

RECURRENT EPISTAXIS.

DR. W. NUNAN (police surgeon, Bombay), having noticed several inquiries about the treatment of recurrent epistaxis, writes to suggest resort to mental suggestion. "Anyone," he says, "who has had opportunities of observing the results of suggestion in cases of spasmodic dysmenorrhoea and menorrhagia, enuresis, and pylorospasm will have no difficulty in appreciating the value of suggestion-therapy in the control of contractions of unstriated muscle fibres."

"SUBINVOLUTION PERITONITIS." (?)

DR. DOUGLAS A. MITCHELL (Bath) writes: The histrionic genius of the vermiform appendix is so generally recognized nowadays that it is apt to be blamed for the large majority of lower abdominal infections where no other gross lesion is demonstrable. In recent years I have seen several cases of acute abdominal crises in women necessitating operation, in which the greatest elasticity of imagination was necessary to incriminate the appendix, but in which the following triad of conditions was present: (1) A heavy, bulky uterus, with the typical "doughy" consistency of "subinvolution," and covered with comparatively lustreless and almost drab-coloured peritoneum; (2) intensely red and congested, but not distended, tubes; (3) a quantity of clear or slightly sanguinous fluid in the pelvis, with hyperaemic reaction in the adjacent coils of small intestine. In the last two cases of this condition of which I have notes there was an interval of four months since the last (straightforward) confinement. In such cases, though the history and symptoms may give a perfect picture of fulminating appendicitis, no pathological changes are found in the appendix. If this condition is truly one of "subinvolution peritonitis," due to the direct transmission of organisms, or even toxic material, from the uterus along the tubes to the peritoneal cavity, and if the condition is at all common, it must enhance the importance of subinvolution considerably. It would be interesting to have the opinions of surgeons and gynaecologists.

NORMAL LABOUR AFTER CAESAREAN SECTION.

DR. J. L. BLONSTEIN (London, S.W.) writes: A woman, aged 22, had undergone Caesarean section two years ago on account of active tuberculosis of the hip-joint, when a five months foetus was removed. It was her first pregnancy. She came to see me when she was eight months pregnant. She stated that three hospitals had refused to admit her, unless she again submitted to Caesarean section. I found no pelvic contraction, no signs of hip-joint disease, and I decided to let her go to term. The child was in a vertex position. When labour started she had weak pains at long intervals for seven days. For two days she had strong pains at frequent intervals, but there was little progress. When I found the os dilating I gave a hypodermic injection of half a grain of morphine. She slept for an hour, and then I was sent for. Before my arrival the child and placenta were born. There was only one small tear. The child was healthy and weighed 8 lb. The puerperium was uneventful. I think this case illustrates the fact that, providing the pelvic measurements are normal and progress is carefully watched, there is no reason why a woman who has previously undergone Caesarean section should not be delivered normally.

CARDIAC RUPTURE.

DR. R. B. WILSON (Glengall Hospital, Ayr) writes to record the death of a woman, aged 63, from cardiac rupture. She had been in poor physical health for some months and was found dead in bed one morning. At the necropsy blood clot was discovered in the pericardium, and there was a rent 3/4 in. long in the left ventricle. Further, localized weakness of the fattily degenerated heart muscle had resulted apparently from a deep eroding ulcer, which was probably gummatous. The patient had been asleep, without any signs of distress, fifteen minutes before death, and there was no history of any undue exertion, recent or remote.

A STAIN FOR SPERMATOZOA.

DR. S. MALLANAH (Hyderabad, Deccan) has found the following method of detecting spermatozoa in seminal stains an improvement on that of Hankin, which is commonly used in India. He cuts off a piece of cloth from the garments showing any suspicious stains of semen and places it in a sterile petri-dish containing a solution just enough to soak it. After labelling the petri-dish with the number of the case and the date, it is set aside for a few minutes. With a clean knife the film is scraped gently from the cloth on to a clean slide and spread gently. It is allowed to dry in air and then fixed with the flame of a spirit lamp, and covered with a few drops of carbol thionin. After a few minutes it is washed with distilled water and dried by being kept slanting, so that the water drains away. The portion of the spermatozoon which lies between the head and the tail takes the stain more deeply and is generally semilunar in shape. The horns of this semilunar body have a tendency to unite in front and the coloration elsewhere is generally very faint. This peculiar staining characterizes the spermatozoon, which can be easily distinguished from cells and bacteria. The staining is more intense towards the tail and less towards the front part of the head. In fresh preparations, however, the tail also becomes coloured, but in actual practice, when the specimens are old, the tails do not take up the stain. Dr. Mallanah adds that by this method he has obtained positive results in 85 to 90 per cent. of cases, in most of which two or three months had elapsed.

PREVENTION OF GOITRE.

"S. O." writes: The prevention of goitre is a matter of great importance to those who live in goitrous districts. Colloidal iodine and iodized sweets have been used successfully to treat goitre and many other conditions. Since iodized salt contains so small a quantity of iodine as to be useless, I venture to ask if any reader would suggest a simple, practical method of preventing the onset of goitre and of those diseases which are said to be due to deficiency of iodine. "Irish moss" is certainly useful in the treatment of goitre, but I have not used it for a sufficient length of time to satisfy myself that it will prevent goitre. It would be interesting to know if Sir James Barr (whose letter on this subject appears in the JOURNAL of September 10th, p. 470) still uses concussion of the spinous process of the seventh cervical vertebra in the treatment of thyroid enlargement.

DEFINITION OF INSANITY.

DR. F. H. STEGMANN (Kingston, South Australia) writes with reference to the remarks on the absence of any definition of insanity made by Mr. Justice McCardie, as reported in the JOURNAL of June 4th, 1927 (p. 1038), to say that Dr. James H. Macdonald, of the Hawkshead Mental Hospital, Glasgow, gave the following definition: Insanity is a more or less permanent disease or derangement of the brain producing disordered action of the mind in such a way as to put the subject into a condition varying from his normal self and out of relation with his environment, and at the same time to render him dangerous or inconvenient to himself or his fellow men. Dr. Stegmann thinks that by adopting a definition such as this medical men would save themselves from adverse cross-examination tending to discredit a case.

THE CUBAN LEAGUE AGAINST CANCER.

CUBA is following the example of other countries in making efforts to reduce the mortality from cancer. It has its anti-cancer league undertaking to collect and distribute information relating to cancer, to promote the study of the disease, and to educate the poorer population in the knowledge of what science can do in the way of alleviation and cure; and recently it has given an earnest of its determination to show definite results from its mission by the gratuitous distribution to all the practitioners in the Republic of a volume of over 150 pages dealing with the important subject of early diagnosis. The book contains descriptions of the disease as it affects the principal regions of the body and is written by specialists. As it is designed for the benefit and instruction of practitioners, they are addressed without reservation in a short introduction by Dr. Diego Tamayo. It is, perhaps, difficult, in this country, to realize the particular attitude of the practitioner which is customary in other countries having other ideals. Thus in some countries the practitioner is reluctant, through good nature, to hurt the feelings of his patients by making a diagnosis of cancer. This may not be the case in Cuba, but there appears to be a species of religious superstition in the island that cancer is an incurable disease. Dr. Tamayo lays emphasis on the responsibility resting on the medical practitioner. He declares that the doctor who is jealous of his professional prestige must devote serious consideration to the opinion he gives, since it is better frankly to confess inexperience than to be compelled to rectify a diagnosis when, perhaps, it is too late. He should remember that a patient who is told that he is suffering merely from a non-malignant growth will expect a rapid cure, and if this does not follow the treatment recommended, other advice will be sought, and should there have been an error of diagnosis or an attempt to deceive, this fact will not remain a secret. No less reprehensible is a rash and ill-considered resort to intervention in the form of an incomplete operation or the employment of caustics and other local applications. If a case is operable and the practitioner has not the personal equipment for performing a radical operation, he should send the patient to those possessing the necessary experience or to a hospital. The volume is evidently designed to impress the practitioner with the necessity of ascertaining to what extent cancer is curable in these days, and of learning how to recognize it in the early stages, instead of dallying with it in ignorance until the patient's condition has become hopeless.

ERRATUM.

IN the preliminary note on the proceedings of the Section of Mental Diseases at the Annual Meeting at Edinburgh (July 30th, p. 165, col. 2) it is stated that "Dr. Groves described a case of recurrent mental illness in a girl . . ." The speaker was not Dr. Groves, but Dr. T. C. Graves, medical superintendent of Rubery Hill and Hollymoor Mental Hospitals, Birmingham.

VACANCIES.

NOTIFICATIONS of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 37, 38, 39, 42, and 43 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 40 and 41. A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 135.