

The temperature of the theatre was 80° F. The anaesthetic was not an orthodox one, but I think it suggests that ether is not the cause of these convulsions.

Rotary Pump in Intravenous Therapy

Dr. R. N. HERSON (Middlesbrough) writes: All the advantages claimed by Mr. G. M. Arnott for Riddell's rotary pump (April 5, p. 517) can be equally well secured by a much cheaper and simpler device. If to his short bent tube which passes through the rubber bung of a wide-necked bottle a pair of bellows is attached, the siphonage can easily be started (provided that his straight inlet tube is dispensed with). The bottle is then raised a few feet above the vein. The bellows can be removed once the siphonage is established. As occasion arises the bellows are reapplied and a little more air is forced into the bottle to speed up a sluggish drip. A suitable pair of bellows will be found in most hospitals as part of the sigmoidoscopic equipment. For the rest, all that is required are a bottle, pieces of glass tubing, rubber tubing, a drip chamber, and a cork. Incidentally, this method has the advantage over Riddell's pump in that the same pair of bellows can be used to start and maintain several transfusions at the same time.

Local Treatment with Sulphonamides

We have received from Pharmaceutical Specialities (May and Baker) Ltd. a pamphlet entitled "The Prevention and Treatment of Infection in Wounds by Sulphonamides," which reviews present knowledge of the effects of introducing sulphonamide compounds directly into wounds: twenty-eight references are given to original papers. It is concluded that this practice has some preventive but no curative value, that it should be reinforced by oral administration, and that in wounds involving nervous tissue it should be avoided. A copy of this publication will be sent by Messrs. May and Baker to any medical practitioner on request.

The Future of Dentistry

Mr. J. E. BOOKER writes on behalf of the Joint Planning Committee of Dental Students (c/o National Dental Hospital, Great Portland Street, W.1): There has been a good deal of discussion recently within the medical profession with regard to the post-war adaptation of medical services to meet the best interests of the community under the new conditions which must inevitably arise. This problem has seriously presented itself to the students of the dental profession, and a Joint Students Committee, representative of all the London dental hospitals, and later, we hope, to include representatives of all the provincial hospitals, was formed some weeks ago and held its first meeting on March 13. The primary object of the committee's efforts is to further in post-war Britain the best ideals of public service, and with this end in view to equip the future dental practitioner with a detailed knowledge of both the good, and in particular the bad, conditions existing in modern dentistry. Already a comprehensive schedule, consisting of one hundred and ten items under five subdivisions, has been prepared, and this, we believe, covers all the major and associated problems confronting the dental profession. Dentistry, in common with medicine, is a vital public health service, and as such we feel that no effort should be spared in mobilizing the great scientific developments which have taken place since the early days of the profession in order that they may be made available to every class of the community. We feel that, for the complete accomplishment of our ideals, absolute co-operation is necessary between the dental and medical professions. Our own programme involves a great deal of self-criticism, and we would welcome any suggestions in the nature of co-operation which the medical profession may wish to make. For our part we shall be pleased to keep in touch with any similar movement to our own which may exist now or in the future within the medical profession with a view to free interchange of ideas and suggestions. Such co-operation between students of the two professions would do much to create a complete and mutual understanding of the paths along which each profession must tread in common and those from which a divergence is necessary by the special nature of the work involved. We would like to see such divergent paths eventually running parallel, with wide channels of communication through which could pass swiftly details of modern research and technique. The British Dental Association has been approached, and has expressed its approval of the proposed activities of the Students Joint Planning Committee.

Elastic Stockings

Dr. W. M. M. JACKSON writes: Elastic stockings should be made to measure and not purchased ready-made. Makers who advertise in the *Journal* have experienced fitters and can be relied upon for fit and quality. It is not necessary to purchase the more expensive qualities. Care should be taken to assure that the stocking is quite loose at its upper free border. It should be put on in the morning before rising. This is best done with the leg and thigh elevated at right-angles to the recumbent trunk;

this position ensures emptied veins. In order to extend the durability and elasticity of the stockings, duplicates should always be ordered. By wearing on alternate days they have a rest of a day or more to dry and retain their shape. They last longer kept unexposed to light. I have found it comfortable and convenient to change them before dinner in the evening. They are, of course, removed when the wearer is in bed.

National Union of Students

Mr. P. A. H. RIVETT writes from the Leeds School of Medicine: I should like to correct any erroneous impressions which may have been created by the note in the *Journal* of April 12 (p. 578) referring to the decision of the Middlesex Hospital Common Room Society to withdraw from the National Union of Students on the grounds that the activities of the medical subcommittee of the union "no longer retained their non-political character." It has been a source of regret to the National Union that the Middlesex Hospital has never been a member, and has thereby been unable to voice its opinion at or to participate in the discussions and decisions of council, the governing body of the union. It has long been felt that this situation is to the disadvantage of both parties, in that the union is deprived of the contributions of Middlesex and the hospital is unable to share in the control and privileges of the union. As the hospital has never been a member, however, the decision to withdraw means less than nothing. With regard to the so-called "political activities" of the medical subcommittee, since the society does not even trouble to send observers to its meetings it is somewhat difficult to understand upon what grounds this extraordinary view is based; I am convinced that it is an ill-informed and hasty judgment, and I challenge the secretary or any other member of the society to advance any evidence to substantiate the opinion of the society.

** This question cannot be discussed further in the *British Medical Journal*.

A Monthly Gift to the Medical War Relief Fund

"NORTH WALES" writes: I have already made one small contribution to this Fund, but a few days ago I thought of a plan which may prove useful to others of my colleagues. I propose to call on my bankers this week and ask them to make a monthly payment of one half-guinea towards the fund, so long as I can do so. I shall not miss it by giving it in this fashion and, being a lucky one in an evacuated area; consider I should do more; by a monthly subscription I am more likely to give a larger sum in the long run. I hope this method does not involve too much clerical work for the good fellows concerned.

Ration Meals

Ration Dinners, a booklet on the lines of the B.M.A.'s *Doctor's Cookery Book* but adapted to war needs, has just been published by the Central Council for Health Education. It has been approved by the Ministry of Food; the instructions are simple and the methods advised are up to date. Under each recipe quantities are given for a family of four and for a canteen of 100 people. The booklet is attractively printed and illustrated, and may be obtained in bulk from the council's offices, Tavistock House, Tavistock Square, W.C.1, or from booksellers at 2d. a copy.

A Children's Rest Centre

Miss ANNA FREUD writes: In your issue of March 29 (bottom of p. 491) you mentioned that I have "opened a clinic in Hampstead . . . etc." This statement seems to be based on a misunderstanding. The house in question is no clinic but a Children's Rest Centre—that is, a place where bombed-out babies and children can find a home under favourable conditions. I should be grateful if you could publish this explanation.

Injuries from Lightning

Dr. F. R. HUMPHREYS writes from Langley Terrace, Oakes, Huddersfield: I should be grateful to any of your readers who would be kind enough to send me details of any cases of injury to human beings from lightning. War conditions make it difficult to get information. The information will only be used for statistical purposes in connexion with the Thunderstorm Census Organization.

Corrigendum

Dr. JAMES REID wishes to point out that in his article "Prothrombin Deficiency in Disease of the Liver" (*Journal*, April 19, p. 579) the method of calculating the prothrombin index was incorrectly stated. It should have read:

$$\text{Prothrombin index} = \frac{\text{Control prothrombin time}}{\text{Unknown prothrombin time}} \times 100,$$

this being the reverse of the formula as given by him.