the system is similar to that of our own medical defence organizations.

Just as the trade unions try to educate their members in matters relating to health, safety, and welfare, and to assist the sick and injured, so the employers' organizations investigate health and safety in their particular industries.

Although I have never been to America, my chief objection to the American compensation system—as portrayed in the literature—is that the industrial medical officer is too compensation-minded. Preliminary medical examinations are ruthless. We read that applicants for some jobs have several radiographs of the spine done to exclude persons with a predisposition to low back strain. Other parts of the body are examined with equal thoroughness. Let us hope this state of affairs never reaches England.

Dermatitis is a bad example. Diagnosis may be a problem, the precise cause cannot always be named, and susceptible men cannot always be detected in advance. If we agree that a combination of dust and sweat is a common cause, we must admit that prevention is difficult without a complete revolution in manufacturing methods.—I am, etc.,

Stanton. Gate, near Nottingham. R. N. WILSON.

Diagnostic Difficulties in Conservative Treatment of Perforated Ulcers

SIR,—Mr. Warren in his letter (*Journal*, June 19, p. 1440) seems to have missed the main purpose of my paper (*Journal*, February 13, p. 374) in an effort to defend the conservative method of treatment. I think it is fair to state that both methods, properly carried out, are equally effective. Mr. Warren seems to think I have never tried the conservative method. My own policy has been stated in my final paragraph—to accept the small risk of a diagnostic error in cases where laparotomy would be a serious ordeal. I have seen not a few gratifying recoveries in these very ill patients treated conservatively.

The second point raised was the question of how many laparotomies during my series were inadvertently carried out when the true condition was extra-abdominal. That of course is a diagnostic difficulty of the operative method, whereas my paper dealt with the diagnostic difficulty of the conservative method. The answer happens to be none, although I am fully aware of the possibility. It has been my experience that the diagnostic difficulty is much greater between perforation and other intra-abdominal conditions than between perforation and extra-abdominal conditions. Mr. Warren does not say if his experience differs. Mr. Warren says that in five of his cases diagnosis was uncertain and laparotomy carried out. These being the diagnostically difficult cases, might not one have been a coronary thrombosis, since coronary thrombosis can appear as an atypical perforation ? The final point of the first paragraph of his letter is merely stressing the intelligent application of the conservative method—careful observation of the progress of the case and operative intervention if necessary.

Mr. Warren's illustrative cases show two features: first, that the conservative method gives good results; secondly, he confirms my fears of the occasional diagnostic difficulty. The fact that his four cases, initially misdiagnosed, all finally did well, does not mean that subsequent cases so handled will be equally fortunate. Finally, may I stress that the point of my paper was to illustrate the diagnostic difficulties of the conservative method of treatment, not to condemn the results of what is a thoroughly sound and proved procedure ?—I am, etc.,

Portsmouth. Hants. T. G. CROMBIE.

Osler Memorial Tablet

SIR,—Our attention has been drawn to the letter (*Journal*, April 24. p. 988) referring to the proposal to fix a plaque on the wall of 13, Norham Gardens, to commemorate Osler's occupancy of the house. This is a project on which the Osler Club of London has been working for several years, and great delay has been caused by a change in the ownership of the house. We have only recently heard from the University Registry that we have the cordial approval of the Hebdomadal Council to fix and unveil a suitable plaque.

The total cost will be in the neighbourhood of £40, which it is hoped that members of the Osler Club will contribute. There may be others who would like to join in doing honour to the memory of Sir William Osler, and their subscriptions would be welcome if sent to the Treasurer, The Osler Club, c/o 11, Wimpole Street, London, W.1.—We are, etc.,

ALFRED WHITE FRANKLIN, President.
V. B. GREEN-ARMYTAGE, President-elect.
L. CARLYLE LYON, Member of Council.

London, W.1.

Medical Poetry

SIR,—As I am about to compile an anthology of medical poems, may I please ask your readers if they could let me have any they possess for publication in this ? The anthology will contain poetry of a technical nature on the subject of medicine. There are many such poems not generally known because of their limited appeal. Where necessary, I will return all copies.—I am, etc.,

8, College Grove, Four Lane Ends, Castleford, Yorks. F. KNELLER.

Gratitude from Yugoslavia

SIR,—I should be grateful if you could find space to print an account of the following little incident.

While on holiday in Yugoslavia a waiter in a Belgrade hotel presented us with a beautiful bouquet of flowers. He had heard that there were two members of the British medical profession in our party, and he wanted to express his gratitude through us to the profession as a whole and to an Army doctor in particular, who, he believed, had saved his life somewhere in Italy during the last war. He assured us that none of the wounded Yugoslavs would ever forget the kindness, care, and excellent treatment they received from the British doctors.

As his gesture was not made to us in any personal way, I should like to pass on to the medical profession this expression of appreciation and gratitude from Yugoslavia. —I am, etc.,

Bearsden, Dunbarton. C. H. S. BEGG.

POINTS FROM LETTERS

Hygiene and the Sphygmomanometer Cuff

Dr. K. DORRY LOUTFY (Alexandria, Egypt) writes: Although all physical examinations include the measurement of the blood pressure, yet in all the apparatus used we apply the sphygmomanometer cuff directly around the arm. The same cuff is used for all the patients in spite of the fact that the arm may be covered with sweat or the skin affected with oozing eczema, scabies, or other skin lesions: a process which is unhygienic, not quite clean, and may be objected to by some persons. I have for some time used a piece of soft cleansing tissue paper or light linen or gauze applied to the arm under the cuff and changed it with each patient. This does not affect the blood-pressure readings, is more hygienic, and gives satisfaction to the patients.

Treatment of Sprained Ankle

Dr. A. S. WOOLSTONE (Norwich) writes: There are many methods in use for applying elastic adhesive plaster in the treatment of sprained ankle. For many years I have been using a method which endeavours to approximate the injured ligaments by keeping the foot in eversion. This is done by forcing the foot into eversion with the knee in flexion. The adhesive bandage is applied to the big-toe side of the foot, passing underneath, and then up over the outer side, then passing across the front of the ankle-joint to the medial side to the posterior surface and finishing off in front. By pinching the adhesive surfaces of the bandage together as it covers the lateral ligaments of the ankle-joint the strength of the bandage is greater where it is most required. A 2½-in. (6-cm.) bandage is most appropriate, and several pieces can be applied in this way, thus increasing the strength of the bandage.