Mr. Bevan Confuted

SIR,—Two years ago, in the early spring of 1946, I attended a meeting of practitioners of the Birmingham area at the Queen Elizabeth Hospital; there were about 600 present, and Dr. Dain was in the chair. I painted a picture of the political career of Aneurin Bevan, and I put forward a resolution worded thus, "That in the opinion of this meeting negotiations with the present Minister of Health are not possible." Dr. Dain was on his feet immediately; he remonstrated with me for proposing this, and he pointed out that if this resolution was carried it would embarrass him and other members of the Negotiating Committee who were on the platform. He moved that we pass on to the next business, and this was done. I am not writing this to prove how right I was in 1946 but because I feel very strongly that Dr. Dain's action that night gives the lie to the accusations that the Minister made about the B.M.A. "clique" in the Commons on Feb. 9.—I am, etc.,

Dudley, Worcs.

L. H. G. MOORE.

No Certification

SIR,—May I endorse the suggestion put forward by correspondents in your issue of Feb. 7 that in the event of a majority against entering the Service in its present form we do not wait for the appointed day but take immediate action by refusal of certification? Such action would bring matters to a head and necessitate amendment of the Act before the appointed day. This would nullify the Minister's main weapon—that of refusing compensation to doctors refusing to enter the Service.—I am, etc.,

Edinburgh.

G. S. M. WILSON.

SIR,—I agree with the various correspondents who have written to the *Journal* recently expressing the opinion that action should be taken at once before the National Health scheme becomes operative in July. I suggest that the Association should organize a scheme for the non-issue of medical certificates commencing, say, in April rather than leave the matter until concerted action may be too late. I understand that many doctors are in agreement with some such policy and only require a lead from some organization such as you represent.—I am, etc.,

Dartford, Kent.

F. S. D. THOMPSON.

Test of Death

SIR,—The interesting phenomenon of segmentation or "railway truck" appearance of the blood column visible in the retinal vessels occurs when the blood flow is sufficiently reduced either in death, on account of the absence of the cardiac impulse, or in obstruction of the retinal artery from various causes. In the latter type of case the condition is temporary. This segmentation was noted by Bouchut in 1874—possibly before then—and has been reported several times since (Kahn, 1913; Salisbury and Melvin, 1936), often as a new observation. Presumably the same process occurs in other parts of the body under similar conditions.—I am, etc.,

Edinburgh.

H. M. TRAQUAIR.

REFERENCES

- Bouchut, M. E. (1874). *Gaz. Hôp., Paris*, 225.
Kahn, M. H. (1913). *Med. Rec., N.Y.*, 83, 801.
Salisbury, C. R., and Melvin, G. S. (1936). *British Medical Journal*, 1, 1249.

SIR,—Under this title Dr. E. A. Harris (Jan. 31, p. 226) describes a condition of segmentation of the blood column in the retinal vessels after death and says he is not aware that the sign had been described.

Probably the most complete account of this condition was given by C. H. Usher, of Aberdeen, in the *Ophthalmological Review* (1896, vol. 15, p. 339), where observations on the appearance of the retinal vessels in man, monkey, cat, and rabbit, just before, at, and just after death, are fully detailed.

A brief history of the subject is given also by E. Wolff and Francis Davies in the *Transactions of the Ophthalmological Society of the United Kingdom* (1928, vol. 48, p. 143), where the credit for first describing the condition is given to Bouchut in 1869. These writers, however, describe with illustrations a similar segmentation produced and abolished at will in the

living animal. They conclude that segmentation in the retinal vessels is not necessarily a sign of death. "Granted that in the large majority of cases it is a sign of death," the writers add. "we would suggest there must be exceptions."—I am, etc.,

The University, Aberdeen.

ROBERT RICHARDS.

SIR,—Bouchut in 1869 was the first to describe fragmentation of the blood stream and since then it has generally been looked on as a sign of death. In 1928, however, Francis Davies and I (*Trans. Ophthal. Soc. U.K.*, 1928, 48, 143) showed that by clamping the vessels to the head and neck in the cat we could produce and, by removing the clamps, abolish this phenomenon at will. I hope this answers Dr. F. Parkes Weber's query (Feb. 14, p. 315) as to what would happen if the heart was successfully induced to contract normally again. Fragmentation of the blood stream is thus a reversible phenomenon, and though it is a presumptive sign of death cannot be regarded as an absolute one. We suggested that the fragmentation was due to an aggregation of the red corpuscles—that is, a rouleaux formation such as occurs in shed blood. This is made possible by the slowing of the blood stream.—I am, etc.,

London, W.1.

EUGENE WOLFF.

Canine Hysteria and Agenized Flour

SIR,—We have recently had the opportunity for the first time of being present when Sir Edward Mellanby exhibited his film entitled "Canine Hysteria." In view of the prominence which has been given in the medical press (leading article *British Medical Journal*, 1946, 2, 903; *Lancet*, 1948, 1, 27) to Sir Edward's reports on the role of agenized flour and wheat products in the causation of canine hysteria (*British Medical Journal*, 1946, 2, 885; *Ibid.*, 1947, 2, 288) and the widespread deductions concerning the importance of agenized flours in the aetiology of canine hysteria which have been based on these reports, we feel that as clinicians closely concerned with canine disorders in our professional duties the attention of your readers should be drawn to certain matters relating to the diagnosis.

1. In several cases shown in the film the clinical signs were not typical of the condition which we have recognized clinically as canine hysteria for many years.

2. The disorder was not similar to the form of canine hysteria that we have observed in the London area and the provinces during the war years, when it has been markedly less common than formerly.

3. In particular, certain animals appeared to exhibit neurological signs, such as severe clonic choreic movements of the jaws and head, complete loss of vision, incoordination of gait, and hyperflexion of the hind limbs, strongly suggestive of localized nervous defects which are more usually associated with the infective encephalomyelitis and are certainly not seen in natural cases of uncomplicated canine hysteria. Furthermore, in the naturally occurring disease the severe epileptiform convulsion is not a common feature.

If the film is truly representative of the syndrome that Sir Edward observed—and we can only suppose that it is so—then there would appear to be grave doubts as to the precise nature of the disorder that Sir Edward was observing, and indeed whether it was in fact a single aetiological entity.

While this possibility does not detract from the interest in the action of the agene process on wheat proteins we would suggest that the term "canine hysteria" should not be applied to this condition until the disorder has been investigated more fully. For the present, therefore, perhaps the term "agene intoxication" might be a more suitable diagnosis for the disorder produced by feeding agenized proteins to dogs.—We are, etc.,

M. HARVEY CLARK.

HERBERT PARRY.

JOAN O. JOSHUA.

OLGA UVAROV.

S. F. J. HODGMAN.

Newmarket, Suffolk.

Curare in Spastic Conditions

SIR,—I read with interest the article on the above subject by Drs. C. Astley Clarke and R. D. Hotston (Feb. 14, p. 289).

In May, 1947, I treated with the same oily drug a woman aged 61, suffering from paralysis agitans of over four years' duration. There was generalized muscular rigidity in flexed position, the head and neck were moving together, the face was a typical Parkinsonian