

INFANTILISM AND ARRESTED DEVELOPMENT.

To the Editor of THE LANCET.

SIR,—In the leading article on the above subject in THE LANCET of March 14th the writer is so generous in his kindly appreciation of my Hunterian lectures that it must seem a little ungracious to criticise his remarks. But in some respects he credits me with so much more than is my due that I feel bound, with your permission, to comment upon them.

Thus, he writes of "Mr. Gilford's unproved assumption that a fluctuation is a variation which can be attributed to definite causes, whereas a mutation cannot be explained except by the catch-word of heredity." I cannot claim to be the originator of either of these statements. That about fluctuation, as I wrote it, is not mine, but is commonly known as an essential fact of genetics; and as to the relation of heredity to mutation it is inconceivable that any biologist should attempt to explain mutations in any such way. Certainly, I should not think of doing so. Moreover, no biologist regards the heredity of mutations as anything less than fundamental. My very kind critic is quite consistent when he goes on to say that this division into fluctuations and mutations does not afford a sound basis for a scientific classification of infantilism, but he will, I feel sure, change his opinion if he should consult any competent biologist about the difference between these two kinds of variation.

As reporter on the subject of internal secretions at one of the sections of the last International Medical Congress it fell to my lot to review recent progress in this department of medicine. It was evident that two dissimilar kinds of work are being done upon the ductless glands—one by the laboratory student, the other by the embryologist and pathologist. That from the former source is copious, ingenious, intricate, sometimes bewildering, often contradictory, seldom conclusive. The latter is meagre and suggestive, rather than useful or reliable. But what is most impressive is the way in which this confused mass of half-baked, wholly indigestible, material is worked up into seductive hypotheses for the benefit of the general medical public. This state of affairs is largely due to the laboratory method of working, which tends to encourage stuffy and parochial, as well as diligent, habits of working and thinking. Attention is fixed so engrossingly upon one spot that general principles are lost sight of, their place being taken by inflated particulars. The only method of dealing with this narrowness and distortion of vision, or myopic astigmatism, is to look at the subject from the broad aspect which is furnished by the use of genetics and general biology. It is from this, wider point of view that I have suggested a classification of the forms of infantilism, and I quite understand that no one can appreciate its advantages unless he possesses some knowledge of genetics.

While the value of laboratory work, and of the theory of hormones in particular, is fully recognised, it is highly important that facts obtained by experiment should not be too obtrusive. Undoubtedly their proper place is in a position subordinate to the teachings of general pathology and biology. The observer who so uses them will then be less inclined to see the influence of a deficiency of

hormones in every case of infantilism. And should he ever have the chance of examining a case of ateleiosis he will recognise its distinctive characters and notice its relations with cretinism and other forms of infantilism without assuming that the occasional occurrence of common features necessarily implies a community of origin.

I am, Sir, yours faithfully,

HASTINGS GILFORD, F.R.C.S. Eng.,

Hunterian Professor, Royal College of Surgeons of England.
Reading, March 15th, 1914.

DIFFUSE CRANIAL OSTEOMYELITIS SECONDARY TO NASAL SINUS SUPPURATION.

To the Editor of THE LANCET.

SIR,—In THE LANCET of Jan. 31st Mr. W. G. Porter, of Edinburgh, reported an interesting case of the above disease in which the surgical measures promptly adopted by him brought the process to a standstill.

The point upon which stress is laid in the report is that the osteomyelitis, which was thus cured, appeared subsequent to an external operation upon the sinus, and the particular interest lies in this, that the case having recovered, it seems to form an exception to what I had observed in the literature of this peculiar disease—namely, that no case of recovery from diffuse osteomyelitis had been recorded when the disease had followed an external operation upon the frontal sinus.

Before admitting any case, however, to be an exception to this rule, we must be quite clear that the osteomyelitis did not exist prior to the operation.

Now, in Mr. Porter's case osteomyelitis affecting the sinus wall did exist before the first operation; indeed, it was owing to the effects of the osteomyelitis that the first operation was undertaken. So that from one point of view the case may be looked upon as one of *pre-operative* and *not of post-operative* osteomyelitis.

But there is another point of view. Cranial osteomyelitis associated with nasal sinus suppuration is of two varieties: the localised, which remains limited to the walls of the sinus, and is not at all uncommon; and the diffuse, which spreads widely in the general bony cranium, and is quite rare. In Mr. Porter's case it is conceivable that the osteomyelitis that appeared in the walls of the sinus before operation was of the simpler localised type, and that it only became diffuse after the operation had traumatically damaged the patient's powers of resistance.

In other words, Mr. Porter's case is difficult to classify. For this reason Mr. Porter and I, who have been exchanging views upon the matter, both agree that in addition to (1) the class of case in which the osteomyelitis appears spontaneously, and (2) the class in which the disease comes on as a surprise after an operation upon a quiet case, there is a *third* variety, in which the osteomyelitis has appeared in the sinus wall spontaneously and independent of operation, but in which no one can be sure whether it has been of the self-limiting or of the spreading type.

To this class belongs Mr. Porter's case. So that, strictly speaking, we cannot claim it either as falling in with, or as running contrary to, the usual rule.

I am, Sir, yours faithfully,

Brook-street, W., March 16th, 1914.

DAN MCKENZIE.