

## RHINO-LARYNGOLOGY.

*To the Editor of THE LANCET.*

SIR,—In his most interesting account of Transatlantic Development of Rhino-Laryngology in your issue of July 22nd, Prof. H. S. Birkett might have made a more detailed reference to the treatment of Highmore's antrum. About 30 years ago this occupied the attention of American authorities considerably, in the main as to the approach to the antrum. At the time (THE LANCET, July 22nd, 1892, and April 29th, 1893) I strongly advocated the opening in the canine fossa and did this principally on account of the fact that no opening ought to be made into the antrum which does not offer facilities for inspecting the antrum with a good light. I opened the antrum with a circular trephine and then enlarged the opening with cutting forceps. I instanced the great need of such a procedure in ozæna and recurrent nasal polypi. In the case of the former the antrum is found greatly affected. Its mucous membrane is seen to be covered with a white pultaceous deposit and some evil-smelling discharge is present. In recurrent nasal polypi, polypoid degeneration of the antral mucosa is invariably detected.

To open the antrum from the nose is manifestly as inadequate as it is unwise. To drain a cavity containing products, it may be, of such potential danger to a respiratory passage is surely not a surgical procedure to be commended. Beyond that, the antrum cannot be examined from such an approach.

I am, Sir, yours faithfully,

W. R. ROBERTSON, M.D.

Point Villa, Mossel Bay, S. Africa, August 24th, 1922.

## DEATH IN THE ALPS.

*To the Editor of THE LANCET.*

SIR,—The idea, mentioned by Dr. E. W. Scripture in your issue of Sept. 16th, that a good many accidents are due to unconscious suicidal tendencies was first propounded by Freud and will be endorsed by every practising psycho-analyst. May I be permitted to quote in corroboration a case of a lady who is *not* a neurotic, but quite a healthy normal person. Whilst climbing a mountain with a party the lady uttered the strange thought that she would like to throw herself down the mountain. "It would be so fascinating to do so." On being asked wherein the fascination lay, she said she would like to experience what it feels like to fall from terrace to terrace, bumping against projecting stones and trees. Her vision was of having her head "cut open" and seeing it bleeding (but only her head). Incidentally she also mentioned another phantasy of hers of being run over by a motor-car, adding "it must be a big heavy one with fat well-inflated tyres." The car would have to go over her while she was lying stretched out flat with her back on the ground. Though only a superficial analysis was attempted, the associations proved that being run over was a sadistic phantasy of sexual intercourse, the tyres being a distinct phallic symbol. The cutting open of the head had the same significance. It may be mentioned that such sadistic unconscious phantasies are to be met with quite commonly among young children.—I am, Sir, yours faithfully,

S. HERBERT, M.D., M.R.C.S., L.R.C.P.

Manchester, Sept. 16th, 1922.

## THE HEART AS A POWER-CHAMBER.

*To the Editor of THE LANCET.*

SIR,—Will you allow me to comment upon one or two points raised in the kindly little notice of my book in THE LANCET of Sept. 9th? You say: "The importance of auricular systole in mitral stenosis also receives special consideration." I was not aware that I had dwelt upon this, for I should regard it as self-evident, my desire being rather to lay stress on the *relative* unimportance of the auricular systole in health, and the *relative* unimportance of its

absence in not a few cases of cardiac disease. The general drift of my auricular argument might thus, through the above quoted words, be open to misconception. With reference to one other point—namely, the position of the *v* wave in the cardiac cycle, you state that certain criticisms of mine are based upon "what appears to be a false hypothesis." It is here that I should have welcomed a little more discussion, and demonstration of my fallacy, if the exigencies of space had permitted.

I am, Sir, yours faithfully,

HARRINGTON SAINSBURY.

Wimpole-street, W., Sept. 9th, 1922.

\* \* Dr. Sainsbury suggests that the *v* wave is probably due to an impact occurring at the very commencement of ventricular systole. He goes on to point out that a venous wave produced in this way would precede the carotid pulse, and that one would therefore expect the order of the waves in the jugular tracing to be *a, v, c*, instead of *a, c, v*. If, however, the more generally accepted hypothesis is adopted—namely, that the *v* wave is due to stasis—then the factors which produce it will operate not at the commencement but during the later part of ventricular systole, and the *v* wave will occur later in the cardiac cycle.—ED. L.

## PERCENTAGE COMPARISONS.

*To the Editor of THE LANCET.*

SIR,—I think the final sentence of your review (THE LANCET, Sept. 16th, p. 636) of my report on the School Medical Service in this borough is an unfair comment, possibly due to a failure to appreciate the reason for the inclusion of the tables on verminous, &c. conditions found in the schools. These tables are only of local interest, so that head teachers may know the relative condition, with regard to cleanliness, of the children in attendance at the various schools in the town. The number of such children varies from 27 to 394, and, if actual figures instead of percentages were inserted in the tables, it would be impossible for a person interested in a particular school to appreciate at a glance how that school compared with the town as a whole, or with any other school.

I am, Sir, yours faithfully,

J. E. SPENCE,

Medical Officer of Health, Eccles, Lancashire.

Sept. 18th, 1922.

\* \* \* We agree with Dr. Spence that a common denominator is useful to help head teachers make a comparison justified by the numerator. Our point was that a numerator of one does not justify any comparison.—ED. L.

## SANATORIUM BENEFIT.

*To the Editor of THE LANCET.*

SIR,—Dr. J. D. Macfie has done well to call attention (THE LANCET, Sept. 9th, p. 586) once more to the whole subject of the modern treatment of tuberculosis, and his seven queries cover the ground fairly completely. Tuberculosis officers with wide clinical experience who have been actively engaged in the anti-tuberculosis campaign both before and after its official institution must, obviously, be in a position to review the whole situation, to see the weak points in the scheme and, it may be, to suggest modifications therein. Assuming that a measure of success even has been scored by sanatorium treatment rightly applied—and we have it upon the authority of Sir George Newman that the principle is right at bottom—we are, I maintain, fully justified in utilising this unit in the scheme to the utmost possibility, consistent, of course, with economy.

With Dr. Macfie's answer to his second question, "Has notification been a blessing?" most will, I think, be in agreement. As carried out at the present time, the procedure is almost a farce. It is not always the general practitioner's fault that cases are not notified sooner. In a large percentage of cases

the patient himself is directly responsible. He may be wholly ignorant of the true nature of his malady, or he may have a shrewd suspicion, but, so long as he is able to carry on at work, he will not seek medical advice. He does not want the fact blazed abroad that he is a real or a potential consumptive, as he imagines it will be. He keenly resents, and naturally so, being made a social pariah and his wife and family outcasts. Little did the profession think, when it adopted the "infection theory" of pulmonary tuberculosis, that notification would inevitably defeat its own ends by deliberately encouraging patients to hide the disease as long as possible and medical men to refrain from "labelling" them as tuberculous. The persecution of lepers in the Middle Ages was hardly less rigorous than the hunting about of the unfortunate consumptive as carried on at the present day, and no one will deny that the danger of exaggerating the influence of infection in promoting "the foolish and unjustifiable phthisiophobia from which the public is suffering to-day," as Dr. C. L. Minor has pointed out, is a grave one. But the mischief has already been done, with the result that there now

exists a new "conspiracy of silence" on the part of the patient, the doctor, and the public to conceal the beginnings of the disease. Unfortunately, this is the worst thing that could have happened from the point of view of prevention and also of treatment. Nor will this state of affairs be remedied by enforcing penalties for omission to notify a case. There would still remain those who would be suffering from tuberculosis unknown to themselves, or known but unattended medically for the reason given above.

In my opinion the detection of the first beginnings of disease, the supreme importance of which is just being realised by the profession, would be best accomplished (1) by the thorough and systematic examination of contacts, which is already being done, though insufficiently, and (2) by a regular and systematic medical examination of the whole population, each practitioner being responsible for a certain number of persons per annum. But for this work special training in the methods of early diagnosis would be necessary for every examiner.—I am, Sir, yours faithfully,

G. NORMAN MEACHEN, M.D., M.R.C.P.

Southend-on-Sea, Sept. 14th, 1922.

## Medical News.

**SOCIETY FOR THE STUDY OF INEBRIETY.**—A meeting will be held in the rooms of the Medical Society of London, 11, Chandos-street, Cavendish-square, W., on Tuesday, Oct. 10th, at 4 P.M., when Colonel L. W. Harrison will open a discussion on the Relation of Alcoholism to Venereal Disease.

**CHARING CROSS HOSPITAL MEDICAL SCHOOL.**—The winter session will be opened by the annual prize distribution which will take place in the out-patients' hall of the hospital on Tuesday, Oct. 3rd, at 3.30 P.M., Lord Burnham will distribute the prizes and will also preside at the annual dinner of past and present students to be held at the Imperial Restaurant (Oddineno's), Regent-street, London, W., the same evening, 7 for 7.30 P.M. Tickets (12s. 6d. each) can be obtained from the hon. secretary to the dinner, Mr. Frank Noakes, at the medical school.

**RED CROSS FLAG DAY.**—The Prince of Wales has written to the organising committee responsible for the Flag Day on Oct. 6th, which is to be held on behalf of the Joint Council of the Order of St. John and the British Red Cross Society and the combined hospitals of London, expressing his desire that many more voluntary workers will enrol at 19, Berkeley-street, London, W., or any of the hospitals, as flag-sellers. The response from the citizens of London to the current appeal for £500,000 by the end of the year has so far brought in nearly £320,000, and he confidently expects that the results of the Flag Day will materially aid in carrying the aggregate result into the last £100,000.

**NORTH-EAST LONDON POST-GRADUATE COLLEGE.**—The autumn special course is to be held at the Prince of Wales's General Hospital, Tottenham, N. 15, from Oct. 16th to 28th. As on former occasions it will include in the mornings, from 10.30 A.M. to 12.45 P.M., practical demonstrations of clinical methods applicable in medical practice, the exhibition of illustrative cases, &c., and in the afternoons, from 2 P.M. to 5.30 P.M., demonstrations of groups of selected cases, clinics in the various general and special departments, and clinical lectures. On Saturdays demonstrations will be given in adjacent special hospitals. Luncheon will be obtainable in the neighbourhood of the hospital and tea will be provided each afternoon. A syllabus of the course and any further information desired may be had on application to the Dean.

**ST. MARYLEBONE GENERAL DISPENSARY.**—A post-graduate course of 12 lectures on the management and feeding of infants and young children will be given by Dr. Eric Pritchard to qualified practitioners on Mondays and Thursdays, at 6 P.M., beginning on Oct. 5th, at the St. Marylebone General Dispensary, 77, Welbeck-street, London, W. 1. Those taking the course will be entitled to attend the infant consultations held by Dr. Pritchard on Tuesdays and Fridays, at 2 P.M., at the Infants Hospital, Westminster, and on Tuesdays at 11 A.M., and Thursdays at 3 P.M., at the Dispensary. Visits will also be paid to the Nursery Training School, 3, Wellgarth-road, Golders Green. For further information and tickets for the course (two guineas) application should be made to the Secretary at the Dispensary.

**HARVEIAN SOCIETY.**—The winter session of this Society will open with a clinical meeting to be held at Paddington Green Children's Hospital, on Thursday, Oct. 5th, at 4.30 P.M.

**DONATIONS AND BEQUESTS.**—The late Miss Susan Fisher Scott, of Manchester, left £100 each to the Manchester and Salford Blind Aid Society, to the Metropolitan Association for Befriending Young Servants, and the Governors Institution and Home, Manchester; and £50 each to the Manchester Eye Hospital and the Ladies' Public Health Society.

**WEST CORNWALL INFIRMARY, PENZANCE.**—On Sept. 5th a new X ray room was formally opened at this infirmary, through the generosity of Mrs. H. Grylls and her son, in memory of her sister, Sarah Bedford. The governors will immediately proceed with the installation of new apparatus at a cost of £300, and much benefit is expected from the increased efficiency of the X ray work done at the hospital.

**YORKSHIRE TUBERCULOSIS SOCIETY.**—This society has just issued the programme of its ensuing winter session. Meetings are held at 4 P.M. on the last Saturday of each month except December, beginning in September with a lecture-demonstration at Rivelin Valley Hospital, Sheffield, by Dr. C. L. Pattison, and ending in April, when Mr. Garrick Wilson, F.R.C.S., gives a paper on orthopaedics in relation to tuberculosis, at the County Hall, Wakefield. The society is now affiliated to the Tuberculosis Society of Great Britain (hon. sec., Dr. F. J. C. Blackmore, 138, Herbert-road, Plumstead, London, S.E.) and the new chairman is Dr. J. Rennie, chief clinical tuberculosis officer of Sheffield.

**NAVAL MEDICAL WAR MEMORIAL.**—The memorial tablet designed for the Royal Naval Hospital at Plymouth, commemorating the names of those naval medical officers and members of the nursing staff who lost their lives in the war, will be unveiled on Wednesday, Oct. 4th, at 3 P.M. As already announced in these columns a tablet was unveiled at the Royal Naval Hospital, Haslar, on August 17th. A similar tablet will be erected at the Royal Naval Hospital, Chatham, at a later date. The relatives and friends of the fallen, and all others who may be interested, are invited to attend the unveiling ceremony at the Royal Naval Hospital, Plymouth, or at Chatham, whichever may be most convenient for them.

**MANSON MEMORIAL MEDAL.**—The first presentation of the medal struck in memory of Sir Patrick Manson, from funds collected by the Manson Memorial Fund under the chairmanship of Sir William Leishman, will be made to Lady Manson on Tuesday, Sept. 26th, at 5.15 P.M., at the London School of Tropical Medicine. This medal, which bears on the obverse a very fine profile of Sir Patrick Manson, is in bronze, and the special medal to be presented to Lady Manson bears on the obverse the words, "London School of Tropical Medicine." In future a similar medal, but bearing a device "Tropical Medicine and Hygiene" on the reverse, will be presented triennially to any specially distinguished worker in tropical medicine; the recipient to be selected by the Council of the Royal Society of Tropical Medicine and Hygiene.