Honorary Librarian, Dr. W. R. Snodgrass; Representative on the General Medical Council, Mr. Andrew Allison.

## The Services

Temp. Surg. Lieut. D. G. Thompson, R.N.V.R., has been mentioned in dispatches. This name appears in a list of awards for outstanding courage, skill, and determination in pressing home a successful attack on the Japanese naval base at Sabang.

Acting Surg. Cmdr. C. P. Collins, R.N., has been awarded the D.S.C., and Acting Surg. Cmdr. R. D. Bradshaw, Temp. Acting Surg. Lieut.-Cmdrs. D. W. Burnford and G. D. Channell, and Temp. Surg. Lieuts. R. G. G. Evans, G. C. Haywood, and D. A. Maciver, R.N.V.R., have been mentioned in dispatches for gallantry, skill, determination, and undaunted devotion to duty during the landing of Allied Forces on the coast of Normandy.

The *London Gazette* has announced the award of the M.C. to Fl. Lieut. R. N. Rycroft, R.A.F.V.R. The citation reads as follows:

Fl. Lieut. Rycroft was the only medical officer on one of the beaches of Normandy on "D" Day. Owing to the intense bombardment, it was not possible for him or any member of his unit to move off the beach for six hours. He worked for 48 hours tending casualties among the personnel of his unit and also aided some 75 American wounded. He was himself slightly wounded, but his efforts on behalf of others were untiring. He set an example of great courage and devotion to duty and was responsible for saving many lives.

### CASUALTIES IN THE MEDICAL SERVICES

*Previously reported wounded and missing at Arnhem, now known to have been shot dead while attending the wounded.*—Capt. Gareth Fitzalan Howard Drayson, R.A.M.C.

*Previously reported missing at Arnhem, now known to be a prisoner of war.*—Capt. C. A. Simmons, R.A.M.C.

*Missing at Arnhem, believed prisoner of war.*—Lieut. P. S. Allenby, R.A.M.C.

*Wounded.*—Lieut. J. T. S. Buchan, War Subs. Capt. L. G. Harper, M.C., Temp. Major R. H. C. Manifold, Temp. Lieut.-Col. J. J. Myles, R.A.M.C.

## Letters, Notes, and Answers

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### ANY QUESTIONS?

#### Treatment of Menopausal Menorrhagia

**Q.**—What is the modern treatment for menopausal menorrhagia?

**A.**—It is not possible to give a simple answer to this question, since haemorrhage from the genital tract is so very common at the time of the menopause and may be due to such a variety of conditions.

In the case in which there is a true menorrhagia—that is, an increase of the loss of blood at normally occurring menstrual periods—and provided the pelvic organs are clinically normal, both on bimanual examination and on inspection of the cervix with a speculum, it may be possible to tide the patient over the menopause, which may last for no more than a few months. Anaemia should be combated by adequate doses of iron (18 gr. exsiccated of ferrous sulphate daily). It must be remembered, however, that many diseases of the pelvic organs are especially liable to occur at this time. These include metropathia haemorrhagica and, above all, malignant disease of the uterus. Every case in which there is severe haemorrhage or where the haemorrhage is prolonged or occurs at other times than at the normal menstrual periods should be submitted to examination under anaesthesia and curettage. Any gross pathological lesion, such as carcinoma or a uterine fibroid, should receive the appropriate treatment.

Opinion is divided on the best treatment for functional uterine haemorrhage, including metropathia haemorrhagica, at the time of the menopause. Many cases are cured by curettage of the uterus, and it is often worth while observing the effect of this simple and relatively safe procedure. If bleeding still continues there are two possibilities. An artificial menopause may be induced, and radium, radon, or x rays are all used for this purpose. Alternatively, the uterus may be removed either by the abdominal route or, especially in a parous woman, by vaginal hysterectomy. The advantage of this more radical treatment is that the danger of carcinoma of the uterus is for ever dispelled, and some ovarian tissue can usually be left so that the patient does not experience the severe general symptoms of the artificially induced menopause. The risk of carcinoma of the uterus after an artificial menopause is not negligible, and as I have seen three cases of rapidly spreading carcinoma of the uterine body after radium menopause in recent years, it is believed that removal of the uterus is usually preferable provided the patient's general condition is good. The disadvantage of the more radical procedure of hysterectomy is that the period of disability is longer, and the risk of death which a patient who undergoes a major operation has to face. Hormones, while of acknowledged value for the treatment of menopausal symptoms such as flushing, are disappointing for the treatment of menopausal haemorrhage.

#### Raspberry-leaf Extract

**Q.**—There is a demand among pregnant women in this district for tablets of raspberry leaves, or they drink an infusion of raspberry leaves to stop pregnancy vomiting. What are the pharmacology and toxicology of these leaves? Martindale and all my reference books give no information. Are there any dangers?

**A.**—It has been shown by Burn and Withell (*Lancet*, 1941, 2, 1) that raspberry leaves contain an active principle which causes relaxation of uterine muscle. It is presumably because of this principle that infusions of raspberry leaves have been found to give relief in painful menstruation, where the pain may be due to contractions of the uterus attempting to drive blood clots through a too rigid cervix. Similarly, infusions of raspberry leaves taken late in pregnancy may have the effect of making dilatation of the cervix an easier process when labour begins. There is no suggestion that raspberry infusions have any effect on pregnancy vomiting. There is no evidence of the presence of toxic substances in raspberry-leaf infusions, so that the practice of taking them is devoid of risk. (See also article in *British Medical Journal* by Sir Beckwith Whitehouse, Sept. 13, 1941, p. 370; and letter by J. H. Burn, Sept. 20, 1941, p. 418.)