

## PSYCHOLOGICAL TYPES

*Personality and Psychosis.* By Otho W. S. Fitzgerald, M.A., M.D. (Dubl.). (Pp. 134. 12s. 6d.) London: Baillière, Tindall and Cox. 1951.

The grouping of personalities into types has made possible a system of critical comparison between personalities possessing different traits. Thus we have Jung's general attitude types of extraversion and introversion and Kretschmer's cyclothymes and schizothymes. The author's aim in this book is to construct hypothetical personality types, composed of a limited number of traits, so that each personality type is analogous to a psychotic syndrome. In this way the study of the pre-psychotic personality can be made more exact.

The author finds Jung's type theory, which is based on the notion of mental energy, best suited to his purpose. He formulates two basic traits—objectivity and subjectivity of interest, meant to correspond roughly with Jung's extraversion and introversion. Abhorrence of new terminology is the reason for adopting Jung's terms, but the connotation given here to extraversion and introversion bears little resemblance to Jung's use of the words.

The author describes three genetic types of personality found in the pre-psychotic individual: the impetuous extravert, the deliberate extravert, and the introvert personality. These relate respectively to the manic, melancholic, and schizophrenic psychoses. There are also three acquired traits—hysteric, obsessional, and paranoid. The acquired traits may be combined with any of the genetic types. A descriptive nomenclature is achieved in consequence of this blending, and this provides a diagnostic description of psychotic syndromes.

With pre-psychotic patients it is easy, in retrospect, to recognize personality traits. But many so-called normal people, who never become psychotic, have the same traits, although in a mild form. The drawback to the term pre-psychotic is that we can rarely say when the "pre" stage begins, and so its value in preventive therapy is small. The best part of the book is the case histories. They reveal the author as an acute observer with a facility for the right phrase. The index is inaccurate and unworthy of the book.

E. A. BENNET.

## TEXTBOOK OF SURGERY

*Wullstein-Wilms Lehrbuch der Chirurgie.* By Professor E. Gohrbandt, Professor E. v. Redwitz, and Professor F. Sauerbruch. Volumes 1 and 2. Tenth edition. (Pp. 1,600: 121 figures. M. 98.) Jena: Gustav Fischer. 1951.

This is the tenth edition of a work which for over forty years has been the outstanding German textbook of surgery. Many of the leading surgeons of Germany in that period have shared in its production, and among them are the great names of Wilms, Perthes, de Quervain, and Schmieden. The most distinguished of all, Professor Sauerbruch, has recently died, but lived to share in the production of the latest edition of this great work.

Although considerably enlarged and to a great extent rewritten, it remains essentially a textbook for students. The basic principles of surgery are discussed in the thorough manner characteristic of the German mind, and these are illustrated from an immense wealth of clinical material with plates and diagrams of the highest order. The use of antibiotics is very fully described,

but more recent advances in surgery are considered very briefly. It is noticeable that scarcely any reference is made to work outside Germany itself. Perhaps the long isolation of Germany, made that unavoidable.

The production of these volumes under difficulties which few of us can appreciate is a great achievement, and they supply the German student of the future with a solid foundation upon which to build. Indeed, any young British surgeon who cares to devote to them the careful study which they deserve will be amply rewarded.

HENRY SOUTTAR

## BOOKS RECEIVED

*Review is not precluded by notice here of books recently received*

*Good Health with Diabetes.* By I. Murray, M.D., F.R.F.P.S.G., F.R.C.P.Ed., and M. B. Muir, S.R.N. 2nd ed. (Pp. 44. 2s.) Edinburgh: E. and S. Livingstone. 1951.

*Bacterial and Virus Diseases.* By H. J. Parish, M.D., F.R.C.P.Ed., D.P.H. 2nd ed. (Pp. 204. 10s. 6d.) Edinburgh: E. and S. Livingstone. 1951.

*Medical Botany.* By A. Nelson, Ph.D., D.Sc., F.R.S.Ed. (Pp. 544. 30s.) Edinburgh: E. and S. Livingstone. 1951.

*Emotional Security.* By M. R. Sapirstein, M.D. (Pp. 291. 16s.) London: Rider. 1951.

*The Medicough Papers.* By H. Ross. (Pp. 264. 10s. 6d.) London: Andrew Dakers. 1951.

*Recipes for Light Diets.* By E. M. Shipley, B.Sc., and H. M. Dundas. (Pp. 38. 3s. 6d.) London: J. and A. Churchill. 1951.

*Army Medical Library Classification.* (Pp. 275. \$1.25.) Washington, D.C.: Superintendent of Documents, U.S. Government Printing Office. 1951.

*Cardiopatologia.* By Dr. J. A. A. Mateo. (Pp. 101. 25 pesetas) Barcelona: Byp. 1951.

*Fortschritte in der Behandlung Schwerer und Schwerster Hochspannungsunfälle.* By Professor H. Fischer and Dr. R. Fröhlicher. (Pp. 72. M. 10.80.) Stuttgart: Georg Thieme. 1951.

*L'Allongement Vertébral des Rhumatisants.* By Dr. A. de Sambucy and M. de Sambucy. (Pp. 138. 800 francs.) Paris: Librairie le François. 1951.

As Mr. Berry says in his foreword to *The Law Relating to Mental Treatment and the Health Service* (J. and A. Churchill. 8s. 6d.), the size and importance of the problem of mental disorder are not generally realized. In England and Wales there are about 200,700 mental hospital beds as against some 315,000 general hospital beds for all other types of illness. This little book is designed to provide, for the benefit of general practitioners and all those whose work brings them face to face with the problem of mental illness, a guide through the thicket of legislation which surrounds the subject, and to show what each must, may, and must not do in his dealings with the patient. It would provide an even better guide than it does if it contained an index, for which its full table of contents is no real substitute. Mr. Berry discusses clearly and comprehensively the recent changes in the law which follow upon the National Health Service Act, 1946, and the Criminal Justice Act, 1948, which, as he points out, make a real advance in the way in which mental disorder can be dealt with in the administration of justice, at any rate in courts of summary jurisdiction. Many will feel, however, that in his comments on psychiatric evidence in capital cases Mr. Berry has done less than justice to prison medical officers, though otherwise he has dealt with this very contentious subject with creditable objectivity and restraint.

matters that lay very close to his heart, and his forewords to his annual reports, written with clarity and elegance of style—as indeed befitted a nephew of the late A. E. Housman—were models of shrewd observation and careful thought for the future of his fellow citizens. Courageous in thought as in life, he maintained his interest in the future of medicine. Up to the last he remained a member of the planning committee and of the hospital management committee, and the full weight of his counsel was directed to the shaping of plans for better things to come. He is survived by his wife and three sons, to whom our sympathy is extended.—D. A. U.

## Medico-Legal

### BROKEN RIBS NOT DIAGNOSED

[FROM OUR MEDICO-LEGAL CORRESPONDENT]

Damages amounting to £3,550 were awarded by Mr. Justice Pritchard in the High Court on May 24<sup>1</sup> in an action by Mrs. Margaret Kate Wood for negligence in respect of the death of her husband brought against a doctor and the board of governors of Charing Cross Hospital.

Mr. Wood, a manager of the accounts department of a bank, aged 49, spent the evening of August 6, 1948, out with two men friends. Between 7 p.m. and 9 p.m. they visited two public houses, and when walking west up the Strand at about 10 p.m. they came across a stationary lorry at the junction of the Strand with Bedford Street. Mr. Wood started to cross Bedford Street by crawling under the lorry just as the driver started to move off. One of its rear wheels pinned him to the ground, but did not go over him.

He lay on the pavement for a little while and then walked with his friends to the casualty department of Charing Cross Hospital just up the road, where he was seen by a doctor. The doctor's evidence was that Mr. Wood, who was intoxicated, repeatedly said that there was nothing the matter with him and that he wanted to go home. In examining him the doctor pressed his chest from front to back and from side to side and went over his skull for signs of injury, but found no clinical evidence of bone injury. Mr. Wood showed no signs of shock or pain, nor did the doctor find any crepitus, sweating, pallor, or abnormality. He did not use a stethoscope. Mr. Wood had told him what had happened.

After being treated for nose-bleeding Mr. Wood was sent home 11 miles in a taxi. In the early hours of the next day he was admitted to West Middlesex Hospital, where he died the same morning. At necropsy it was found that one collar bone and nine ribs on each side were fractured and his lungs were badly congested. One doctor gave the cause of death as shock, and another as leakage of air into the pleural cavity. Mr. Justice Pritchard held that Mr. Wood would probably not have died had he been immobilized at once.

In giving judgment Mr. Justice Pritchard said that Mr. Wood's intoxicated state should have put the doctor who examined him even more on his guard than usual rather than have deceived him as to his actual condition. The doctor had not exercised reasonable care in his examination. If a stethoscope had been used it was almost inevitable that Mr. Wood's true condition would have been discerned. The governors of the hospital, as his employers, were vicariously liable for the doctor's negligence. Mr. Justice Pritchard added that he hoped the doctor would not be daunted or unduly depressed and would find some consolation in the reflection that there were very few professional men who had not in their early stages made mistakes.

<sup>1</sup> *The Times*, May 25.

## Universities and Colleges

### UNIVERSITY OF OXFORD

In Congregation on July 28 the following medical degrees were conferred:

D.M.—W. H. Greany, B. S. B. Wood, \*C. E. Davies.  
M.CHIR.—R. H. Percival.

B.M.—P. Maton Terry, J. D. Granger, J. E. K. Moore, D. H. Taylor, J. D. Klauber, W. D. May, G. Rushworth, B. R. S. Mainwaring, Barbara M. Crumley, Leonora H. Goult, Mary H. Miller, \*B. M. Ogilvie, \*J. A. P. Marston.

\*In absence.

### UNIVERSITY OF CAMBRIDGE

Professor E. D. Adrian, O.M., P.R.S., has resigned from the Chair of Physiology, from September 30. Professor Adrian was recently appointed Master of Trinity College, Cambridge.

The trustees of the Nuffield Foundation have made a grant to the University of £7,000 for experiments in improved arrangements for medical care in East Anglia to be carried out under the direction of Professor A. Leslie Banks.

In Congregation on August 4 the following medical degrees were conferred:

M.D.—A. R. C. Butson, K. C. Robinson, J. Evans, W. T. C. Berry, E. H. Hare, J. McFie, M. B. McIlroy, D. P. Wheatley.

M.CHIR.—T. G. E. Loosemore.

M.B., B.CHIR.—R. H. Adrian, T. D. Anderson, W. D. Anderson, \*P. T. Annesley, \*R. S. Atkinson, \*Margaret E. Barton, \*R. J. Bennison, \*M. Braimbridge, \*E. J. F. Brewer, \*J. S. N. Briggs, K. Brown-Grant, \*W. M. Browne, \*M. D. Cameron, \*J. A. E. Clark, \*P. B. Clark, \*R. Cremona, \*P. G. Cronk, N. L. Dallas, \*J. J. Daly, \*W. G. Davies, R. Dee, \*J. H. Dickson, \*W. Dorrell, \*G. D. Downes, \*D. C. Gibbs, \*J. N. Gibson, J. R. Glover, \*L. Golberg, \*P. Goodall, L. R. H. Gracey, \*D. M. Grant, Isobel H. Grant, J. H. Green, V. A. Grimshaw, \*B. M. H. Hardman, \*A. S. Harris, \*Penelope A. Hewetson, \*M. Hobsley, \*C. A. Holborow, \*R. G. Huntsman, \*A. W. Johnston, \*B. H. Kelham, J. C. Kelsey, \*M. H. King, R. G. P. King, \*Ivone Kinross, \*T. P. Kissack, \*Mrs. Rhoda R. Law, O. K. Litherland, \*V. J. Marmery, Shelagh E. Marmion, \*Mrs. Faith M. Mason, \*I. H. Mills, K. H. G. Milne, \*J. F. Moor, \*G. H. Moss, \*A. J. Palfrey, \*R. H. Reynolds, \*I. H. Robinson, \*F. C. Rutter, \*J. R. Savage, \*J. R. Seale, \*C. Shaldon, \*D. W. Smith, \*E. Stokoe, H. Sutherland, G. A. Taylor, \*G. S. Thompson, \*Rosemary F. Thompson, \*Irene M. Watts, \*Judith Weisz, \*W. G. Wenley, I. H. Williams, \*J. A. Williams, \*R. T. Williams, \*D. H. M. Woollam, G. H. Wright.

\*By proxy.

### ROYAL COLLEGE OF SURGEONS OF EDINBURGH

At a meeting of the Royal College of Surgeons of Edinburgh held on July 25, with Mr. W. Quarry Wood, President, in the chair, the following candidates, having passed the requisite examinations, were admitted Fellows: J. S. Bains, R. A. Craven, S. W. Davidson, R. A. Denham, J. C. Grant, C. R. S. Jackson, D. A. Kernahan, Sylvia Lerer, M. P. Mehta, S. N. Peshin, H. D. Ritchie, K. Robertson, B. Sacks, S. J. Talsania, D. J. Toomey.

### CONJOINT BOARD IN SCOTLAND

The following candidates, having passed the final examinations, have been granted the diploma of L.R.C.P.Ed., L.R.C.S.Ed., L.R.F.P.S.Glas: M. A. Abdulla, A. I. Atta, W. M. Bezuidenhout, Cecily F. V. Borchards, E. G. Bredenkamp, G. W. Brown, D. W. Cameron, Sarah F. Charlton, Kim Choy Chong, J. Connelly, C. J. Constantinou, Flora M. Dale, Maureen F. Davies, R. E. Dean, J. T. F. de Graft-Johnson, Alice E. Fairbrother, G. I. Forbes, Rosemary M. J. Forsyth, H. W. Gardner, R. F. R. Gardner, F. B. C. Gouws, Joan T. Graham, W. M. Higginbottom, H. F. Jackson, Natalie M. Johnston, P. L. Kapur, B. S. Khehar, P. W. Lang, Elizabeth S. Latham, O. P. Le Breuille, Margaret C. Lee, W. K. Lutterodt, I. I. M. MacGregor, D. T. Mackay, P. W. McLuskey, W. McPheat, J. R. MacPherson, J. H. Mendes, Violet V. M. Moody, J. A. Mornay, Doreen A. Murray, K. L. Naidoo, Jeanie MacP. Orr, W. L. Parker, N. Rifkind, W. D. Roberts, Elizabeth M. Robertson, Wendy Scott, M. P. Shannon, D. L. P. Singh, H. B. Singh, F. Slane, Janet U. A. Smith, M. Snell, S. O. Too-Kong, Ellen M. Tulley, P. S. Vaithilingam, Vera M. Vodden, A. A. Volodarsky, E. K. B. Wells, Eirlys J. Williams, Sheila A. Yhap.

## APPOINTMENTS

**EAST ANGLIAN REGIONAL HOSPITAL BOARD.**—*Part-time Consultant Obstetrician and Gynaecologist, Newmarket General Hospital, J. S. Hesketh, M.B., B.Chir., M.R.C.O.G. Part-time Consultant Physician, North Cambridgeshire Hospital, Wisbech, and Doddington Hospital, F. G. Patnick, M.B., B.Chir., M.R.C.P.Ed., D.T.M.&H. Consultant Orthopaedic Surgeon in Peterborough and King's Lynn Area, A. B. King, M.B., B.S., F.R.C.S. Assistant Psychiatrist, Hellsdon Mental Hospital, J. V. Fennell, M.B., B.Ch., D.P.M. Assistant Psychiatrist, Fulbourn Mental Hospital, G. J. F. Fryer, M.R.C.S., L.R.C.P., D.P.M. Surgical Registrar, East Suffolk and Ipswich Hospital and Ipswich Borough General Hospital, H. F. McG. Bassett, M.B., B.S. Medical Registrar, Papworth Sanatorium, C. P. Silver, B.M., B.Ch., M.R.C.P. Medical Registrar at East Suffolk and Ipswich Hospital and Ipswich Borough General Hospital, K. T. Evans, M.B., Ch.B.*

**NORTH-EAST METROPOLITAN REGIONAL HOSPITAL BOARD.**—*Part-time Consultant Surgeon, King George Hospital, Ilford, C. P. Allen, M.B., Ch.B., F.R.C.S.Ed. Part-time Consultant Psychiatrist, Ilford Child Guidance Clinic, Winifred M. Burbury, M.B., B.S., D.P.M. Part-time Consultant Anaesthetist, Dorothea B. I. Halstead, M.B., Ch.B., D.A., D.C.H. (at St. George-in-the-East Hospital), G. Herington, M.B., B.S., D.A. (at Tilbury and Riverside Hospital), B. Kenton, M.R.C.S., L.R.C.P., D.A., D.C.H. (at Bethnal Green Hospital), B. P. Armstrong, M.R.C.S., L.R.C.P., D.A. (at Mildmay Mission Hospital). Part-time Consultant Obstetricians and Gynaecologists, Joan E. M. Lambert, M.R.C.S., L.R.C.P., M.R.C.O.G., and D. J. MacRae, M.D., F.R.C.S.Ed., M.R.C.O.G. (at the Mothers' (Salvation Army) Hospital), I. Bierer, M.D. (at Bethnal Green Hospital).*

**THORBURN, A. LENNOX, M.D., D.P.H.,** Tuberculosis Physician, Manchester Regional Hospital Board.

**THORNE, NAPIER A., M.D., M.R.C.P.,** Senior Registrar to Skin Department, London Hospital, E.

**WATKIN, IESTYN MORGAN, Ph.D., M.Sc., M.B., B.Ch., D.P.H.,** Medical Officer of Health, Combined District Councils of Cardiganshire and Assistant County Medical Officer of Health.

## BIRTHS, MARRIAGES, AND DEATHS

## BIRTHS

- Anderson.**—On August 21, 1951, at Windsor, to Audrey (formerly Northcott), wife of Dr. J. L. Anderson, a son—Timothy James.
- Blair.**—On August 25, 1951, at Inverness, to Lois (formerly Gilbert), M.B., Ch.B., wife of Robert A. Blair, M.B., Ch.B., F.R.F.P.S.Glas., a son.
- Graves.**—On August 22, 1951, at "Sunnyside," Writtle, Essex, to Valerie (formerly Scotland), M.B., B.S., wife of J. C. Graves, M.R.C.S., L.R.C.P., a son.
- Holden.**—On August 26, 1951, at Singapore, to Dr. Ursula Holden (formerly Stanley), wife of Surgeon Lieutenant P. H. Holden, R.N., a daughter.
- Moodie.**—On August 28, 1951, at Dundee, to Barbara (formerly Jeffery), M.B., B.S., wife of Gordon Moodie, M.B., B.S., a daughter—Helen Elizabeth.
- Scriven.**—On August 30, 1951, at Gally Hill Nursing Home, Church Crookham, Hants, to Dr. Jeanne Scriven (formerly Edwards), wife of Dr. W. H. Scriven, M.B.E., a son.
- Stewart.**—On August 15, 1951, at Romford, to Evalyn (formerly Linscott), wife of Dr. J. M. Stewart, D.M.R.D., a son.
- Thompson.**—On August 28, 1951, to Joan (formerly Murray), wife of Blair A. Thompson, F.R.C.S.Ed., a daughter.

## DEATHS

- Bowie.**—On August 20, 1951, at Poyle Place, Colnbrook, Bucks, Alexander Bowie, M.D., aged 92.
- Butterworth.**—On August 18, 1951, at his home, Stanton House, Rhos-on-Sea, Colwyn Bay, Charles Edward Butterworth, M.B., Ch.B.
- Cardinall.**—On August 17, 1951, at Triangle House, Hatfield, Herts, Charles Daking Cardinall, M.R.C.S., L.R.C.P., aged 82.
- Exmouth.**—On August 19, 1951, at Bovey Tracey, Devon, Edward Irving Pownoll Pellew, O.B.E., M.R.C.S., L.R.C.P., Viscount Exmouth, aged 84.
- Goodwin.**—On July 8, 1951, at Vancouver, British Columbia, Guy Stewart Goodwin, M.D.
- Green.**—On August 22, 1951, at Little Brandon, Portsdown Hill Road, Cosham, Hants, Philip Halbert Green, M.B., Ch.B., aged 73.
- Grellet.**—On August 22, 1951, William Pennington Grellet, L.R.C.P.&S.Ed., L.R.F.P.S., aged 76.
- Harrison.**—On August 15, 1951, at Godmanchester, Huntingdon, Newcome Herbert Harrison, M.R.C.S., L.R.C.P., L.D.S.R.C.S.
- Jubb.**—On August 14, 1951, at Scratby, Ormesby St. Margaret, Norfolk, Archibald Armitage Jubb, D.Sc., M.D., Brevet Major, R.A.M.C., retired, aged 76.
- Lambe.**—On August 19, 1951, at Findon, Sussex, Thomas Lambe, M.R.C.S., L.R.C.P., aged 81.
- Lavertine.**—On August 3, 1951, at Milestone Cottage, Havant, Hants, Albert Xavier Lavertine, L.R.C.P.&S.I., Surgeon Captain R.N., retired, aged 79.
- Marsh.**—On August 20, 1951, at 23, The Broadway, Thorpe Bay, Essex, Cecil John Marsh, L.S.A.
- Morton.**—On July 21, 1951, at Boksburg, Transvaal, South Africa, James Stevenson Morton, M.D., D.P.H., aged 84.
- Parker.**—On August 22, 1951, at 235, High Road, Harrow Weald, Middlesex, Athel Mary Parker (formerly Sayce), M.B., B.Ch., aged 46.
- Parry.**—On August 13, 1951, at 5, Carshalton Road, Blackpool, Thomas Wilfred Parry, M.B., Ch.B.
- Robertson.**—On August 7, 1951, Granville Douglas Robertson, F.R.C.S., of Robin Hill, Itchen Abbas, near Winchester, Hants.
- Scott.**—On August 3, 1951, Douglas Hay Scott, M.B., Ch.B., of 3, Corkran Road, Surbiton, Surrey.
- Smith.**—On August 2, 1951, at Leicester, Gayton Warwick Smith, M.D., D.P.H.
- Terry.**—On August 7, 1951, at 39, Raynes Road, Lee-on-Solent, Hants, Paul McKenna Terry, T.D., J.P., L.R.C.P.&S.Ed., aged 88.
- Thompson.**—On August 24, 1951, at Harrogate, Arthur Hirst Thompson, M.R.C.S., L.R.C.P., of "Carmires," Knaresborough, Yorks, aged 96.
- Walker.**—On August 5, 1951, at a Torquay nursing-home, Thomas Malcolm Walker, M.R.C.S., L.R.C.P., late R.A.M.C. and R.A.F.M.S., previously of Hook Norton, Oxon, and Hailsham, Sussex, aged 78.

## 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.*

## Why Isolate Scarlet Fever?

**Q.**—*Why is it that stress is laid on the isolation of scarlet fever and its notification, when the organism responsible is usually the same as in ordinary cases of tonsillitis? Surely the difference is only in the erythrogenic properties of the particular strain of *H. streptococcus* and/or the sensitivity of the subject to this toxin?*

**A.**—The knowledge that the same streptococcus may cause scarlet fever in one member of a family or community and sore throat without rash in another is not more than 15–20 years old, but already health authorities are recognizing that it is illogical to isolate the case of scarlet fever and not the case of tonsillitis due to the same streptococcus. Thus the notification and hospital isolation of scarlet fever are rapidly declining, and wards for scarlet fever are now almost as rare as wards for diphtheria in many infectious diseases hospitals. The present mild nature of scarlet fever and the increasing use of penicillin therapy have helped to encourage the home nursing of this illness, and the public is losing its fear of the fever that claimed many thousands of victims in the latter part of the nineteenth century. Legislative changes must always lag behind advances in knowledge, and, of course, it is possible that scarlet fever may again become a severe infection, requiring hospital care. It may be added that in semi-closed communities, such as day and residential schools, the early notification and isolation of the first case of scarlet fever may help to prevent the spread of streptococcal infection through the community.

## Flaking on the Face

**Q.**—*What is the best treatment for flaking above the eyelids, around the nostrils, and in the nasolabial folds which does not respond to emollient creams? There is dandruff of the scalp, but it is not excessive and is improving.*

**A.**—This is presumably a mild degree of seborrhoeic dermatitis, so that treatment of the dandruff in the scalp is important. The lesions on the face will probably respond to a cream such as unguentum aquosum B.P. with the addition of 1% of salicylic acid and 1% of sulphur. The condition is liable to recur, but an occasional application of this cream will probably cut short recurrences. The use of soap and water for washing is not harmful, but the skin of the face is sometimes very sensitive in these patients, and one should be on the look-out for sensitivity to cosmetics and other external contacts.

## Treatment of Dandruff

**Q.**—*What is the best treatment for dandruff? A woman with very thick hair has had this condition for 16 years, and complains of scaliness of the scalp and at times intense itching. Applications of spirit lotions give only temporary relief. Would cutting her hair short have any effect on the condition?*

**A.**—There is no permanent cure for dandruff. It is usually possible to keep the scalp clear with regular treatment, but the dandruff will recur within a few days or weeks if treatment is stopped. Cutting the hair short is not likely to make much difference except that it may make the application of creams and lotions easier to carry out.