Owing to the very low pressure to which the outpoured blood in the lower uterine segment is subject under such conditions, further placental separation will not be caused by the resulting haematoma. Thus a small limited haematoma will be formed similar to that found in normal third-stage placental separation.

In some of the earlier cases in which the method was employed I, in addition, pushed down the presenting part against the placenta, in the hope that by so doing the haematoma would be still further limited. This part of the technique I have now abandoned. It can be dangerous, especially in type II, III, or IV placenta praevia (Browne, 1944), in any of three ways: (1) by increasing the pressure within the artificially controlled haematoma it may cause further placental separation; (2) it may stretch the lower uterine segment, with a similar result; and (3) it may jeopardize the life of the foetus by diminishing the placental circulation: especially may this be the case if the cord gets its insertion low in the placenta—a factor of great importance in placenta praevia to which attention has been directed by Macafee (1945).

Results

The technique above described has been in use at the National Maternity Hospital, Dublin, for two years. In the accompanying table are shown the results obtained. It will be noted that in only one case was blood transfusion necessary after examination and section. All the sections were of the lower segment.

Results of Cases of Placenta Praevia treated by Caesarean Section

Year	Cases	Mothers Lived	Infants		Blood Transfusions	
			S.B.	N.N.D.	Before Examination	After Examination
1944	20	20	0	5	0	1
1945	15	15	0	1	3	0
Total	35	35	0	6	3	1

It will be noted that the method is applicable only in cases in which the cervix has not been taken up. In my experience haemorrhage is not so likely to be provoked by examination in cases in which the cervix is taken up and the canal dilated: the placenta, if present, is usually quickly and easily recognized in such cases. However, in one such case—it was a type II placenta praevia—I did experience a rather sharp haemorrhage, which I successfully controlled in the following manner. I punctured the membranes and introduced two fingers into the uterine cavity inside the membranes; with these fingers I pressed the separated portion of the placenta against the uterine wall, thus controlling the haemorrhage until the baby was delivered by section.

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Medical Memoranda

Varicella Herpetiformis

Ronaldson and Kelleher (*Brit. J. Child. Dis.*, 1938, **35**, 22) are of the opinion that while some cases of herpes zoster are varicellous in nature others are not. They consider that a varicellous case of herpes, being an infective condition which reproduces chickenpox in contacts, is therefore a form of chickenpox, and should not be referred to as "zoster," with or without a qualifying adjective. They suggest the term "varicella herpetiformis" for such eruptions.

Since 1894, when von Bokay first suggested a relationship between herpes zoster and varicella, there have been recorded many instances of chickenpox in one individual following herpes in another, within the ordinary incubation period of the former ailment, with no other source of infection except herpes being discovered. The "dualist" school in the herpes zoster-varicella controversy could maintain that in such instances there is no proof that the subsequent chickenpox case did not acquire the infection from an unrecognized case of chickenpox in the area. The following cases of varicella arising after contact with a case of herpes are considered worth record-

ing because they occurred on an island in Shetland where conditions make it unlikely that any undetected cases of chickenpox could have existed.

Case 1.—In January, 1945, a woman patient was seen with a well-marked herpes on the right side of her chest. Fifteen days later her baby girl developed chickenpox, and three days after this her 5-year-old daughter also developed it. Both were undoubted cases of chickenpox.

Case 2.—In September, 1945, a schoolmistress developed herpes on the right buttock and groin, extending down the thigh. Sixteen days later her 9-year-old nephew, who lived with her, had definite chickenpox. Two weeks later other children attending the school contracted chickenpox.

Most of the inhabitants live on their own crofts and there are no groups of houses which could be called a village. The inhabitants attach an unusual importance to any case of infectious disease. The origin of any outbreak is usually obvious to all, and is often correctly traced to a particular Service man home on leave or to someone who has been elsewhere in Scotland. This can be done in a way that is possible only in an island community with a dispersed population. At the times when the two instances recorded above occurred there were no known cases of chickenpox on the island. There were two other cases of herpes in different areas of the island—one in April and one in June.

Two questions arise: (1) Whence did the cases of varicella herpetiformis acquire their infection? (2) Should every case of "shingles" be individually isolated?

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Spontaneous Rupture of the Right Quadriceps Femoris and Left Rectus Femoris in the Same Patient

A railway ticket collector aged 61 made a sudden effort to run after a passenger who had given him the wrong ticket. He stumbled, felt his knees give way, fell to the ground, and was unable to rise without assistance. When seen about three-quarters of an hour after the accident the patient complained of inability to use his right knee, as well as of pain and swelling of the joint.

On examination the right knee could not be extended; the swelling was that of a haemarthrosis and there was a definite gap just above the patella. The left knee could be extended moderately, but a gap was clearly felt at the junction of the middle and lower thirds of the thigh. A distinct bulge could be felt at the proximal end of the gap. X-ray examination of both knees showed marked osteoarthritis. With these findings a provisional diagnosis of spontaneous bilateral rupture of the quadriceps femoris was made.

At operation the right quadriceps femoris was found to be completely avulsed from the anterior border of the patella and there was a marked haemarthrosis. The blood was removed and the quadriceps was sutured to the patella with strong catgut. On the left side the rectus femoris was torn at the junction of the muscle with the tendon of insertion. The ends were approximated with strong catgut, using mattress sutures. Both limbs were placed on back splints, and on his return to the ward the foot of the bed was elevated.

The patient was investigated constitutionally and neurologically, but the results were all negative. The final diagnosis was therefore spontaneous avulsion of the quadriceps femoris on the right side and the rectus femoris on the left.

I wish to thank Mr. N. Cotton, honorary surgeon to the West Kent General Hospital, for permission to publish this case, and to Mr. Alan H. Todd, honorary consultant orthopaedic surgeon to the West Kent General Hospital, for his advice in writing it up.

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Cerebral Excitement following Mepacrine Therapy

That mepacrine may produce mental changes has been appreciated for many years, and its effects have been recorded by Allen *et al.* (1937) and Gaskill and Fitz-Hugh (1945). This case is of interest, however, in that it reports three separate attacks in the same individual, and these in some detail.

CASE REPORT

In December, 1945, there was admitted to the Royal Masonic Hospital a temporary serving soldier who was suffering from a frank attack of benign tertian malaria. As a curative measure he was placed on mepacrine, the dosage being 0.7 g. a day for two days and then 0.6 g. a day for seven days. Almost immediately he was seized with a feeling of extreme exhilaration and well-being. He began almost to burst with energy, running instead of walking, and

doing everything at top speed. His mind became choked with ideas, which occurred at all times of the day and night. While many of these never reached maturity, some of them resulted in the patient writing poems and creating new designs for houses and buildings. At times, too, he was seized with an uncontrollable desire to cry, and as a result would weep copiously, although inside he felt, so he said, extremely happy. On one occasion, when asked how he was, he extended his right hand to show the fine tremor which it boasted, and said: "Look; whisky fingers." As a result of these manifestations the patient's past history was gone into in some detail, and the following facts were elicited:

(1) The patient first took mepacrine in February, 1945, while serving in Assam. The dosage was but a small one (one 0.1-g. tablet per day) as the drug was being given as a prophylactic or suppressive measure. Soon after the start of this therapy he began to feel somewhat exhilarated, and his previously lethargic nature became transformed into one of extreme activity. He rose early and drove on with his work, and the days went well. About the same time as this mental metamorphosis occurred he noticed that his skin and urine were intensely yellow, as was the mucus from his nose.

(2) In August, 1945, the patient had his first true attack of malaria, for which he was treated with quinine 10 gr. (0.65 g.) t.d.s. for five days, mepacrine 0.2 g. t.d.s. for five days, and then pamaquin 0.01 g. t.d.s. for five days. During the mepacrine portion of this treatment he experienced all the manifestations of mental stimulation previously described: flights of ideas, poems, artistic designs, window-cleaning, and tears.

(3) Past Health.—This was good, the patient never having suffered from any serious illness.

(4) Family History.—So far as could be ascertained there was no evidence of any psychological disturbance in any branch or root of the patient's family tree. While it was elicited that one of his two sisters tended for a period of her life to be easily worked up, this tendency abated immediately after she had a tumour removed from her uterus, and so there is no real stigma of a psychotic disturbance.

(5) Wassermann Reaction.—This was negative, and so the possibility of lues venerea was eliminated.

After the withdrawal of the mepacrine and receiving phenobarbitone the patient's personality began slowly to revert to its normal state.

My thanks are due to Sir William MacArthur for permission to publish this case.

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Injury to the Tonsil

The literature of the last seventy years gives, so far as I could find, only one report (Rohr, 1923) of a tonsillar injury, and therefore the following case was thought to deserve publication.

On Sept. 16, 1945, a boy aged 2½ ran indoors and said he had put a "black thing" into his mouth. His mother, noticing blood in his mouth, brought him to hospital. On examination part of his right tonsil appeared to be injured, with recent blood-clot close to it. The bleeding had stopped; the child was sent home, and the mother was asked to bring him again. When seen the next day the tonsil

Diagram showing injury to tonsil.

had clearly been injured. Part of it was detached and was hanging loosely in his throat. It was considered that it might cause sudden obstruction to the air passages, and tonsillectomy was therefore advised.

At operation, on Sept. 21, the injury was found to be a vertical cut, dividing the right tonsil throughout its upper two-thirds. The anterior pillar of the fauces and the posterior wall showed abrasions. Both tonsils were removed, and the post-operative course was uneventful. The injury was probably caused by a piece of discoloured glass.

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Reviews

GENERAL MEDICINE IN 1945

The 1945 Year Book of General Medicine. Edited by George F. Dick, M.D., and others. (Pp. 768; illustrated. 18s.) Chicago: The Year Book Publishers; London: H. K. Lewis and Co.

The Year Book of General Medicine is nearly back to pre-war size with 768 pages; nevertheless it remains a handbook. It is clearly printed and well illustrated, the coloured plate this year being a representation of a skin test for haemochromatosis by means of the prussian-blue reaction. The edition for 1945 contains summaries of articles from the whole field of medicine, and the skill of the editors is shown not only by the conciseness of the writing but by the skilful selection and the pertinent and often critical postscripts. It is probably true to say that few articles written in English which make even the 'smallest contribution to medical knowledge are missed. Outstanding impressions from the 1945 yearbook are the increasing control of bacterial infections and the persistent failure of the attack on the viruses, leukaemia, and carcinoma. The plasma proteins are being separated into their various components for therapeutic purposes, and the literature of the human blood groups steadily grows in complexity. There is slow but steady progress in the analysis of the haemolytic anaemias. The study of cardiovascular disease is increasingly dominated by the problems of coronary sclerosis and peripheral vascular disease. The editors keep a tight rein on exponents of psychosomatic medicine, though allowing them a good run for their money; and it is perhaps a fair criticism of this popular subject that it does not lend itself to summarization and seems to be an attitude to experience rather than a means to acquiring knowledge. These yearbooks are essential works of reference and they have made themselves indispensable to medical "brains trusters." The index might therefore with advantage be made even fuller than it is at present.

BLOOD TRANSFUSION

Quelques Vérités Premières (ou soi-disant telles) sur la Transfusion Sanguine. By Arnault Tzanck and Marcel Bessis. (Pp. 66. 80 francs.) Paris: Masson et Cie.

Under the title of "Vérités Premières," which may, in view of the editorial preface, be translated as "accepted facts," Masson et Cie are publishing a series of short medical textbooks written by experts in different fields. The accepted facts are presented in the form of aphorisms in the volume dealing with blood transfusion by Dr. Arnault Tzanck and Dr. Marcel Bessis. In 66 pages the authors cover the blood groups, clinical indications for transfusion, a discussion of the "physiopathology" and treatment of shock, indications for transfusion in surgical and medical conditions, and the technique of blood administration and withdrawal.

Even in a textbook intended for students and practitioners undue simplification and dogmatism are to be deplored, more particularly in fields, like blood transfusion, where research is at present so active. There is no mention of the important developments that have taken place in diluents for stored blood, enabling it to be kept in good condition for 21 days. Sodium citrate is the only diluent advised, and even for this no quantitative figures are given. The whole important problem of Rh is dismissed in 16 aphorisms, with no indication that Rh is a complex agglutinin producing a corresponding number of agglutinins requiring for recognition several different test sera. The use of the sternal route, which during the war has so often proved life-saving, is mentioned as of value in exceptional cases only. The importance of the application of pressure when giving a transfusion in collapsed patients is ignored.

These "accepted facts" on blood transfusion cannot be recommended to English readers.

A HANDBOOK FOR SURGICAL DRESSERS

An Introduction to Clinical Surgery. By Charles F. M. Saint, M.D., M.S., F.R.C.S., F.R.A.C.S. (Pp. 293. 25s.) Published for the Postgraduate Press by the African Bookman, 49, St. George's Street, Capetown, S. Africa.

One of the great surgical teachers of the last generation was Rutherford Morison of Newcastle, and his pupil Charles Saint, now professor of surgery at Capetown, has followed the traditions and precepts of his old chief. In *An Introduction*