

of the bandage the pressure is repeatedly adjusted to the gradual shrinkage of the swollen leg, whereas however tightly the elastoplast bandage may be applied in the first instance, since it remains on for a week, such continually increasing pressure cannot be efficiently maintained.—I am, etc.,

London, W.1, Feb. 5th.

H. G. ADAMSON.

#### THE ENIGMA OF THE CHILBLAIN

SIR,—The article on this subject by Dr. Rupert Hallam in your issue of February 7th contains many data of scientific interest. I venture, however, to challenge his third sentence, which reads: "It is improbable that efficient means of prevention will be found until more is known of the etiology and pathology of the condition." If Dr. Hallam will visit the Continent as a layman, he will find that in climatic and other etiological conditions varying in but a minor degree from those existent in England, the chilblain is a rarity. Among well-to-do women in France, Switzerland, Germany, and Holland, chilblains are practically unknown, and English ladies accustomed to suffer every winter from chilblains in this country are surprised to discover, if they have occasion to pass a winter abroad, that they escape from this troublesome disorder.

I suggest to Dr. Hallam that however important inborn factors governing nutrition, circulation, and metabolism may be, the all-important factor in the production of chilblains is the shibboleth of the virtue of cold bedrooms which has come to us from our Victorian forebears. To come down to breakfast with frozen hands and feet, and to thaw them before a glowing fire, or to enter an arctic bed and place the numbed feet against a burning hot-water bottle, are sure ways of contracting this complaint.

Trench foot, which caused incapacity in thousands of soldiers during the late war, was not a matter of metabolism, latent tuberculosis, or inherent vasomotor defect; it was preventable by discipline and common sense. Chilblains are preventable by common sense and discipline of a less exacting nature than that which ancestral tradition still inflicts upon us.—I am, etc.,

London, W.1, Feb. 7th.

T. IZOD BENNETT.

#### GLYCERIN AS A SURGICAL DRESSING

SIR,—I should like to add to the recent letters in the *Journal* something which may throw further light on the value of glycerin as an antiseptic. In 1914 (*Lancet*, December 5th) I wrote a short note on the use of glycerin in bromidrosis, showing how bacterial growth was controlled and fetor prevented. In 1919 (*Journal of Laryngology*, xxxiv, 9), in conjunction with Mr. C. H. Hayton, I described how the treatment was extended to ozoena by local application of glycerin and glucose, and proved its effectiveness. In an extended investigation of the rationale of this method of treatment we came to the conclusion that the fetor arose as the result of tryptic fermentation, and it was characteristically produced in pure cultures of *Perez bacillus* in broth. On the addition of glycerin and glucose to broth cultures of *Staphylococcus albus* and *Perez bacillus*, although the bacillus grew freely, the fetor did not appear, and the medium became acid in reaction. The presumption was that the acid reaction had inhibited the tryptic bacterial digestion, and had prevented the formation of end-products of the skatol and indol class. Further, it is probable that the products of bacterial growth on a medium containing a fermentable substance of the type of sugar or glycerin are, in general, less toxic than those grown on a purely

protein one (no doubt the resulting acidity has something to do with this), though I would not like to assert this in every case. Arguing on these postulates, I was able to get the casualty house-surgeons at the Prince of Wales's Hospital (Dr. J. Young in 1919 and Dr. M. Y. Paget in 1924) to treat a series of recent wounds with a mixture of 10 per cent. glycerin, 60 per cent. commercial liquid glucose, and 30 per cent. water. The wounds were taken as they came to the casualty department, and without cleaning up, except with soap and water, the mixture was put straight on, covered with lint and mackintosh, bound up, and usually left for three days, after which a dry dressing with boric acid powder was substituted.

I do not remember an acute septic condition resulting in any of these cases until we ambitiously tried the method in a severe complicated fracture with mangling of the forearm and ingrained dirt; this case certainly did go septic, but cleared up in due course. A marked feature of many of the wounds treated in this way was the one noted by Dr. Kyle in his earlier cases. For some days the tissues over an area of an inch or more around the wound remained puffy and oedematous, but not red or inflamed. The wounds were by no means always sterile; cultures showed that they were healing in some cases in the presence of a considerable bacterial flora, mostly saprophytic, but often *Staph. aureus* and *albus* were present, and occasionally streptococci. The bulk of these cases were wounds and lacerations of the hand, and the treatment seemed best adapted to relatively superficial lesions with loss of tissue and ingrained dirt. In all, I should think upwards of 100 cases were treated in this manner. Although all cases did not heal by first intention we were satisfied that there was far less real sepsis than usually results when vigorous antiseptic measures are adopted. The resultant scars were soft and supple.

One would not recommend this as a standard method of treatment for all wounds, since many other factors than antiseptics have to be considered in dealing with various types of injury. I merely put it on record to show the antiseptic power of these substances used as a dressing on dirty wounds. This power may be attributed probably both to the hygroscopic properties of the glycerin and glucose, and to the fact that these substances in solution in the tissue juices can follow the bacteria into the tissues, probably diminishing the toxic effects of their growth. We tried this method in a number of old ulcers and suppurating wounds, but without the least effect; but we did not treat active boils or carbuncles in the way described by Dr. Kyle.—I am, etc.,

London, W.1, Jan. 29th.

T. H. C. BENIANS.

#### TREATMENT OF ETHMOIDITIS

SIR,—I entirely agree with the remarks of Mr. J. B. Horgan in his letter (January 31st, p. 200) regarding the treatment of nasal sinusitis. His fifth point is very important—namely, to leave the middle turbinal till the end of the operation and then to remove, if any, only as much as is advisable by a graduated turbinectomy, cutting through, with a snare, the part severed from the line of attachment, without any wrenching. When I use a curette to exenterate the ethmoid, like Mr. Horgan I also work from behind forwards and downwards, although I have never performed his operation through the antrum.

The above points were strongly impressed on my mind by the late W. S. Syme. Although Syme was regarded as one of the foremost advocates of radical operative procedure in connexion with nasal sinusitis, he recognized that the middle turbinal should be treated with the greatest respect in these cases. Personally I have found

that any cases giving rise to anxiety thirty-six hours after the operation in the matter of severe headaches, epistaxis, rise of temperature, etc., have nearly always been associated with removal in part, or in whole, of the middle turbinal. For this reason I also do not perform Sluder's operation.—I am, etc.,

Blackpool, Feb. 5th.

W. BARRIE BROWNLIE.

SIR.—In your issue of January 24th (p. 158), Mr. O'Malley refers to my paper, "A safe method of dealing with ethmoiditis," and I hasten to explain that I regard the whole method as essential—namely, (1) a radiographic examination is made; (2) the frontal sinus is drained if shown to be infected; (3) as a routine operation the middle turbinal is removed, and the maxillary antra and sphenoidal sinuses, the main inferior cisterns of the ethmoidal system, are permanently drained. Only as a secondary operation under local anaesthesia should other polypi be removed and closed cells opened if causing trouble. I believe that removal of the ethmoid mass in bulk, as practised in Sluder's operation, has caused many fatalities, has often failed to open closed cells, or has resulted in a dry nose.

I do not think that Mr. Horgan's remarks (*Journal*, January 31st, p. 200) have helped me much, though I have read his longer paper on the subject. In summarizing the whole story he omits radiography, which I cannot but think would help him in the diagnosis and recognition of the presence of a frontal sinus. Again, he objects to the removal of a middle terminal with Luc's forceps as encroaching upon the dangerous area, but in paragraph 7 allows this to be exceptionally carried out at the end of the operation with scissors and snare. Yet in ethmoiditis the obstruction of which the patient complains is due to polypoid masses of degenerated middle turbinal, and till these are removed the patient cannot breathe through the nose, nor can the surgeon obtain a view of the interior. Surely the dangerous area lies above the attachment of the middle turbinal. In paragraph 3 he insists on an *à froid* condition of the sinus prior to operation. It would certainly be dangerous to leave an acute frontal sinus undrained, though wise to do nothing more than secure drainage.—I am, etc.,

London, W.1, Feb. 7th.

E. A. PETERS.

#### PREGNANCY FOLLOWING IRRADIATION

SIR.—In the *British Medical Journal* of July 26th, 1930 (p. 156), under the heading "Radium treatment of menorrhagia," the records of University College Hospital are quoted regarding the health of children born subsequent to such treatment. The article continues:

"As far as is known, only two of the patients have become pregnant after radium treatment; one gave birth at full term to a male child with double inguinal hernia, the other miscarried. These experiences and evidence derived from animal experiment suggest that the children of parents thus irradiated will be physically and mentally abnormal, and there are serious grounds for the view that young patients should not be treated by irradiation unless they are given doses large enough to produce sterility."

Recently the Gynecan Hospital Institute of Gynecologic Research of the University of Pennsylvania undertook an investigation dealing with the health of children born following maternal pelvic radium or roentgen irradiation. This investigation led to the following conclusions:

1. That irradiation of a growing human embryo is extremely likely to result in the birth of a defective child.
2. That treatment prior to conception will have no influence whatever upon the development or later health of any subsequent child, conceived following irradiation.

In order to substantiate these two statements, in so far as that may be possible, I am enclosing a group of reprints dealing with the problem, published by the Gynecan Hospital Institute.—I am, etc.,

DOUGLAS P. MURPHY, M.D., F.A.C.S.

University of Pennsylvania, Jan. 24th.

\*\* The reprints forwarded by Dr. Murphy may be read at the Library of the British Medical Association.

#### CATARACT OPERATION IN EXTREME OLD AGE

SIR.—Some years ago, in India, an extremely old-looking Sikh came to me with cataract. When I asked his age he said it was 100 years. Knowing how utterly unreliable statements about age so often are in certain patients in India, and of the tendency in some parts for old men to exaggerate their years, we went closely into the question as to how he knew his age. He told us that he had fought against the British in the Sikh wars, and gave his age at the time. We were satisfied that it tallied with what he claimed to be. I had no doubt as to his having been a soldier. Indians usually age more rapidly than Europeans, but the Sikhs are a strong race. Having read about Colonel Elliot's old lady of 96 (*Journal*, January 24th, p. 132) I am confirmed in my opinion that this man was a centenarian. I may add that his age was given during the ordinary routine questioning, and he did not seem to be particularly proud of it; he was a simple villager, and I could see no reason for his wishing to deceive me.

I extracted one of his cataracts in the capsule by Smith's method. The cornea was one of the thinnest I have ever incised, but the course of the case was uneventful. I should be very interested to hear if any other operator in North India has come across a centenarian in his cataract work.—I am, etc.,

A. E. J. LISTER, M.B., B.S.,

Clifton, Bristol, Feb. 7th.

F.R.C.S.

#### THE UNIVERSITY FRANCHISE

SIR.—The Representation of the People (No. 2) Bill came before the House of Commons yesterday, with its clause abolishing University Franchise. The introducer of the Bill, the Home Secretary, in his comments upon this part of the Bill, clearly showed the real motive of the clause. He said that the university electorate is so small that twelve members were returned by some 120,000 voters, and he went on to say that "it will not do in these days when, say, we have an average constituency of 60,000 electors for one member, to give a round dozen of members, in the main Tory members, to 120,000 electors." It is thus nakedly stated by the introducer of the Bill that the motive in this clause is to remove from Parliament certain members because they are mainly opposed to the Government in power. This action was foreseen by Lecky thirty years ago, when he wrote of university representation:

"According to any sane theory of representation no form of representation could be more wise. Its abolition would not have very extensive consequences, but it would at least expel from Parliament a small class of members who represent in an eminent degree intelligence and knowledge diffused throughout the country; who, from the manner of their election, are almost certain to be men of political purity and independent character, and who, for that very reason, are especially obnoxious to the more unscrupulous type of demagogue. Their expulsion would be a considerable party advantage to one faction in the State, and it is therefore likely to be steadily pursued."

The precedent thus made might have serious consequences if the principle comes to be adopted that whenever a party in power finds a class of members obnoxious