As there is no institution in the borough over which I have direct control as regards treatment I shall endeavour to obtain a room as soon as possible, have the apparatus at work, and persuade parents to bring (subject to weather conditions) chronic cases of whooping-cough to have a dose of "ozonised air," and I hope the same treatment may receive a trial in institutions where whooping-cough cases are treated.

I am, Sir, your faithfully,
FREDK. WM. ALEXANDER,
Jan. 21st, 1922. M.O.H. Poplar.

POST-OPERATIVE EMBOLISM AND INFARCTION.

To the Editor of THE LANCET.

SIR,—It almost seems necessary to apologise for another letter upon a subject connected with morbid anatomy. Those, however, who have had considerable experience in the post-mortem room are frequently seeing reference to appearances which are rare, or have not attracted much attention, yet are obviously not without interest or importance. There is one curious form of thrombosis of the smaller divisions of the pulmonary artery which on a few occasions attracted my attention. On cutting through the lung, in the routine way, in order to expose a surface of the interior, a considerable number of small pale thrombosed vessels, cut across, are seen standing up over the cut surface of the lung. They become unusually prominent because the normal shrinking of the lung, due to its elasticity, leaves them "high and dry" upon the bleeding surface.

One such case was seen where death had occurred after an operation for ovarian tumour. There had been acute dyspnoea about three days—if I remember rightly—after the operation. Two other examples were seen, in cases of chronic peritonitis. This suggested to me that the thrombosis might in some way be associated with ovarian or peritoneal fluid. A few examples were, however, met with in cases where the cause of death was not connected with the abdomen. The condition was one of those many appearances that a morbid anatomist notes and stores in his memory in the hope of getting further light on the subject. That light may never come. But the recording of the fact that appearances occur upon which light is needed may not be without its value.

I am, Sir, yours faithfully,
Jan. 18th, 1922. THEODORE FISHER.

PS.—In my letter upon the pericardium published in THE LANCET of Dec. 24th, 1921, there was a slight misprint: "sample experiments" should have been "simple experiments."

THE MENTAL FACTOR IN VISCEROPTOSIS.

To the Editor of THE LANCET.

SIR.—In his interesting article on this subject in THE LANCET of Jan. 14th, Dr. W. H. B. Stoddart humorously remarks that no amount of psychotherapy will remove the anxiety of a penniless widow—or words to that effect. In other words, the poor widow has a real cause and excuse for her anxiety. There is, then, no need to label her as a "neurotic." May I ask Dr. Stoddart to consider that the patient who is regarded by doctors as an "anxiety neurotic" may have an equally good excuse for his anxiety? That is, that there may be no such thing as a neurotic, but that all people so labelled—if not libelled—are simply invalids with a lesion comparable to the poverty of the widow, which makes them anxious.

I suggest to Dr. Stoddart that he might with more justice consider visceroptosis as a cause of anxiety, instead of vice versa, as he holds. As his thesis stands, we are entitled to ask him to account for the occurrence of the anxiety in the first instance. A really healthy person takes no (anxious) thought for the morrow, given the necessities of life. I feel sure Dr. Stoddart will be interested to know that it is the writer's experience that anxiety

follows visceroptosis. The latter must always—authorities in medicine and physiology hold—be accompanied by a degree of anæmia of the brain (the body being erect) and, also, highly probably, by a degree of toxæmia from the intestinal tract. That is to say, the functions of the brain cannot be expected to be performed healthily. The anxiety, then, may logically be regarded as the expression of disturbed brain function, which is the result of ill-nutrition of the brain, which follows visceroptosis, which follows . . . ?

Here is the problem: To my mind visceroptosis must be regarded, in the light of Lane's teaching, as a result of the intoxication induced by the absorption of putrefaction products resulting from stasis in the intestines, for visceroptosis is merely part of a general muscular atonicity (toxic) throughout the body. Therefore we must learn to cure and prevent intestinal stasis.

I am, Sir, yours faithfully,
Bournemouth, Jan. 21st, 1922. JAMES C. WATT.

A CASE FOR DIAGNOSIS.

To the Editor of THE LANCET.

SIR,—With reference to the case detailed by Dr. J. Jerome Suckling in THE LANCET of Jan. 14th I may say that I had an almost exactly similar case in my practice some years ago, but in a woman of about 25. As there were peculiar circumstances regarding her position, and as there were suggestions that she had been poisoned, I had a post-mortem made by an eminent pathologist, and we decided that the cause of death was syphilitic endarteritis, leading to gangrene of the bowel, this causing the hæmorrhage.

I am, Sir, yours faithfully,
Blackpool, Jan. 16th, 1922. LEONARD MOLLOY.

The Services.

ROYAL NAVAL MEDICAL SERVICE.

Surgn. Cmdrs. G. Nunn to *Resolution* and H. F. Briggs to *Crescent*, for R.N. Sick Quarters, South Queensferry.
Surgn. Lieut.-Cmdr. D. P. H. Pearson to *Ceanothus* and to *Clematis* (on arrival).

ROYAL ARMY MEDICAL CORPS.

Maj.-Gen. Sir F. R. Newland, late R.A.M.C., is placed on ret. pay.

Lt.-Col. C. F. Wanhill retires on ret. pay.

The undermentioned Officers, late R.A.M.C., retire on ret. pay: Maj.-Gen. Sir M. T. Yarr, and Cols. W. G. Beyts, H. A. Bray, E. W. Slayter, T. P. Jones, G. A. Moore, R. W. Grattan, R. W. Clements, and W. E. Hudleston.

The undermentioned Cols., late R.A.M.C., on completion of four years' service in their present rank, are placed on half pay: H. S. Thurston, A. E. C. Keble, G. T. K. Maurice, and J. C. B. Statham.

Lt. (temp. Capt.) D. W. M. Mackenzie to be Capt.

ARMY MEDICAL RESERVE.

Lt.-Col. J. W. Jennings, having attained the age limit of liability to recall, ceases to belong to the Res. of Off.

ARMY DENTAL CORPS.

Temp. Capt. N. H. Medhurst, from unempld. list, R.A.F. Dental Branch, to be Lt. and to be temp. Capt.

TERRITORIAL ARMY.

Capt. (Bt. Maj.) C. W. Wirgman resigns his commn. and retains his rank.

Capt. H. B. Whitehouse, from 1st S. Genl. Hosp., to be Capt.

Capt. N. St. J. G. D. Buxton, Res. of Off., to be Capt.

TERRITORIAL ARMY RESERVE.

Lt.-Col. F. E. Fremantle, from Gen. List, R.A.M.C., to be Lt.-Col.

Capt. F. B. Smith, from Gen. List, R.A.M.C., to be Capt.

INDIAN MEDICAL SERVICE.

Lieutenants to be Captains: R. T. W. Stoney, Ajab Singh Garewal, S. C. Mitchell, A. Ba-Thaw (temp. Capt.), J. G. McCann, E. T. N. Taylor, Daya Ram Thapar (temp. Capt.), A. V. Lopes, Iqbal Singh Nalwa (temp. Capt.), J. W. F. Albuquerque (temp. Capt.), Gautam Kumar (temp. Capt.), T. H. Almond (since resigned), and R. C. Watts (temp. Capt.).