lend genuine support to his extraordinary and, self-admittedly, somewhat brutal practices. It is against this " brutality " that I feel I must protest, for should his practices pass unchallenged and be adopted, even by a few, I fear that he may be the starting-point of a good deal of harm.

I am not concerned primarily with the brutality to the patient's " sensorium," for, as Mr. Tucker says, that can be tolerated, except perhaps in the case of children and highly strung adults, of whom there are many ; but I am concerned with his " brutal " treatment of the tissues he is attempting to heal. The fundamental principle underlying the whole of the work of the late Sir Robert Jones was " rest to the injured part." We cannot let this golden rule casually be thrust aside.

Coming to a more particular criticism of Mr. Tucker's methods I must deal with his treatment of the bruised and partially ruptured muscle. I am sure that what he wishes to do by " working out " the clot (incidentally rupturing the muscle sheath, if that has not already been done by the injury) is to minimize the adhesions, not to obviate them altogether. For were he to do that, and were it possible, there would be nothing left to replace the torn fibres and to re-establish communication between the sound portions. Actually, a substantial degree of clot is necessary, and to be desired, for this purpose. In any case, if Mr. Tucker quarrels with this clot and wishes to remove it from the muscle, would it not be more expeditious to aspirate it in the first place?

One cannot neglect either the fact that active manipulation such as he suggests cannot fail to increase the traumatic oedema in the region, perhaps even to restart the local haemorrhage and re-form the haematoma which he has been at such pains to remove. If he persists in producing effusion upon effusion, inevitably he must be familiar with those brawny swellings in the tissues which mark the maltreated injury and which require such energetic treatment to dissipate. If he will leave his injured muscle at rest for the few days which are required for the pain and most of the oedema to settle, and then begin his massage and physiotherapy, he will find that such embryo adhesions as may have formed with other structures will be broken down readily enough and without the dramatic "clicks" of which he speaks.

It is, however, with Mr. Tucker's treatment of the subperiosteal haematoma that I most seriously disagree. In effect, what he proposes to do is to rupture the raised periosteum by " brute " force, and in a haphazard fashion. Then he proceeds delicately to take the clot from beneath the skin! All this he does, presumably, as soon after the injury as possible. Let us examine closely what happens. After perhaps being forced up and down the surface of the bone the clot is expressed through an irregularly and perhaps extensively torn periosteum, which may give rise to a good deal of irregularity of surface growth later. The clot, with probably a good deal of fluid blood, is now free to spread extensively in the tissue planes—a process which Mr. Tucker recognizes to be detrimental. Then a small fraction of the original clot reaches the skin for Mr. Tucker to remove. Again, is it not more reasonable to aspirate this clot directly from underneath the periosteum when its presence is diagnosed? In the majority of cases most people would agree that its removal is desirable, but would quarrel with the reasoning that permits comparison between what was virtually an untreated case and one treated by his method.

Mr. Tucker has evidently found that an injured elbow is more susceptible to the effects of his treatment than other joints, so he wisely makes an exception and leaves it to " rest." Finally, it is noteworthy that his treatment of the dislocated shoulder after reduction is praiseworthy and practically orthodox. He does not, in this case, advocate his early vigorous massage: one wonders why.—I am, etc.,

Blackpool, Jan. 31st. HAROLD T. CANK, M.B., Ch.B.

Acne Vulgaris

SIR,—I should like to congratulate Dr. P. B. Mumford on his discernment. In his paper in the *Journal* of January 28th he gives the observations that have led him to conclude that acne vulgaris is a symptom and not a disease. He finds among acne subjects certain constant signs, the chief of which are: (1) constipation ; (2) follicular perniosis, as shown by a pin-point hyperkeratosis with minute areas of capillary stagnation on the pulvinar areas and posterior upper arms ; (3) peripheral cyanosis that remained after an hour in a warm room ; (4) " clamminess " of the hands ; (5) cold hands and a poor circulation, impelling the patients to wear an excessive amount of clothing ; (6) menstrual irregularity. I would point out that *all* the above are among the more constant manifestations of chronic intestinal stasis.

In " acne " subjects the stigmata of " stasis " are always evident. Other chronic skin diseases may be produced by the toxaemia of stasis, notably psoriasis and eczema (especially a serpiginous variety) ; in these cases acne is very often superimposed upon the other skin eruption. Dermatologists are aware how intractable these chronic skin troubles are apt to prove when treatment is confined to local applications. On the other hand, it has been my constant experience to find steady improvement, ending in complete cure, when to the local treatment of the skin is added the appropriate general treatment—diet, regime, etc.—prescribed after complete diagnostic investigation of the stasis. Not only the psoriasis or eczema, but also the accompanying acne, clear up as the symptoms and signs of stasis pass off. Indeed, one of the earliest signs of the successful treatment of stasis is the return of the skin to the smooth and supple condition of the healthy integument.—I am, etc.,

London, W.1, Feb. 3rd. ALFRED C. JORDAN.

SIR,—The title chosen by Dr. Mumford for his article —" Acne vulgaris, a symptom, not a disease "—surely stresses a very useful differentiation. There has been too great a tendency to pick out parts of a " symptom-complex " and label each as a separate disease. I have myself frequently stressed the fact that the dental lesions of caries and pyorrhoea are symptoms and not diseases ; the relation that Dr. Mumford found between the former of these and acne should be of importance in considering the aetiology of both conditions.

I believe that the fundamental cause of dental caries lies in an upset in the balance of the blood in the direction of an acidosis. Barber, as quoted by Mumford, believes that the same condition is responsible for the alteration in the habits of the body saprophytes. This may well then be responsible for the very frequent association (52 per cent.) in Dr. Mumford's cases of excessive caries and acne. But if dental and skin lesions are symptoms only of some deeper underlying disturbance, then may not this apply to certain types of arthritis, gastric ulcer, the allergic diseases—even cancer—and many other conditions? When therefore we find, as undoubtedly we do find, that each of these has a special type of dental lesion associated therewith—caries in one case, pyorrhoea in another—we receive more than a hint as to the basic factor on which the " symptom-complex " rests. The disturbance of blood balance itself is a symptom dependent upon an upset metabolic equation—intake *versus* output—food and

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oxygen on the one hand and energy expenditure (voluntary or involuntary, physiological or psychological) on the other, which, in the last resort, must depend upon a disturbance in the balanced working of the endocrine autonomic system, which regulates all metabolism.

We thus arrive at the fundamental beginning of all chronic disease, with the dental lesion pointing to the direction of the disturbance—caries suggesting excess katabolism, and pyorrhoea excess anabolism.—I am, etc.,

F. W. BRODERICK.

London, W.1, Feb. 4th.

Treatment of Alveolar Abscess

SIR,—Co-operation between medical men and dental surgeons is required not only in dental radiology but in other directions. At the hospitals to which I am attached, patients all too frequently appear exhibiting the condition to which I drew attention in these pages in 1928—the condition of overlooked alveolar abscess. The histories of these cases are generally as similar as the remedies employed are unlike, but the patients have almost invariably been told that "nothing can be done till the swelling goes down." If the patient is lucky the swelling does subside, after a varying period of unnecessary suffering. If not, the patient reaches hospital in a more or less debilitated condition. One patient whom I saw, with enormous swelling of one side of the face, had actually been treated for over a week solely by large doses of morphine. Most cases have had external poultices applied.

Nowadays it is generally agreed that when an offending tooth is hopelessly carious and abscessed it should be extracted forthwith, preferably under a general anaesthetic. So long as such a tooth is left *in situ* the trouble will continue. I know of no adequate reason for the persistence of the legendary belief that extraction should be delayed "till the swelling goes down." A local anaesthetic should not be injected into or near the affected part.—I am, etc.,

G. GRAHAM MACPHEE, M.B., Ch.B., L.D.S.

Liverpool, Jan. 28th.

Post-Graduate Education

SIR,—I was much interested to read the article in your issue of January 21st by Mr. Harold Balme on the development of post-graduate education, and to note his tribute to the work of the Fellowship of Medicine. With much of what he writes I am in agreement, but I should like to make one or two further comments. He acknowledges that he writes of conditions five years ago, and it is true, as he himself suggests, that conditions have undoubtedly improved since then.

First, as regards the individual needs of post-graduates, the Fellowship of Medicine, since its reorganization, has gone out of its way to endeavour to meet this very point. This it has done by arranging different types of courses to suit the requirements of the varying classes of those who are its clients. Week-end refresher courses have been started for the busy general practitioner, and these are becoming increasingly popular. Special courses and demonstrations in different branches of medicine and surgery are provided for those who require specialized instruction, also F.R.C.S. and M.R.C.P. classes for those seeking diplomas. In the reorganized *Journal* care is taken to give information in advance of these arrangements, so that men can make their preparations accordingly. A rota system has been established which makes the individual the unit rather than the hospital, and men have a wide circle from which to choose the particular teacher most likely to be of assistance. As the result of work on these lines I should like to point out that no fewer than 1,051 tickets were issued to post-graduates in the past year, which was a difficult one, as against 751 the previous year. Equally striking is the fact that for the Rota, which has only been established eight months, 374 attendances have been recorded. As regards the preparation for the specialized work, there have been fifty-seven special courses, five special demonstrations, and five series of lectures on general and special subjects.

Second, in regard to the complaint about lack of centralization, I feel that this particular objection, which is frequently reiterated by many of our correspondents, is one which has been greatly overstated. In Vienna, which is constantly held up as an ideal, the actual organization of the curriculum is done in a small bureau, such as ours in London, while the work is carried out in the numerous hospitals, which are naturally nearer together than is the case in London. This is inevitable when we consider the relative size of the two cities.

Third, as regards opportunity for practical work, the building and equipment of a large central post-graduate hospital will hardly get over the difficulty. I know from personal experience that in Continental centres it is not in the large but in the small institutions that practical work is most accessible. Moreover, the conditions under which examination of patients is possible in Continental hospitals is, and always has been, totally different from those obtaining in this country.

Fourth, as regards the personnel, I am only too well aware of the delinquencies of many of the post-graduate teachers, both in respect of punctuality and of lack of adequate preparation. While I have had occasion to deplore this myself, I do not see any way by which it can be obviated with certainty. I would further remark that the number of complaints which the Fellowship of Medicine has received has been steadily diminishing, and is now very small indeed.

Last, in regard to the provision of a common room and other social facilities, while I am largely in agreement with Mr. Balme, I feel that possibly too much may be made of this point. The cardinal factors in the success of post-graduate teaching are the good will and spirit of energy of the teachers themselves, coupled with the receptiveness of the post-graduates. If these factors are lacking no amount of organization, however perfect, will avail.

In conclusion, the Fellowship of Medicine is surely doing in general terms all that other centres abroad have done, and has, moreover, as much, if not more, clinical material from which to build its activities.—I am, etc.,

JOHN E. RYAN,
Honorary Editor, *Post-Graduate Medical Journal*; Member of the Executive Committee, Fellowship of Medicine.

London, W.1, Jan. 31st.

The G.P. and the Curriculum

SIR,—The Council of the British Medical Association, and the Chairman in particular, are to be congratulated on their prompt action in appointing a representative committee to formulate a policy on medical education. General practitioners will welcome the appointment of seven representatives on the committee. With such a considerable proportion of general practitioners there is ground for hope that the point of view of the general practitioner regarding medical education will be put forward with energy and fullness, and be given adequate consideration.

The reference to the committee is wide, but I venture to submit that it does not go far enough. The curriculum is so intimately bound up with the control of medical training by the General Medical Council, and the teaching in medical schools and hospitals, that concentration of

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