was this March, when a friend staying with her had a relapse in her home.

I hope that this case will help further in stressing the fact that primary malaria can be a factor in diagnosis in this country at the present time, where malarial carriers are more numerous and the *Anopheles maculipennis* known to be present.—I am, etc.,

London, W.11.

DAVID A. FERMONT.

Congenital Hepatic-duct Malformation

SIR,—The case of congenital hepatic-duct malformation recorded by Dr. Frank Riggall (June 7, p. 824) emphasizes the fact that children born without bile ducts, or with the bile ducts so malformed that they do not communicate with the intestine, survive much longer than one would expect. In Riggall's case the child lived for ten months, and in a large series of these cases reviewed by Stolkind¹ there was one where the child survived for 15 months. The question of operation is worth while considering in cases of atresia, for it may be found that sufficient of the common duct is present to allow of anastomosis to the duodenum. In these cases jaundice is usually present at birth or shortly afterwards, but according to Ladd and Gross² 2-3 weeks may elapse before the icteric tinge appears, "whereas the stools are always clay coloured or white from birth." Further, they state that if operation is delayed for 4-6 weeks from the date of birth there is little chance of error in differential diagnosis.

Anastomosis of the duct to the duodenum is carried out over a small piece of tubing—somewhat after the method of Sir James Walton³—and silk is used for suturing. Vitamin K and ox bile salts are administered beforehand in the hope of diminishing oozing.

Ladd and Gross emphasize the danger of post-operative disruption of the wound, and advise the use of silk and silkworm gut for stitching the abdominal wall. In 45 of their cases nine patients were found to have a patent hepatic or common bile duct connected with the intrahepatic ductal system but not with the duodenum; 6 out of 9 cases survived the operation and were in excellent health 12, 8, 7, 5, 4, and 3 years respectively after operation.

Dr. Frank Riggall is to be congratulated on taking the trouble of publishing his interesting case in the *British Medical Journal*.—I am, etc.,

London, W.1.

MICHAEL J. SMYTH.

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- ¹ *Brit. J. Child. Dis.*, 1939, **36**, 115.
- ² *Abdominal Surgery of Infancy and Childhood*, Saunders, Philadelphia and London, 1941.
- ³ *A Textbook of the Surgical Dyspepsias*, p. 571. London, 1923.

E.C.T.

SIR,—Your correspondent who explains (June 14, p. 858) his reactions to E.C.T. is to be highly congratulated for the enlightened description of his experience, and his article should do much towards alleviating the acrimony at present being expressed on the subject. His important contribution lies in the cognizance that the treatment produced a psychosomatic reaction which he himself "identified as the physical reactions to fear," as it is likely that it is through such identity that he escaped from his troubles. His "memory images" are obviously symbolic expression, which would have been better to have undergone elucidation at the time.

I hope I conflict with neither physicist nor psychiatrist when I understand that E.C.T. in this particular case acted by bringing wholly repressed material to a nearer level to conscious appreciation, and that it is probable that it is through such measures that benefit is obtained in all cases that respond to such treatment. Your correspondent's observations emphasize the further benefit to be obtained by the attendance of a psychiatrist to take advantage of the probability of such response.—I am, etc.,

Tipton, Staffs.

L. H. EUNSON.

Causalgia of the Face

SIR,—I read with interest Mr. J. A. W. Bingham's report of two patients suffering from causalgia of the face (June 7, p. 804). Our knowledge of this condition is so incomplete that individual experience is well worth recording. I cannot agree, however,

with his conclusion, "that when sympathectomy relieves causalgic pain and tenderness it does so by interrupting the sensory pathway." It is not proved that sensory (afferent) fibres travel to the spinal cord by way of the sympathetic chain, and secondly one can see that pressure on the superior cervical ganglion can stimulate efferent fibres passing through. "Novocain" block of these fibres at a lower level would produce a temporary paralysis in their peripheral course and distribution and so prevent the occurrence of pain as noted.—I am, etc.,

Salce, Cheshire.

C. H. CULLEN.

Reiter's Disease

SIR,—The annotation on Reiter's disease (Dec. 7, 1946, p. 865) summarizes the present state of the knowledge of this condition very well. A few points noted in four cases by me (subject of communication elsewhere) are worth mentioning. Though you have quoted several writers as correlating the disease with bacillary dysentery, Jackson's contrary opinion, which has also been quoted by you, seems to be confirmed by my four cases, none of which had any relationship with bacillary dysentery. Further, in India we see bacillary dysentery cases literally by thousands, and yet there are no authentic records of Reiter's disease. Had the two conditions been aetiologically related there would surely have been more cases of Reiter's disease in this country.

The categorical statement made by you that "... there is no relation to sexual intercourse" is not wholly correct. Kristjansen¹ described his case in detail in 1930 where the infection was traced to a girl of 16 who for two years had had a yellow vaginal discharge. This girl had also infected another man at about the same time, and the second victim developed only an uncomplicated urethritis lasting three months. In neither man was the gonococcus or any other organism found. The girl herself was examined and found to have had only an inflamed vagina, but gonococci were not demonstrated in her either. The sexual relationship in these two cases is clear. One of my four cases also developed the condition after extramarital coitus.

Neutrophil leucocytosis has been reported in all the cases, but one of my cases had an eosinophilia of 4 to 7% in a total leucocyte count of 11,000 to 13,000. This may mean that allergy is a factor in the disease. This case went through the gamut of bilateral conjunctivitis and polyarthritis, and the eosinophilia persisted over the earlier part of the illness. The patient did not have any parasitic infection or infestation. The possibility of allergy being aetiologically responsible is strengthened by the observation of Forbes² that his case was associated with dental sepsis. Junghans³ tells about a case in conjunction with a furuncle in the upper lip, while Frühwald⁴ described two cases, in one of which the first sign was urethritis and, in the other, joint pain in the left foot. The example of erythema nodosum being the result of a variety of infective processes may be mentioned as a possible parallel to the incidence of Reiter's disease following upon non-specific infections.

In none of the four cases observed was the complement fixation test for gonococci done, but gonococci were not found in any of the exudates by the usual staining methods. The tests were repeated many times and under varying clinical conditions.—I am, etc.,

Bangalore.

P. N. BARDHAN.

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- ² Forbes, D. (1946). *British Medical Journal*, **2**, 859.
- ³ Junghans, O. (1918). *Dtsch. med. Wschr.*, **44**, 1304.
- ⁴ Frühwald, R. (1927). *Jadassohn's Handbuch der Haut- und Geschlechtskrankheiten*, vol. 21, p. 478.

Physical Therapy of Mental Disorder

SIR,—It seems to the mind of an ordinary physician a great pity that there should be a need for bitter and violent controversies on the subject of psychiatry; I refer to the article written by Dr. D. W. Winnicott (May 17, p. 688) and to the replies by Drs. W. Malcolm Millar, Dr. A. Spencer Paterson, Dr. A. Lionel Rowson, Dr. A. N. Hardcastle, and Dr. E. E. Feldmesser (June 14, pp. 861 and 862). Whatever the rights and wrongs of it all may be, it seems to me that always should we be able safely to look to, and to accept, the findings and dicta of fully recognized and really experienced psychiatrists.