salicylate have been tried, and by some are thought to be helpful. But this drug was tried many years ago, and fell into disuse from the very disappointing results of its administration.

(3) Later Treatment to Prevent Further Attacks.—As the common factor in all types of angina is exhaustion of the myocardium, we should direct our attention to helping this overtired and strained muscle as much as possible.

This should be done by relieving it of any further strains, e.g., avoid excesses of alcohol and tobacco, &c.; avoid all emotions, over-worry and physical strain; avoid extreme cold and chills, avoid dyspepsia, and reduce the weight when obese.

The patient who has had an attack of true angina or coronary thrombosis should be encouraged and persuaded into ordering his life along a lower plane of physical exertion, and avoid all mental worries and overwork.

It will probably be necessary to put it to the patient that he should retire from business, but it is equally important to see that the void is filled by some suitable hobby. Motoring is best avoided, and most certainly he should never be allowed to drive, both for his own sake and for the safety of others. Later, gentle games without excitement may be permitted, such as clock golf and putting. But I have encountered an accident in even this simple effort—it was not, however, the game, but the side bets that caused the attack in this case.

Several operative measures have been devised, such as section of the posterior roots of nerves, Cs to Dl, and paravertebral alcohol block. The various authors of such treatments claim that they have had successful results, but it would appear that they have quite lost sight of the fact that they merely remove the pain, and hence any warning signs are lost.

Diathermy has more recently come to the front, and by many it is thought to be of great benefit. Perhaps it would be more correct to say that some cases are symptomatically improved while others are quite un-relieved; but at present there is nothing to point out to us which case will derive benefit and which will not.

Balneological treatment as carried out at Bad Nauheim and other Spas both at home and abroad can be extremely efficacious. That this treatment is not more efficacious is due to the casual method of administration of the baths by the bathroom attendant, and insufficient supervision by the physician. But let me assure you that the "Nauheim" baths can be given to the patient in his own home with excellent results, and on the whole it is preferable that he should receive this treatment in his own home, or in a nursing home, than that he should have to undergo first a long and arduous journey, then have his daily excursions to the baths, undress and dress again, and return to his hotel!

---

SURGICAL RESURRECTIONS—II.

(Continued from p. 86.)

The treatment adopted in the case first described influenced me in the conduct of the second case, in which death from severe haemorrhage was narrowly averted. The details of the second case are as follows.

A major in the Artillery, between 30 and 40 years of age, was treated for some time as a case of typhoid fever on the grounds that he had continued pyrexia for which no other cause could be assigned. He was seen by a surgical friend of mine who thought that the fever might be due to an abscess in the liver. The patient had lived in the tropics, and the possibility of infection with the amoeba of dysentery could not be excluded. An X-ray photograph rather supported the view that the liver was the site of
the mischief, and it was decided to explore the liver by needle under an anaesthetic, and, if necessary, open any abscess that might be discovered. The patient was in a weakly state, with sallow complexion, indicating the poisoning of the system which had been going on for some weeks.

On the day of operation the anaesthetic was administered at about 11.30 a.m., and by means of a long exploring needle pus was found about four inches deep in the posterior part of the right lobe of the liver. If one had to deal with such a case at the present time, one would be content with aspiration of the pus, so long as one was sure that the condition was due to the Entamoeba histolytica without any secondary infection, but at that time one thought it best to drain away the pus by a tube inserted into the cavity of the abscess. A portion of one of the lower ribs was accordingly resected, and with some difficulty the finger was thrust through the liver substance until pus flowed freely away. When a considerable amount of pus had escaped the flow was continued in the form of undiluted dark blood. A large branch of the portal vein must have been ruptured, for the stream which gushed out was very alarming, and could not be stopped for some time. Gauze plugging was inserted, but it is doubtful whether this had much influence on the bleeding, which gradually ceased as the circulation failed, and finally stopped when the patient was pulseless, and the condition altogether desperate. The lower jaw dropped convulsively in the manner which is usual in the last stage of life, and the anaesthetist gave up the patient for dead. It was now half-past twelve. Immediate blood-transfusion was out of the question, but I knew that I could get blood within a few hours, and I bethought myself of the case in which I had maintained life for hours by continuous saline into the veins. Within a few minutes I had started intravenous infusion of normal salt solution given slowly but without any intermission. Meanwhile, others telephoned and made arrangements for the speedy attendance of someone who could give a blood-transfusion. There was some unavoidable delay in getting this done, and for more than three hours I stood the patient in the salt solution, till a feeble pulse could be felt at the wrist, and later a circulation of some volume but very low pulse-pressure was established. I knew very well that the saline was but a temporary means of maintaining a circulation, for the pulse at once became more feeble if the supply of solution were diminished, but I wanted to continue till blood was available. At all hazards I wanted to avoid having to tell the father of this only son the worst news. It was after three o'clock that the transfusionist arrived and found that the blood of the father belonged to the same group as the patient. Though over 60 years, the father was a strong man for his age, and since he was both willing and eager to give blood for his son a pint was withdrawn from his veins, defibrinated, and prepared for injection into the son. It was after four o'clock that the blood-transfusion was begun. Till that time the patient's life had hung in the balance with the chances against survival. After a few ounces of blood had been thrown into the circulation the picture altered dramatically for the better. The pulse became fuller and stronger, and showed no tendency to falter; the body warmth improved, and some faint colour came back to the cheeks. I knew then that the battle was won though the condition was still precarious. Of a truth the father had for a second time given life to his son.

It was nearly five o'clock before I felt justified in leaving the side of the patient, who all this time had been lying on the operating-table in the theatre, for one had not dared to move him. After the transfusion of blood the improvement was sufficient to permit the moving of the patient to his bed, and allowed me to have the first food and drink since breakfast. I can well remember the satisfaction, almost amounting to exaltation, with which one saw the change
from the almost hopeless to the quite hopeful condition. During those four or more hours by the theatre table I thought of nothing but keeping life in the body till blood arrived, and only when the blood had taken effect did I feel hungry or think of anything but the patient. One has few moments in life like this.

When the anaesthetist rang up to ask what time the patient died, I had a pleasant surprise for him.

The after-history of the case was interesting but not startling. Progress was slow but steady. Irregular fever and profuse sweats were noted for a week or two, but after three or four months strength returned, and the patient left the nursing home.

I was glad to be invited to his wedding a year later, but not so glad when in another year the War Office ordered him to serve abroad once more, though that fact at least was evidence that health was apparently restored completely.

Zeta.

**EDITORIAL NOTES.**

The following translated summary from an article in *La Vie Médicale*, December, 1928, on the subject of the Association Française des Femmes-Médecins, may interest some of our readers.

The French Association of Women-doctors was founded in 1920 by Mrs. Thuillier-Landry, after the first International Conference held in New York, 1919.

The aim of the Association is to establish a spirit of understanding, sympathy and mutual help among members of the profession, and to afford facilities for regular meetings when questions relating to the health and well-being of mankind in general can be discussed and compared to the mutual benefit of all concerned.

The meetings held in Paris at Le Foyer Médical de l'Avenue d'Iéna were a great success, but it was felt that it was not sufficient to enrol the women doctors of Paris, but those working in the provinces and even in the colonies should benefit by the facilities afforded by membership of the Association.

Everyone knows the difficulties and hardships a doctor has to encounter in the course of a day's work, and for women doctors, especially those at work in the colonies, notably in Algeria, the odds at times are almost insurmountable. For such the Association has a special appeal. It publishes every two months a journal in which the lectures, discussions and debates of the Association are given in full, and thus members are kept in touch, not only with one another, but also with the march of progress in things appertaining to their profession.

The Association of Women Doctors is affiliated with the International Association. A congress is held every five years, to which are sent representatives from twenty-four countries. The next Congress will be held in Paris on April 11, 12, and 13, 1929. For which occasion the Association makes an appeal of support to all its members both at home and abroad.

A course of lectures have been arranged for M.R.C.P. candidates; they will be given in the evenings as there is a considerable demand from general practitioners who cannot afford to attend post-graduate classes in the day-time.

The lectures will include descriptions of modern methods of treatment and diagnosis. Further particulars with the names of the lecturers will be published later. Fellows wishing to attend are requested to send their names in to the secretary who will supply them with details of the course.

The influenza epidemic appears to be reaching its head in this country. It has been characterized by a large number of cases of otitis media in children and of severe headache, and in some cases actual