

healthy child, may be the only evidence of tuberculous meningitis, and demand urgent and immediate investigation. I wish to thank Dr. W. J. Pearson for permission to publish this note and Dr. J. G. Chappel for details of the case.

Diathermy in Dysmenorrhoea

Dr. H. E. GIBSON (South Godstone) writes: When one reads of the severe and/or mutilating operations performed by gynaecologists for dysmenorrhoea, one wonders how many of the cases so treated could have been cured far more simply with diathermy. Presumably as long as gynaecologists live by the knife and have the surgery complex, so long will they keep that Cinderella of medicine, physical treatment, strictly in the background.

A Leech in the Trachea

Dr. G. G. COOPER writes from Morocco: In September, 1935, a Legionnaire, three days after bathing in a pool which contained small leeches, complained of discomfort in the throat and occasional difficulty in breathing, coupled with a change in intonation of the voice. This continued and became more marked, with a cough and discharge of quantities of aerated bright red blood and phlegm. The patient was evacuated to hospital for observation, and three weeks later one morning on waking he found a small leech attached to the buccal mucous membrane, which he removed and the symptoms disappeared. The leech had been attached in the trachea below the larynx—laryngeal mirrors had revealed nothing—and later found its way into the mouth. I saw the case, which showed no pulmonary symptoms.

Maternal Mortality and the Press

"W. B." writes: The publicity given to the question of maternal mortality is not only having a bad effect on expectant mothers, but is inducing a feeling of nervousness amongst general practitioners. Is this the reason that the number of cases of Caesarean section is going up? The young practitioner does not care to run the risk of an obstetrical disaster, knowing too well how injurious the consequent inquiry and publicity may be to his reputation. No harm would be done if these cases were sent to a maternity hospital, where they would have the services of an obstetric specialist, but in many districts the only provision is the local general hospital, staffed by surgeons with no more maternity experience than they have obtained in general practice. Caesarean section, generally a comparatively simple and always a spectacular operation, provides the easy way out of the difficulty, but what of the poor woman, condemned either to sterility or to an operation at her next pregnancy?

The Rattenbury-Stoner Trial

Miss F. TENNYSON JESSE, whose work on the psychology of murder is a contribution to criminology, has produced a worthy successor to her earlier volumes in the Notable British Trials Series (*Trial of Alma Victoria Rattenbury and George Percy Stoner*, William Hodge and Co., Ltd., 10s. 6d.). Mrs. Rattenbury, a woman of early middle age, engaged Stoner, a young lad, as chauffeur and handy-man, and they quickly became lovers. Her husband was 67, and she had two children. About six months after Stoner joined the household Mr. Rattenbury was attacked from behind as he sat sleeping in an armchair in the drawing room at Madeira Villa, Bournemouth, the Rattenburys' home. The weapon was a carpenter's mallet, which Stoner had fetched from his grandfather's house that afternoon. The patient was taken to hospital and found to have three serious wounds on the head which could not have been self-inflicted. When the police arrived they found Mrs. Rattenbury very drunk. She confessed to the murder, and said next day that she had done it deliberately. The peculiar interest of the trial was the manner in which the evidence against Rattenbury quickly faded away and guilt was fastened on Stoner. The interest of Miss Jesse's book is her sympathetic analysis of the highly coloured personality of Mrs. Rattenbury. She was a Canadian, very attractive to men, and a clever musician. She was happily married to a young Englishman who was killed in the war, and herself served throughout the war as a transport driver. She married again, after divorce proceedings, in 1921, but was unhappy, and married Mr. Rattenbury in Australia, again after divorce proceedings, a few years later. He was much older, and her sexual dissatisfaction was one of the dominant motives of her life, although she does not seem to have had a lover or to have behaved in any abnormal way until she met Stoner. She was an affectionate, kindly, and gregarious person, and a good and loving mother. Her husband was, after his first passion for her, somewhat in-

different and miserly, but the marriage was not particularly miserable. Her attachment to Stoner must have been chiefly physical to start with, but when they were in trouble together she stuck to him unflinchingly and did her best to save him at the sacrifice of her own life, only giving way when it was made quite obvious to her that she could not in any case succeed. As drawn by Miss Jesse, she was in many things frivolous and silly, and she undoubtedly made a disastrous choice in the unstable Stoner, but in her reaction to disaster she showed a strength of character to which, according to the editress, Mr. Justice Humphreys did not do justice, although he did ample justice to all the facts of the case. Miss Jesse blames the judge—if one can call it blame—for identifying himself with the conventional merciless attitude towards persons who forsake the accepted code of sexual morals. According to her, the judge was wrong in three respects: in condemning Mr. Rattenbury as "that unpleasant character, a *mari complaisant*"; in assuming that the middle-aged woman dominated the young lover; and, most of all, in remarking that she was a woman for whom no one could feel sympathy or, indeed, anything but disgust. This contrast between nature and convention makes the drama of the trial, and the reader is left to make his own choice between the naive integrity of Mrs. Rattenbury, which withstood the extreme of human condemnation and remorse, and the harsh values, voiced by the judge, which govern sexual behaviour in this country.

Sightless Masseurs

The National Institute for the Blind (224, Great Portland Street, W.1) has issued a sixpenny pamphlet (Bulletin No. 10) entitled *Massage as a Profession for the Blind*. "If concentration and delicacy of touch in dealing with surfaces made sensitive by pain are the two outstanding qualities of a good masseur," it is stated, "then the trained blind worker is in a strong position." Many of the cleverest sighted masseurs work with closed eyes precisely because the absence of visible distraction increases their skill. Since its establishment during the war, 264 sightless men and women have been trained at the massage school of the National Institute. Not one has failed, while the large majority have been conspicuously successful after qualification. At the institute's own clinic in the massage school an average of 140 patients are treated weekly by blind men and women; while a few doors away is the Eichholz Clinic, where diathermy treatment, remedial exercises, and a wide balneological system are administered by fully qualified blind masseurs and electrotherapists. Massage is pre-eminently a vocation by which those afflicted with loss of sight can gain not only independence but also a knowledge that they are contributing to the welfare of their fellow men.

New A.A. Itineraries

Members of the Automobile Association who have recently applied for itineraries will have noticed changes in the familiar route sheets. Two years' work involving the printing of 12 million new sheets has been necessary to bring about the numerous improvements from which tourists will benefit this summer. Over 8,000 sketch maps have been drawn and the series of town plans increased by 50 per cent. Intermediate mileages, formerly shown side by side with route directions, are now also indicated on the sketch map of the road being traversed. Specially equipped A.A. logging cars have covered more than 50,000 miles during the past eighteen months while checking gradients, directions, road numbers, and mileages. This has been made necessary by the large number of recent road improvements and the construction of new by-passes, which have considerably altered some of our main highways in contour and direction.

Disclaimer

Dr. DONALD HALL (Hove) writes: Will you please allow me to say that Dr. Pulling, Mr. Beresford, and myself are not in any way responsible for the newspaper publicity which has been given to us lately in connexion with the illness of Sir Harry Preston.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 40, 41, 44, and 45 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 42 and 43.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 103.