3. *Other Eye Changes.*—Hypotonia, depigmentation of the iris, and cataract may occur.

4. *Anidrosis.*—Although the sweat glands are cholinergic they are innervated by the sympathetic, and therefore interference with function will be more or less complete according to the extent of the lesion. This affection is confined to one side of the face, stopping at the midline.

5. *Vascular Changes.*—These are variable, depending to some extent upon the degree of completeness of the paralysis, the rapidity of onset, and the presence of other vascular lesions, especially aneurysm or arteriosclerosis, the latter of which may prevent full dilatation. It is seldom that circulatory changes are as prominent a feature of the syndrome as are the eye changes. Where the lesion is of rapid onset, as in Weir Mitchell's case, loss of sympathetic tone may be followed by vasodilatation persisting even on exposure to cold. The vasodilator fibres, too, are involved, and on exposure to excessive warmth the normal side will show fuller dilatation than the other. But with the passage of time compensatory mechanisms are brought into play, the arteries and arterioles regaining some of their lost tone, so that actual pallor may develop, or the vessels may remain in a permanent state of incomplete relaxation. It is not true to say that the paralysed side is always warmer than the normal, although this is so under the usual environmental conditions of temperate climates. The temperature tends to remain relatively constant, failing to show the normal wide variations that follow those alterations in vasomotor tone which ordinarily result from fluctuations in surrounding temperature.

6. Some degree of facial hemiatrophy may occur in established cases, although this is never so pronounced as in the Parry-Romberg syndrome.

Summary

The inadequacy of many current accounts of the effects of cervical sympathetic paralysis is noted.

The history of the condition is reviewed, with particular reference to Horner's original account.

The anatomy, pathology, and clinical features of the syndrome are discussed.

As a result of this survey it is concluded that retention of the eponym "Horner's syndrome" is fully justified.

BIBLIOGRAPHY

- Brinton, D. (1937). *Brit. Ency. med. Pract.*, **6**, 417.
 Brodie, Sir Ben. (1828). *Med-chir. Rev.*, **9**, 410.
 Brown-Séquard, C. E. (1864). *Mémoire à l'Académie des Sciences*.
 Budge, J. (1852). *Arch. physiol. Heilk.*, **11**, 773.
 Coates (1822). *Johnson's Medical Journal*, **2**, 870.
 Charpy, A. (1912). *Poirier's Anatomie*, **2**, 539.
 Cooper, Sir Astley (1809). *Med-chir. Trans.*, **1**, 225.
 Duke-Elder, W. S. (1942). *Textbook of Ophthalmology*, **1**, 174, 569. London.
 Fodera, M. (1823). *J. Physiol. exp.*, **3**, 191.
 Gairdner, W. T. (1855). *Mon. J. Med. Sci., Edinb.*, **20**, 71.
 Horner, J. F. (1869). *Klin. Mbl. Augenheilk.*, **7**, 193.
 Kinnis, J. (1818). *Edinb. med. surg. J.*, **14**, 603.
 Lewis, Sir T. (1946). *Vascular Disorders of the Limbs*. London.
 — and Landis, E. M. (1929-31). *Heart*, **15**, 151.
 Mitchell, S. Weir, Moorehouse, G. R., and Keen, W. W. (1864). *Gunshot Wounds and Other Injuries*. Philadelphia.
 Müller, H. (1858). *Z. wisc. Zool.*, **9**, 541.
 — (1859). *Verhandl. phys-med. Ges. Wurzburg*, **9**, 244.
 Müller, J. (1854). *Physiologie*, vol. 2, Coblenz.
 Nicati, W. (1873). *La Paralyse du Nerf Sympathique Cervical*. Lausanne.
 Ogle, J. W. (1858). *Med-chir. Trans.*, **41**, 397.
 Pochin, E. E. (1939). *Clin. Sci.*, **4**, 79.
 Pourfour du Petit, F. (1727). *Mem. Acad. roy. Sci.*, **1**, 1.
 Willibrand, F. (1854). *Arch. Ophthalm.*, **1**, 319.
 Wright, Samson (1945). *Applied Physiology*. London.

Mr. Clement Shaw, chairman and managing director of T. C. Cornwell, Ltd., succeeds Mrs. Jean K. Irvine, M.B.E., as president of the Pharmaceutical Society of Great Britain. Mr. J. F. McNeal, of Amersham, has been elected vice-president and Mr. W. Spencer Howells, Richmond, re-elected treasurer.

DAY NURSERIES AND THE MAN-POWER PROBLEM

BY

W. E. CAVENAGH, B.Sc., D.P.A.

The writer of a leading article on day nurseries and industry (*British Medical Journal*, 1947, **1**, 644), after considering the results of recent research into the well-being of the children concerned, stated that the cost to the latter was such as cannot be justified except on grounds of overriding national economic need. He went on to say that if, as seemed to him probable, day nurseries consume as much or more labour than they free all basis for urging women to take up full-time work and leave their young children in a nursery disappears. This conclusion was partly based upon the Luton investigation made by F. Grundy in 1943.

There are really two questions to be considered: Do the day nurseries economize the use of woman-power?; and Does the economy, or the redistribution of labour involved, result in an increased supply of labour to work of national importance? The results of an investigation made in Birmingham in 1945 are interesting in this connexion.

During the whole of the war the labour shortage in Birmingham was such that a continual stream of men and women were moved from their homes in other parts of the country to work in Birmingham. At least 80,000 are actually recorded as having been brought in, placed, and billeted directly through the transfer and accommodation machinery set up by the Ministries of Labour and Health. Innumerable others drifted in on their own. This was the scale of the man-power problem which led to the setting up of 72 day nurseries and five 24-hour nurseries—the largest number of wartime nurseries set up by any local authority outside the L.C.C. The scheme was definitely intended as one of the alternative solutions to the problem of labour supply in the area.

The nurseries were almost continuously short of staff, and from 1942 the number opened lagged well behind the direct evidence of need shown by the long waiting-lists, but gradually the Child Care Reserve and other schemes for the training or retraining of staff, together with the working of the National Service Orders, did much to clarify and stabilize the position.

The Ministry of Health in a circular letter to local authorities in August, 1940, had suggested that one staff to every five children attending would be necessary, but this was found insufficient in Birmingham, where the nurseries were open from 7 a.m. to 8 p.m., to cover the long hours worked by many mothers, and the wide variety of starting and stopping times. A number of attempts were made to shorten nursery hours, but owing to the large number of small factories concerned—a feature of this area—this proved impossible, and as a result overlapping shifts were worked with a total ratio of one staff to every four children (rather more in the 24-hour nurseries).

In June, 1945, the Public Health Department drew up the following picture of the provision made:

Nurseries and the Children

Capacity	3,695	Under 2	1,215
Vacancies	223	Over 2	2,257
Children on register ..	3,472	Mothers on register ..	3,143

Employment of Mothers

Employment	Full-time	Part-time
Factory	1,448	169
Transport	100	6
Canteen and waitresses ..	277	30
Shop assistants	293	34
Domestic	234	64
Other work	432	56

In Birmingham not more than two children from one family were accepted, and the number of mothers (3,143) was very high as compared with the number of children (3,472). On the Birmingham ratio the staff used for this number was 868, and so there would be a release of about 2,275 mothers, or 3.6 for each member of staff.

But this figure does not give a realistic picture of the nurseries from the man-power aspect. Of the mothers 359 were part-time workers and may be considered as equal to only half their number of full-time people. Again, the actual attendance of children was on an average only about 75% capacity, representing proportionately fewer mothers. Moreover, mothers temporarily off work through sickness were still allowed to send their children to the nursery for a period not exceeding three weeks, and although it is not known what allowance should be made for this factor it is clear that not every child attending had a mother at work at the time.

On the staff side Public Health Department records show that there were about 140 other people directly employed—e.g., cleaners and others, mostly part-time but equal to at least 70 full-time people. Behind the staff directly attached to the nurseries there were the other people, such as the doctors who inspected all nurseries once a fortnight, the extra staff at central kitchens, and all those involved in the erection of huts, adaptations of houses, equipment, alterations, and repairs.

Each of the nurseries when fully staffed used three highly qualified people (nurses or nursery nurses), all in the short-supply category, plus nine to twelve others, according to the size of the nursery, and in estimating the man-power contribution this must be considered. The nurseries were not allowed to recruit staff between the ages of 18 and 30, but most of their workers could have done other forms of national work, although of course the 14-year-olds could not have been directed, and staff who had children of their own (sometimes accommodated in the nursery!) would also have been free from compulsion.

Since the issue of Circular 2388 by the Ministry of Health in May, 1941, it has been possible for "*the children of any woman who is in employment*" to use the nurseries, not only the children of women on work certified as essential to the war effort. As women with young children were not affected by the National Service Orders and were outside the Control of Employment Order they could offer their services to, and be engaged by, any employer without reference to the Ministry of Labour, and there was no control over the kind of work they did. The categories which from this angle might be regarded as doubtful are "shop assistants," "domestic," and "other work." These account for 959 mothers on full-time and 152 on part-time, being one-third of the total of mothers. Although doubtless many of the domestics were in hospital work, and the shop assistants in food shops, there exists here a factor which, if fully known, might still further affect the picture.

In relating wartime experience to present needs it must be remembered that these nurseries were set up against a background of labour controls and comparatively high earnings on national work. Married women generally are now free to work or not as they please, but these nursery schemes were aimed particularly at the mothers of young children, and the present sliding scale of charges, with the high maximum, while deterring the better-off mother encourages the poor one. There are long waiting-lists, and it is time that the general public asked themselves whether they are satisfied with a situation in which young mothers of the working classes are driven by economic necessity to work outside the home while married women generally and all women over 41 are free, and men work ever shorter hours.

During the war there was a rough check on the use of labour which was outside the controls in that, owing to the "vetting" operations of the District Man Power Offices, their engagement might result in the withdrawal of other employees. These powers have now practically disappeared. On the employees' side the cessation of munitions production has lowered earnings and reduced the financial attractions of national work as compared with other jobs. It is therefore less likely now than before that these mothers will be drawn towards work of high priority.

It is arguable that even during the war most of the mothers who placed their children in nurseries would have been working if the nurseries had never existed, as a great deal of paid minding at higher rates was known to have been going on in this area for years. Nurseries may simply have displaced minding in many cases by their extraordinary cheapness (6s. a week), the extra rations, and the long hours. Which form of child care was better for the children's welfare is quite another question, but since most of the minding was done by elderly relatives, not themselves in the labour market, any such displacement must actually have been detrimental to the labour supply situation.

One final point: since the withdrawal of the 100% grant by the Ministry of Health the charge per child has been raised to 18s. to cover the difference between the general grant aid received by the nurseries as part of the Maternity and Child Welfare provision by the authority and the actual cost, which is in the region of 35s. As the mother's payment is scaled according to her means, in some areas not more than half a dozen children in each nursery are being paid for at anything like the full charge, and the working of the scales is becoming a mounting burden on the rates. This expense may be more than justifiable looked at as a child welfare service, though even from that angle it would seem that allowances to necessitous mothers enabling them to look after their own children would probably serve the purpose more effectively. From the point of view of the national man-power problem, however, the arrangement would at best appear to result in a more than doubtful contribution to national labour needs at local expense.

Medical Memoranda

Benign Ulcers of the Greater Curvature

It is a general rule, subject to few exceptions, that the nearer to the pylorus, and especially to the greater curvature, the greater is the probability of malignancy in an ulcer. Thus the Mayo Clinic found malignancy in 10% of lesser-curvature ulcers, 65% of pre-pyloric ulcers, and 100% of greater-curvature ulcers.

There are many experienced surgeons and radiologists who have never seen a benign greater-curvature ulcer, whereas malignant ulcers involving the greater curvature are by no means a rarity. Up to the time of writing only 17 proved cases of benign greater-curvature ulcers had been recorded. The following is a report of the 18th case.

CASE REPORT

The patient, a woman aged 66, gave a history of "bilious attacks" for five years, worse during the last six months, with increasing anorexia, attacks of vomiting, abdominal distension, and constipation. Abdominal pain was not an important symptom, nor was any mass felt on palpation. A blood count showed: red cells, 2,500,000; haemoglobin, 48%; colour index, 0.9.

At a barium-meal examination I found a large ulcer crater on the greater curvature, at the junction of its middle and lower thirds