in hospital practice. The incidence of rheumatic fever was found by Coombs to be 5 girls to 4 boys; yet the incidence of mitral stenosis in females must be in the region of 5 to 1 male. This is due to the less active life led by girls, who are seldom permitted to be out of range of the maternal eye; they sit and knit and acquire obstructive stenosis and provide most examples of auricular fibrillation in the forties. Her brother with the same diseases escapes to the playground and, despite restrictive advice, ensures that the cusps of the mitral valve are kept well apart by the vigour of his exercise, thereby securing a greater volume in flow and growth of the left ventricle. At the same time he prolongs his life.

Convalescent heart homes are not the nurseries for the cultivation of mitral stenosis that they used to be; nevertheless the introduction of the sedimentation rate has tended to increase bed rest in these cases, and mitral stenosis is actively encouraged once again. Because the sedimentation rate is increased, active endocarditis is presumed with often no justification; it might well be tonsil, sinus, or other infection. Immobilization and fibrosis are inseparable bed-mates and are no companions for growing hearts.—I am, etc.,

London, W.1.

BRUCE WILLIAMSON.

Diet and the Nation's Health

SIR,—As a humble member of the profession I note with dismay that Dr. S. K. Westman (Dec. 6, 1947, p. 926) regards the Hunterian Society and frivolity as being synonymous. A press précis can be misleading; it is probable that he has now had access to the full discussion and is a wiser man. The comparative statistics given in his letter beg many questions, but this outstanding and alarming fact is borne out—namely, the famine babies of 1919–21 responded, in the absence of adequate food for the body, to a dangerous and devastating dietary of distorted mental and moral feeding. They contributed to the downfall of their country and plunged the civilized world into chaos and economic disaster. Was the subsequent prowess of Hitler Youth in war the triumph of starvation or the thrust behind a fanatical and insatiable ambition for power? In their quest for *Lebensraum* was it not perhaps a bigger dining-room they subconsciously sought?

While I admire Dr. Westman's personal victory of mind over matter, I would remind him that his unusual menu for strength is in short supply in this country. It would be regrettable if our rowing blues were deprived of their sport because they had nibbled their oars and sucked the substance of the boats while in training. The whittling down of our larder has already caused deterioration in our morale and bred dishonesty in many a decent home. The man in the street does not need a learned society to point that out to him. The desire for a high standard of food and health is not actuated by selfishness and greed on Britain's part, but in her upholding the terms of the Atlantic Charter—"that all the men in all the lands may live out their lives in freedom from fear and want." We want butter in our guns and so avoid any continental European or Asiatic parallels of hunger and discontent.—I am, etc.,

Dursley, Gloucestershire.

ISABELLE B. S. FAYLE.

SIR,—May I add a note to Dr. F. M. R. Walshe's eloquent letter (Dec. 13, 1947, p. 971) emphasizing the importance of subjective impressions in the formulation of evidence? Sir Jack Drummond's argument seems to me to suffer from a fallacy of misplaced concreteness. He was mistaking the modern concept of nutrition for a fact, and forgetting that it is a theory still to be tested by experience. He maintained that, because we were getting all the items of diet which the modern theory of nutrition held to be necessary for our health, therefore we must be healthy. But this theory may prove to be inadequate, just as those theories of nutrition in vogue before the discovery of vitamins proved to be inadequate. It may be that from these subjective impressions which he scorns to notice new facts will emerge compelling the theory to be recast.

Of course, subjective impressions are dangerous data. The field they grow in may be thickly sown with the tares of wishful thinking. Disapproval of the Government's activities may easily squeeze itself through the gaps in our sentiment of scientific impartiality and emerge as subjective impressions concealing a grudge. This is what happened, no doubt, to those

physicians who felt that their patients were suffering from the effects of calcium in the bread at a time when the calcium was present only in their imaginations. Much laborious and honest threshing is necessary to winnow away the chaff of adventitious percepts from the grain of a new impression. But it is the impressions which supply us with new facts and which therefore ought never to be neglected.—I am, etc.,

Wallingford, Berks.

E. H. HARE.

A Sign of Carcinoma

SIR,—Carcinoma of the breast frequently presents one of the stiffest problems in surgical diagnosis, and all surgeons of experience approach these cases with humility, which is understandable when pathologists tell us that never a year passes by but they see at least one breast removed in the Halsted fashion for mastitis and more than one local removal of a carcinoma in error for a benign condition.

The simple manoeuvre employed to obtain the accompanying photograph I have found after long experience to be a great help in diagnosis. If the arms are raised above the head as high as possible all the usual signs of carcinoma are increased and, if not already present, are frequently made manifest in the most surprising manner. This applies to the level of the nipples, retraction of the nipple, puckering of the skin, and even peau d'orange. In addition the palpability of the tumour to the flat hand is easier to elicit when the underlying muscles are on the stretch.

The case illustrated was referred to the out-patient department as a case of chronic mastitis, and with the arms hanging by the side the breasts were indistinguishable on inspection and the tumour was vague to the finger and impalpable to the palm of the hand. The raising of the arms above the head instantly made the diagnosis of malignancy indubitable. With chronic mastitis some puckering of the skin may be produced, but it is generally a diffuse rippling over a fair area rather than a well-defined depression such as is seen in the photograph. Feeling sure that others have made this discovery before, this simple test is nevertheless put forward in the hope that wider publicity for it will help in what must be regarded as one of the most responsible and difficult diagnoses which come the way of the clinician.—I am, etc.,

London, W.1.

A. DICKSON WRIGHT.

Staphylococcal Infection due to Penicillin-resistant Strains

SIR,—In her very interesting article (Nov. 29, 1947, p. 863) Dr. Mary Barber draws attention to the increasing incidence of strains of *Staphylococcus pyogenes* that are grossly resistant to penicillin. We have been testing between April and December, 1947, all cultures of *Staph. pyogenes* for penicillin-sensitivity, using the penicillin-ditch method with 1, 5, and 10 units of penicillin per ml. Secondary cultures had been tested throughout. Out of a total of 115 cultures of *Staph. pyogenes*, 9 (7.8%) were penicillin-resistant.

Type of Infection.—Axillary abscess, 1; otitis media, 2; furunculosis, 1; dermatitis, 1; aplastic anaemia, 1 (blood culture). The 3 other penicillin-resistant strains were grown from the throat (2) and nose swabs (1) of carriers. Considering only the strains from infected cases, 6 (5.2%) were penicillin-resistant.

In Czechoslovakia, owing to the comparative shortage, the use of penicillin, especially in the form of ointments, lozenges, etc., has not been as widespread as in Great Britain. None of the cases examined had received penicillin prior to the bacterio-

logical examination. Our figures might therefore indicate a "normal" rate of occurrence (about 5%) of penicillin-resistant strains of *Staph. pyogenes*.—I am, etc.,

Kosice, Czechoslovakia.

I. FRIEDMANN.

Pica for Pipes

SIR,—I recently encountered rather an unusual instance of pica (craving for unnatural food) in pregnancy, which may be of interest to your readers. The patient, a woman of 36 years, had 14 pregnancies—10 full-term and 4 miscarriages. She was recently in hospital for her fourth miscarriage, with which she had a severe haemorrhage necessitating a blood transfusion. When she was later persuaded to swallow iron in the shape of ferrous sulphate for her still present anaemia, she declared she would sooner have some clay pipes to eat.

It transpired that during all her pregnancies (and most of her married life seems to have been spent in the pregnant state) she developed a craving for clay—generally in the form of clay pipes, which were, at one time at any rate, cheap to buy and easily procurable. She has good strong teeth and evidently experiences no difficulty in the mastication of the pipes, and when she cannot obtain the latter she eats pipe-clay, as used for cleaning stairs. She remarked jocularly that her doctor used to try and dissuade her from her practice by warning that she would give birth to "stooky weans." De Lee (1947) makes a reference to the desire for clay, among other unnatural foods, by certain pregnant women.—I am, etc.,

Bellshill, Lanarkshire.

JOHN M. KING.

REFERENCE

De Lee, J. B., and Greenhill, J. P. (1947). *Principles and Practice of Obstetrics*, 9th edition, W. B. Saunders, Philadelphia, p. 83.

New South Wales Branch of B.M.A. and R.M.B.F.

SIR,—I hope you will allow me through your columns to record the indebtedness of the Royal Medical Benevolent Fund to the New South Wales Branch of the British Medical Association. All your readers will like to know of the great generosity of the members of the New South Wales Branch who have recently sent 360 food gift parcels to beneficiaries of this fund. This is such a warm-hearted and kindly action on the part of our colleagues overseas that I feel all members of the profession living in the home country will join with me in thanking our many friends in New South Wales.—I am, etc.,

ALFRED WEBB-JOHNSON,
President, Royal Medical Benevolent Fund.

POINTS FROM LETTERS

Splints from Spatulas

Mr. A. MACDIARMID (Thames, New Zealand) writes: Take an ordinary wooden tongue spatula and introduce it into the steam in a boiling sterilizer. To do this, lower the lid so that it holds the end of the spatula against the edge of the side of the sterilizer. Leave the spatula to steam for about a minute and then take it out. It is now pliable and can be bent to the desired shape between the fingers and thumb. It should be held thus until it dries, hardens, and maintains its shape. In this way it is easy to produce a curved splint or one with several angles of 45 degrees. The splint can be padded with a strip of adhesive felt. Do not put the splint in the water or it will become too wet.

Always in the House

A DOCTOR'S WIFE writes: "My dear, I never pass a day but I think how lucky you are to have a doctor in the house." . . . So speaks one of the best patients as one is laboriously toiling up the hill with a pram, having abandoned that wretched phone to the fates for an hour. Summer isn't quite so bad, but let me sympathize with all those other poor miserable creatures whose bed-companion is the telephone and whose days are spent keeping food eternally at a reasonable temperature so that the patient may have his doctor. Then, what of the evenings? Mentally and physically exhausted, the evening surgery done, and the last sickly patient tucked safely into bed, home comes the doctor to yet another sliding meal—eight, nine, ten—whatever the whim takes him. The newspaper, a pipe, and after a few minutes loud catarrhal snores. What a cheerful evening! Woe betide the wife who inquires for medical remedies at this juncture; they are doomed to be cast off as mere psychological flights of fancy. Better to keep one's thoughts of aching chilblains or children's spots deep in the crevices of the mind. What is there to it? One often wonders; and still every medical school pours out its numerous doctors, and a thousand crazy females go and land themselves into this heaven, with a doctor "always" in the house.

Obituary

G. F. STEBBING, M.B., F.R.C.S.

Mr. G. F. Stebbing, a pioneer of radiotherapy in this country and an outstanding personality, died at his home on Dec. 22 at the age of 63, after a long and painful illness, borne with characteristic optimism and courage. Like many other medical men he succumbed to a disease to the treatment of which he had devoted himself for many years.

George French Stebbing was educated at Guy's Hospital and qualified in 1906, taking the conjoint diploma and the M.B., B.S. with honours and distinction in surgery. After completing his house appointments he told Mr. Symonds, later Sir Chartres Symonds, whose house-surgeon he had been, about the kind of institutional work he would like to do. Sir Chartres replied that he knew of no such place and that Stebbing must create it for himself. In 1908 Stebbing went to the Lambeth Infirmary, and with the encouragement of the late medical superintendent, Dr. A. L. Baly, he developed the clinical side there and so rapidly raised the standard of work that by 1914 Lambeth Infirmary was held in high esteem by both the local populace and general practitioners. After a period of service in the Navy he returned to Lambeth Hospital, where he remained a leading light until the day of his death. In 1934 he was elected a Fellow of the Royal College of Surgeons and recently was a member of the Council of the College. He was made a Fellow of the Faculty of Radiology in 1939.

In his early years he devoted himself to all branches of medicine and surgery, and with his tremendous capacity for work and wide reading he became a "G.P." in the very best sense of the term. Many old Lambeth medical officers and nurses have reason to thank "Steb," or the "Great White Chief" as he was affectionately termed (he wore a long white coat not usual in those days), for all he taught them. His experience was so great that his phrase, "I am quite familiar with that," disappointed many a junior colleague who felt he had produced a problem for his chief.

Some twenty-five years ago Stebbing became interested in the use of radium for the treatment of malignant disease, and in 1929 arrangements were made between the Lambeth Board of Guardians and the Ministry of Health to provide Lambeth Hospital with radium and deep x-ray therapy plant, which was to be available for the treatment of patients not only from the district but from any part of London. Stebbing visited all the principal clinics in this country and on the Continent, and the information he obtained was applied in equipping the new department. As a first-class surgeon and radiotherapist, a rare combination, he achieved great success in a great number of patients, and even when this was not possible the confidence that he inspired and the infinite pains he took with palliative measures brought comfort to many sad cases.

Stebbing will always be remembered by his contemporaries for his wide interests both inside and outside the hospital. He was a member and honorary secretary of the Radium Commission from its formation in 1929. He was chairman of the London and Counties Medical Protection Society. He was largely responsible for the establishment of the L.C.C. Clinical Research Committee and was its first chairman. From this there developed the L.C.C. Medical Society, of whose first council he was chairman. He was also for many years examiner in radiology for the Conjoint Board. He had the faculty of always being able to interest himself in anything which interested his friends and acquaintances. He was a fine team worker and was never found unwilling to see any case a colleague desired him to see. An American visitor to his clinic once described him as the "human dynamo," a tribute to his amazing energy. His direct approach to the things that mattered and his dislike of non-essentials were characteristic. He inspired complete confidence and affection in his patients and he could remember them years afterwards and what he had done for them. He was a fine lecturer and clinical teacher.