suggest strongly the desirability of further research in this obscure field.

In the second part of the book the authors give useful indications for the treatment by hypnosis of neurotic states. They write in an interesting and informative way and in a critical and cautious spirit, emphasizing the need for adequate medical investigation before hypnotic treatment is started.

ELIOT SLATER.

SCIENCE AND SOCIETY

The Conflict of Science and Society. By C. D. Darlington, F.R.S. Conway Memorial Lecture at Conway Hall, April 20, 1948. (Pp. 51. 2s.) London: Watts and Co.

The publishers of Dr. C. D. Darlington's Conway Memorial Lecture justly describe it as provocative. From its denunciation of Government departments in our bourgeois State, particularly of the Ministries of Agriculture and Health, and its more than Wellsian contempt for our ancient universities, a young Marxian might think he recognized a comrade, but, as our readers will remember, Dr. Darlington has an even poorer opinion of the U.S.S.R. than of the Ministry of Agriculture, which has not, apparently, murdered anybody yet, while Moscow has murdered several geneticists and compelled the Academy of Sciences of Prague "to offer a seat to a charlatan from Moscow." The evils of the world are, Dr. Darlington thinks, to be traced to the notion of equality, "one of the three chief illusions promoted by the great Semitic religions" (which are the Christian, the Muslim, and the Communist faiths). "Christian or Muslim equality depends on an equality of souls before God. Germanic equality depended on an equally mystical race-theory. Marxist equality, on the other hand, springs from a variety of sources." Is it possible that Dr. Darlington is mis-stating the Christian ethic? The parable of the talents seems to teach that all men are *not*—shall we say—*genetically* equal, but that there is equality of reward between the possessors of five talents and of two talents provided they have used their greater or smaller genetic abilities as well as they could. However this may be, Dr. Darlington finds the world very evil and that organized society has no use for research. "Is our situation so easy, our food so abundant, our empire so rich, our credit so inexhaustible, that we can afford the perennial and increasing archaism of our great departments of Industry, Agriculture, and Health?"

Dr. Darlington's remedies for this state of affairs are far from violent. He thinks that nobody should be given a university degree from whose training either science or the humanities has been wholly excluded and that the theory of evolution should become the central idea in teaching and research. These proposals will be found *mutatis mutandis* (viz., without a drum-fire of scorn) in the report of the B.M.A. Committee on Education.

The heart knoweth its own bitterness; Dr. Darlington's emotion is perhaps stirred by British neglect of genetics, which indeed moved the wrath of Karl Pearson and Galton before Dr. Darlington was born. It would be impertinent for a vital statistician without special knowledge of genetics to challenge Dr. Darlington's judgment on that issue, but I shall venture to deny as categorically as he affirms that the official vital statistics of this country are "largely lumber" or that modern statistical methods are despised in Government departments. Indeed the demand for trained statisticians both in Government departments and universities is considerably greater than the supply.

MAJOR GREENWOOD.

Professor J. H. Burn, F.R.S., says in his *Lecture Notes on Pharmacology* (Oxford: Blackwell Scientific Publications; 6s.): "These notes were written for the medical students at Oxford because very few of them were able to obtain copies of textbooks on pharmacology." He gives a concise account of the information needed to pass examinations, and this will help students to achieve the necessary goal. The danger of this kind of book lies in the fact that some students may feel that there is no need to consult larger books and so will acquire a minimum of knowledge. The book is reliable, up to date, and well suited for its purpose, but it will be unfortunate if students have to depend entirely on such brief summaries. If the appearance of this book stimulates the publishers of larger textbooks to print more copies of them a useful purpose will have been served.

BOOKS RECEIVED

[Review is not precluded by notice here of books recently received]

Practical Zoological Illustrations. Invertebrates. By W. S. Bullough. (30 illustrations. 15s.) London: Macmillan. 1948.

Labelled diagrams for junior students of zoology.

The Modern Management of Gastric and Duodenal Ulcer. Edited by F. Crodon Deller, M.D., M.R.C.P. (Pp. 227. 20s.) Edinburgh: E. and S. Livingstone. 1948.

A practical account for physicians and surgeons.

The March of C.M.E. Edited by L. Machlan for the College of Medical Evangelists. Vol. II. (Pp. 208. No price.) California: College of Medical Evangelists Loma Linda and Los Angeles. 1947.

An account of the College of Medical Evangelists, California.

Pharmacology and Experimental Therapeutics. By H. A. Anderson and others. (Pp. 368. 36s.) London: Cambridge University Press. 1947.

A survey of the literature, 1941–6.

Medical Statistics from Graunt to Farr. By Major Greenwood, D.Sc., F.R.C.P., F.R.S. (Pp. 73. 6s.) London: Cambridge University Press. 1948.

The FitzPatrick Lectures for 1941 and 1943; an account of the early history of medical and social statistics.

Zinsser's Textbook of Bacteriology. By D. T. Smith, M.D., and others. 9th ed. (Pp. 992. $10.) New York: Appleton-Century-Crofts. 1948.

For medical students and practitioners.

The Selection and Use of Diagnostic Categories in Clinical Counseling. By H. B. Pepinsky. (Pp. 140. 11s. 6d.) London: Geoffrey Cumberlege. 1948.

A monograph on identifying and advising on students' problems.

Father Land. By B. Schaffner, M.D. (Pp. 203. 18s.) New York: Columbia University Press. 1948.

A study of authoritarianism in the German family.

A Synopsis of Regional Anatomy. By T. B. Johnston, C.B.E., M.D. 6th ed. (Pp. 436. 18s.) London: J. and A. Churchill. 1948.

For the medical student revising his work.

General Endocrinology. By C. Donnell Turner, Ph.D. (Pp. 604. 35s.) London: W. B. Saunders. 1948.

A textbook for students of biology and zoology.

Malaria Control by Coastal Swamp Drainage in West Africa. By A. B. Gilroy, O.B.E., M.B., B.S., D.T.M.&H. (Pp. 107. No price.) London: Ross Institute of Tropical Hygiene, London School of Hygiene and Tropical Medicine. 1948.

A practical handbook intended primarily for medical men.

Human Ancestry. By R. Ruggles Gates, F.R.S. (Pp. 422. 42s.) London: Geoffrey Cumberlege. 1948.

A study of the origin and history of the races of mankind.

Insects and Human Welfare. By C. T. Brues. Revised ed. (Pp. 154. 14s.) London: Geoffrey Cumberlege. 1947.

An account of insects harmful to man and their control.

Fearless Childbirth. By M. Randall, O.B.E., S.R.N., S.C.M., M.C.S.P. (Pp. 99. 3s. 6d.) London: J. and A. Churchill. 1948.

A practical handbook for the mother-to-be.

The Mechanism of Abdominal Pain. By V. J. Kinsella, M.B., Ch.M., F.R.C.S., F.R.A.C.S. (Pp. 230. 32s. 6d.) Sydney: Angus and Robertson. 1948.

Includes a historical introduction and review of the literature, with references.

Brief Psychotherapy. By B. S. Frohman, M.D. (Pp. 265. 20s.) London: Henry Kimpton. 1948.

A manual for the general physician.

to mothers' questions published weekly for some years in the *Nursery World*. With all this she found time for the pleasures of music and an active social life amongst a wide circle of friends. Always modest and approachable, she wore her erudition lightly and was unstinting in her help of colleagues and students.

Mrs. Isaacs was the youngest of a large family. She was married twice, first to W. B. Brierley (her first books were published under the name of Susan Brierley), and secondly to Nathan Isaacs. She had no children. She was made an honorary D.Sc. of Adelaide University, and in the recent New Year's Honours was appointed C.B.E.

J. W. S. MACFIE, D.Sc., M.B., D.T.M.

Dr. J. W. S. Macfie, who had a long and distinguished career in the Colonial Medical Service and was well known as a malariologist, died at St. Leonards on Oct. 11 at the age of 69. John William Scott Macfie was born at New Ferry, Cheshire, and educated at Oundle, and subsequently at Cambridge and Edinburgh University, where he graduated M.B., Ch.B. in 1906. After a period in the physiology laboratory at Liverpool under Sherrington, Macfie's interests turned to tropical medicine. He took the diploma in tropical medicine at Liverpool in 1910 before going out to Africa and joining the West African Medical Staff. He served in North and South Nigeria and on the Gold Coast, and from 1914 to 1923 he was director of the Medical Research Institute at Accra. During this time Macfie was responsible for much original work on a number of tropical diseases, particularly trypanosomiasis and malaria. In 1917 he was seconded to the Liverpool School of Tropical Medicine to undertake special research on malaria. Two years later he was awarded the Mary Kingsley Medal of this School for his outstanding work in the field of tropical medicine.

Dr. Macfie, on returning from West Africa, joined the staff of the Liverpool School of Tropical Medicine as lecturer in protozoology. In 1927 he started work on the chemotherapy of malaria, under the aegis of the Medical Research Council, at the London School of Tropical Medicine. In spite of failing health, he volunteered for service in Ethiopia in 1935 as second-in-command of the British Red Cross Unit serving there. His book, *An Ethiopian Diary*, was published in the following year. Thereafter he was engaged temporarily in medical activities in London, but in 1941, at his insistent request, he was appointed a temporary major in the R.A.M.C. He served with distinction in No. 3 and No. 8 Malaria Field Laboratories in Egypt and Syria and elsewhere in the Middle East as a malariologist. Returning to this country after a breakdown in health, he relinquished his commission in 1943 and renewed his old interest in taxonomic studies at the British Museum. Macfie also returned for a short time to the Liverpool School, where he was engaged in the preparation of an instructional film on malaria.

Macfie was a worker of eminence and erudition in many branches of tropical medicine. He was a world authority on the midges (*Ceratopogonidae*), and was largely responsible for the identification and classification of the collection of these insects in the British Museum. Macfie's kindliness, unassuming mien, and tall ascetic figure endeared him equally to his contemporaries and to his junior colleagues, many of whom will recall with gratitude his unostentatious benefactions.

Universities and Colleges

ROYAL COLLEGE OF PHYSICIANS OF LONDON

A series of postgraduate lectures in general medicine will be given at the College (Pall Mall East, S.W.) on various dates between Nov. 2 and Dec. 17, at 5 p.m. each day. The inclusive fee for the course is £7 7s. and the total entry is limited to 200. Fees are payable in advance and must be received at the College by Oct. 25.

ROYAL COLLEGE OF OBSTETRICIANS AND GYNAECOLOGISTS

A postgraduate course of advanced lectures for those studying the special practice of obstetrics and gynaecology will be given in the College House (58, Queen Anne Street, London, W.) from Monday, Nov. 15, to Friday, Nov. 19, inclusive, at 12 noon and 5 p.m. each day. The fee for the course of ten lectures is £4 4s.; 10s. 6d. for a single lecture. There will be no admission without a ticket, obtainable from the secretary of the College.

At a special meeting of Council of the College, held at the College House on Oct. 1, with the President, Sir William Gilliatt, in the chair, the Honorary Fellowship of the College was conferred on Dr. Emil Novak, of Baltimore, U.S.A.

A. F. Hollinrake (Ontario) was admitted to the Fellowship.

The following were admitted to the Membership:

I. S. R. Bain, Henrietta E. Banting, T. L. S. Baynes, S. Behrman, D. C. A. Bevis, C. C. Bowley, T. St. V. W. Buss, Ll. W. Cox, Mary E. Egerton, T. E. Elliot, G. McI. Forsyth, H. D. Freeth, G. T. Gibson, J. H. Gibson, A. Graham, A. H. Grenz, Constance A. Grey, H. B. Hattam, C. C. Henneberg, E. Hesselberg, D. W. Higson, J. C. Holman, K. R. Hudson, A. G. Jones, J. B. Joyce, W. T. Kenny, G. G. Kerster, R. A. H. Kinch, S. Lask, T. L. T. Lewis, E. L. F. McConnachie, W. Macfarlane, J. M. McKiddie, S. H. Madden, Helen M. Mayer, G. W. H. Millington, F. L. E. Musgrove, J. R. Norris, J. J. F. O'Sullivan, J. H. Patterson, A. C. Pearson, W. H. Peek, S. D. Perchard, D. Prysor-Jones, E. H. Rees, S. McR. Reid, H. A. Ripman, D. N. S. Robertson, B. W. Sanderson, G. A. Silley, A. A. Smith, T. Smith, G. J. Sophian, Christine M. Stacey, P. C. Steptoe, C. S. N. Swan, R. A. Thatcher, G. S. Thomas, R. G. Whitelaw, R. M. Williams, M. S. Williamson, H. G. Wolskel, P. S. Wright, R. B. Wright.

EPIDEMIOLOGICAL NOTES

Discussion of Table

In *England and Wales* an increase was recorded in the notifications of measles 843, scarlet fever 166, acute pneumonia 125, acute poliomyelitis 13, and typhoid fever 11. Decreases were reported in the incidence of whooping-cough 55 and dysentery 10.

The incidence of measles tended to rise throughout the country, but large increases were recorded in only a few counties, notably Yorkshire West Riding 318, Lancashire 210, Cheshire 58, and Derbyshire 50. A small rise in the notifications of scarlet fever was reported from most areas; the largest increase was 35 in Yorkshire West Riding.

The local trends of whooping-cough fluctuated; the largest variations were a rise of 49 in Lancashire and a fall of 50 in Yorkshire West Riding. There was no appreciable change in the local returns of diphtheria. The rise in the incidence of pneumonia was mainly contributed by the West Midland and Yorkshire regions, and a rise of 39 was recorded in both regions.

The chief centres of dysentery were Lancashire 19 and London 12. A further 31 cases were notified in Shropshire, Oswestry R.D. During the past four weeks 87 cases have been notified from this outbreak.

The largest returns of acute poliomyelitis were Yorkshire West Riding 8 (Sheffield C.B. 3); London 7 (Woolwich 2); Staffordshire 7 (Wolverhampton C.B. 3); Glamorganshire 7 (Swansea C.B. 3, Cardiff C.B. 2); Surrey 5; Gloucestershire 5 (Bristol C.B. 5); Warwickshire 5 (Birmingham C.B. 2).

In *Scotland* infectious diseases were more prevalent during the week and increases in the number of notifications were recorded for acute primary pneumonia 54, scarlet fever 33, diphtheria 17, and dysentery 10. The increased incidence of these diseases was mainly contributed by the city of Glasgow.

In *Eire* a rise of 28 occurred in the notifications of diarrhoea and enteritis; of this increase 20 cases were notified in Dublin C.B. An outbreak of measles affecting 28 persons was notified in Clare, Kilrush R.D. Notifications of scarlet fever were 20 fewer in the large cities, but this was offset by a rise of 16 in the remainder of the country.

In *Northern Ireland* increases were recorded for measles 34, whooping-cough 16, and scarlet fever 13. The rises in the incidence of the first two diseases were due to the experience of Belfast C.B., while a small increase in the notifications of scarlet fever was fairly general throughout the country.

Quarterly Returns for Northern Ireland

The birth rate during the second quarter was 23.9 per 1,000 and was 0.9 below the average of the five preceding June quarters. The infant mortality was 44, and was 18 below the average of the corresponding quarters of the five preceding years. Maternal mortality was 1.1 per 1,000 births, being 1.4 below the five years' average. The general death rate was 11.4, and was 1.0 below the average of the June quarters for 1943–7. Deaths attributed to the principal infectious diseases numbered 63, and included 30 from diarrhoea and enteritis and 13 from whooping-cough. Deaths from pulmonary tuberculosis numbered 178 and from other forms of tuberculosis 81; these figures were 35 below and 2 above the five years' average.

Week Ending October 9

The notifications of infectious diseases in England and Wales during the week included: scarlet fever 1,273, whooping-cough 2,073, diphtheria 112, measles 4,061, acute pneumonia 421, cerebrospinal fever 31, acute poliomyelitis 79, dysentery 84, paratyphoid 13, and typhoid 18.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE, Keppel Street, W.C.—Oct. 28, 5.15 p.m. *"Micromethods in Biology,"* by Professor K. Linderström-Lang (Copenhagen).

MEDICO-LEGAL SOCIETY.—At 26, Portland Place, W., Oct. 28, 8.15 p.m. *"Criminal Justice,"* by His Honour Judge W. G. Earengey, K.C.

PHARMACEUTICAL SOCIETY OF GREAT BRITAIN, 17, Bloomsbury Square, London, W.C.—Oct. 28, 7.30 p.m. *"The British Pharmacopoeia, 1948,"* by Dr. C. H. Hampshire.

ST. GEORGE'S HOSPITAL MEDICAL SCHOOL, Hyde Park Corner, London, S.W.—Oct. 28, 4.30 p.m. *"Neurology and Psychiatry."* Lecture-demonstration by Dr. Desmond Curran.

SOCIETY OF APOTHECARIES OF LONDON.—In the Hall, Black Friars Lane, Queen Victoria Street, E.C., Oct. 28, 5 p.m. *"The Management of Inoperable Malignant Disease,"* by Sir Stanford Cade.

Friday

KENT AND CANTERBURY HOSPITAL, Canterbury.—Oct. 29, 5 p.m. Clinical meeting.

LONDON SCHOOL OF HYGIENE AND TROPICAL MEDICINE, Keppel Street, W.C.—Oct. 29, 5.15 p.m. *"Enzymatic Break-down of Proteins. (I),"* by Professor K. Linderström-Lang (Copenhagen).

MEDICAL SOCIETY FOR THE STUDY OF VENEREAL DISEASES, 11, Chandos Street, London, W.—Oct. 29, 8 p.m. *"The V.D. Factor in Infertility and Sterility and its Treatment,"* by Mr. Reynold H. Boyd.

ROYAL INSTITUTE OF PHILOSOPHY.—At University Hall, 14, Gordon Square, London, W.C., Oct. 29, 5.15 p.m. *"Morality and Science,"* by Professor C. H. Waddington.

ROYAL MEDICAL SOCIETY, 7, Melbourne Place, Edinburgh.—Oct. 29, 8 p.m. *"Cancer of the Large Bowel,"* by Mr. R. Edmond.

Saturday

BIOCHEMICAL SOCIETY.—At London School of Hygiene and Tropical Medicine, Keppel Street, W.C., Oct. 30, 11 a.m. *"Partition Chromatography and its Application to Biochemical Problems."* Symposium.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Laidlaw.—On Oct. 10, 1948, to Mary, wife of Dr. W. Y. Laidlaw, Grahamsdyke Avenue, Bo'ness, a daughter.

Morgan.—On Oct. 14, 1948, at Blighmont Nursing Home, Southampton, to Dr. Dorothy Morgan, wife of Dr. T. Keith Morgan, a son.

MARRIAGES

Latta—Hewison.—On Sept 11, 1948, at St. Andrew's, Tilmanstone, near Sandwich, Kent, Flight-Lieutenant Hugh Adrianus Llywelwyn Oswine Latta, M.B., B.S., to Margaret Scott Hewison, S.R.N.

Nabarro-Cockrell.—On Oct. 2, 1948, at Rettendon, Essex, J. D. N. Nabarro, M.D.Lond., M.R.C.P., son of David Nabarro, M.D., F.R.C.P., to J. M. Cockrell, M.B., B.Ch.

DEATHS

Boyd Roberts.—On Oct. 7, 1948, at Cunningham House, 103, Sutherland Avenue, London, W.9, Alexander Boyd Roberts, M.D.

Bryson.—Recently, after a short illness, Michael Joseph Bryson, M.D., of 88, Malahide Road, Dublin.

Croll.—On May 4, 1948, Colonel David Gifford Croll, C.B.E., A.A.M.C.

Dingle.—On Oct. 2, 1948, Frederick Robert Dingle, M.R.C.S., L.R.C.P., of 3, Walker Terrace, Gateshead-on-Tyne, Co. Durham.

Hemsted.—On Oct. 7, 1948, at Notrees, Kintbury, near Newbury, Berkshire, Edmund Spencer Hemsted, M.R.C.S., L.R.C.P., aged 79.

Lacey.—On Oct. 3, 1948, Charles Edward Lacey, M.B., Ch.B., D.P.M., of 7, Windermere, Lytton Grove, Putney, London, S.W.15, at the National Hospital, Queen Square, London, W.C., after a brief illness, aged 29.

Lewis.—On Sept. 24, 1948, at Oswestry and District Cottage Hospital, William Henry Lewis, M.B., C.M.Ed., J.P., High Sheriff of Montgomeryshire 1935-6, aged 82.

McCarthy.—On Oct. 3, 1948, John McDonald McCarthy, Colonel, late R.A.M.C. retired, at The Torbay Hotel, Sidmouth.

Malcolm.—On Oct. 6, 1948, at Kenwood, 322, Gilmerton Road, Liberton, Edinburgh, John Wright Malcolm, O.B.E., M.C., M.B., Ch.B.Ed., Lieutenant-Colonel, R.A.M.C.

Morrison.—On Oct. 7, 1948, Frederick Alexander Morrison, M.B., Ch.B., of Peel, Isle of Man, late Boston Street, Hulme, Manchester.

Moyers.—On Oct. 2, 1948, at Standen, Brundall, near Norwich, William Francis Alexander Patrick Moyers, M.D.

Porter.—On Oct. 4, 1948, suddenly, at 124a, Redland Road, Bristol, 6, Charles Porter, M.A.Oxon., M.R.C.S.Eng., L.R.C.P.Lond., aged 56.

Potts.—On Sept. 25, 1948, at Lauriston, Wych Hill, Woking, Surrey, Edmund Thurlow Potts, C.M.G., D.S.O., M.D.Ed., Lieutenant-Colonel R.A.M.C., retired.

Protheroe Smith.—On Sept. 30, 1948, at Crediton, Devon, Eva, the wife of Edward Protheroe Smith, M.R.C.S., L.R.C.P. (late of Redditch).

Sass.—On Sept. 30, 1948, at Deal, Frederick J. Wilfrid Sass, M.R.C.S., L.R.C.P., D.P.H.

Shubik.—On Sept. 20, 1948, at Oxford, Dr. Nancy Shubik (née Rogers), M.R.C.S., L.R.C.P., wife of Dr. Philippe Shubik.

Square.—On Sept. 23, 1948, James Elliot Square, F.R.C.S., of Plymouth, aged 89.

Stewart.—On Sept. 16, 1948, at Sleights, William Stewart, M.B., Ch.B.Ed., late of Southampton.

Symonds.—On Sept. 24, 1948, Jeffrey Isser Symonds, M.B., Ch.B., of Middlesbrough, aged 33.

Western.—On Oct. 5, 1948, suddenly, at his house, The Corderries, Chalford Hill, Stroud, Gloucestershire, George Trench Western, M.D.

Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Recurrent Parotitis

Q.—*What is the aetiology, and have there been any recent advances in the treatment, of recurrent non-infective parotitis?*

A.—Recurrent parotitis is an uncommon disorder which, although non-infectious, cannot be called non-infective. It appears to be due to repeated exacerbations of an ascending infection of Stensen's duct. In some the predisposing cause is a calculus or a fibrous stricture of the duct; but in many oral sepsis has been held responsible. Sialography will often show a dilatation of the smaller ducts with a skiagram reminiscent of bronchiectasis. The fundamentals of treatment are to exclude stone and stricture or, if present, to treat by removal of the former and dilatation of the latter; to treat infective foci in the mouth; and to encourage drainage from the gland. This last may be done by massaging and expressing secretion, and by increasing the flow of saliva by means of acid drinks, such as lemonade, and the regular use of chewing-gum.

Galactorrhoea

Q.—*What treatment should be given to a patient, aged 32, whose breasts have been loaded with milk since the birth of her only child over two years ago? She has been having stilboestrol and hexoestrol 1 mg. t.d.s., together with magnesium sulphate and a restricted fluid intake, with little effect. The secretion is of a thick cheesy consistency at times; at other times it flows rather freely.*

A.—Two counter-questions arise in this case: (1) How long was breast-feeding maintained? (2) Is the galactorrhoea accompanied by amenorrhoea? A rare but well-known syndrome associated with the names of Chiari and Frommel is characterized by prolonged lactation and amenorrhoea with superinvolution of the uterus. Its cause is unknown, but it is reasonable to suppose it to be the result of a disturbance of the pituitary whereby its lactogenic activity is maintained at the expense of its gonadotrophic function. Other causes of galactorrhoea are diseases of the hypothalamus and pituitary (acromegaly, for example), and it has also been described in association with lutein cysts of the ovary and even failure of ovarian function. The above possibilities should be excluded, but a more simple explanation should be kept in mind. Lactation can be maintained for long periods, if not indefinitely, by local stimulation of the breasts, and, if this patient is continually attempting to express the discharge to confirm its presence, that might be enough to account for its persistence. Moreover, the dose of stilboestrol which has been given is scarcely enough to suppress lactation; it might even have a stimulating effect.

If a cause cannot be found it may be difficult to treat the condition successfully. The breasts should be well supported and all forms of manipulation avoided. The dose of stilboestrol should be increased up to 10 or 15 mg. daily (in divided doses), and continued for seven to ten days, then gradually decreased during the following week. If that fails, testosterone propionate in large doses might be tried. A suitable dose would be 25 mg. intramuscularly three times weekly for two weeks. It should not be continued for longer than this lest it produce virilism.

Gentian Violet for Skin Infections

Q.—*Is gentian violet 1 or 2% solution still a recognized treatment for Gram-positive skin infections or ulcers?*

A.—Gentian violet remains a most valuable application for skin infections. If there is much exudate or discharge gentian violet may give trouble by obstructing its flow if used as the lotion, but by using it in ointment form with an emulsifying base this difficulty can be avoided.