

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Case for Diagnosis and Treatment

"A. O. F." writes: Dr. H. L. Selwyn's patient (*Journal*, November 28th, p. 1123) appears to me to be a fit subject for hypnotic treatment. I find it invaluable in these cases. There is evidently a strong subconscious "shame complex" from his infantile life to be dealt with in this case. A long and tedious psycho-analysis would probably bring this to light, but a quicker, and in my opinion a more effective, method would be in the hypnotic state induced at weekly intervals and deepened at each sitting. Hetero-suggestion and auto-suggestion can then be given. I have no doubt the patient will be cured by this treatment.

Income Tax

Alteration of Premises

"M." owns two contiguous houses, A and B, A being used as a surgery. Some alterations were made which took two rooms from B and added them to A. They were formerly rated at £20 each, and have now been rated at £30+£13=£43. Has "M." any remedy?

* The alterations made justify reconsideration of the values *de novo*, and the question resolves itself into—What rent would a hypothetical tenant pay for the properties as now altered? We think that "M." would have great difficulty in proving the new values to be excessive in the circumstances.

LETTERS, NOTES, ETC.

Corpse Blood for Transfusion

Dr. M. R. SONI (Withington, Manchester) sends the following note on the use of cadaver blood in the Soviet Union, supplementing the account given in the *Journal* of May 2nd, 1936 (p. 894): On August 31st a party of British and American doctors visited Professor Yudin's clinic at Skliforskogo Hospital for Acute Emergencies in Moscow, and had the interesting experience of seeing a woman surgeon remove all the blood from the body of a patient that had been brought dead to the hospital in an ambulance—death having occurred in the street from angina pectoris. This blood, it was explained, would later, within the next twenty-four days, be used for transfusion purposes. As the hospital received only acute emergency cases—both medical and surgical—from all over Moscow, it naturally received a number of bodies of those who had died suddenly in the home or the street or in the ambulance while being conveyed to hospital. All such bodies, without the permission of the relatives or the coroner, were drained of the blood by

a surgeon. The operation was performed with due care and asepsis, within six hours of death, the blood being drained from the internal jugular vein and received in wide-mouthed sterile bottles. A body normally yielded about 2,000 to 2,500 c.cm. of blood. No citrates or chemicals were added to the blood, which was kept at a slightly low temperature in a refrigerator. When required the bottle was placed in warm water for a short period before use, it was gently shaken, and its contents injected into the vein by the drip method. Professor Yudin told us that he had given cadaver blood to over 1,500 patients without mishap. In a case of carcinoma of the stomach occurring in a young woman with 20 per cent. haemoglobin he gave 4 litres of blood slowly in two days, and after a week, when the haemoglobin had risen to 70 per cent., he performed gastrectomy successfully—the patient being still alive two years after the operation. It must be added that after the blood is drawn the body is in every case subjected to post-mortem examination, and the blood is discarded if death has occurred from tuberculosis, cancer, any acute infectious disease, etc. Further, the blood is carefully examined both bacteriologically and serologically and typed. The blood that has passed through these tests is considered as good as fresh blood from a donor, if not better. Certainly it is easier to administer. The surgeon told us that cadaver blood "lived" for twenty-eight days after the death of the person, but to be on the safe side it was discarded after being stored for twenty-four days. We were informed that cadaver blood is being used all over the Soviet Union without any untoward results. The patients are not informed of its nature.

Founder of the Humane Society

Last Saturday was the 200th anniversary of the birth of William Hawes, M.D., founder of the Royal Humane Society. He was born at Islington, London, on November 28th, 1736, and died on December 5th, 1808. In 1773 he and his exact contemporary, Dr. Thomas Cogan, who was also interested in resuscitation of the apparently drowned, called a meeting in London to establish a humane society. The object of this society was at first confined to the recovery of persons suffering from suspended animation from any cause, but especially from drowning. To-day the society, with headquarters in London, has 300 depots supplied with life-saving apparatus distributed throughout the kingdom. The Hawes family have been closely connected with the society since its first days, and two of the founder's descendants are members of the present committee. His life-work is epitomized in the inscription on a tablet to his memory placed in St. Mary's Church, Islington, by the Royal Humane Society. A biographical note appeared in the *Manchester Guardian* of November 27th, 1936, and there was a letter commemorating Hawes, with portrait, in the *Times* of the following day.

Herpes and Varicella

Dr. T. J. T. WILMOT (Louth, Lincs) writes: Correspondents who have given notes about the association of these two conditions may be interested to hear that I am at present attending a man of 90 years with an extensive costal shingles, five inches across, who also developed typical chicken-pox all over. The chicken-pox is now disappearing, and the patient is improving steadily.

Disclaimer

Drs. STANLEY J. HARTFALL and HUGH G. GARLAND (Leeds) write to disclaim all knowledge of an article on rheumatoid arthritis which appeared in the *News Chronicle* on December 1st.

A Warning

Dr. H. F. WATTSFORD (honorary secretary, Newcastle Division) writes: It has been brought to my notice that an ex-medical student has been calling on various doctors in this district borrowing, on various pretexts, sums of money, which he has failed to repay.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 65, 66, 67, 68, 69, 70, 71, and 74 of our advertisement columns, and advertisements as to partnerships, assistantships, and locum tenencies at pages 72 and 73.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 312.