took place at the end of September, the president, Lord Richard Cavendish, described how the institution had grown from a comparatively small beginning to a large national concern. The Cavendish Reception House, of which the foundation stone was laid during the festival, will take the place of the James Diggens Memorial Reception House, which has been converted into a tuberculosis sanatorium. The erection of a custodial building for low-grade cases is contemplated, and also the provision of a new building for forty boys and another for forty girls. At the public meeting in conjunction with the festival, Sir Frederick Mott, K.B.E., F.R.S., gave an address on the causes of feeble-mindedness.

Correspondence.

PARATHYROID GLANDS IN RELATION TO SURGERY.

SIR,—I should like to add to Mr. Dunhill's admirable article on the "Parathyroid Glands in Relation to Surgery" (January 5th, p. 5) two pieces of evidence which strongly support the thesis that these glands have functions entirely distinct from that of the thyroid gland. The recent embryological evidence of the origin of thyroid and parathyroid glands both in the human being and other mammals indicates that while the thyroid develops as a median unpaired diverticulum from the ventral pharyngeal wall, the parathyroids arise from the branchial apparatus on each side.

Clinical evidence is forthcoming to support this in the occasional failure of the former outgrowth to reach the normal situation in the neck, the thyroid in such cases forming a tumour in the base of the tongue. Several cases are on record where the removal of such a lingual thyroid was followed by myxoedema (such a case occurred in the practice of the late Mr. Roughton, surgeon to the Royal Free Hospital); yet no trace of tetany was observed in any of these examples. This, I think, clearly confirms Mr. Dunhill's contention. I cannot, however, agree with him as to the best method of avoiding damage to these glands; I have invariably adopted De Quervain's technique, and in some hundreds of cases have not seen tetany follow—even when, as in some cases of exophthalmic goitre, all four main arteries to the gland have been tied. I leave a small strip of gland tissue covering the region of the parathyroid glands and the recurrent laryngeal nerve, and I have noticed that the cut surface of this gland tissue bleeds freely even after the ligation of all four arteries.

The oesophageal and tracheal arteries give off numerous small branches to the thyroid gland and are evidently able through their anastomoses with the thyroid arteries to supply nourishment to the parathyroid bodies. Mr. Dunhill does not mention the risk of damage to the recurrent laryngeal nerve that must accompany the Mayo technique, and, I should suspect, the one which he describes.—I am, etc.,

London, W., Jan. 5th. CECIL A. JOLL.

POSTURE DURING DELIVERY.

SIR,—I can add one more race that uses the squatting position in delivery. The women of North China employ this posture and, so far as I was able to gather, there is seldom any difficulty in labour.

The natives in the British Territory of Wei-hai-wei were quite willing to call in the British doctors to attend them for illness, but we were never called in for normal labour; the cases that we did see being almost always transverse presentations, with labour prolonged, often for several days.

The interesting point is that the women, having bound feet, do not lead an active life, to which the easy labour of many natives is attributed; certainly they do work in the fields, but their movements are slow and awkward, and they are not capable of doing any heavy work.

It is the rule for the mother to keep to her bed for about nine days after labour.—I am, etc.,

London, E.C.1, Jan. 2nd. H. WINDSOR BELL.

PLACENTA PRAEVIA AND ECLAMPSIA.

SIR,—I am pleased that Dr. Johnstone has drawn attention to Dr. Bradshaw's memorandum (October 27th, 1923) on his case of ante-partum haemorrhage due to placenta praevia associated with albuminuria and eclampsia. But I cannot agree with his interpretation of the case, nor with the view he puts forward as to the causation of eclampsia. If Dr. Young's contentions, as stated by Dr. Johnstone, are correct—"that the usual interpretation placed upon the association of albuminuria and accidental haemorrhage as due to toxaemia is placing the cart before the horse," then the toxaemia is not the cause but rather the result of the accidental haemorrhage and the consequent absorption of toxins from the dead tissues from a partially separated placenta. Dr. Young has not furnished any explanation for the occurrence of this focal necrosis in the placenta.

Again, in no other conditions, where similar absorption from partially necrosed tissues takes place—as in infarcts or gangrene—do we meet with a train of symptoms in any way analogous to those of eclampsia. Nor does Dr. Young's theory explain that very common fact, that eclampsia is practically almost always a complication of the later and advanced stages of pregnancy.

The theory put forward by me as to the causation of eclampsia (BRITISH MEDICAL JOURNAL, June 10th, 1922), I believe, does explain all the points raised.

Shortly, my view is that in the later periods of pregnancy, a physiological outpour into the system of pituitrin is necessary, for terminating gestation, for producing uterine contractions, and for the stimulation of mammary secretion.

When this physiological process of the posterior pituitary activity is overdone (overaction is a very common failing of Nature) we have an excess of pituitrin in the system, causing contraction of the arterioles in many parts of the body, and thus producing necrotic foci in the placenta, liver, kidney, and oedema of the brain. The association of accidental haemorrhage, placental foci of necrosis, albuminuria, and eclampsia is thus obvious, as they are all due to the one and same cause.—I am, etc.,

Cape Town, Nov. 30th. S. E. KARK.

ACUTE LUMBAGO.

SIR,—I was much interested in reading in the JOURNAL of January 5th (p. 37) a letter from Professor William Russell of Edinburgh, on the treatment of acute lumbago by injections of urea and quinine hydrochloride. Successful as this method evidently is, in relieving the acute pain, from which I myself have suffered, I believe my own method is even better. For the last seven years personally, and in my practice, I have used ultra-violet ray emanations from the tungsten arc lamp, in both acute lumbago and sciatica, and have never failed to get or give instant relief. An acute attack of lumbago generally yields to three applications of the rays, and is completely cured; sciatica takes a little longer, but invariably yields in the end.—I am, etc.,

London, W.1, Jan. 4th. EDWARD J. DECK.

PROPHYLAXIS OF MALARIA AND BLACKWATER FEVER.

SIR,—Apart from the great prime safeguard, the mosquito net, quinine is usually recommended as a defence against malarial infection in mosquito-ridden areas known to be infectious. Sometimes the doses recommended are astonishingly large and the prescription may be for protracted periods.

After infection has taken place, quinine is, of course, our sheet anchor. As a prophylactic its use calls for caution. Individuals differ in regard to susceptibility to quinine. To use quinine indiscriminately as a prophylactic is to deaden its action at the time when it is so sorely needed—namely, after infection. Dr. Junker, the African traveller, knew of this and refers to it repeatedly.

The mosquito has intelligence, perhaps more than we may be disposed to admit. She is by way of being a dainty feeder and has likes and dislikes. She likes the sweet, fresh blood