TREATMENT OF ETHMOIDITIS

SIR,—In your issue of January 10th appears a paper entitled "A safe method of dealing with ethmoiditis," by my colleague Mr. Peters. I had the privilege of hearing him read it before the Section of Laryngology at Winnipeg, but owing to the plethora of other papers then presented, there was no time for discussion. It is not quite clear to me what the essential points are which he desires to emphasize, as constituting the safety of the method he advocates. Is it in the preliminary radiographic examination of all cases before operation for evidence or otherwise of any accessory sinus infection, or his method of operative approach, or the direct examination of the various sinuses during operation and their drainage if necessary, or all these combined? Personally, I use the combined method, as in my experience any case of long-standing ethmoiditis infects one or more, or all, of the adjoining sinuses, and this is particularly so where purulent changes supervene on the hyperplastic or polypoid type of ethmoidal disease, and, unless all the other infected sinuses are drained when dealing with the ethmoid, there is little hope of getting a good result.

I agree as to the need for the removal of the middle turbinal as essential to the proper approach to the ethmoidal cells, but instead of using a Luc's forceps, which was my former practice, I have for many years severed its attachment with a special nasal scissors, and then removed it with a nasal snare containing a rather stout wire. This gives as clean severance of its attachment as that procured by the Sluder knife in the preliminary incision advocated by him in his radical operation. The diseased ethmoidal cells are then removed, from before backwards to the sphenoid, by a round-ended Luc's forceps, or, if the cell walls are friable, a ring curette, drawn from above downwards, from the level of the middle turbinal stump to the upper border of the inferior turbinal, is a safe and efficient procedure. This leaves the sphenoidal sinus easily accessible for examination of its contents and drainage if necessary. The frontal infundibulum can be cleaned out with a reverse-action curette and rasps, and the antrum punctured, washed out, and, if infected, drained intranasally below the inferior turbinate. In my opinion, nothing short of this procedure is likely to give satisfactory results, and, when even all this is done, in a few cases an infected aberrant ethmoidal cell may remain beyond the reach of safe surgical approach, to partly mar the surgeon's hope of a complete cure.—I am, etc.,

London, W.1, Jan. 12th. JOHN F. O'MALLEY, F.R.C.S.

THE "DEEP POOL" BATH

SIR,—I have read with great interest the very instructive and original article on a method of exciting movements in weakened and paralysed muscles, in your issue of January 10th, by Mr. Arthur Porritt and Mrs. Guthrie Smith. Their aim is to give in their cases exercises and movements based on the idea of primary relaxation, and of producing a maximal movement with a minimal muscle effort by the removal of extraneous forces—in particular, gravity, the weight of the limb, and friction—which leads to the abolition of fear and its concomitant involuntary spasm, and to the growth of confidence, and consequent ability to assist voluntarily in the restoration process. The apparatus by means of which they attain this ideal is admittedly simple, and, as I know from personal observation at St. Mary's Hospital, where they use it, effective. I feel, however, that it is only just to that much-suspected handmaiden of therapeutics—hydrology—to point out that all these effects can be, and are, attained by the immersion of the limb, and where possible the whole patient, in warm water, in which case these effects and movements may be attained without the need arising for any apparatus other than the pool itself. There appear to me to be two further advantages to be gained by using the under-water method: first, that the warmth (98° F. generally) tends to relax spasm during the whole course of the treatment; and, secondly, that since no *sudden* movement, which might give rise to pain, is possible under water, the confidence of the patient, and consequently his co-operation, is gained even more rapidly than with the authors' rope-and-sling method.

The value of the method I advocate is abundantly shown in the treatment of those very chronic cases of painful osteo-arthritis of the hip in which it is often believed, prior to treatment, that ankylosis with considerable adduction and shortening has taken place. I would further point out that this method has been used for years with considerable success at Bath in the treatment of spastic paralysis, which the authors also mention as an indication for their methods. The possibility of gaining access to the "deep pool" bath is no longer confined to those who are able to visit a spa; which is my justification for venturing to plead for the more general adoption of this form of treatment now that it can be obtained in many towns.—I am, etc.,

London, W.1, Jan. 15th. W. S. C. COPEMAN.

FOREIGN BODY IN THE NECK

SIR,—Dr. Alexander's case, recorded in the *British Medical Journal* of January 17th (p. 96), reminds me of an identical case which I reported in a paper on foreign bodies read before the Society for the Study of Disease in Children at their Brighton meeting three years ago. This patient also was a baby, aged 13 months, seen in consultation with Dr. Simpson. The swelling was only about seven days in forming and in softening. When opened under chloroform two small feathers escaped with the pus; and on the second day another small feather. These feathers corresponded with those of the baby's pillow. The wound healed quickly, and gave no further trouble.—I am, etc.,

GEORGE MORGAN,
Consulting Surgeon, Children's Hospital,
January 18th. Brighton.

HOG'S STOMACH IN PERNICIOUS ANAEMIA

SIR,—We have read Dr. J. F. Wilkinson's paper (*Journal*, January 17th, p. 85) with interest, but the data presented therein concerning the percentage of haemoglobin call for comment.

Dr. Wilkinson does not state the method or standard of the estimation, but we presume he uses the Haldane apparatus. Many of the observations in treated cases reveal a colour index below 1—for example, Case 57, Table 2, colour index 0.54, haemoglobin 62 per cent., red blood cells 5,750,000. This is at variance with our experience, using the flicker haemoglobinometer described by one of us (*Brit. Journ. Exp. Path.*, 1930, xi, p. 261). We have never seen a single instance of a low colour index in pernicious anaemia; the colour index varies directly with the change in the erythrocytic diameter. Further, the colour index persists above 1 when the haemoglobin is 110 per cent. or more, which is parallel to the observations of Price-Jones and others that the mean diameter is the last abnormality to disappear. It is probable that the inaccuracies of all colorimetric methods of estimating haemoglobin are chiefly responsible for the popularity of mean diameter estimation at the present time. We find it convenient to express our results in terms of the Haldane scale because the difference in the male and female erythrocyte count allows the respective colour

indices to approach unity in each case—0.98 for males and 1.04 for females. The average normal haemoglobin content as determined by one of us was found to be 118 per cent. for males and 104 per cent. for females, both over the age period 18 to 50. These flicker estimations agree, to within 3 per cent., with Williamson's monumental work with the spectrophotometer. (The relative fluctuations at different age periods were found to be identical with Williamson's observations.) We state these points concerning the normal in order to make clear that our present remarks are based upon results obtained with an instrument which is more accurate than any colorimetric method. Finally, we have observed that in some of our cases recovery is marked by a temporary rise in the haemoglobin to a percentage above the normal —for example, to 125 or more; this holds good for the erythrocytes also, which, we note, agrees with Dr. Wilkinson's observations. The phenomenon suggests to us that the final stage of recovery from a grave anaemia, pernicious or "secondary," is attended by a swing in the opposite direction due to the overaction or imperfectly opposed action of some factor held in abeyance during the active period of the disease.

Dr. Wilkinson gives ample evidence of the superiority of the hog's stomach over liver, but this is perhaps due not to any difference in the active principle contained in each, but to hog's stomach containing more of the anti-anaemic substance than liver. Duesberg (*Deut. med. Woch.*, Berlin, 1930, lvi, p. 1604) states that the active principle in both is probably the same, and he bases his conclusion, briefly, on the fact that liver, hog's stomach, and meat treated with normal gastric juice produce methaemoglobin in the blood. It is of interest also that after the termination of the reticulocyte response due to stomach preparation, Holböll (*Hospitalstidende*, Copenhagen, 1930, lxxiii, p. 825) obtained no new reticulocyte response by giving liver extract. Our criticism is directed solely to the lack of value of the haemoglobin estimations and colour indices, and is not intended to decry in any way Dr. Wilkinson's estimations of improvement based upon clinical observations, as we also observed the excellent effects produced by hog's stomach (extomak).—We are, etc.,

Salford Royal Hospital, Jan. 19th. C. S. D. DON.
C. E. JENKINS.

GENERAL PRACTITIONERS AND ANTE-NATAL WORK

SIR,—I am pleased to see from Dr. Leslie Cronk's letter in the *Journal* (p. 118) that I was mistaken in stating that the Hampshire scheme does not provide for examination of the midwife's patient at the doctor's surgery; it does so in the exceptional cases in which the woman is unable to attend a clinic. Since this scheme was drawn up, the position has been altered by the issue of Memo. 156/M.C.W. (reported in the *Journal* of December 27th, 1930 (p. 1089)). A perusal of this document makes it clear that the Ministry of Health is now prepared to sanction schemes for ante-natal services which allow the uninsured woman who has engaged a midwife for her confinement to go to the doctor of her choice for the necessary examination, not only when there is no clinic available, but also because some may be reluctant to visit a clinic. It should now be possible to secure in every area the carrying out of the recommendation of the Maternal Mortality Committee that the person doing the ante-natal examination should be the person who would be called in by the midwife for abnormalities during pregnancy, labour, and puerperium.—I am, etc.,

Poplar, E.14, Jan. 17th. W. H. F. OXLEY.

MEMBERS OF THE ROYAL COLLEGE OF SURGEONS

SIR,—A report of the proceedings of the Council of the Royal College of Surgeons of England appears in your issue of January 17th. The College consists of about 2,000 Fellows and 18,000 Members. The Fellows alone elect the Council, which has autocratic powers. Three generations of Members, backed up by some of the most distinguished Fellows, and several Presidents and Vice-Presidents of the College, have asked for some representation on the Council, so that the views of the 18,000 Members on professional matters may be directly expressed.

At forty-two consecutive annual meetings of Fellows and Members a resolution to this effect has been carried almost unanimously. Last year the College Council, in reply to such a resolution, answered that it had no evidence before it that any considerable number of Members supported this demand—in spite of nearly a century's consistent and persistent agitation to this end. In response to this statement the Society of Members of the Royal College of Surgeons of England took a poll of 12,600 Members—the financial reasons for so limiting the Members polled were fully explained to the President at the last annual meeting (November, 1930). The result was: Votes in favour, 6,938; Against, 156. It will be observed that considerably over 50 per cent. voted. Those experienced in professional voting will recognize that this is well above the average.

Completely ignoring this convincing vote, the Council, as stated in your last issue (p. 122) recited a number of oft-repeated platitudes, concluding by complacently stating that these various functions were well discharged by the governing body as now constituted. It further claims to be acting "not only for the benefit of the Members and Fellows, but the whole profession throughout the Empire," and that its view on this question is endorsed by its electorate—the Fellows. It is not stated that this "electorate" consists of only 2,000 Fellows in a corporation of 20,000, or that a very large number—nearly one-third—of the Fellows voted in favour of giving a voice to the Members. The rejection in this autocratic fashion of the reasonable claim of Members to have some four to six of their number added to a Council of twenty-four Fellows will not be likely to commend itself to the 18,000 Members of this great College.—We are, etc.,

ERNEST E. WARE,
President,
REDMOND ROCHE,
Vice-President,
London, Jan. 18th. Society of Members of the College.

GLYCERIN AS A SURGICAL DRESSING

SIR,—I have read with great interest Dr. Kyle's letter on the use of glycerin for wounds (January 10th, p. 75). Perhaps I might mention that the addition of a certain amount of glycerin to perchloride of mercury lotion takes away from it the roughening effect on one's hands, which is such a drawback to the use of perchloride. But why does Dr. Kyle describe magnesium sulphate as hygroscopic? After reading his letter I weighed out 60 grains of magnesium sulphate, and spread it on a piece of dry paper, and left it exposed to the damp air of my unheated dispensary for four days. This morning I found it and the paper quite dry, and discovered that it still weighed neither more nor less than 60 grains.—I am, etc.,

Yattendon, Berks, Jan. 15th. F. A. BRODRIBB.