

north of the Tweed. True, the candidate saves two bawbees, but what does the appointing body think of the courtesy of a medical gentleman?

#### Visits to Soviet Russia

Professor JULIAN HUXLEY, Sir PETER CHALMERS MITCHELL, and Mrs. MANSELL-MOULLIN write: In 1931 the Society for Cultural Relations arranged two tours in U.S.S.R. to enable scientists and doctors to see the present activities in science and medicine. Sixty-two scientists and doctors, including several eminent specialists, joined these tours. The society proposes to organize similar tours in 1932, but with a wider scope of scientific interests and subjects. It hopes to arrange parties for (1) physical scientists, (2) biological scientists, (3) agricultural scientists, (4) engineers, (5) chemists, (6) medical doctors, (7) anthropologists. The parties will be limited to groups of about twenty persons; if the applications should exceed this number, two or more groups will be arranged. The travelling arrangements will be made by Intourist, Ltd., Bush House, Aldwych, W.C.2. The parties will be assisted by competent guides and interpreters, provided by VOKS, the Soviet organization for cultural relations with foreign countries. The period of the tours will be between July 15th and September 15th, and the inclusive cost of travel, accommodation, guiding, etc., will be about £35, the tours lasting about one month from departure to return to London.

#### Doctors and District Nurses

"ANOTHER DEVONSHIRE G.P." writes: I do not think that the letter of "G.P." in your issue of March 26th should be allowed to pass without comment. He states that "the district nurse now takes most of his midwifery"; this may be true, but what medical man is not (or at any rate should not) be grateful for the hours of waiting which he is spared through the services of a district midwife? It is permissible for a nurse to practise midwifery within certain limits, and I think we, as a profession, should be thankful to be relieved of a task which in many cases needs no more than patient watching. Nature is an excellent obstetrician, and the knowledge that we have a capable midwife looking after confinements leaves us free to attend to cases of a medical and surgical nature where responsibility cannot rightly be delegated to a nurse. Does "G.P." really enjoy sitting up for several hours at night with a primipara, and does he consider he is amply rewarded for his vigil and care with the small fees for which so frequently we are expected to conduct our midwifery cases? I have yet to come across the district nurse who "does minor surgery and sends patients to hospital for advice and treatment"; perhaps I have been fortunate in avoiding the nurse who "takes stitches out of perineums without sanction" or who diagnoses and treats a pneumonia case. Far from being "one of the general practitioner's most dangerous opponents" I consider the district nurse is one of his staunchest allies, and I can find nothing but praise for the devotion, care, and attention which district nurses in my experience have given, not only to their patients, but also to the medical men concerned.

Dr. M. GRAHAM DILL (Alloway, Ayr) writes: The contribution of "G.P." from Devonshire would appear to suggest the type of psychology evinced by the old lady, on being approached by the rag and bone merchant—"Any beer bottles, lady?" Lady: "Do I look as if I drank beer?" Merchant: "Well, vinegar bottles, lady."

#### Raw Milk and Dental Caries

Dr. HALDANE C. GILMORE (Ilford) writes: Concerning the effects of raw milk on teeth, my son, now aged 8 years 7 months, commenced raw milk daily at about 3½ years of age; though he had a good deal of caries in his milk teeth he has none in his six-year-old molars, or any of his permanent teeth. There has been no abstention from cereal foods in his dietary. This seems to me to be in accordance with Mr. Sprawson's deduction.

#### Coronary Disease

Dr. MAURICE NEWMAN (Liverpool) writes: I have read with great interest Dr. Cotton's address on some clinical aspects of coronary disease, published in the *Journal* of February 27th. As you mention in your leading article on the subject, the present-day physician, and particularly the cardiologist, finds there is a very great increase in the incidence of coronary disease. This is probably due to the greater stress and strain of modern life, resulting in high blood pressure and general vaso-constricting influences, that result in the ischaemia of the heart muscle which appears to be the actual cause of the acute agonizing substernal pain. With regard to the prognosis, I agree with Dr. Cotton that in angina pectoris, if there are signs of

gross structural changes, as enlargement of the heart, valvular disease, etc., the prognosis is more serious than if these signs are absent; but I do not agree that this is so in coronary thrombosis, for in my cases the fatal ones have often occurred in those who showed no signs of any structural changes in the heart. Age has often an important bearing on the prognosis in coronary occlusion, for an attack in a comparatively young man (35-40) is often more fatal than an attack in older men. This is probably due to there being more extensive anastomoses in the coronary circulation in older people, so that the damaged area is more likely to receive blood from a collateral circulation.

#### A Coincidence

Dr. W. WILDMAN (resident medical officer, French Hospital, London) writes: The following cases, admitted to the hospital, under the care of Dr. Hugh S. Stannus, on successive days, form an interesting contrast.

#### CASE I

Man, aged 66 years; admitted February 13th, 1932.

Man, aged 63 years; admitted February 14th, 1932.

#### History

Had had diabetes mellitus for past five years. Treated with insulin in this hospital for two months in 1929; was then discharged, and advised to continue with insulin at home.

He remained in good health until fourteen days before admission, when he developed influenza.

#### State on Admission

Patient emaciated, and deeply comatose. Breath had strong odour of acetone.

Urine showed both acetone and sugar in large quantities.

Both lungs consolidated at bases.

In spite of immediate treatment, patient died in coma three hours after admission.

#### Post-Mortem Examination

Carcinoma of pyloric end of stomach, causing local constriction with proximal distension. A secondary deposit was present on the greater curvature.

Pancreas and liver not involved.

#### Cause of Death

Broncho-pneumonia, secondary to diabetes mellitus and carcinoma of stomach.

Hyperglycaemia, secondary to neoplastic invasion of cells of Langerhans.

#### Disclaimer and Warning

Dr. M. J. FENTON (Stockwell Road, S.W.) wishes to disclaim any knowledge of a begging-letter writer who uses the name of Aldridge, and mentions him as a reference; and he advises medical practitioners to ignore such communications.

\*\* Aldridge is one of the many names used by a young woman, Jean Atherton, whose activities are only too well known to the Charity Organization Society and to the police.

#### Disclaimer

Dr. P. POPE (Southend) writes repudiating the assertion made by a man named Kirkup or Faulkner, who was on March 22nd charged at Long Ashton Police Court, to the effect that he (Faulkner) had been in partnership with Dr. Pope.

#### Vacancies

Notification of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 40, 41, 42, 43, 44, 45, 48, and 49 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 46 and 47.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 119.