

The book may be described as an excellent summary of the teaching of the Scottish school of surgery and a sound guide for the student of the subject. Like most post-war articles the price has increased, in this case from 12s. 6d. to £1.

LAMBERT ROGERS.

ADOLESCENCE

Adolescence. Its Social Psychology. By C. M. Fleming, M.A., Ed.B., Ph.D., F.B.Ps.S. The International Library of Sociology and Social Reconstruction. (Pp. 261. 16s.) London: Routledge and Kegan Paul 1948.

This is an important and valuable book. It sums up recent research on the physiology and psychology of adolescence, as well as its educational and social aspects. This recent work has tended to upset several preconceived ideas, most of them dating from Stanley Hall's generalizations, which have been too readily accepted both by teachers and psychologists.

The book points out the wide variations of the normal personality and stresses the importance of the individual's fundamental needs. Considerable attention has in the past been placed on innate dispositions and instincts, and considerable variations in the strength of these in different individuals has been postulated. A more practical attitude may be to think more in terms of the needs of the individual, founded no doubt on the relative frustration and gratification of instincts. The author points out how the failure to find gratification of the needs in one generation may be reflected in the behaviour of the next, and how difficulty of adjustment and social misbehaviour may thus follow through several generations.

Delinquency is an expression of distress, and this distress is due to failure to achieve the fundamental needs, which are listed as love, security, new experience, recognition, acceptance, respect, and success. The dignity and individuality of the child must be recognized and respected. Growth, both mental and physical, is not a smooth process, and may be influenced by environmental factors operating at any particular time even more than by innate capacities. If this is so, it is not easy for educationists to answer the questions about which they would so much like to be definite—namely, what are the difficulties and therefore the requirements of any group of children at different stages of their development? How can future success in different activities be predicted from present performances? In other words, a cross-sectional observation, such as an intelligence test at a particular age, is not so reliable in foretelling the future development of the child as many people would like to believe. Ultimate capacity may be more influenced by limitations of experience, both social and educational, than by innate ability. The way all sorts of types of young men and women have learnt and adapted themselves to quite unfamiliar trades in the relatively short period given to training for modern technical warfare illustrates this. Young people require not only intellectual food but the influence of the right sort of group of their peers, as well as guidance by those more experienced than themselves in formulating a philosophy of life which should be a map of how they may live.

Vocational guidance is of little use if founded on single interviews, but it should be based on long-term observation of the young person. Means must therefore be found to obtain and record such observation by several persons if our youth are to be helped as they deserve. Doctors, teachers, sociologists, and psychologists will all find much in Dr. Fleming's book to stimulate thought. Presented as it is, without prejudice or bias, it is to be highly recommended.

R. G. GORDON.

BOOKS RECEIVED

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

Coronary Artery Disease. By E. P. Boas, M.D. (Pp. 399. No price.) London: H. K. Lewis. 1949.

The Principles of Scientific Research. By P. Freedman, B.Sc., M.I.E.E., F.I.E.S. (Pp. 222. 15s.) London: Macdonald. 1949.

Ectopic Pregnancy. By K. M. Masani, M.D. Lond., F.R.C.S. Eng. (Pp. 165. 12s.) Bombay: The Popular Book Depot. 1949.

Testing School Children. By W. Stephenson, M.A., M.Sc., Ph.D. (Pp. 127. 12s. 6d.) London: Longmans, Green and Co. 1949.

A Primer of Electrocardiography. By G. E. Burch, M.D., F.A.C.P., and T. Winsor, M.D., F.A.C.P. 2nd ed. (Pp. 245. 22s. 6d.) London: Henry Kimpton. 1949.

The Common Form of Joint Dysfunction. By W. Kaufman, Ph.D., M.D. (Pp. 208. No price.) Brattleboro, Vermont, U.S.A.: E. L. Hildreth. 1949.

Neurosurgical Pathology. By I. M. Scheinker, M.D. (Pp. 370 45s.) Oxford: Blackwell Scientific Publications. 1948.

Diseases of the Liver, Gallbladder, and Bile Ducts. By S. S. Lichtman, M.D., F.A.C.P. 2nd ed. (Pp. 1,135. 50s.) London: Henry Kimpton. 1949.

International Congress on Mental Health, London, 1948. Edited by J. C. Flugel, D.Sc. (3 vols. £2 10s.) London: H. K. Lewis. 1949.

A Short Practice of Surgery. By H. Bailey, F.R.C.S., and R. J. McNeill Love, F.R.C.S. Part 5. 8th ed. (Pp. 1,050. 32s. 6d. (set).) London: H. K. Lewis. 1949.

Cunningham's Manual of Practical Anatomy. Edited by J. C. Brash, M.C., M.A., M.D., F.R.C.S. Ed., F.R.S. Ed. Vol. 3. 11th ed. (Pp. 513. 21s.) London: Oxford University Press. 1948.

Bodily Reactions and Examination of Systems of Therapeutics. By K. L. Daftari, B.A. Cal., B.L. Cal., D.Litt. (Pp. 235. 6 rupees 8 annas.) Bombay: Hind Kitabs 1949.

An Outline of Psycho-Analysis. By Sigmund Freud. Translated by J. Strachey. (Pp. 84. 8s. 6d.) London: The Hogarth Press. Institute of Psycho-Analysis. 1949.

Three Essays on the Theory of Sexuality. By S. Freud. (Pp. 133. 10s. 6d.) London: Imago Publishing Company. 1949.

Child Health Services and Pediatric Education. (Pp. 270. 20s.) London: Geoffrey Cumberlege. 1949.

Cystoscopy and Urography. By J. B. Macalpine, D.Sc., F.R.C.S. 3rd ed. (Pp. 570. 63s.) Bristol: John Wright and Sons, Ltd. 1949.

A Journey Round My Skull. By F. Karinthy. 3rd ed. (Pp. 288. 8s. 6d.) London: Faber. 1949.

A Descriptive Atlas of Radiographs. By A. P. Bertwistle, M.B., Ch.B., F.R.C.S. Ed. 7th ed. (Pp. 622. 50s.) London: Henry Kimpton. 1949.

Canned Foods. By J. G. Baumgartner. 3rd ed. (Pp. 278. 15s.) London: J. and A. Churchill. 1949.

Rehabilitation of the Tuberculous. By H. A. Pattison, M.D., F.A.C.P. 3rd ed. (Pp. 250. 22s. 6d.) London: Baillière, Tindall and Cox. 1949.

Transactions of the American Ophthalmological Society, 1948. Vol. 46. (Pp. 676. No price.) Philadelphia: American Ophthalmological Society. 1948.

A Practice of Orthopaedic Surgery. By T. P. McMurray, C.B.E., M.B., F.R.C.S. Ed. 3rd ed. (Pp. 444. 30s.) London: Edward Arnold and Co. 1949.

A Surgeon's World. By M. Thorek, M.D. (Pp. 333. 12s. 6d.) London: Robert Hale. 1949.

Review of Dentistry for State Board Examinations, by Vincent R. Trapozzano, D.D.S., F.A.D.P. (pp. 661; 32s. 6d.; London: W. B. Saunders Co.), is a book in which dental surgery becomes a series of quick questions and snappy answers. It may possibly be useful to the student preparing for a *viva voce* examination, provided that the examiner asks the correct questions, or may even be more useful to the examiner to provide him with questions that he should ask and the reply that he should automatically be given.

Universities and Colleges

UNIVERSITY OF ST. ANDREWS

J. M. S. Manson received the degree of M.D. (with commendation) at the Graduation Ceremony held on June 30.

UNIVERSITY OF LONDON

The title of Professor Emeritus of Anatomy in the University has been conferred on Professor John Kirk, M.B., Ch.B., F.R.C.S.Ed., on his retirement from the S. A. Courtald Chair of Anatomy at Middlesex Hospital Medical School which he has held since 1937.

ROYAL COLLEGE OF SURGEONS OF ENGLAND

At a meeting of the Council of the College held on July 14, Sir Cecil Wakeley was elected President in succession to Lord Webb-Johnson. Sir Harry Platt and Professor Ernest Finch were elected Vice-presidents.

Mr. Digby Chamberlain, Sir Stanford Cade, and Mr. A. Dickson Wright were admitted as Members of the Council.

Professor D. E. Derry, of Cairo, was admitted to the Fellowship, having been elected as a medical practitioner of 20 years' standing.

Professors and Lecturers for the ensuing year were appointed as follows:

Sir Henry Wade was appointed Thomas Vicary Lecturer.

Lord Webb-Johnson was re-elected as the representative of the College on the governing body of the British Postgraduate Medical Federation.

Diplomas of Fellowship were granted to Manibhai Ashabhai Patel and to Himadri Kumar Sarkar.

Dr. T. J. Gilmartin, Dr. Alan Cogswell, Dr. T. T. P. Murphy, and Dr. W. D. Arnison were elected Fellows of the Faculty of Anaesthetists.

Diplomas in Psychological Medicine and in Laryngology and Otolaryngology were granted jointly with the Royal College of Physicians of London to the following successful candidates:

DIPLOMA IN PSYCHOLOGICAL MEDICINE.—Y. I. Al-Kadi, G. H. L. Bullmore, R. L. Buttle, T. Elmahi, M. Engler, M. B. Feldman, W. N. L. Haynes, S. K. Jetley, D. H. Jones, D. T. Maclay, J. C. Marfatia, J. R. Mathers, D. L. Murti Rao, C. M. Vaillant, W. S. Watson.

DIPLOMA IN LARYNGOLOGY AND OTOLARYNGOLOGY.—B. S. Alderson, S. W. Allison, N. C. Banerjee, H. A. Beagley, R. D. Bell, D. L. Chadwick, S. L. Citron, G. A. Dalton, W. V. Doyle-Kelly, C. N. d'E. Eastes, L. Fisch, T. B. Gupta, E. W. R. Hackett, J. T. M. C. Jenkins, T. Manickam, A. Mares, S. R. Mawson, M. J. Maxwell, M. F. A. O'Connor, M. L. O'Mara, J. T. Rossouw, C. C. D. Shute, Noreen M. Simpson, J. N. S. Taylor, J. D. Thompson.

The following hospitals were recognized under paragraph 23 of the F.R.C.S. regulations: Fulham Hospital (junior surgical registrar, first and second house-surgeons); Wanstead Hospital (Resident surgical officer and house-surgeon); Royal Salop Infirmary, Shrewsbury (second house-surgeon at Cophorne Hospital).

Hunterian Professors.—Mr. R. I. Harris, one lecture on spondylolisthesis; Mr. C. F. M. Saint, one lecture on stomatodaeal rumination, clinical and non-clinical; Dr. S. A. Henry, one lecture on cutaneous cancer in relation to occupation; Mr. D. J. Browne, one lecture on congenital deformities of the urethra, vagina, and anus; Mr. J. B. Oldham, one lecture on renal denervation; Mr. J. E. Piercy, one lecture on factors contributing to safety in surgery of the thyroid; Mr. J. E. A. O'Connell, one lecture on a review of 500 surgically treated cases of lumbar intervertebral disk protrusion, with special reference to the late results of operation; Mr. H. F. Moseley, one lecture on ruptures of the rotator cuff; Mr. H. L. M. Roualle, one lecture on malignant disease of thyroid gland; Mr. E. M. Evans, one lecture on fractures of the radius and ulna; Dr. Ruth E. M. Bowden, one lecture on factors influencing functional recovery of peripheral nerve injuries; Mr. R. S. Murley, one lecture on post-operative venous thrombosis and embolism; Mr. M. R. Ewing, one lecture on villous tumours of the rectum; Mr. E. M. Nanson, one lecture on the respiratory responses to operative trauma.

Arris and Gale Lecturers.—Mr. D. F. E. Nash, one lecture on surgical aspects of renal damage in childhood: assessment, salvage, and aftermath; Dr. F. D. Stephens, one lecture on the diagnosis and management of Hirschsprung's disease; Mr. E. S. R. Hughes, one lecture on the development of the mammary gland.

Erasmus Wilson Demonstrators.—Mr. C. E. Shattock, two demonstrations; Mr. P. H. Mitchiner, two demonstrations; Mr. L. W. Proger, two demonstrations.

Arnot Demonstrators.—Mr. R. J. Last, three demonstrations; Dr. F. S. Gorrill, three demonstrations.

INFECTIOUS DISEASES AND VITAL STATISTICS

We print below a summary of Infectious Diseases and Vital Statistics in the British Isles during the week ending July 9. [No. 27]

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	1949					1948 (Corresponding Week)				
	(a)	(b)	(c)	(d)	(e)	(a)	(b)	(c)	(d)	(e)
Cerebrospinal fever ..	39	4	15	1	—	24	1	20	1	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Diphtheria ..	103	27	26	3	5	150	19	39	19	4
Deaths ..	1	1	—	—	—	3	—	—	—	—
Dysentery ..	59	10	27	1	—	56	5	34	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Encephalitis lethargica, acute ..	9	2	1	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Erysipelas ..	—	—	14	5	1	—	—	23	8	4
Deaths ..	—	—	—	—	—	—	—	—	—	—
Infective enteritis or diarrhoea under 2 years ..	—	—	—	55	—	—	—	—	40	—
Deaths ..	37	2	4	—	3	34	2	7	1	—
Measles* ..	5,571	523	122	228	117	8,837	585	83	71	53
Deaths† ..	—	—	—	1	—	—	—	1	—	2
Ophthalmia neonatorum ..	29	3	6	—	—	37	6	13	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Paratyphoid fever ..	32	2	2(B)	—	—	6	—	1(B)	—	—
Deaths ..	1	—	—	1	—	—	—	—	—	—
Pneumonia, influenzal ..	346	13	4	2	5	340	15	7	5	4
Deaths (from influenza)‡ ..	6	2	—	—	1	3	—	1	—	—
Pneumonia, primary ..	115	12	130	23	5	116	13	108	28	4
Deaths ..	—	—	3	—	—	—	—	3	—	—
Polio-encephalitis, acute ..	4	1	—	—	—	2	1	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Poliomyelitis, acute ..	73	5	6	1	—	23	3	2	1	—
Deaths§ ..	6	—	—	—	—	2	—	—	—	—
Puerperal fever ..	—	—	16	—	—	—	—	9	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Puerperal pyrexia ..	103	9	7	1	—	84	6	3	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Relapsing fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Scarlet fever ..	946	66	130	53	29	1,658	89	297	42	33
Deaths† ..	—	—	—	—	—	—	—	—	—	—
Smallpox ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhoid fever ..	5	2	—	6	—	5	1	—	3	1
Deaths ..	—	—	—	—	—	—	—	—	—	—
Typhus fever ..	—	—	—	—	—	—	—	—	—	—
Deaths ..	—	—	—	—	—	—	—	—	—	—
Whooping-cough* ..	2,183	92	34	73	88	3,075	259	17	88	7
Deaths ..	6	—	—	—	—	4	—	—	1	—
Deaths (0-1 year) ..	239	22	30	13	18	231	22	33	13	11
Infant mortality rate (per 1,000 live births) ..	—	—	—	—	—	—	—	—	—	—
Deaths (excluding stillbirths) ..	3,910	590	496	172	121	4,001	605	515	141	101
Annual death rate (per 1,000 persons living) ..	—	—	9.9	10.7	—	—	—	10.4	8.8	—
Live births ..	7,690	1225	986	482	248	8,317	1328	1069	356	280
Annual rate per 1,000 persons living ..	—	—	19.8	29.9	—	—	—	21.6	22.3	—
Stillbirths ..	185	26	34	—	—	205	29	23	—	—
Rate per 1,000 total births (including stillborn) ..	—	—	33	—	—	—	—	21	—	—

* 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.

COMING EVENTS

Edinburgh Lectures

A series of open lectures has been arranged by the Edinburgh Postgraduate Board for Medicine in connexion with the post-graduate course in the medical sciences which commenced on July 4. The lectures, which are being delivered in the anatomy lecture theatre of Edinburgh University, began on July 11, when Sir James R. Learmonth discussed thrombosis; on July 18 Professor G. W. Pickering, the physiology of hypertension; and on July 28 Sir Lionel Whitby, the present position regarding leukaemia. Details of the remaining lectures will be published in the diary column of the *Journal* week by week. All students and graduates are invited to attend.

Congress of Military Medicine

The 12th International Congress of Military Medicine and Pharmacy will be held in Mexico on Oct. 23-29. It will be followed by a conference of the International Office of Military Medicine Documentation on Nov. 6-8 at Havana, Cuba. Information may be obtained from the General Secretary of the Comité International de Médecine et de Pharmacie Militaires, 79, Rue Saint-Laurent, Liège, Belgium.

SOCIETIES AND LECTURES

Tuesday

EDINBURGH POSTGRADUATE BOARD FOR MEDICINE.—At Anatomy Lecture Theatre, Edinburgh University, Aug. 2, 4.30 p.m., "The Principle of Venous Pressure Reduction in the Treatment of Heart Failure," by Professor J. McMichael.

APPOINTMENTS

Mr. D. Roy McCullagh, Ph.D., has been appointed director of the Sterling-Winthrop Institute's biochemistry laboratories, New York.

Mr. McCullagh has recently been carrying out research in endocrinology. He graduated with the degree of B.Sc. at the University of Manitoba, Canada, and in 1929 obtained the degree of Ph.D. at Cambridge University, where he studied under Sir Frederick Gowland Hopkins, Dr. T. S. Hele, and Professor J. B. S. Haldane.

BIRTHS, MARRIAGES, AND DEATHS

BIRTHS

Seward.—On July 10, 1949, to Margaret Mary (née Vaughan), wife of F. W. R. Seward, M.R.C.S., L.R.C.P., a daughter—Suzanne Margaret Linda.

Sherry.—On July 10, 1949, to Kathleen Robinson, F.R.C.S., wife of Dr. Vincent F. Sherry, a daughter.

MARRIAGES

Westlake—Whitton.—On June 29, 1949, at Alyth, Perthshire, Ernest Keith Westlake, M.B., B.Chir., to Nora Whitton.

DEATHS

Bell.—On July 21, 1949, Douglas Bell, M.B., D.P.H., of Cliffe House, Skelmanthorpe, Huddersfield, Yorks, aged 66.

Crossley.—On July 20, 1949, Leonard Crossley, M.D., of Highfield, Winsley, Bradford-on-Avon, Wilts.

Dalrymple.—On July 17, 1949, at 13, Southfield Road, Bude, Cornwall, Joseph Dalrymple, C.M.G., O.B.E., L.R.C.P.&S.Ed., L.R.F.P.S.Glas., Colonel R.A.M.C., retired, aged 80.

Davies.—On July 19, 1949, at Southsea, John Phillip Henry Davies, M.B., B.Ch., D.P.H., of Elgin, Llanishen, Cardiff.

Fletcher-Jones.—On July 11, 1949, at Chester, Arthur Fletcher-Jones, L.R.C.P.&S.Ed., L.R.F.P.S.Glas., aged 75.

Jackson.—On July 11, 1949, in hospital, Violet Jackson (née Conway), M.B., Ch.B., D.R.C.O.G., of 408, Street Lane, Leeds, 7.

Jones.—On July 11, 1949, at Beaconsfield, Bucks, Lawrence Jones, M.S., F.R.C.S.

Kelly.—On July 19, 1949, at Strathview, Friar's Lane, Lanark, Joseph Owen Kelly, F.R.C.S.Ed.

MacGregor.—On July 18, 1949, at Craigmount, Peebles, Scotland, Angus Vallance MacGregor, M.D., late of West Hartlepool, aged 82.

Marsden.—On July 10, 1949, at 25, Rathen Road, Withington, Manchester, 20, Richard Walter Marsden, M.D., B.Sc., F.R.C.P., D.P.H., aged 81.

Rait-Smith.—On July 14, 1949, at Hill End Hospital, St. Albans, Herts, Brian Rait-Smith, M.R.C.S., L.R.C.P., D.A., F.F.A.

Robertson.—On July 21, 1949, at Farhills, Fort Augustus, John Joseph Robertson, M.B., Ch.B., of 38, Highburgh Road, Glasgow, W.

Shackel.—On July 14, 1949, George Arthur Shackel, M.R.C.S., L.R.C.P., of Erleigh, Mayfield, Sussex, aged 87.

Stewart.—On July 16, 1949, at Hurst Garth, 2, Dallam Road, Shipley, Yorks, William Craig Stewart, M.B., Ch.B., F.R.C.S.Ed.

Sutter.—On July 9, 1949, at 44, Burges Road, Thorpe Bay, Essex, Robert Ross Sutter, M.D., late of Warboys, Hunts.

Walton.—Recently, Donald Walton, L.M.S.S.A., of Astule House, Oxford Road, Macclesfield, Cheshire.

Wilson.—On July 18, 1949, at Normanton, Charles Haddon Wilson, M.B., Ch.B.

Woodman.—On July 20, 1949, at 272, Battle Road, Hollington, St. Leonards-on-Sea, William Edwin Woodman, M.D., aged 94.

Wight.—On June 22, 1949, at 7, Dundas Avenue, Dudley, Worcs, George Douglas Wight, M.B., Ch.B., D.P.H.

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.

Green Staining of Teeth

Q.—What is the cause of green staining of the teeth? Can this affect the permanent as well as the deciduous teeth, and is any treatment possible?

A.—The most common form of green stain affecting teeth is of extrinsic type on the outside of the teeth and it can be removed. It is usually seen on the gingival third of the facial surface of the maxillary anterior teeth in children. The causation is not certain, but it is thought to be due to the action of chromogenic bacteria and is as a rule associated with poor oral hygiene. Intrinsic staining is far more rare, and is usually due to bile pigments carried to the pulp, from which they probably enter the dentinal tubules. Copper amalgam, which is occasionally used for filling deciduous teeth, will sometimes give rise to a greenish stain which permeates the teeth. Staining of the deciduous teeth appears to be more common than that of permanent teeth, although involvement of the latter has been recorded, and John Hunter (*Works*, ed. J. F. Pamer, 1835, 2, 19) refers to the effect of jaundice on adult teeth. The treatment of the extrinsic type is simple and consists in scaling and polishing.

Intrinsic staining, if of the deciduous teeth, can be left. If, however, it is present in the permanent dentition, a difficult problem arises, since the introduction of bleaching agents necessitates entry into the pulp canal, the teeth thereby being devitalized. This procedure threatens the life of the teeth and gives rise to the risk of subsequent apical abscesses, etc. Severe staining of the anterior teeth is probably best dealt with by cutting down the tooth to a peg, leaving the pulp alive, and cementing a porcelain or acrylic resin crown over the peg. Reports of cases of green staining of the teeth have been made by the following: Craig, *British Medical Journal*, 1925, 1, 453; Ellis, *Proc. roy. Soc. Med.*, 1938, 31, 767; Boyle and Dinnerman, *Amer. J. Orthodont.*, 1941, 27, 377; Thursfield, *Proc. roy. Soc. Med.*, 1912, 5, Sect. Clin. Med., 148; and Langmead, *ibid.*, 147.

Treatment by Tridione

Q.—May I have some information about the use of tridione in petit mal and pyknolepsy? (1) How long should a patient be kept in hospital at the beginning of treatment? (2) How often are leucocyte counts necessary? (3) What are the toxic effects, and at what period of the treatment are they likely to arise? (4) Has treatment to be continued indefinitely?

A.—(1) There is no need in the ordinary way to have a patient in hospital when starting treatment with tridione. (2) White blood-cell counts may be done once a fortnight for the first two months and then once a month, the frequency being reduced as time goes on. Attention should be paid to the actual number of polymorphonuclear leucocytes, and any counts below 4,000 per c.mm. should call for care. (3) Possible toxic effects, which are generally not so bad as the literature might suggest, include agranulocytosis, aplastic anaemia, and episodic hiccup; apart from the changes in the blood, these occur very early. (4) Treatment usually has to be continued indefinitely.

Hypertensive Blood Donors

Q.—I understand that blood from patients suffering from hyperpiesis is not always suitable for transfusion purposes. Is this correct, and, if so, why? I should also like to know whether it is dangerous to bleed these patients?

A.—There is no risk to the recipient when blood from a hypertensive subject is transfused. There is little risk to a benign hypertensive donor in relatively good health; but when degenerative vascular changes have set in there is some danger