

evidence have added appreciably to its value to the medico-legal specialist, and he has wisely retained so far as possible the pithy style and forthrightness of Taylor in the innumerable case histories which illuminate the text. Revision has been extensive *pari passu* with the advances in scientific knowledge and changes in statutory law, and it is unfortunate that the appearance of this first volume should take place at the moment when such a vast body of statute as the Workmen's Compensation Acts gives way to the improvements of the National Insurance (Industrial Injuries) Act; the legal editor, Cook, may find some remedy for this in the production of the second volume. Such a comprehensive and authoritative book of reference cannot afford to be without it.

It would be invidious for any reviewer to comb the text for what he might regard as omissions of detail, but Professor Smith's enthusiasm and vigour are capable of infinite effort, and we should like to see something of the encephalogram, of the psychiatrist's views on sadism and masochism in relation to both crime and accident, on the identity of race from the skull, on explosive blast, the assessment of healed wounds, the newer work on contre-coup, the physics of electrocution—so many mere trivialities on which he could discourse to our advantage. There is of course no end to such demands. Taylor remains a remarkably comprehensive volume of reference, authoritative, lucid, and in a literary style which maintains the best traditions of medicine.

KEITH SIMPSON.

### MEDICAL PAPERS

*Anales de la Catedra de Clinica Medica.* By Dr. E. S. Mazzei. Volume 1 (1946). (Pp. 367; illustrated. No price given.) Buenos Aires: "El Ateneo." 1947.

This volume is not easy to review, since it consists of a number of articles on unrelated subjects, and a comprehensive survey would necessitate a dissection of each article in turn. Of the sixteen papers presented, eight are about pulmonary embolism; they are written by Dr. Mazzei in collaboration with two of his colleagues. They discuss the subject exhaustively, broadly classifying the cases into medical, surgical, and obstetrical, of which medical account for 25%, surgical 74%, and obstetrical only 1%. They consider treatment under three heads—prevention of venous thrombosis, prevention of emboli, and the measures to be taken once an embolus has occurred. Some of the prophylactic advice, such as abstention from tobacco for ten days before operation, seems to be of doubtful value; some, such as the condemnation of the classical Fowler position, recalls recent controversy in Britain; most of it is thoroughly sound.

Among other papers in this volume there is a short but lucid one on the mechanics of obstructive emphysema and its relation to localized bronchial narrowing, with consequent difficulty in expiration of air from the part of the lung distal to the partial block. Another paper, distinguished by summaries in good Spanish, fair French, and indifferent English, is a review of modern concepts of functional renal insufficiency. The authors of the other papers each capably discuss a subject; although they may add nothing new they maintain the general standard.

A. MORTON GILL.

The discoverer of streptomycin was the first in the field with a book on antibiotics written from a broad and philosophical rather than a clinical standpoint. The second edition of *Microbial Antagonisms and Antibiotic Substances*, by Dr. Selman A. Waksman (London: Geoffrey Cumberlege; 22s.) is much expanded in scope and usefulness, even though more still has happened since it went to press—chloromycetin, for instance, one of the most promising of the latest discoveries, is not mentioned. As a soil microbiologist the author is at home in the greatest natural field of antibiotic activity, and in an interesting chapter discusses the possibility of controlling plant diseases by introducing or encouraging micro-organisms antagonistic to plant pathogens in the soil. He presents in orderly form the mass of information which has been accumulated in the past few years about hundreds of antibiotic substances formed by various fungi and bacteria, the methods of detecting, extracting, and studying them, and their chemical structure and biological activities. Few of these have attained the status of chemotherapeutic agents; many never can, owing to toxicity or other grave defect; others have yet to be fully tested. To this remarkable new branch of science Dr. Waksman's book is a comprehensive and useful guide.

### BOOKS RECEIVED

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

*Emergencies in Medical Practice.* Edited by C. A. Birch, M.D., F.R.C.P. (Pp. 468. 25s.) Edinburgh: E. and S. Livingstone. 1948.

A manual of the treatment of medical emergencies.

*Psychology and Mental Health.* By C. W. Valentine, M.A., D.Phil. (Pp. 82. 4s.) London: Methuen. 1948.

An exposition for the layman.

*Everyday Problems of the School Child.* By A. H. Bowley, Ph.D. (Pp. 142. 7s. 6d.) Edinburgh: E. and S. Livingstone. 1948.

A book for teachers and parents.

*Andreas Vesalius Bruxellensis. The Bloodletting Letter of 1539.* By John B. deC. M. Saunders, F.R.C.S., and C. D. O'Malley. (Pp. 94. 21s.) London: W. Heinemann. 1948.

Translation of letter by Vesalius on phlebotomy, with annotations.

*Minutes of the Dental Board of the United Kingdom.* Vol. 26. (Pp. 99. No price.) London: Constable. 1948.

Also contains committee reports for 1947.

*Tuberculosis in Childhood.* By D. S'opford Price, M.D., and H. F. MacAuley, M.Ch., F.R.C.S.I. 2nd ed. (Pp. 219. 25s.) Bristol: John Wright. 1948.

A general account of its epidemiology, symptomatology, and treatment.

*Infra-Red Irradiation.* By W. Beaumont, M.R.C.S., L.R.C.P. 3rd ed. (Pp. 161. 8s. 6d.) London: H. K. Lewis. 1948.

A manual of treatment with infra-red rays.

*Handbook of Medical Emergencies.* By a group of Harvard medical students. (Pp. 106. 14s.) London: Geoffrey Cumberlege. 1947.

Notes on the treatment of emergencies, intended particularly for students and house-men.

*Problems of Fertility in General Practice.* By M. Hadley Jackson, M.B., B.S., D.R.C.O.G., and others. (Pp. 255. 17s. 6d.) London: Hamish Hamilton. 1948.

The authors discuss sexual difficulties, the investigation and treatment of infertility, the prevention of repeated miscarriages, and contraception.

*Modern Methods of Infant Management.* By W. R. F. Collis, M.A., M.D., F.R.C.P., F.R.C.P.I., D.P.H., and others. (Pp. 285. 17s. 6d.) London: Heinemann. 1948.

A practical manual on management of the newborn infant.

*Adolescence.* By C. M. Fleming, M.A., Ed.B., Ph.D., F.B.Ps.S. (Pp. 261. 16s.) London: Routledge and Kegan Paul. 1948.

An account of the mental development of adolescents.

*First-Year Physiological Technique.* By A. Comfort, M.B., D.C.H. (Pp. 84. 7s. 6d.) London: Staples Press. 1948.

An introduction to technique in the physiology laboratory

*A Short History of Ophthalmology.* By A. Sorsby, M.D., F.R.C.S. 2nd ed. (Pp. 103. 8s. 6d.) London: Staples Press. 1948.

A general history from earliest times.

*Fever and the Regulation of Body Temperature.* By E. F. DuBois, M.D. (Pp. 68. 10s. 6d.) Oxford: Blackwell Scientific Publications. 1948.

A monograph on the regulation of body temperature.

*Disorders of Sex and Reproduction.* By A. P. Pillay, O.B.E., M.B., B.S. (Pp. 299. 18s.) London: H. K. Lewis. 1948.

The investigation and treatment of physiological and psychological disorders.

*The Growth of a Profession.* By J. H. Wicksteed, O.B.E., M.C.S.P. (Pp. 212. 6s.) London: Edward Arnold. 1948.

A history of the Chartered Society of Physiotherapists.

Charing Cross Hospitals, and his many years of service in that capacity are recalled with gratitude. As a younger man he took a keen interest in local medical affairs. He was a loyal member of the British Medical Association, which he first joined in 1901. He represented his colleagues at the annual representative meetings in 1925, 1926, and 1927, and was chairman of the Wandsworth Division from 1930-2. Though he continued in practice until recently, failing health curtailed his activities. In spite of that he contrived to be a regular attendant at the divisional meetings during the controversial months preceding the introduction of the National Health Service. His wife, who died three or four years ago, was a chronic and almost helpless invalid, and the devotion and care which he bestowed upon her were most touching. He was a genial, kindly man, a general practitioner in the best traditions of the old school, and his familiar figure will be greatly missed.

## Universities and Colleges

### UNIVERSITY OF CAMBRIDGE

Sir Walter Hamilton Moberly, chairman of the University Grants Committee, will deliver the Rede Lecture in the Senate House on Thursday, Nov. 18, at 5.30 p.m. His subject is "Universities and the State."

### UNIVERSITY OF LONDON

Dr. H. R. Ing, D.Phil., will deliver a Special University Lecture on "The Pharmacology of Homologous Series" at the London School of Hygiene and Tropical Medicine, Keppel Street, W.C., on Friday, Dec. 3, at 5.15 p.m. The lecture is addressed to students of the University and to others interested in the subject. Admission is free, without ticket.

The Semon Lecture for 1948 entitled "Broncho-oesophagology in Great Britain—the Decline of a Science: A Plea for Better Co-operation and Teaching" will be delivered by Mr. G. Ewart Martin at the Royal Society of Medicine (1, Wimpole Street, London, W.) on Thursday, Nov. 4, at 5 p.m. Special University Lectures on "Rubella in Pregnancy as an Aetiological Factor in Congenital Malformations and Still Birth" by Dr. Charles Swan (University of Adelaide) and "Social Factors in Obstetrics" by Professor D. Baird (University of Aberdeen) will be delivered at Westminster Medical School (Meyerstein Lecture Theatre), Horseferry Road, London, S.W.1, on Tuesday, Nov. 16, at 5 p.m., and Friday, Nov. 26, at 5.30 p.m. respectively. The lectures are addressed to students of the University and to others interested in the subjects. Admission is free, without ticket.

The following candidates have been approved at the examination indicated:

ACADEMIC POSTGRADUATE DIPLOMA IN MEDICAL RADIOLOGY.—J. C. Bulstrode, J. G. L. Cole, J. C. A. L. Colenbrander, J. B. Latto, D. O'Connell, J. H. O'Connell, B. Stoll, R. D. St. G. Tucker, A. H. N. Welikala.

### UNIVERSITY OF LIVERPOOL

At a graduation ceremony held on Oct. 15 the degree of Master of Radiology was conferred on J. R. MacLeod and D. E. Paterson.

### UNIVERSITY OF LEEDS

Stanley Jack Hartfall, M.D., F.R.C.P., Professor of Therapeutics and Applied Pharmacology, has been appointed to the Chair of Clinical Medicine in the University, in succession to J. le Fleming C. Burrow, M.D., F.R.C.P., who has retired, and Louise Frances Winifred Eickhoff, M.D., D.P.M., has been appointed Senior Lecturer in Child Psychiatry.

### QUEEN'S UNIVERSITY, BELFAST

The first A. B. Mitchell Memorial Lecture was delivered at Queen's University, Belfast, by Professor G. Grey Turner, M.S., F.R.C.S., on Oct. 19. His subject was "Transplantation of the Ureters."

### ROYAL COLLEGE OF PHYSICIANS OF LONDON

The Harveian Oration was delivered at the College on Oct. 18 by Dr. F. M. R. Walshe on "The Structure of Medicine and its Place among the Sciences." The Oration was printed in an abridged form in the *Journal* of Oct. 23 (p. 753).

After the Oration the Weber-Parkes Medal and Prize were presented to Dr. Stephen Roodhouse Gloyne. The prize is awarded triennially for the best work done on the aetiology, prevention, pathology, or treatment of tuberculosis.

### ROYAL COLLEGE OF SURGEONS OF ENGLAND

The Annual Meeting of Fellows and Members of the College will be held at the College (Lincoln's Inn Fields, London, W.C.) on Wednesday, Nov. 10, at 5.30 p.m., when a report from the Council will be laid before the meeting.

## INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ended Oct. 9.

Figures of Principal Notifiable Diseases for the week and those for the corresponding week last year, for: (a) England and Wales (London included), (b) London (administrative county), (c) Scotland, (d) Eire, (e) Northern Ireland.

Figures of Births and Deaths, and of Deaths recorded under each infectious disease, are for: (a) The 126 great towns in England and Wales (including London), (b) London (administrative county), (c) The 16 principal towns in Scotland, (d) The 13 principal towns in Eire, (e) The 10 principal towns in Northern Ireland.

A dash — denotes no cases; a blank space denotes disease not notifiable or no return available.

Disease	1948					1947 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	31	2	13	1	1	45	3	23	4	4
Deaths ..	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	112	13	45	16	1	201	18	60	11	5
Deaths ..	—	—	—	—	—	—	—	—	—	—
Dysentery ..	84	5	88	—	—	67	9	51	3	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Encephalitis ..	1	—	—	—	—	2	1	—	—	—
acute ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	—	—	22	12	3	—	—	43	10	3
Deaths ..	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years ..	25	4	8	46	—	70	4	15	80	5
Deaths ..	—	—	—	2	—	—	—	—	8	—
Measles* ..	4,061	79	73	85	104	1,639	50	95	151	9
Deaths† ..	—	—	—	—	—	—	—	1	—	—
Ophthalmia neonatorum ..	63	7	13	—	—	71	6	15	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	13	3	1(B)	3(B)	—	12	—	1(A)	—	—
Deaths ..	—	—	—	—	—	—	—	4(B)	—	—
Pneumonia, influenzal ..	421	27	4	2	—	403	19	3	1	2
Deaths (from influenza)‡ ..	3	—	2	—	1	13	3	2	1	—
Pneumonia, primary ..	140	22	170	17	5	—	23	164	15	3
Deaths ..	—	—	—	—	—	—	—	6	—	—
Polio-encephalitis, acute ..	7	—	—	—	—	26	3	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	79	9	2	—	1	338	31	76	6	10
Deaths§ ..	6	1	—	—	—	—	2	—	—	—
Puerperal fever ..	—	—	8	—	—	—	—	8	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia   ..	111	11	4	—	—	106	6	11	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	1,273	75	248	174	38	1,316	84	300	60	44
Deaths† ..	—	—	—	—	—	—	—	—	—	—
Smallpox ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhoid fever ..	18	1	—	12	—	8	1	—	18	2
Deaths ..	—	—	—	—	—	2	—	—	—	—
Typhus fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Whooping-cough* ..	2,073	127	64	48	13	1,043	73	40	28	2
Deaths ..	5	—	—	1	—	3	—	—	1	—
Deaths (0-1 year) ..	259	33	38	17	9	361	46	66	25	12
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths) ..	4,051	638	539	157	106	4,240	676	556	147	85
Annual death rate (per 1,000 persons living) ..	—	—	10.9	9.8	—	—	—	11.6	9.3	—
Live births ..	8,020	1340	1024	406	252	9,031	1492	1096	430	276
Annual rate per 1,000 persons living ..	—	—	20.7	25.4	—	—	—	22.1	27.1	—
Stillbirths ..	193	19	42	—	—	216	30	42	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	39	—	—	—	—	37	—	—

\* Measles and whooping-cough are not notifiable in Scotland, and the returns are therefore an approximation only.

† Deaths from measles and scarlet fever for England and Wales, London (administrative county), will no longer be published.

‡ Includes primary form for England and Wales, London (administrative county), and Northern Ireland.

§ The number of deaths from poliomyelitis and polio-encephalitis for England and Wales, London (administrative county), are combined.

|| Includes puerperal fever for England and Wales and Eire.

## APPOINTMENTS

Norman Fraser Mackenzie, M.B., Ch.B., Dipl.Psych., has been appointed Medical Superintendent of Newchurch Homes, Culcheth. He will also be responsible for the medical supervision of the smaller mental deficiency establishments in the Region and for advising on mental deficiency problems.

ANDERSON, H. A., L.R.C.P. and S.Ed., Medical Officer, Dingleton Hospital Melrose, Roxburghshire.

ANDERSON, MARY J. B., M.B., Ch.B., Maternity and Child Welfare Officer for Greenock.

DRUMMOND, J. S., M.B., Ch.B., D.P.H., Medical Officer, Mansfield.

GRANT, C., M.B., Ch.B., D.P.H., Senior Medical Officer of Health for Essex

GRANT, E. I., M.R.C.S., L.R.C.P., Assistant M.O.H. and Schools Medical Inspector for Wallasey, Cheshire.

LEITCH, I. D., M.B., Ch.B., Assistant Medical Officer of Health for South Shields.

LYCETT, C. D. L., M.B., B.S., D.P.H., Deputy Medical Officer of Health for the Boroughs of Chelsea and Kensington.

PORTER, C., M.D., M.R.C.P., Temporary Medical Officer for Bethnal Green, London, E.

RAVEN, R. W., O.B.E., F.R.C.S., Honorary Visiting Surgeon to the Star and Garter Home for Disabled Sailors, Soldiers, and Airmen, Richmond, Surrey.

ROBERTS, G. W., M.B., B.Ch., D.P.H., Deputy Medical Officer and Deputy School Medical Officer for Caernarvonshire.

SEWELL, E. M., M.B., Ch.B., Assistant Medical Officer of Health for Greenock.

## BIRTHS, MARRIAGES, AND DEATHS

### BIRTHS

Angell.—On Oct. 13, 1948, at Queen's Gate Clinic, London, S.W., to Enid, wife of Dr. C. L. Angell, a daughter.

Bulstrode.—On Oct. 19, 1948, at Hartfield House, Hartfield, Sussex, to Jacqueline, wife of Dr. John C. Bulstrode, a daughter.

Naidoo.—On Oct. 19, 1948, in London, to Sandhya Bose, M.A., D.Ed.B., wife of Dr. D. Naidoo, M.R.C.P.Ed., D.C.H., a daughter—Thoruna Maya.

### MARRIAGE

Hutton—Donald.—On Oct. 14, 1948, at Glasgow, Hugh Hutton, L.R.C.P. & S Ed., L.R.F.P.S.Glas., of Silloth, Cumberland, to Maie Dunlop Donald.

### DEATHS

Bishop.—On Oct. 17, 1948, at 60, North Side, Clapham Common, London, S.W., Charles Dudley Bishop, M.R.C.S., L.R.C.P.

Bruce.—On Oct. 22, 1948, at Auchernack, Forres, Morayshire, John Bruce, M.B., C.M.Ed.

Bruce-Porter.—On Oct. 15, 1948, in Somerset, Sir Harry Edwin Bruce-Porter, K.B.E., C.M.G., M.D., of 22, Cranmer Court, London, S.W., aged 79.

Cole.—On Oct. 19, 1948, in London, Percival Pasley Cole, O.B.E., F.R.C.S.

Cole-Baker.—On Oct. 14, 1948, at Yew Tree Cottage, Waterlooville, Hants, Lyster Cole-Baker, M.D., aged 83.

Densham.—On Oct. 13, 1948, Arnold Thomas Densham, B.Ch., M.R.C.S., L.R.C.P., L.D.S., aged 66.

Ellis.—On Oct. 21, 1948, at Bodorgan, Anglesey, Evan Lloyd Ellis, M.R.C.S., L.R.C.P., aged 34.

Govan.—On Oct. 17, 1948, at Cockermouth, Cumberland, George Govan, M.B., C.M.Ed., aged 84.

Innes.—On Oct. 16, 1948, Edward John Innes, M.B., B.S., Flight-Lieutenant R.A.F., of 39, Murray Road, Northwood, Middlesex, aged 26.

Lanckester.—On Oct. 13, 1948, Cecil Pryor Lanckester, M.R.C.S., L.R.C.P., of Woodhill, Peaslake, Surrey.

Macfie.—On Oct. 11, 1948, at St. Leonard's, John William Scott Macfie, D.Sc., M.B., Ch.B.Ed., D.T.M., aged 69.

McVittie.—On Oct. 14, 1948, at Symnells, Aldington, Kent, Arthur Craigie McVittie, M.B., B.Ch., B.A.O.

Oppenheim.—On Oct. 20, 1948, at 28, Seymour Road, Crumpsall, Manchester, Bernard Oppenheim, L.M.S.S.A., aged 33.

Pallett.—On Oct. 16, 1948, William Horner Pallett, M.B., Ch.B.Ed., of The Brow, Wylam-on-Tyne, Northumberland, aged 62.

Pinch.—On Oct. 14, 1948, at Bideford Hospital, Albert Edwin Hayward Pinch, M.D., F.R.C.S., Captain I.M.S. retired, aged 81.

Richards.—Recently, at Langho, near Blackburn, Beresford Tom Richards, M.R.C.S., L.R.C.P.

Roberts.—On Oct. 14, 1948, Philip Meredith Roberts, M.B., B.S., of Westcroft, Barton Court Avenue, Barton-on-Sea, Hants, aged 69.

Shanks.—While on holiday at Harrogate, William Shanks, M.B., Ch.B.Ed., of Sussex Road, Southport, aged 62.

Shennan.—On Oct. 21, 1948, at Fonthill Terrace, Aberdeen, Theodore Shennan, M.D.Ed. Hon.L.L.D.Aberd., Professor of Pathology, Aberdeen University, 1914-36.

Shepard.—On Oct. 15, 1948, after an operation, Arthur Harold Shepard, M.D., of Spindleberry, Dogmersfield, Hants, formerly of Harford.

Stephens.—On Oct. 8, 1948, at Hayne, Newquay, Cornwall, William John Stephens, M.R.C.S., L.R.C.P., aged 82.

Strang.—On Oct. 7, 1948, at Tighnamara, Belhaven, Dunbar, Thomas Morton Strang, M.B., Ch.B., D.P.H.

Symes.—On Oct. 11, 1948, at 37, Newstead Road, Southbourne, Bournemouth, William Legge Symes, M.R.C.S., aged 82.

Tozer.—On Oct. 10, 1948, Alfred Ernest Tozer, M.B., late Major, R.A.M.C., aged 67.

Wenyon.—On Oct. 24, 1948, Charles Morley Wenyon, C.M.G., C.B.E., M.B., B.S., F.R.S.

Winstanley.—On Oct. 12, 1948, at his home, Greenbank, Orrell, near Wigan, Henry Winstanley, L.R.C.P. & S.Ed., L.R.F.P.S.Glas., aged 83.

Young.—On Oct. 11, 1948, at Crowcombe House, Crowcombe, Taunton, Bertram Mitchell Young, M.R.C.S., L.R.C.P.

## 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.*

### Para-aminosalicylic Acid

**Q.**—In the Journal of July 17, 1948, p. 148, the treatment of pulmonary tuberculosis by para-aminosalicylic acid is discussed. Are there any contraindications to trying this drug on any case of tuberculosis? If so, what are they?

**A.**—Lehmann introduced para-aminosalicylic acid as a result of experiments *in vitro* which suggested that it inhibited the growth of the tubercle bacilli by interfering with its metabolism. Favourable results have been reported by some authors in the treatment of exudative types of the disease and in tuberculous empyema. So far clinical trials have not been sufficiently extensive to prove the value of this drug, but the Medical Research Council is shortly to institute a controlled trial of its value. Until the results of this trial are known, indiscriminate use of the drug should be discouraged.

### Chronic Tuberculous Cystitis

**Q.**—What is the modern treatment of tuberculous cystitis? Should transplantation of the ureter into the rectum be considered in a patient who has had one kidney removed and in whom the cystitis remains obdurate?

**A.**—The treatment of chronic tuberculous cystitis still remains a most difficult problem. Such a case as that mentioned should certainly have a course of tuberculin (T.R.). In some cases instillation of (not irrigations with) a 6% aqueous solution of carbolic acid will relieve symptoms, and, if cystoscopy should show these to be due to localized ulceration, much benefit often ensues from the use of high-frequency diathermy to the ulcer. In this case, as one kidney has already been removed and the infection still persists, grave suspicion attaches to the remaining kidney. Under these circumstances transplantation of the ureter would carry a high risk of superimposing secondary infection. In these cases, if transplantation is considered justifiable (and it often is), the skin is preferable to the bowel. Presumably it is frequency rather than pain that worries the patient. If pain were excessive pre-sacral neurectomy might be considered.

### Preventing Abortion

**Q.**—A patient who married at 39 became pregnant, but aborted at the fourth month. Now, five months later, she has again missed a period and is probably pregnant. Syphilis and uterine displacements have been ruled out, as have the usual other well-defined organic causes. It is important that she should have a living child. (a) Are there any measures which should be adopted by the patient in addition to the usual precautions such as rest and avoidance of alcohol, excessive sexual intercourse, strain, etc.? (b) Is treatment with progesterone justified, and if so in what doses and for how long? (c) Does vitamin E help to improve her chance of completing a successful pregnancy?

**A.**—The occurrence of one abortion previously is not very significant, but in view of the circumstances of the case it is undoubtedly wise to take all reasonable precautions. It is not enough to ban excessive sexual intercourse: coitus should be avoided completely. Vitamin E can do no harm, although its value in these cases is disputed. If given, a large dose—20 mg. t.d.s.—of alpha-tocopherol is recommended. Thyroid, 1 gr. (65 mg.) daily, might also be given empirically. Progesterone therapy is probably best avoided unless there is some evidence of a deficiency of this hormone. Such evidence might be obtained by estimation of the output of pregnanediol. This test is carried out on a 24-hour or first morning specimen of urine (depending on the technique), but is undertaken by only a few laboratories in this country. If the pregnanediol excretion is low it would be wise to give 10 mg. progesterone intramuscularly two or three times weekly, starting immediately and continuing until the 28th or 32nd week of pregnancy. For further