arrangements of all feeding places? Why wait for outbreaks of "diarrhoea," etc., before taking action?

I note that Dr. Hutchinson refers to the fact that "no washing facilities were available either within or immediately adjacent to the sanitary convenience . . ." Surely a wash-bowl is essential in any sanitary convenience. In many private houses there even seems to be a social snobbery to have a w.c. and a separate bathroom and wash-bowl. I would maintain a wash-bowl essential in a lavatory—separate bathroom if you like. An architect recently discussed a house plan with me in which there was to be a downstairs lavatory and bowl, and even he said, "A bowl downstairs would be regarded as unnecessary, as there was ample accommodation upstairs." What can we do when even our architects feel like that?

As for the lack of soaps, soda, and washing cloths, etc., it would seem false economy and the usual incoordination between bureaucratic departments, public health, and Board of Trade or Supply. A further plea on a different line—fuel. Every house has at least one fire inefficiently heating one room, whereas with well-designed central-heating that one fire burning even poor quality fuel would heat the whole house. An American lady recently said to me she was always constipated in England as our bathrooms and lavatories were so cold that she could not bear to stay in long enough. Is any further comment necessary?—I am, etc.,

Tintagel, Cornwall.

W. LAWSON.

Measles and Reconstituted Dried Plasma

SIR,—In view of the present epidemic of measles the following case may be of interest to your readers. Four cases of measles were reported on the children's ward of this hospital early in January, and although efforts were made to obtain immunizing serum, these were unsuccessful. It was decided to use reconstituted dried plasma as a method of producing immunity among the remaining children who had not had measles.

Master A., aged 5 years, received 10 ml. of double strength reconstituted plasma intravenously one day after exposure to infection. On the tenth day after exposure he had a temperature of 99° F. (37.2° C.), but was otherwise quite well. Two days after this a Koplik spot was observed, and he had a few maculopapules, typical of measles, developing fourteen days after exposure. The temperature rose at its highest to 99.6° F. (37.5° C.). There was no conjunctivitis, cough, or vomiting, and the child scarcely felt unwell. An uninterrupted recovery was made.—I am, etc.,

London, W.13.

R. P. ARONSON.

Haemoglobin Concentration in Lobar Pneumonia

SIR,—The article on the "Changes in Haemoglobin Concentration in the Acute Stage of Lobar Pneumonia" (Jan. 25, p. 131), in which Dr. Margaret S. Ferguson states that there is no evidence of haemoconcentration in lobar pneumonia, recalls a similar observation made from a different aspect. A few years ago, when in hospital, we were presented with a case which was either an early lobar pneumonia or an acute abdomen. The haemoglobin was taken and found to be normal. This one would expect to be raised in an acute abdomen and we therefore concluded that we were dealing with pneumonia. The progress of the disease confirmed this diagnosis.

For the next six months the haemoglobin was taken in all cases of lobar pneumonia admitted, and each time was found to be approximately normal. The differential diagnosis of an early pneumonia and an acute abdomen can at times be very puzzling, and it is suggested that the simple measure of taking a haemoglobin might be of great assistance.—I am, etc.,

Bradford, Yorks.

R. P. MATTOCK.

Endocrines in Gynaecology

SIR,—The brilliant researches which have led to the isolation of the ovarian hormones and the means of accurately assessing their action are in danger of bringing clinical endocrinology too much into the foreground at the expense of the equally (if not more) important nervous mechanism of control of sexual physiology. So long as conditions are normal Nature leaves

the routine working of the systems which have hormone control to that chemical mechanism. When conditions are abnormal this is far from being the case. In times of great anxiety and stress the nervous controlling mechanism takes precedence over the more slowly acting chemical one, and this action can be instantaneous. Conditions of total war afforded many examples. Frequently the sudden fright of aerial bombardment did cause the menstrual process actually in evidence to cease instantaneously; the nervous tension and anxiety attaching to expected raids did induce the most profound metropathia—to mention the most obvious examples. No gynaecologist would think of attributing these dramatic happenings to abnormal hormone action nor of treating them with hormones.

In civil life the stimuli which affect the autonomic system are less dramatic than those of total warfare and their form is different; they are none the less real, and their action is comparable. Those who declare that endocrine therapy is unsatisfactory in the management of the metropathias and the secondary amenorrhoeas should indicate what proportion of their cases are being subjected to this line out of the total number of cases seen. Without this information it is difficult to assess the real value of treatment given.—I am, etc.,

Stanmore, Middlesex.

EVERARD WILLIAMS.

SIR,—The leader writer (Jan. 18, p. 96) and Mr. Aleck Bourne (p. 79) seem to misunderstand the nature of the disease entity metropathia haemorrhagica. This has been isolated from the mix-up of functional bleeding and can be successfully treated by rhythmic substitution therapy with progesterone. The size of the dose and the fact that it may require to be continued for years are irrelevant to the principle of treatment, which is familiar enough in myxoedema and diabetes mellitus.—I am, etc.,

London, W.1.

DONALD FRASER.

Gynaecomastia

SIR,—I am surprised to see the recommendation in the annotation under the above heading (Jan. 25, p. 144) that a surgical removal of the breast tissue should be undertaken in cases of gynaecomastia. During the course of a somewhat long surgical career I have come across many cases of this troublesome little disorder, generally in males but occasionally in females, occurring before the true development of adolescence. In every case the condition has settled down after a few months, and a few words of explanation and encouragement are sufficient to allay any worry or anxiety on the part of the patient. I have likewise come across several cases where the small but very mutilating operation of excision has been performed on males and even more unfortunately on females. The operation is wholly unnecessary, and should never be undertaken.—I am, etc.,

York.

GERALD S. HUGHES.

SIR,—In the annotation on gynaecomastia (Jan. 25, p. 144) no reference is made to what is perhaps the commonest cause of this condition—leprosy. In the lepromatous or more severe type of leprosy gynaecomastia is a comparatively common complication, and the breasts, which are generally both enlarged, may reach considerable size. The cause is supposed to be associated with the destruction of the testicles—a not uncommon occurrence in leprosy. In the most striking case I have seen, in which both breasts were larger than those of a pregnant multipara and were very painful and congested, the administration of thyroid extract gave rapid and complete relief. The breasts shrinking to about one-third the size in a few days.—I am, etc.,

London, S.W.1.

E. MUIR.

Curare

SIR,—With reference to Dr. Massey Dawkins's letter (Jan. 18, p. 111), in which he states that curare has three disadvantages in the opinion of the nursing profession—namely, patients are more shocked, there is more respiratory depression for a long period, and there is a risk of post-operative paralytic ileus—I beg to disagree. In my experience patients are less shocked when using curare and first-plane or second-plane cyclopropane