consultant body may feel that there is an element of the ridiculous in our going about our daily tasks bearing a first, a second, or a third class "distinction" label issued from Whitehall?—I am, etc.,

London, W.1.

F. M. R. WALSHE.

Royal Medical Benevolent Fund

SIR,—For the first time in the history of the Royal Medical Benevolent Fund the chairman's Report is being sent to every member of the profession in England, Scotland, and Wales. The Committee has felt justified in taking this step, as the Fund is essentially the profession's own benevolent fund and all members of the profession should be informed of the useful and valuable work which is being done to alleviate the distress which exists within our own ranks.

I ask all your readers to consider the Report as one of personal importance and to help the work to be continued in the true spirit of brotherhood by giving generously to those who are in adversity.

The Fund receives much help from many, but to those who are not subscribers I make this appeal: Please support your own benevolent fund by a subscription, large or small. Help to make the Fund worthy of our great and noble profession by having the personal support of every medical practitioner.—I am, etc.,

1, Balliol House, Manor Fields,
Putney, London, S.W.15.

WEBB-JOHNSON,
President, Royal Medical Benevolent Fund.

Torsion of Normal Fallopian Tube

SIR,—Mr. R. de Soldenhoff (July 30, p. 263) reports a case of torsion of the right Fallopian tube of a woman aged 24, a mother of two children, and refers to some of the previously recorded cases of torsion of apparently normal Fallopian tubes. This condition occurs three times more often on the right side than on the left, possibly because there is more room on the right side of the pelvis owing to the presence of the pelvic colon on the left; movements of the caecum and lower ileum may be contributory factors.^{1,2}

No mention is made by Mr. de Soldenhoff of the fact that the condition may be bilateral, as in the case which I reported in 1925.³ This was in a girl aged 16 whose right tube was black, swollen, and twisted on its mesosalpinx, while the left had also undergone torsion, but to a less extent. At operation the right tube was removed, and it was possible to untwist and preserve the left. Factors in the aetiology which have been held responsible but which cannot completely account for the condition may be (1) an abnormally long and free mesosalpinx, (2) menstruation with accompanying passive venous congestion (several reported cases have occurred in adolescent girls at this time), and (3) some muscular effort.

If we exclude cases of torsion secondary to tubal or ovarian lesions and those in which both tube and ovary are involved, those which occur in the mesosalpinx of the apparently normal tubes of young women are rare. Until 1929 according to Koster² only 11 cases (of which my case was one) of undoubted primary torsion of undiseased Fallopian tubes in nulliparous women had been reported. By 1934 there were 15,⁴ and by 1939 Blum and Sayre⁵ had collected 19 cases and added one of their own, a girl aged 10. I am not aware of more than one or two others since then. Bilateral cases are still more rare, albeit worthy of mention in any consideration of this very curious condition.—I am, etc.,

Cardiff.

LAMBERT ROGERS.

REFERENCES

- 1 Gabe, W. E., *Arch. Surg., Chicago*, 1929, 18, 1304.
- 2 Koster, H., *Amer. J. Surg.*, 1929, 7, 67.
- 3 *British Medical Journal*, 1925, 1, 778.
- 4 McEachern, A., *ibid.*, 1934, 1, 190.
- 5 *Arch. Surg., Chicago*, 1937, 34, 1032.

Psychogenic Rheumatism

SIR,—I have read with interest the article entitled "Psychogenic Rheumatism" by Drs. William Tegner, Desmond O'Neill, and Anna Kaldegg (July 23, p. 201). It contains some statements which I think are misleading and should not be allowed to pass without challenge. Having in their first paragraph defined the term "rheumatism" as a group of painful disorders

of the locomotor system, the authors go on to state that the arthritides, neuralgias, and other somatic conditions as a rule present straightforward signs and symptoms. Are the neuralgias to be regarded as disorders of the locomotor system, and what is meant by the term "other somatic conditions"? As it is written this can only mean every known disease having somatic manifestations. Such statements as these certainly cannot help in clarifying an already complex problem.

As a control series of cases we are offered a group of 15 subjects "suffering from a painful disorder of which the cause was known." A study of the diagnoses of these cases shows that in fact the causes are far from obvious. Can we say we really know the cause of osteoarthritis? Brachial neuralgia is nowadays a diagnosis of the destitute; it is not really a diagnosis at all, since it constitutes neither a disease entity nor a syndrome, and so we are left to guess at its cause in this series. I am at a loss to understand what is meant by a fracture of a joint, and by the diagnosis of cervical rib I presume the authors mean compression of nerve trunks by such a structure with confirmation at operation. I was also amazed to find rheumatoid arthritis in this motley list of diseases of allegedly known causation. Notwithstanding the recent work on this condition, have we really got as far as defining the cause? I think the authors might with profit have included this case among the patients under review rather than among the controls.

A statistical analysis of only 15 cases must inevitably lead to serious criticism, and I certainly do not consider that the authors have made a case for placing "this type of rheumatism in a class apart from the hitherto recognized disorders." The line of distinction is by no means as clear-cut as they would have us believe, and as yet I see no reason to believe that it actually exists. I observe that in no less than five of the 15 controls the physical condition is stated to have been accompanied by nervous symptoms, but these are summarily dismissed by the authors as secondary or even unrelated. This is much too facile an explanation, and especially does this apply in the case of rheumatoid arthritis.

Taken as a whole I find this paper a somewhat timid and constricted approach to a subject which is indeed worthy of the closest study in view of the high morbidity of the so-called rheumatic disorders. The authors have apparently disregarded the work of Flanders Dunbar and her colleagues on this subject. In doing so they have missed what I consider to be the fundamental point at issue—namely, that in probably all the rheumatic disorders there are important psychogenic factors to be reckoned with, and the real task is to decide how great is their importance. In attempting to split off a sub-group the authors are pursuing the blind alley of fractionation, whereas what we really need is unification and the establishment of the principles common to the group as a whole.—I am, etc.,

London, N.W.3.

M. J. PARSONAGE.

SIR,—It was well said by T. A. Ross that "all illness is due either to bodily changes or to mental changes or to both. The mental changes can produce symptoms in every part of the body, and therefore every teacher of medicine must be prepared to recognize it, to treat it, and to teach it." Drs. William Tegner, Desmond O'Neill, and Anna Kaldegg, the authors of the careful and interesting paper published in your issue of July 23 (p. 201) have adopted a regrettable attitude when they segregated certain psychoneurotic invalids according to their symptoms and labelled them as suffering from "psychogenic rheumatism." Furthermore they offer this originally American product to us to be accepted as a disease entity. And you, Sir, in your leading article (p. 221) quoted a still more startling concept—the musculo-skeletal psychoneurosis recognized in the United States.

Where does this sort of classification stop? We already have the cardiac neurosis and others, and obviously every well-known chronic illness could adopt a "psychogenic" form as a common or rare subdivision. The diagnostic features of psychogenic rheumatism quoted in the paper are the diagnostic features of conversion symptoms in any other parts of the body and of all types, with, in the summary, the important omission of the patient's attitude to the symptoms and to his illness in general.