in the American literature, and may end fatally in a few days; blood culture yields a pure growth of the organism. Other pathogens which may be isolated from the urine are the enterococci, haemolytic streptococci and the pneumococci. Many pathologists are particularly averse to taking material for bacteriological examination at necropsy. If this had been done the cause of the laryngeal obstruction might have been revealed. The absence of fever does not necessarily exclude the diagnosis of diphtheria. The child was in a collapsed state. The possibility of some chemical poisoning must also be kept in mind, although there does not seem to be anything in the history to suggest this.

Nicotinic Acid in Coronary Disease

Q.—What value can be placed on nicotinic acid in the treatment of coronary disease? Has it any beneficial action beyond that of vitamin B? A.—Nicotinic acid has recently been used with a view to causing dilatation of the coronary arteries. Further than that, it probably has no effect on the heart. How far this is of real clinical benefit is somewhat doubtful; reports so far have been rather contradictory. It must be remembered that the nature of the disease in the coronary arteries in some cases precludes much prospect of vasodilatation. Nicotinic acid can be given by injection, but, as the administration must be continuous, and even then the effect is only short-lived, probably the most effective way is to give it by mouth.

Treating Minors for V.D.

Q.—The problem of handling V.D. cases in minors raises difficulties from time to time. Suppose, for example, a girl aged 15 years reports to a family doctor for treatment of an apparent genital lesion. Should the medical officer treat her for V.D. in absolute confidence, or should he, in view of her age, inform the parents (a) of her immoral ways, or (b) if she should default during the contagious stage, the officer in charge be legally responsible for breaking confidence with his patient? Would you adopt a uniform policy in such cases? A.—In such a case as that described the medical officer (of a V.D. treatment centre) is torn between two loyalties—one to the patient and the other to the parents. Nicotinic acid has been given by injection to the parents. Strictly, according to the terms of his appointment he is not allowed to divulge any information concerning the patient; his best plan is to invoke the help of a lady almoner or a social service worker, who will be in a position to understand and persuade the girl to permit the officer to give permission for her parents to be told, or to return for treatment if she has defaulted. Defaults nowadays is of less importance from the public health point of view than formerly, since even one infection is now usually rapidly renders the patient non-contagious. Frequently it is possible to discover the name and address of the person by whom the patient was infected, or of person(s) infected by the patient, in which case notification can be made to the appropriate medical officer of health, who will take action under Regulation 33B. Legally, if the medical officer informed the parents he would lay himself open to an action for libel or slander, but in our opinion no court would convict him if he could prove he acted in good faith, without malice, and in the interests of the public. The strictest possible confidence is quite impossible to recommend a uniform policy in such cases. So much depends on various factors: whether the girl is living at home or not, whether she is a real "bad hat" or just weak, whether she is a prostitute or merely an "enthusiastic amateur." Persuasion and tact will usually be effective, and a lady almoner will often succeed where a medical officer fails.

Gout and Pernicious Anæmia

Q.—May I have advice on a case of pernicious anæmia complicated by gout. The patient is a man of 55 who has had liver injections every four weeks or so. In the last few months he has developed gout. Could this attack of gout be due to the liver injections? If so, how should a combination of these two diseases be treated? A.—The association between pernicious anæmia and gout appears to be too frequent to be explained by mere coincidence. It has been more often noted since the introduction of liver treatment, and particularly since the introduction of parental therapy. Injection of liver extract may precipitate an attack of gout. The beginning of treatment the regeneration of the blood is associated with an increased production of uric acid, which may be a factor in the attack. During maintenance treatment, however, the action is non-specific. In the past attempt was made to reduce the frequency of attacks by injected subcutaneously, including salicylates, ergotamine tartrate, and vitamin B1. Intramuscular extract of liver must be included in the same category. This can be compared with the effect of inducing attacks of gout. If this is the present patient an exacerbation of the gout always follows within 24 to 48 hours of an injection it might be wise to change to oral therapy. If this is not the case, then parenteral liver therapy should be continued unchanged and the gout should be treated independently of colchicine and the usual ancillary measures.