too all the signs of meningism, including nuchal rigidity and Kernig's sign. Blood films on admission were negative for malarial parasites, but despite this and during preparations for withdrawal of C.S.F. it was suggested that he be given intravenous quinine, 10 gr. (0.65 g.).

Half an hour after administration delirium had ceased, and lying comfortably in bed he spoke quietly and coherently and was curious to know what had happened to him. Examination of the C.S.F. was then carried out and meningitis excluded as a concomitant condition.

Malaria is a great simulator, and while not having had the opportunity of reading Dr. Walter Broadbent's letter (Jan. 4, p. 32) I conclude this fact was uppermost in his mind when approaching his case.—I am, etc.,

London, W.1.

A. C. LOVETT-CAMPBELL.

SIR,—In subtertian malaria schizogony takes place in the capillaries and not in the peripheral blood. If the parasites "swarm" in abdominal capillaries, cholera, dysentery, biliary colic, cholecystitis, pancreatitis, liver abscess, or even acute obstruction may be simulated. Similarly if the parasite "swarms" in the capillaries of the lungs, it may simulate bronchitis, pneumonia or pleurisy. It may even invade the capillaries of the heart and give rise to symptoms resembling myocarditis. The cerebral type is due to "swarming" in the capillaries of the brain, which become blocked by emboli of parasites undergoing schizogony.

In the communications published in your correspondence columns on this subject the type of parasite is not mentioned. If *P. falciparum* is absent and only the B.T. parasite is present, I should doubt the diagnosis of cerebral malaria as I understand it and look for some other cause of the cerebral symptoms.—I am, etc.,

Brookwood, Surrey.

H. M. STANLEY TURNER.

Retrodisplaced Gravid Uterus

SIR,—I have read with considerable interest the paper (Feb. 1, p. 169) on retrodisplaced gravid uterus by my old colleague, Mr. H. H. Fouracre Barns, but must quarrel with his conclusion that operative treatment of retrodisplaced uterus on account of abortion is not advocated.

In patient No. 39 Mr. Barns records the occurrence of three pregnancies in a patient in whom a ventrisuspension operation had been carried out. There is no record of the position of the uterus in the first two, but in the third it was certainly retrodisplaced, and following correction of this displacement a successful pregnancy occurred. From this it may reasonably be deduced that the ventrisuspension operation was unsuccessful and that the uterus was retrodisplaced in the first two pregnancies. When retroversion was eliminated the third pregnancy went successfully to term, and it seems probable that the same satisfactory conclusion might have been secured in the first two pregnancies had anteversion of the uterus been ensured.

In his case No. 42 spontaneous anteversion of the uterus following pessary treatment at the twelfth week was unsuccessful in preventing abortion nine weeks later. In the next pregnancy, however, the uterus was replaced at nine weeks and pregnancy proceeded to a successful conclusion. In this case the circulatory or other factors adversely influencing successful nidation in cases of retrodisplacement of the uterus were treated in the second pregnancy at a sufficiently early stage to allow of recovery and restoration to normal, whereas in the first pregnancy treated at twelve weeks circulatory factors had already caused so much disturbance that it was impossible for the pregnancy to continue.

In one of my own cases abortion occurred at 12 weeks in her first two pregnancies. On each occasion the uterus had been retroverted when she was first seen at eight weeks and had been manipulated and maintained in a position of anteversion by pessary, but, in spite of this, abortion had taken place about a month later on each occasion. Following this ventrisuspension was carried out and her third pregnancy went to term uneventfully. In this patient nidation had been so adversely affected by retrodisplacement during the first two months of the pregnancy that it was impossible for the pregnancy to continue. This is in contradistinction to the second pregnancy of Mr. Barns's case No. 42, but an individual variation in the capability of the pregnancy of tolerating adverse circumstances is found in other connexions than retrodisplacement.

While I agree with Mr. Barns's contention that habitual abortion may occur in patients with retrodisplacement of the uterus for reasons unconnected with this fact, I feel nevertheless that where abortion has occurred more than once and where

the uterus is found to be retrodisplaced there is a strong indication for ventrisuspension. As he himself has pointed out, circulatory abnormalities may interfere with the imbedding of the ovum. I agree that in the vast majority of cases retrodisplacement in the early months is compatible with normal pregnancy, and I share Mr. Barns's Service experience in this connexion; but nevertheless where abortion has occurred I feel that the factor of retroversion, which can be so easily eliminated, should be removed by operative means.—I am, etc.,

Inverness.

J. A. CHALMERS.

Thrush Vaginitis in Pregnancy

SIR,—Much has been written on the treatment of *Monilia albicans* in pregnancy by various authors, and a majority use a 2% watery solution of gentian violet. From thereon their methods of application and frequency of application, etc., vary very considerably. Several of the drawbacks to this treatment are: (1) the difficulty in adequately swabbing all the folds of the pregnant vagina; (2) the discomfort to the patient; (3) the very undesirable soiling of the patient's vulva, which secondarily soils her underclothing; (4) the difficulty in getting a cure by this intermittent method.

For two years now I have been getting excellent results by the following method:

The 2% solution of gentian violet is kept in a bottle with a neck not larger than 3/8 in. (0.9 cm.) in diameter (internal measurements). A "tampax" tampon is held against the open neck of the bottle, and the tampon and bottle are inverted and held in this position until the gentian violet has diffused almost the full length of the tampon, expanding it slightly. A Brewer's or Cusco's speculum is placed in the vagina and the large cheesy colonies of monilia are wiped away and the tampon inserted into the posterior vault of the vagina. This is left *in situ* for a week, when it is removed and replaced by another fresh and similarly treated tampon. On the average I have secured a cure after three weeks of treatment. The tampon's continuous supply of gentian violet constantly acts on any monilia present. The soiling of the patient (plus the operator and his equipment) is reduced to a minimum, for any discoloured seepage from the vagina is easily controlled by an ordinary sanitary towel worn by the patient.

With this treatment the itching and discomfort of the patient usually disappear within twenty-four hours, and a complete cure is usually obtained in two or three applications. This method lends itself very favourably to treatment in private practice.—I am, etc.,

Derby.

LINDSAY WATT.

Achromotrichia in Tropical Malnutrition

SIR,—During three years of service in the S.E.A.C. and with the occupation force in Japan I have seen a large number of nutritional anaemia cases. I am not including here those in whom anaemia was a feature of sprue syndrome. These patients were young Indian other ranks between the age groups of 20 and 30 years and almost all of them strict vegetarians. The presenting symptoms were breathlessness on exertion, progressive debility, and anorexia. They invariably ran a low-grade intermittent temperature. Diarrhoea was not a common feature until the end and the tongue was not sore. Rarely manifestations of other associated avitaminosis, like dry rough skin and pigmentation over the face, were present. C.N.S. was never involved. Haematocrit investigations done on some mostly revealed that the anaemia was of the hyperchromic megalocytic type.

In confirmation of what Capt. E. Roebuck writes (Aug. 24, 1946, p. 277), I may add that achromotrichia without any alopecia or looseness of the roots was noticed very often. Although I have not any statistical control studies I feel quite certain that the incidence of depigmentation of hair among such patients far exceeds that in the population at large. Another thing noticed was that more North Indians were treated in hospitals for gross degrees of anaemia although probably there are more vegetarians from South India in the Indian Army. They responded very well to high protein diet, iron, and vitamins, with liver administered parenterally. Blood transfusion was needed frequently and a common effect not often recorded was that the irregular temperature settled down immediately after it.—I am, etc.,

British Occupation Commonwealth Force,
Kure, Japan.

S. K. ROY,
Lieut.-Col., I.M.S./I.A.M.C.