

THE first number of a new medical journal, the *Rinascenza Medica*, is to appear with the new year. It is to be issued once a fortnight, is under the directorship of Professor Carlo Martelli of the University of Naples, and will possess the general features of our weekly medical periodicals. In the prospectus reference is made to the seriousness and depth of thought that animates the Italian school of medicine, and the hope is expressed that the new journal will render the outside world, as well as Italy itself, more conscious of this fact. It is said that there exist in Italy innumerable periodicals whose pages are disfigured by the interminable contributions of hysterical pseudo-scientists. The pages of the *Rinascenza Medica* will be open only to genuine workers in medical science, and the director hopes that so praiseworthy an object will receive the support that it deserves.

THE Danish Medical Association has recently been conducting negotiations with the Director of Telegraphs and the Danish Radio-Aktieselskab about wireless consultations between ships at sea and medical officers on duty at certain hospitals. It has been proposed that these medical officers should give wireless medical advice free of charge. The Danish Medical Association has expressed sympathy with the scheme, but has left arrangements of details to those hospitals willing to undertake such work. Norway and Sweden have already adopted a system of this kind.

THE twenty-fifth anniversary of the discovery of radium was celebrated at the Sorbonne on December 26th in a special meeting opened by the President of the French Republic.

A FRENCH National League against Venereal Disease has been founded in Paris with Professor Jeanselme as president and Dr. Hudelo as general secretary. The offices are at 7, rue Mignon, Paris VIe.

Letters, Notes, and Answers.

As, owing to printing difficulties, the JOURNAL must be sent to press earlier than hitherto, it is essential that communications intended for the current issue should be received by the first post on Tuesday, and lengthy documents on Monday.

ORIGINAL ARTICLES and LETTERS forwarded for publication are understood to be offered to the BRITISH MEDICAL JOURNAL alone unless the contrary be stated.

IN order to avoid delay, it is particularly requested that ALL letters on the editorial business of the JOURNAL be addressed to the Editor at the Office of the JOURNAL.

CORRESPONDENTS who wish notice to be taken of their communications should authenticate them with their names—of course not necessarily for publication.

AUTHORS desiring reprints of their articles published in the BRITISH MEDICAL JOURNAL are requested to communicate with the Office, 429, Strand, W.C.2, on receipt of proof.

THE postal address of the BRITISH MEDICAL ASSOCIATION and BRITISH MEDICAL JOURNAL is 429, Strand, London, W.C.2. The telegraphic addresses are:

1. EDITOR of the BRITISH MEDICAL JOURNAL, *Aitology Westrand, London*; telephone, 2630, Gerrard.
2. FINANCIAL SECRETARY AND BUSINESS MANAGER (Advertisements, etc.), *Articulate Westrand, London*; telephone, 2630, Gerrard.
3. MEDICAL SECRETARY, *Mediscera Westrand, London*: telephone, 2630, Gerrard. The address of the Irish Office of the British Medical Association is 16, South Frederick Street, Dublin (telegrams: *Bacillus, Dublin*; telephone, 4737, Dublin), and of the Scottish Office, 6, Rutland Square, Edinburgh (telegrams: *Associate, Edinburgh*; telephone, 4361, Central).

QUERIES AND ANSWERS.

BUNGALOW HOSPITAL.

MR. FRANCIS H. P. WILLS (honorary surgeon, Marlow Cottage Hospital) writes: In answer to "H. R. G.'s" query (BRITISH MEDICAL JOURNAL of December 22nd, 1923) I may say that we have a Cottage Hospital here on the bungalow system, all wards and operating theatre being on the ground floor, and two or three bedrooms upstairs for staff. In plan the hospital is T-shaped, the stalk of the T containing kitchen, scullery, etc. If "H. R. G." would write to me I shall be glad to tell him further particulars, or show him over our hospital, or put him in connexion with the secretary or architect.

TREATMENT OF ACTINOMYCOSIS.

DR. DONALD I. CURRIE, F.R.C.S. (Colwyn Bay), writes in reply to Dr. W. S. Soden (December 29th, 1923, p. 1282) that he had two similar cases two years ago which responded well to the following additional treatment: Copper sulphate gr. 1/4 three times a day in pill, irrigation of any sinuses with copper sulphate, 1 per cent. solution, and the addition of a few minims of liquor arsenicalis to each dose of potassium iodide.

ENDOCRINOLOGY AND GROWTH.

"E. H. W." asks to be recommended a book on endocrinology in relation to growth and development in children.

** We are unable to recommend any book devoted solely to endocrinology in relation to growth and development in children. There is a good article by Sir Archibald Garrod in *Diseases of Children*, edited by Garrod, Batten, and Thursfield (pp. 570-584; 1913, Edward Arnold, London), but this is eleven years old; perhaps the best course would be to supplement this article by a recent work, such as the American translation (third edition, 1923) of W. Falta's work, *Endocrine Diseases*, translated and edited by Milton K. Meyers, or L. F. Barker's *Endocrinology and Metabolism* (1922); the first two volumes deal with the endocrinology.

LETTERS, NOTES, ETC.

DR. H. A. DES VOEUX (Batram'sley Close, near Lymington, Hants) is willing to present to any library the following volumes: Medical Society of London *Transactions*, 1897-1921 (bound). Royal Society of Medicine *Proceedings* (many unbound volumes from 1912). West London Medico-Chirurgical Society *Transactions*, vols. 2 to 7 (bound). Obstetrical Society *Transactions*, 1890 to last volume. Sydenham Society volumes from 1888 to last volume.

RAYNAUD'S PHENOMENA WITH CEREBRAL SYMPTOMS TERMINATING FATALLY.

DR. K. E. CROMPTON (Appleyby Magna) writes: A road-mender, aged 67, consulted me in January, 1922, on account of deadness of his fingers and attacks of giddiness; the fingers were white and cold with shrunken skin and diminished tactile sensation. The attacks of giddiness were sudden and soon over. Usually they came on in the daytime, and he fell. His general condition was otherwise good. He remained at work for eighteen months, sometimes better, sometimes worse. Treatment such as massage, a course of potassium iodide, and a long course of strychnine had no effect. About the middle of 1923 the condition became worse; the fingers and toes were affected and the attacks of giddiness were more frequent and lasted longer. He had to be carried home several times. I then for the first time saw him in one of the attacks. The condition was that of hemiplegia. I saw him in several such attacks and they were all similar—complete hemiplegia—the paralysis being absolute while it lasted, which was usually about half to one hour. In the end, on November 1st, he had several attacks in twenty-four hours. The last did not pass away as usual, but lasted for four or five days. After this he became delusional and excited, with dry glazed tongue. He gradually passed into a state of coma, in which he lay a week before he died. At the time of death his hands were deep purple to the root of the thumb and the legs to above the ankle. I certified the death as due to Raynaud's disease.

** The attacks of local pallor and of local cyanosis appear to be those of local syncope and asphyxia of Raynaud's disease, but the further stage of Raynaud's syndrome—namely, symmetrical gangrene—did not occur. The association at first with attacks of giddiness and falling might be referred to epilepsy, which has been reported in association with Raynaud's syndrome, or with perhaps greater probability to spasm of the cerebral arteries similar to that of the limb arteries. The later attacks of hemiplegia of a transient character have often been ascribed to spasm of the cerebral arteries, and might be regarded as comparable to the phenomenon of hemianopsia in migraine. It is not improbable from the fatal termination that there was grave arterial disease both in the limbs and brain, and that from some toxic (? uraemic) factor arterial spasm supervened and thus caused two out of the three phases of Raynaud's syndrome.

TREATMENT OF FOOTBALL ABRASIONS.

DR. W. SCOVIL SODEN (Winchcombe, Glos.) sends the following note of his experience in the prevention of septic infection from slight scratches received when playing football on contaminated ground: At Suez in 1919 we played football on a hard gravel surface contaminated in the same way as the one mentioned (December 15th, p. 1191). I always washed my abrasions with a plentiful supply of soap and water, then dried them carefully, then applied a solution of 1 per cent. picric acid: this I also allowed to dry, and as a rule I put on no dressing. A firm crust formed which came off in course of time, leaving a clean scar. The men usually swabbed their abrasions with iodine and then put on a dressing. The usual result was a painful septic ulcer. I think the most important part of the treatment is the thorough cleansing with soap and water.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 33, 36, 37, and 38 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 34 and 35.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 27.