

In order to check these observations I used an apparatus by means of which a very small jet of air could be blown upon a microscope slip; the jet was about 1/100 in. in diameter and impinged upon the slide at a distance of about 1/16 in. The result of causing such a jet of air to strike the slide is that a certain proportion of the suspended particles strike and adhere to the slide, so that a few cubic centimetres of ordinary London air directed against the slide are sufficient to produce a black spot, quite visible to the naked eye.

Using this instrument I repeated the observations, both with expired "tidal" air and with expired "reserve" air, taking all precautions to avoid fallacies in the experiment. In each case from the expired air I obtained a black deposit upon the slide. A sample of ordinary London air projected against the slide was examined microscopically and it was found that the particles were all black and varied in diameter between 1/100,000 and 1/20,000 of an inch. Slides obtained from expired air were also examined and the deposit was found to consist of similar black particles of similar dimensions.

It seems certain, therefore, that the suspended matter in the London air is not entirely removed by the action of the respiratory passages, but only about 30 per cent. is so removed. I am, Sir, yours faithfully,

Victoria-street, S.W., Feb. 22nd, 1921.

J. S. OWENS.

PSEUDO-COXALGIA.

To the Editor of THE LANCET.

SIR,—I confess to having been rather puzzled about the treatment of pseudo-coxalgia, and I would like to make one or two remarks à propos of Mr. H. A. T. Fairbank's paper (THE LANCET, Jan. 1st), and Sir Henry Gauvain's letter (Feb. 19th).

One of my earliest cases of this condition was that of a boy who presented typical signs on both sides—the skiagrams showing characteristic changes in the head of each femur. By my direction he was kept recumbent for several months with weight extension on the legs, and, by way of exercise, he had massage and movements daily. Eventually he recovered with no deformity and perfect movements of the hips in all directions—the skiagrams now showing complete regeneration of the head of the femur on both sides. This is what I understand by "recovery" in pseudo-coxalgia. I have since been told by various kind friends and colleagues that my treatment was, to say the least of it, superfluous; that it is quite unnecessary to keep these cases off their feet, or, indeed, to treat them at all; because they all get well without treatment. Yet, on at least three occasions recently I have been shown skiagrams of "the late results of pseudo-coxalgia." These all showed a very ugly deformity of the hip. The head of the femur was mushroomed and grossly deformed, and there were shortening and limitation of movement at the hip-joint; in fact, obvious disability.

So when I read that "the progress of the case is always towards recovery"; that "most writers agree that treatment, or entire absence of treatment, has little, if any, effect on the ultimate result"; and that "finally there may be some mushrooming of the head of the femur"; I am tempted to ask what is meant by "recovery" in this condition. Sir Henry Gauvain points out that these cases do not die, "nor is permanent disability, other than slight shortening and limitation of abduction, to be anticipated." But neither do cases of scoliosis die, yet we should hardly be justified in saying that a case of scoliosis has recovered because it happens to be alive after a few years.

During a recent visit to this country Professor Calvé remarked that treatment (of pseudo-coxalgia) is unnecessary, as they all get well without it, and he added, "Of course, they limp"—as though it was the most natural thing in the world that a child should grow up with a short limb, a limp, and limited movement at the hip-joint. Most orthopædic surgeons have seen a good many cases of this condition by now, but few of us have the opportunity of seeing any number of them grow up from childhood to adult age. It is very desirable that the end-results of untreated cases should

be recorded. It is said that after a time "the ossification of the epiphysis returns to the normal, until at last the hemispherical shape of the ossific centre is restored." This may be so in some cases, but is it the rule, can it be relied upon in untreated cases? If not, how should these cases be treated? I know that weight may be taken off the hip-joint by a skilfully and accurately fitted calliper splint or a Hessian's splint. But I know, too, that there is a good deal of make-believe and self-deception in the common use of these splints especially in growing children. I question whether the calliper splint, as ordinarily used, is really efficient in preventing deformity of the head of the femur, and one would like to see recorded the end-results of cases treated by this method. Meanwhile, it would not be a bad plan to consult the parents of some of these children (especially in private practice) as to whether a little limp, a little shortening, and some limitation of movement at the hip, are really nothing to them. I strongly suspect that if any orthopædic surgeon had to treat a child of his own for pseudo-coxalgia he would take very good care that no weight came upon that child's hip-joint, and he would be very chary of trusting to the ordinary calliper splint until the head of the femur was well on the way back to normal.

I had almost been persuaded that my treatment of these cases was wrong, in fact, superfluous, when I saw the skiagrams of late results already mentioned. But I now require a good deal more evidence that treatment is useless before I abandon it. I realise, of course, that in hospital cases we may be driven by lack of accommodation to methods which are perhaps only second best. But we ought to be clear about what is really the best and, therefore, the proper treatment.

I am, Sir, yours faithfully,

A. S. BLUNDELL BANKART.

Harley-street, W., Feb. 23rd, 1921.

THE BRITISH PHARMACEUTICAL INDUSTRY: AN APPEAL TO MEDICAL MEN.

To the Editor of THE LANCET.

SIR,—We, the undersigned old-established British houses, earnestly appeal to medical men of the British Empire to support British industry to the utmost of their power. This appeal has no political foundation. We wish simply to place before your readers a few facts for their most careful consideration:—

(1) In all fairness it should be realised that international trading is not on a reciprocal basis, that is to say, foreign chemicals and pharmaceutical preparations are admitted into this country, practically speaking, duty free, whilst goods exported from this country to countries abroad are subject to an exceedingly high ad valorem duty. One vast country we have in mind directly prohibits the import of pharmaceutical preparations of other countries, while other immense States do so indirectly by means of the high duty already referred to.

(2) It should be remembered that, although much has been done during the war and since in the direction of promulgating British chemical industry, a great amount of work has yet to be done to consolidate the fine chemical and allied industries at home, and an obvious point is that the factories in Germany are for the most part absolutely intact and she retains secrets which are the outcome of laborious, painstaking investigation.

(3) We desire to respectfully impress on your readers that we do not advertise to the public, nor "prescribe," nor in any way trespass on the rightful province of the medical practitioner; on the contrary, we rely on the position that the chemist, so far as the medical use of chemicals is concerned, is the handmaid of the medical man, and we might add, rather bluntly, we do not recommend foreign medical men and health resorts; why should the medical man recommend foreign pharmaceutical preparations?

(4) The scientific staffs in our laboratories welcome suggestions from medical men, and will carry out investigations to elucidate problems connected with chemistry, materia medica, and the like which may prove of assistance in the art of healing.

(5) We have in our employment men who have been through the hell of the recent war. We have also with us young pupils and apprentices who had never even heard the name of Lister and who knew nothing of his teaching until we taught them what he did for suffering humanity. These two types of men, in our opinion, need every support, encouragement, and protection which the medical man can give.