

lives during the performance of trifling operations] become of prime importance," as frequent when ether is the anaesthetic? If ether is employed the after-effects are very slight. I have no doubt that there were good reasons for giving chloroform in Cases 1 and 2, and a mixture of chloroform and ether in Case 4—also for giving stovaine in the case recorded by Dr. Trevor Lewis (*Journal*, October 5th, p. 640). But, one wonders, why not ether? Dr. Primrose speaks of these cases as constituting "a purely mechanical breakdown, however it has been produced." Cannot, however, the physiologists, pathologists, or biochemists help us here by elucidating *how* it has been produced? Is it not better to prevent the risk than to deal with it when it does arise? And, finally, is it not admitted that ether will reduce the incidence of sudden failure to a far greater extent than chloroform?

#### Pregnancies After Nephrectomy

Dr. W. GRIFFITH LOVE (Woodville, near Burton-on-Trent) writes: With reference to Dr. Barron's letter on page 608 of the *Journal* of September 28th, the following notes of a case which has been under my care may be of interest. Mrs. X, aged 40, height 4 ft. 11 in., weight 10 st. (approx.). Nephrectomy performed in February, 1930, for left calculous pyonephrosis, from which she made an uneventful recovery. Prior to her operation she had had five children, of whom three were delivered by forceps. She came under my care in July, 1930, and since then I have attended her at three confinements—in May, 1931, in 1933, and in August of this year. She has had no ante-natal troubles during any of these pregnancies, and the remaining kidney has functioned normally. These three children were all vertex presentations, the first being the only one needing instrumental assistance. In that case the labour was very prolonged, and she was delivered by forceps under chloroform anaesthesia. The puerperium in each case has been normal, and all her children are alive and healthy. In spite of her small stature her pelvic measurements are normal, and incidentally her children have all been above the average in weight, varying from 10½ lb. to 8½ lb.

#### Haematemesis in Infancy

Dr. R. FORCE-JONES (Sandbach) writes: I have had recently under my care an interesting case of haematemesis in infancy. The child was delivered normally and appeared healthy. Two days later he began to vomit and to scream. The vomit consisted of almost pure blood. On examination the infant was well nourished and appeared healthy. His abdomen was distended and very tender to touch. There was no jaundice on this or any subsequent examination. His stools were black. Goodhart and Still, in their book on *Diseases of Children*, published in 1905, state that gastric ulcers occur in infants a few days old. In view of the absence of jaundice and the extremely tender abdomen, I concluded that this was a case of gastric ulcer. I followed the treatment recommended by these authors—namely, ordering alum water (2 drachms of alum to a pint of water) to be given in a bottle and withholding all other food for forty-eight hours. In addition, I gave half a teaspoonful of brandy at night. At the end of forty-eight hours, as no further haematemesis had occurred, the child was allowed alternate feeds of the breast and alum water, and by gradually increasing the former and decreasing the latter the infant was on full feeds in a week, and made a complete recovery. On the second day of the illness the infant passed a little bloody urine, the cause of which I am at a loss to conjecture. I should be interested to hear of similar cases seen by other practitioners.

#### War in Abyssinia: Plea for Women and Children

Lord NOEL-BUXTON, president, Save the Children Fund, writes: The cloud of war has descended on Abyssinia, and those who realize the misery and suffering that this implies, not for the combatants only but also for the women and children, are asking what can be done to help. I understand that an appeal is being made for funds to provide for the care of wounded combatants: but what of the others who, as the fighting spreads, may meet the hideous experiences of war and be driven from their homes in panic and despair? True to its principles the Save the Children Fund takes no sides in this quarrel. Its one concern is to aid those who suffer most, and the call of Abyssinian children is one that it cannot disregard. It remembers that it was always a strong desire of its founder, Eglantyne Jebb, to promote the work of child-saving in that country, and the opportunity and imperative need now seem to have come. It is proposed, immediately funds permit, to organize relief in the first place for the refugees who will inevitably percolate into the neighbouring territories of British Somali-

land and Kenya, and I am assured of the full co-operation of the authorities concerned. Later, with the experience thus gained and as the necessity arises, it is intended to organize relief in Abyssinia itself. In view of the primitive conditions of the country, aid must be extended to adults if the children are to be effectively helped. My council is prepared to undertake this work according to the measure of support forthcoming from the public. I can guarantee that any contributions entrusted to the Save the Children Fund, and addressed to the Honorary Treasurer, 20, Gordon Square, W.C.1, will be used to the best advantage, and subscribers will be informed from time to time of any action taken.

#### Purpura Haemorrhagica

Dr. H. P. DAWSON (Grantham) writes: Having read with interest Dr. Bernard Myers's paper on essential purpura haemorrhagica, in the *Journal* of September 7th (p. 445), I thought the following case, which came under my care a short time ago, might be worth recording in view of the satisfactory response to treatment. An engineer's fitter, aged 45, came to the surgery on November 6th, 1934. There was bleeding from the gums, and purpuric spots were present on both legs. The spleen was not enlarged and the general condition was good. Bleeding time was increased and the capillary resistance test positive. The blood count showed nothing abnormal, but blood films showed almost a complete absence of platelets. During the next few days the general oozing from the gums became much more severe, and large bluish swellings were present. Injections of normal horse serum and haemostatic serum were without effect. On November 14th I gave a blood transfusion of 300 c.cm. citrated blood. Bleeding ceased almost at once, but for twelve hours only, and then began again as severely as before. A second transfusion of 500 c.cm. was given on November 21st. This reduced the oozing but did not stop it, and it gradually became worse again. On November 24th I started injections of coagulen ciba—20 c.cm. of a 3 per cent. solution being given twice daily. The result was dramatic. All bleeding ceased almost at once, and the gums gradually became normal. The injections were continued morning and evening for five days and then reduced to once daily for a week, after which they were gradually reduced and stopped at the end of another week. Further blood films were examined, but there was still almost a complete absence of platelets. No further bleeding has occurred and the man is quite fit. He went for a holiday, and returned to work in January, 1935.

#### Loose-leaf Textbooks

BM/RJDK writes: There must be many among us who are anxious to keep up to date and who yet feel a considerable difficulty in doing so. New methods of treatment are constantly being brought before us by the medical journals. We read these and make some mental note of them; later, when such a case occurs, we have mislaid the reference and feel that our old textbooks are out of date (most medical books are out of date in five or six years, often less). There is only one way as far as I can see, or shall I say one best way of getting over the difficulty—namely, to have loose-leaf books published and by annual subscription to have additional pages sent on to bring the book up to date. Many elaborations of this scheme might be thought out, and at times a whole page or pages might be eliminated and replaced by new matter. Suggested treatment which had not stood the test of time might be in another colour. I could tell of several valuable suggestions discovered in the *British Medical Journal* which I think have been lost to most practitioners.

#### Medical Golf

The sixth autumn meeting of the Sussex Medical and Dental Golfing Society was held on the links of the Brighton and Hove Golf Club on October 6th, when eighteen members competed. The captain's trophy was played for in the morning and was won by Mr. J. Scott Page with 3 up. In the afternoon, in the foursomes, Messrs. Gregg and Glover tied with Messrs. Wallace and McAleenan with a score of 4 up. Pleasant weather was experienced after a showery beginning.

#### Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 54, 55, 56, 57, 58, 59, and 63 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 60 and 61.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 180.