

Correspondence.

"Audi alteram partem."

NASO-PHARYNGEAL INFECTION AT THE ONSET OF CEREBRO-SPINAL FEVER.

To the Editor of THE LANCET.

SIR,—Major J. Dorgan, in his letter to THE LANCET of August 17th, disputing Lieutenant-Colonel M. H. Gordon's statement that "every case of cerebro-spinal fever was in reality an instance of a carrier developing the disease" makes three definite points—namely:—

1. In 41 cases of declared cerebro-spinal fever at X only 19 had meningococci in the throat. In 4 cases in London only 1 had meningococci in the throat.

2. Nine men swabbed a short time before they developed cerebro-spinal fever failed to show evidence of meningococci in the throat.

3. 520 carriers were isolated at X and none developed cerebro-spinal fever.

From these results he concludes that Colonel Gordon's statement is incorrect.

Colonel Gordon in his reply deals with point 1 by stating that negative results are of less value than positive, and "success requires special training, experience, and sometimes considerable perseverance as well." Captain Martin Flack always took two swabs. It may, however, be pointed out that these cases were examined by Professor Samut and by Captain Armstrong, of the Central C.S.F. Laboratory. The London cases were examined by Captain J. A. Glover and two were swabbed twice. That is to say, all of the cases were examined in what one might describe as Colonel Gordon's own laboratory.

Not content with this sort of criticism, he then proceeds to suggest that "a considerable proportion" of the cases in which these workers failed to find meningococci in the throat were really not cases of cerebro-spinal fever at all. Although they found Gram-negative intracellular diplococci in the cerebro-spinal fluid and isolated them in half the cases and finally agglutinated them with specific serum, he doubts the diagnosis and suggests that these cocci are "a few sterilised diplococci" introduced into the fluid from the skin of the patient's back. This is an extremely far-fetched suggestion. His position is obviously untenable when we are told that the cocci were actually grown and identified by the Professor of Bacteriology at Malta University. He could surely tell the difference between the living meningococcus and the dead *staphylococcus albus*.

The points 2 and 3, made by Major Dorgan, are very relevant to the discussion, but are avoided by Lieutenant-Colonel Gordon.

I may point out that Temporary Surgeon S. L. Baker and I in the Navy established precisely similar points to those indicated by Major Dorgan, with whose work we were totally unacquainted. We came to the same obvious conclusion—namely, that Colonel Gordon's statement was much too sweeping, in fact, incorrect. Our work is quite well known to Colonel Gordon. If he still wishes to maintain the accuracy of his statement, or if he wishes to convey the impression that he still maintains it, he will find his audience unsympathetic if he can bring no better argument than this.—I am, Sir, yours faithfully,

P. FILDES,

Hon. Staff-Surgeon, R.N.V.R.

R.N. Hospital, Haslar, August 17th, 1918.

A NASAL DRILL IN THE TREATMENT OF ADENOIDS.

To the Editor of THE LANCET.

SIR,—The new therapeutical departure, referred to in Dr. Isabel Ormiston's paper and in your editorial annotation of August 24th, which we owe to Mrs. E. Handcock's acumen and single-minded endeavours, is of wider significance than might appear at first sight. The beneficial action of her harmless powder and of her advocacy of a physiologically efficient use of the handkerchief for "nose-pumping" rather than nose-wiping is sufficiently demonstrated by the success of her happy thought of treating in batches the snuffling children who crowd our out-patient rooms. Naso-pharyngeal sanitation, upon which so much depends, is in the first place a mechanical proceeding, best

carried out by fully utilising the viscosity of the mucus for the purpose of drawing it out from the depth in an unbroken stringy stream. Nose-blowing, as it is usually taught in the nursery, interrupts its discharge. That recommendation applies *a fortiori* to adults with more capacious mucous recesses, as those can testify who have obtained complete relief of their catarrhal troubles from her simple methods, without any need for antiseptic inhalations or irrigations as a second resort. The chief significance of this new departure is in its underlying principle: *functional treatment* for the cure of malfunction and for the timely prevention of its structural results at an early age, as well as of its reflex consequences at all ages, although by far the most formidable reflex complications belong to the spasmophilic period of early childhood. The structural results are a thickened mucous membrane, adenoid overgrowth, and tonsillar hypertrophy. The last of these, in the absence of that functional treatment, too often imposes upon us the most unphysiological of remedies, a mutilation of our perfect organism. The avoidance of tonsillectomy has been for years Mrs. Handcock's steady and confident aim. In that connexion I have availed myself of her valuable aid in one instance, and with most satisfactory results, in a little boy liable to frequent gastric upsets culminating in alarming attacks of pyrexia and tachypnoea suggestive of acute pneumonia or broncho-pneumonia. The threatened tonsillectomy has not been required, and for upwards of a year he has enjoyed perfect health, and has rapidly made up for the previous delay in his development and strength.

I am, Sir, yours faithfully,

Upper Brook-street, W., August 27th, 1918. WILLIAM EWART.

To the Editor of THE LANCET.

SIR,—I am glad to find that the non-operative treatment of adenoid growths as practised by Mrs. E. Handcock is being recognised by the medical profession. I have had many opportunities of seeing cases under her care, and the following notes may be deserving of record.

E. H., age 12. Had a severe fright when 2½ years of age, after which she complained of severe pain in both eyes and constant headaches; was treated in several hospitals for partial blindness, and was eventually told she would become quite blind. I saw her in the summer and autumn of 1913, when she first came under Mrs. Handcock's care, and she was then unable to see even large objects without the aid of glasses. There was nasal obstruction and adenoid vegetations, no discharge, breath offensive, and she complained of a nasty taste in the mouth; appetite poor, and she was anæmic. There was considerable thickening over the bridge of the nose, and also behind both ears. She was dull, stupid, and apathetic, walked badly, had night terrors, and slept very badly. The skin was harsh and dry, and she had never perspired. Feet, hands, and abdomen were always cold.

After a few weeks' treatment there was free discharge from the nose, slightly offensive, the thickening over the nose and behind the ears had almost disappeared, she could read large print without glasses, the appetite was good, she slept well, and had no night terrors. The skin was soft and smooth, and she perspired after active exercise. About six months later she looked a bright, intelligent, and normally healthy girl, and had grown considerably.

This case is a good illustration of what can be done by a skilfully applied treatment, and shows that the use of glasses in cases of defective eyesight is not always necessary. The use of the nasal powder should not, I think, come first in the matter of treatment, but should rather be considered as an adjunct to the drill and manipulations.

I am, Sir, yours faithfully,

Sept. 4th, 1918.

WALTER C. BLAKER, M.R.C.S., &c.

THE TREATMENT OF WAR NEUROSES.

To the Editor of THE LANCET.

SIR,—In response to my suggestion that it would be of value if Major A. F. Hurst and Captain J. L. M. Symns could give the late, as well as the immediate, results of their treatment they state that, "from all we have been able to hear the number of relapses is exceedingly small" and "we do not know of a single man invalided from our neurological centre who has relapsed." I can only attribute this to their not having had the time or opportunity to follow up many of their discharged cases, for I have seen relapsed and uncured cases from every neurological centre in Great Britain, including Netley.

I do not suppose that your correspondents would claim that their results are better than those obtained at other centres; at any rate, my experience of several hundreds of such uncured pensioners leads me to the conclusion that all the