arrangements of all feeding places? Why wait for outbreaks of "diarrhoea," etc., before taking action?

I note that Dr. Hutchinson refers to the fact that "no washing facilities were available either within or immediately adjacent to the sanitary convenience . . ." Surely a wash-bowl is essential in any sanitary convenience. In many private houses there even seems to be a social snobbery to have a w.c. and a separate bathroom and wash-bowl. I would maintain a wash-bowl essential in a lavatory—separate bathroom if you like. An architect recently discussed a house plan with me in which there was to be a downstairs lavatory and bowl, and even he said, "A bowl downstairs would be regarded as unnecessary, as there was ample accommodation upstairs." What can we do when even our architects feel like that?

As for the lack of soaps, soda, and washing cloths, etc., it would seem false economy and the usual incoordination between bureaucratic departments, public health, and Board of Trade or Supply. A further plea on a different line—fuel. Every house has at least one fire inefficiently heating one room, whereas with well-designed central-heating that one fire burning even poor quality fuel would heat the whole house. An American lady recently said to me she was always constipated in England as our bathrooms and lavatories were so cold that she could not bear to stay in long enough. Is any further comment necessary?—I am, etc.,

Tintagel, Cornwall.

W. LAWSON.

Measles and Reconstituted Dried Plasma

SIR,—In view of the present epidemic of measles the following case may be of interest to your readers. Four cases of measles were reported on the children's ward of this hospital early in January, and although efforts were made to obtain immunizing serum, these were unsuccessful. It was decided to use reconstituted dried plasma as a method of producing immunity among the remaining children who had not had measles.

Master A., aged 5 years, received 10 ml. of double strength reconstituted plasma intravenously one day after exposure to infection. On the tenth day after exposure he had a temperature of 99° F. (37.2° C.), but was otherwise quite well. Two days after this a Koplik spot was observed, and he had a few maculopapules, typical of measles, developing fourteen days after exposure. The temperature rose at its highest to 99.6° F. (37.5° C.). There was no conjunctivitis, cough, or vomiting, and the child scarcely felt unwell. An uninterrupted recovery was made.—I am, etc.,

London, W.13.

R. P. ARONSON.

Haemoglobin Concentration in Lobar Pneumonia

SIR,—The article on the "Changes in Haemoglobin Concentration in the Acute Stage of Lobar Pneumonia" (Jan. 25, p. 131), in which Dr. Margaret S. Ferguson states that there is no evidence of haemoconcentration in lobar pneumonia, recalls a similar observation made from a different aspect. A few years ago, when in hospital, we were presented with a case which was either an early lobar pneumonia or an acute abdomen. The haemoglobin was taken and found to be normal. This one would expect to be raised in an acute abdomen and we therefore concluded that we were dealing with pneumonia. The progress of the disease confirmed this diagnosis.

For the next six months the haemoglobin was taken in all cases of lobar pneumonia admitted, and each time was found to be approximately normal. The differential diagnosis of an early pneumonia and an acute abdomen can at times be very puzzling, and it is suggested that the simple measure of taking a haemoglobin might be of great assistance.—I am, etc.,

Bradford, Yorks.

R. P. MATTOCK.

Endocrines in Gynaecology

SIR,—The brilliant researches which have led to the isolation of the ovarian hormones and the means of accurately assessing their action are in danger of bringing clinical endocrinology too much into the foreground at the expense of the equally (if not more) important nervous mechanism of control of sexual physiology. So long as conditions are normal Nature leaves

the routine working of the systems which have hormone control to that chemical mechanism. When conditions are abnormal this is far from being the case. In times of great anxiety and stress the nervous controlling mechanism takes precedence over the more slowly acting chemical one, and this action can be instantaneous. Conditions of total war afforded many examples. Frequently the sudden fright of aerial bombardment did cause the menstrual process actually in evidence to cease instantaneously; the nervous tension and anxiety attaching to expected raids did induce the most profound metropathia—to mention the most obvious examples. No gynaecologist would think of attributing these dramatic happenings to abnormal hormone action nor of treating them with hormones.

In civil life the stimuli which affect the autonomic system are less dramatic than those of total warfare and their form is different; they are none the less real, and their action is comparable. Those who declare that endocrine therapy is unsatisfactory in the management of the metropathias and the secondary amenorrhoeas should indicate what proportion of their cases are being subjected to this line out of the total number of cases seen. Without this information it is difficult to assess the real value of treatment given.—I am, etc.,

Stanmore, Middlesex.

EVERARD WILLIAMS.

SIR,—The leader writer (Jan. 18, p. 96) and Mr. Aleck Bourne (p. 79) seem to misunderstand the nature of the disease entity metropathia haemorrhagica. This has been isolated from the mix-up of functional bleeding and can be successfully treated by rhythmic substitution therapy with progesterone. The size of the dose and the fact that it may require to be continued for years are irrelevant to the principle of treatment, which is familiar enough in myxoedema and diabetes mellitus.—I am, etc.,

London, W.1.

DONALD FRASER.

Gynaecomastia

SIR,—I am surprised to see the recommendation in the annotation under the above heading (Jan. 25, p. 144) that a surgical removal of the breast tissue should be undertaken in cases of gynaecomastia. During the course of a somewhat long surgical career I have come across many cases of this troublesome little disorder, generally in males but occasionally in females, occurring before the true development of adolescence. In every case the condition has settled down after a few months, and a few words of explanation and encouragement are sufficient to allay any worry or anxiety on the part of the patient. I have likewise come across several cases where the small but very mutilating operation of excision has been performed on males and even more unfortunately on females. The operation is wholly unnecessary, and should never be undertaken.—I am, etc.,

York.

GERALD S. HUGHES.

SIR,—In the annotation on gynaecomastia (Jan. 25, p. 144) no reference is made to what is perhaps the commonest cause of this condition—leprosy. In the lepromatous or more severe type of leprosy gynaecomastia is a comparatively common complication, and the breasts, which are generally both enlarged, may reach considerable size. The cause is supposed to be associated with the destruction of the testicles—a not uncommon occurrence in leprosy. In the most striking case I have seen, in which both breasts were larger than those of a pregnant multipara and were very painful and congested, the administration of thyroid extract gave rapid and complete relief. The breasts shrinking to about one-third the size in a few days.—I am, etc.,

London, S.W.1.

E. MUIR.

Curare

SIR,—With reference to Dr. Massey Dawkins's letter (Jan. 18, p. 111), in which he states that curare has three disadvantages in the opinion of the nursing profession—namely, patients are more shocked, there is more respiratory depression for a long period, and there is a risk of post-operative paralytic ileus—I beg to disagree. In my experience patients are less shocked when using curare and first-plane or second-plane cyclopropane

anaesthesia. It has also been the experience of all our ward sisters that patients come round more rapidly and are brighter and thus give rise to far less anxiety to the nursing staff, who welcome the administration of curare for this very reason. As a matter of interest I should like to quote from an article which appeared in *Current Researches in Anaesthesia and Analgesia*, March-April, 1946, by Harold R. Griffith, who has used curare since 1942: "A judicious use of curare does not seem to increase the hazard of a patient in shock or suffering from haemorrhage; in fact it seems safer to obtain relaxation in this way than to use a toxic anaesthetic agent."

I do not doubt that curare can cause marked respiratory depression. We even know that it can cause respiratory arrest. The point, however, is that this state occurs five minutes after intravenous injection of curare and that even with complete respiratory arrest automatic breathing is resumed within eight minutes. In my own series of over 100 cases I have seen complete respiratory arrest in 5, and each time automatic breathing was resumed in less than five minutes. Controlled breathing was of course performed, and there were no after-effects in any of these patients. It is therefore obvious that there will be no sign of respiratory depression by the time the patient reaches the ward—usually half an hour or more after the curare has been administered. By that time, of course, the patient has resumed normal breathing; and furthermore curare is eliminated by the liver and the kidneys within thirty minutes.

The third point in Dr. Massey Dawkins's letter is the occurrence of paralytic ileus. Now, I have personally seen a patient suffering from this condition which came on four days after my anaesthetic of "pentothal," cyclopropane, and curare for an abdominal operation. The question of curare being the cause was raised at the time, as is perhaps natural with any fairly new drug. Personally I can see no connexion, nor can I find any mention of this complication in the extensive literature on curare. It is also difficult to see how curare, which is excreted within thirty minutes or so, can possibly cause paralytic ileus four days after the anaesthetic. The only peripheral action of curare apart from its effect on skeletal muscles is a block of the synaptic transmission between preganglionic and postganglionic fibres of the sympathetic nervous system. This would mean constriction of the intestine and active peristalsis, which are certainly not consistent with paralytic ileus.—I am, etc.,

Chiddingfold, Surrey.

H. KAHLENBERG.

Histology of the Common Cold: An Appeal

SIR,—Apart from the work of Hilding (*Arch. Otolaryng.*, Chicago, 1930, 12, 133) we have found no references to careful studies of the histological changes produced in man by the common cold virus. Further information about such changes would be of great value in the studies of this disease now being conducted here. Many people are killed in accidents or die acutely from other causes; many people have common colds, especially at this time of year: there must therefore be many who die acutely in the early stages of a cold.

We should be very grateful to any pathologist who could let us have small pieces of nasal mucous membrane from cases of accidental or other acute death where it was known that the subject was in the first week of a cold. Material should be placed in saturated corrosive sublimate solution containing 10% of formalin (40% formaldehyde), and sent to this address. One of us would also be glad to attend personally a necropsy on such a subject, should it be taking place in the London area.—We are, etc.,

National Institute for Medical Research,
Hampstead, London, N.W.3.

C. H. ANDREWES.
J. S. F. NIVEN.

Applications for Special Diets

SIR,—In the debate on "Applications for Special Diets," reported in the *Journal* of Feb. 1 (p. 204), Mr. Strachey declared that the Advisory Committee named by him acted as a "court of appeal" to which all disputed cases were individually referred. He thought that its meetings were held weekly and as business required, and gave an assurance that the average time taken by the committee to decide appeals was nine days.

In an answer a week later (*Hansard*, Jan. 29) he said the committee had met twice in the last six months and full meetings are held only when revisions of the schedule are called for. Applications in disputed cases are *not* dealt with by the committee as a whole but by the secretary, who sends them to the members he thinks most suitable to deal with the particular case. The impressive "court of appeal" is thus whittled down to the exercise of the discretion of the secretary, and it is on this authority that the Minister overrules from Whitehall the treatment prescribed by doctors in actual charge of the patients concerned.—I am, etc.,

House of Commons.

E. GRAHAM-LITTLE.

The Food Ration

SIR,—With the issue to the fore of the overruling of doctors' recommendations of rationed foods to patients, is it not also more than time that we made our professional voices heard regarding the inadequate rations of good protein and fat? We need no longer be deceived by official statements of world food shortages or by misleading statistics of the quantities of food we consume. Ministers themselves more than hint that rationing is now continued mainly for financial reasons; as such it is the implementation of a policy of suppression and bureaucratic control. Can we honestly deny that physical and mental health would be improved by more liberal allowances of milk, cream, butter, cheese, eggs, and fresh meat, and can we reasonably escape the conclusion that the continuation of this low and monotonous level of subsistence, accepted inevitably and even cheerfully during wartime, is contributing in no small measure to the chronic ill-health, frustration, and idleness so prevalent to-day?

Patients themselves are aware of this and appeal to the doctor for his verdict on the adequacy of their diet. I submit, Sir, that we should not hesitate to express our considered opinion to patients on this matter, also pointing out, in those cases where we would wish to augment diet to assist recovery, exactly how and where our hands are tied. Our critical opinion, voiced persistently by as many of us who are agreed on this matter, in which the public is so profoundly interested, must surely hasten the loosening of at least this crippling stranglehold on our liberty.—I am, etc.,

Kingston Hill, Surrey.

KENNETH O. A. VICKERY.

WAR OFFICE DEMAND FOR JUNIOR OPHTHALMOLOGISTS

The Central Medical War Committee is informed that, because of the shortage of ophthalmologists available for military service, the War Office is prepared to employ as trainee ophthalmologists, with a view to early grading as graded specialists, a number of men who, although not at present of graded specialist status, have held resident appointments for not less than six months in ophthalmic hospitals or ophthalmic departments of general hospitals in the United Kingdom, and are recommended by the ophthalmologists under whom they have worked as being competent to deal with errors of refraction, to perform minor operations of the eye, and to treat the common diseases of the eye. A large part of the ophthalmic work in the Army falls under these headings, and if men with the limited experience referred to were available to deal with such work, the cases requiring the attention of a fully trained ophthalmic specialist could be concentrated at special centres in the home and overseas commands; greater economy in the use of the specialist officers would thus be effected.

The Central Medical War Committee is now considering the recruitment of young practitioners whose experience in ophthalmology is such as to satisfy the Army's requirements as stated above. It invites applications from practitioners who will shortly complete junior resident appointments in eye hospitals or eye departments and who would like to undertake their military service at this stage as trainee ophthalmologists. Communications should be addressed to the Secretary of the Committee, B.M.A. House, Tavistock Square, London, W.C.1.