

will markedly diminish the flow in the first type. In these cases a stitch passed through the gum either side of the socket and drawn tightly together coupled with biting upon a bolus of cotton-wool will usually suffice. Where haemorrhage is from the socket proper, the effect of biting upon a bolus coupled with the use of a four-tailed bandage if necessary should be tried. Where this is unsuccessful a mushroom-shaped plug of cotton-wool of such a size that the head can amply cover the socket and the stalk 1/4 in. (0.63 cm.) long is prepared. This is soaked in hot snake venom and the stalk placed in the socket so that when pressure is applied the venom mixes with the blood in the socket as it is occluded. Hot venom is used as its coagulative power is greatly increased for a few minutes before it becomes inactive, and it is during the first five minutes that its action is most helpful. When bleeding ceases the plug is left *in situ* so as not to disturb the clot, and it falls away after a few hours. In cases where the socket is already occupied by clot I have been successful in many cases by injecting venom into the socket and then using occlusion to prevent the escape of the mixed venom and blood. In cases where haemorrhage has been persistent the injection of morphine 1/4 gr. (16 mg.) has much to be recommended in calming the patient and lessening the bleeding. Finally, all patients should occupy an upright position, even in bed, until all danger of haemorrhage has ceased.

#### Sulphonamide Snuff for Colds

Dr. J. F. BUCKMASTER (Berkhamsted) writes: The reply to a question about sulphonamide snuff for colds (March 8, p. 322) suggests that the writer has had little practical experience of the use of sulphathiazole (with or without penicillin) in the common cold. Since Delafield, Straker, and Topley wrote their paper in the *British Medical Journal*, 1941, 1, 145, six papers have been published describing over 700 treatments with antiseptic snuffs. Dr. Kenneth Hazell and myself did a large-scale experiment and satisfied ourselves and our patients that the powder-spray method materially shortened and mitigated the common cold by reducing the secondary bacterial invasion. In our experiment a total of 2 g. of snuff was given over a three-day period (some patients needed a little more for an extra 2 days). It is unlikely that any toxicity could arise even if the snuff were taken continuously for three weeks. Further, it is unusual for an adult to swallow mucus, and if the writer would try the experiment he would find that most of the snuff is blown out on the handkerchief. He would also find that the snuff so reduced the secretion that the necessity for blowing the nose arose only four or five times a day in the acute stage. He might even notice that congress with his fellows was less onerous and that at night a clear nasal airway was of some benefit, even if he slept alone. In the last sentence of the answer the writer suggests (perhaps unwittingly) that the snuffs are of some value in the secondary bacterial invasion of the common cold. In this I agree. Perhaps he would try some sulphathiazole and penicillin. It is a harmless procedure.

#### Intravenous Procaine

Dr. E. FALKNER HILL (Manchester) writes: In answer to the question "What is the action of novocain (procaine) when given intravenously?" (Feb. 15, p. 282) your correspondent says, "There are no records of a suitable dose for intravenous injection." In *Curr. Res. Anaesth.* (1946, 25, 1) he will find a paper in which a number of cases are described and the dose given in each case. Some 15 years ago I had occasion to inject 0.3 g. of procaine intravenously in the course of 10 minutes. There appeared to be neither sign nor symptom as a result. The B.P. and respiration were unaffected, and the patient made no complaint of dizziness or other subjective sensation. As regards animals, an experiment in which 7.5 mg. was injected each minute into the jugular vein of a cat needed 24 minutes before paralysis of respiration occurred and then 2 minutes' artificial respiration was sufficient to enable the cat to carry on by itself. 0.18 g. for a cat is about equivalent to ten times the maximum dose of novocain used in clinical spinal anaesthesia. Procaine has been suggested as a suitable anaesthetic given intravenously for obstetric cases.

#### Testimonials for Released M.O.s

The Director General of Medical Services (Air Ministry, London) writes: The assistance of your *Journal* would be appreciated in clearing up a misunderstanding among released medical officers regarding the furnishing of testimonials by this Directorate General. A document of this nature, if it is to be of any value, must be written by someone who has a personal knowledge of the individual who requests it, and on this condition senior officers are empowered to give such testimonials. The practice in this Directorate General is to advise ex-Service doctors who write to us for testimonials to apply to senior officers of the medical branch under whom they have worked for a statement of their character and professional skill. Letters addressed to senior medical officers, care of this

Directorate General, will be forwarded. A released medical officer may obtain a certificate of service based on the whole of his service by applying to the Under Secretary of State, Air Ministry (A.R.9), Kingsway, London, W.C.2.

#### Vasectomy and Sterilization

Lieut.-Col. F. R. W. K. ALLEN, I.M.S. (Berar, India), writes: With reference to the medico-legal case reported in the *Journal* of Jan. 18 (p. 118) under the heading "A Sterilized Husband" I should like to point out that a vasectomy is not 100% guarantee of a man being unable to impregnate a woman. I know of a case where vasectomy was performed and after a lapse of a year spermatozoa were found in the seminal fluid. I was present at the operation and I have seen the recent seminal fluid under the microscope.

#### Books for Germany

Dr. E. M. VERMEHREN writes: The Agency for Intellectual Relief in Germany, recently founded under the patronage of Cardinal Griffin, the Bishop of Chichester, and the Master of Balliol, is trying to help responsible Germans to reconnect themselves intellectually with the life and thought of Western civilization. It plans to establish in the British Zone several English lending libraries, where important English publications of recent years will be available to qualified German readers, who will themselves both run the libraries and select further titles. Specialized literature will be sent to institutions and individuals in Germany who need them for important work. Lists sent to us by German universities name the following medical books as urgently wanted: Joslin, E. P., *et al. The Treatment of Diabetes Mellitus*. 7th edition. Kimpton, 35s. 1941. Brock, Samuel. *The Basis of Clinical Neurology*. 2nd edition. Williams and Wilkins. \$5.50. 1945. Wright, Samson. *Applied Physiology*. 7th edition. Oxford University Press. 25s. 1940. Wiggers, C. J. *Physiology in Health and Disease*. 4th edition. Lea and Febiger. \$10.00. 1944. Boyd, W. *Pathology of Internal Diseases*. 4th edition. Lea and Febiger. \$10.00. 1944. Burrows, H. *Biological Action of Sex Hormones*. Cambridge University Press. 42s. 1945. Darling, H. C. Rutherford. *Surgical Nursing and After-treatment*. 9th edition. Churchill. 12s. 6d. 1946. Todd, J. C., and Sanford, A. H. *Clinical Diagnosis by Laboratory Methods*. 10th edition. Saunders. 36s. 1943. Could we, Sir, through the courtesy of your columns appeal to your readers for help, not only to get these special books, but also for our work in general? We need both money—£5,000 in the next six months—and books; but only those books for which a demand has been expressed by the German readers "who have been spoon-fed much too long already and should at last be invited freely to select their intellectual diet." Those of your readers who have books to spare which they think suitable are invited to send a list to our treasurer. They will then be informed which of the books are wanted, and where they should be sent. Contributions in money should be sent to the Hon. Treasurer, C. P. Kininmonth, 4, Chapel Row, Wheeler End, High Wycombe, Bucks. We are trying to fight that intellectual starvation which, in the words of our patrons, "remains, after famine, the gravest immediate danger facing us in Germany; and it threatens, if allowed to persist, to destroy all chances for the reintegration of the German people into a peaceful and prosperous Europe." Surely, Sir, such a cause cannot fail to engage both the sympathy and the generosity of the majority of your readers?

#### Correction

In the *Supplement* of March 22 (p. 38), under the heading "Salaries of Medical Practitioners Engaged by Local Authorities on a Sessional or Case Basis," the fee paid general practitioners for diphtheria immunization when visiting a child at home and giving injections there is 6s., not 6s. 6d. as stated.

In the letter from Dr. J. P. McGowan (March 22, p. 389) the word "internationally" in the second sentence of the third paragraph should be "intra-nationally."

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