6. All diseased sinuses on one side, or eventually on both sides, of the nose should be surgically treated at one operation.

7. The removal of the middle turbinal, if requisite, should be deferred to the very end of the operative intervention, and this removal should be effected by a clean cut with a von Struychen forceps followed by the use of a snare as suggested by Mr. O'Malley.

The observance of the "respect" alluded to in paragraph 5 is not consonant with Mr. Peters's statement that "removal of the middle turbinal by Luc's forceps should be carried out either in its entirety by gripping the body of the bone, or by 'nibbling' from the anterior end and removing the opened cell." The writer considers that the use of the instruments and methods of the late Dr. Sluder in this area must constitute a dangerous, as well as a quite unnecessary, procedure. In all cases of multiple sinus disease in which the frontal sinus can be excluded—and this group constitutes the big majority—it is my practice to take down the outer wall of the diseased ethmoidal labyrinth and, if necessary, the anterior wall of the sphenoid sinus with a Luc's forceps operating from the canine fossa and across the antrum, after this cavity has been dealt with in the conventional manner. This method, which I have described in detail in the *Journal of Laryngology and Otology* (August, 1926), and which I have employed frequently for over eight years, is extremely safe and rapid, and allows the operator to open up all cells within the ethmoidal capsule, including the agger and fronto-nasal cells, without any encroachment upon the danger area. The actual removal of diseased tissue is carried out by Moure's hooded scoops, which are worked from behind downwards and forwards, and which by their shape preclude injury to the overlying orbital plate. The removal of the middle turbinal, which is rarely required, would constitute the final step of the operation.

In cases of concomitant frontal sinus disease in which the latter requires operation, I carry out the Howarth operation, which best allows the observance of the principles I have enumerated above.—I am, etc.,

Cork, Jan. 26th. J. B. HORGAN.

CINCHONA AND QUININE

SIR,—It is with some diffidence that I offer the following information with reference to the article on cinchona febrifuge (*Journal*, December 6th, 1930, p. 969), because the facts referred to, although quite clear in my own memory, cannot be substantiated by figures, since the papers were all eaten up by white ants between 1914 and 1918. Previous to the former date I was civil surgeon in the Bhamo district, and the hospital budget for medicines for a 64-bed hospital was only Rs600 (about £40) per annum. We used to have a lot of malaria in the hospital, and quinine sulphate was selling at Rs16 per pound in those days. The Inspector-General brought to my notice a preparation produced in the Neduvattam cinchona factory known as "amorphous cinchona alkaloid," which was being sold at Rs4 per pound. I tested a series of cases, the even numbers being put on quinine sulphate and the odd numbers on amorphous cinchona alkaloid. The result showed that it was possible to break the periodicity of the paroxysm with an equal weight of the latter as compared with the former after an equal interval, and that a period of continued antimalarial treatment with equal weights of the latter was as efficient as with the former; in other words, the cost of cure was reduced to one-quarter of the previous cost.

Subsequent experience has led me to give up entirely the use of all the salts of quinine except the hydrobromide, which can be employed to break the periodicity of the paroxysm with the least possible discomfort to the patient; thereafter the use of "Tabloid" tr. cinchonae co. has given results which have been uniformly successful, the cost being proportionately less.—I am, etc.,

L. A. HODGKINSON LACK,
University of Rangoon, Jan. 5th. Lieut.-Colonel I.M.S.

TREATMENT OF VARICOSE ULCERATION

SIR,—Every single one of your correspondents on the subject of the Dickson Wright treatment for chronic ulcer of the leg has missed the point in such a way that it is almost incredible that they can have read the papers on this subject published in the *Journal* of December 13th, 1930.

The method does not depend on firm support of the leg by bandaging, and it is evident that if it did it would have little advantage over the traditional methods mentioned by your correspondents. At the risk of becoming tedious by repetition I would point out again that it is necessary to compress or squeeze the excess tissue fluids out of the limb, where they are stagnant by virtue of (*a*) gravity, (*b*) 120 mm. Hg of arterial pressure, and (*c*) 48 inches of blood in the superficial veins (less any surplus capacity in the deep veins). Firm support will no doubt prevent further accumulation, but, in the absence of some such arrangement as described by Dr. Moulden, it will not get rid of that which is there already. To accomplish this the bandage must be wound on tightly—often, indeed, as tightly as a strong man can pull without tearing the bandage.

Naturally fear and superstition, more politely known as the first principles of surgery, will deny the 100 per cent. results we have obtained to many who have not the courage to follow our directions literally.—I am, etc.,

Hove, Jan. 19th. J. H. TWISTON DAVIES.

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS

SIR,—The negative reply given by the Council of the College, reported in your issue of January 17th, to the request of the Members for *some* representation on the Council, has filled one with consternation. The one point that had been emphasized by the President himself, and by preceding Presidents—that there was no proof that the bulk of the Members were in favour of this representation—has been more than refuted by the result of the poll.

The string of the functions of the College given in the report are, as stated, "well carried out." Who has questioned this? The answer is that the functions, correct as they are, do not go far enough. Those Members that have had to bear the full responsibility of country practice in regions remote from hospitals and nursing homes, and who have been compelled to carry through operations of moment under extreme adverse conditions, patients refusing to be treated in any other place than in their own cottages, feel that they have a moral right to have some representation on a Council that functions for the surgical branch of our profession in this country. The "advancement of surgery in its widest sense," as stated in the report, is therefore not covered.

John Hunter, the virtual founder of the College, would, in my opinion, have taken a different view of the case. Had this passionate pioneer been alive to-day, we can picture him having not a little to say to those "die-hard" members of the Council that are still encircled and protected by their stone-wall method of defence. *Summum jus, summa injuria*!—I am, etc.,

Crouch End, N.8, Jan. 24th. T. WILSON PARRY.