All communications in regard to editorial business should be addressed

LETTERS, NOTES, AND ANSWERS

Dr. G. F. Gawston (Durham) writes: An elderly gentleman, whose gums were in a badly neglected condition and who had experienced increased salivation from one of the ducts in former years, complained to me that he had noticed a hard mass under his tongue and had successfully removed a portion with his finger. As the remaining portion could not be removed without a local anaesthetic I injected a solution of adrenaline and cocaine, and, after making a slight incision in the mucous membrane under the anterior portion of the tongue in the middle line, removed what remained from the sublingual duct. This concretion measures 1.6 of an inch in length and the broadest portion is 0.6 of an inch. Though it is not uncommon for such bodies to form in a salivary duct, it is rare to extract one of this size. Careful attention to the state of the gums has improved the general condition. The mass was removed with great ease and did not give rise to any bleeding, nor had its presence caused the patient much inconvenience.

Piercing the Lobule

Dr. M. N. Hamin (Mombsa) writes: Regarding methods of piercing the lobule, I quote a question raised by a "Barbarian" in the British Medical Journal dated May 9th, I relate the practice adopted by Indian goldsmiths. They pierce the lobe of the ear with a thick red-hot needle, and then pass a thread of equal thickness through the lobe for about a week. After this, any desired ear-ring may be worn or, if the hole is to be enlarged, bigger and thicker needles may be passed and kept in. Perhaps the very bitter principle contained in the neem tree might be acting as an astringent. In East Africa I have seen Kikuyu ladies walking about with wooden disks of 4 inches diameter in the holes of their ear lobes. In India I have also seen monkeys similarly perforating bilaterally the prepuce of young would-be monkeys, and then pass a very thick copper ring in it, thus locking the penis.

The late Inspector-General C. H. Woods

"A. M. W."

writes: I have read with interest the obituary notice in your issue of July 25th, but would venture to point out that the Royal Yacht Osborne, to which he was appointed in 1878, was not "Queen Victoria's favourite vessel" as stated, but was used by King Edward, then Prince of Wales; the Victoria and Albert, to which ship he was transferred in 1878, was very largely used in her private yacht, and was used by her until her death in 1901, when she was broken up, her place being taken by the present Victoria and Albert, a screw ship, whereas the old V. and A. and the Osborne were screw vessels. Possibly the most important work done by this officer was carried out after his retirement in 1901, for he was employed at the Admiralty on special service, and worked out a comprehensive scheme for the mobilization of Royal Naval Medical Services in event of war. In this connexion he organized the Royal Naval Auxiliary Sick Berth Reserve, which, on the outbreak of hostilities in 1914, proved of the greatest value. He was much interested in the work of the St. John Ambulance Brigade, and during the great war was commandant of a V.A.D. hospital at Alverstoke.

Corrigendum

Dr. M. R. Sont writes: In a memorandum on Cæsarean twins, in the Journal of August 1st. I made a mistake in stating the date of the first operation (tensilecotomy) performed on Mrs. X. It was in May, 1927, and not March, 1928.

We are asked to state that on and after September 21st the offices and warehouses of Messrs. Cookes and Coop, Ltd., will be situated at 94, Clerkenwell Road, E.C.1.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found on pages 38, 39, 40, 41, 42, 43, 46, and 47 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenancies at pages 44 and 45.

A short summary of vacant posts notified in the advertisement columns appears in the Supplement at page 135.