been oedema, diarrhoea, or vomiting. No other drugs had been given and the patient's conduct prior to the commencement of treatment in hospital had been normal.

The patient was now a pleasant and co-operative individual who was rather vague about what had been happening to him during the days when his behaviour was abnormal. He scarcely ever touched alcohol because of his disability and had no previous history of mental aberration.

It is not too difficult to imagine what might have happened had this patient over-indulged in alkalis as an out-patient and had one whisky in milk, as some individuals I know are apt to do, followed by a car accident. The examining doctor would have observed a smell of alcohol and abnormal conduct, especially with the excitement of a car accident and a medical examination in such circumstances. Might not a doctor be excused for insisting on a diagnosis of alcoholism when the abnormal mental conduct would be predominantly the result of alkalosis ?

A colleague of mine informs me of a case of urinary infection who died from alkalosis in the pre-sulphonamide days, when massive alkaline therapy was the order of the day. A blood urea estimation was suggested by an astute and enthusiastic nurse who had been swotting Price. It would appear to me that alkalosis should be kept in mind in all cases where alkalis are administered, especially when massive alkaline therapy is adopted. I have never forgotten the case that I have just described, and it has served me well.—I am, etc.,

JOHN MACKAY-DICK, Lt.-Col. R.A.M.C.

B.A.O.R.

The Mystery of the Eosinophil

SIR,—Some years ago I took considerable interest in the eosinophil, and it left me with the impression that it is part of a defence mechanism, and that the occurrence of eosinophilia not otherwise explicable suggests the presence of a known, unknown, or facultative allergen.

Morphologically, the polynuclear leucocyte and the eosinophil are practically identical. They differ only in their staining reaction and granularity. The production of eosinophils can be provoked experimentally by infestation with intestinal or blood helminths, and it appears that the resulting eosinophilia is a response to a specific stimulus, in effect a foreign protein—a modified polymorph, in fact. In true allergic bronchospasm the exudate from the upper air passages is crowded with eosinophils, and in sensitive persons the spasm may be induced by various air-borne allergens—which appears to be not without significance.

There is not space in a brief letter such as the present to discuss all the conditions in which eosinophilia is a marked feature, but a line worth following is based on the theory that the granules in eosinophils are possible precursors of lysins the object of which is to effect lysis of the responsible allergen. My work convinced me that eosinophilia is a *result* and not a cause, and when it is present the cause has still to be sought. I certainly cannot agree with the "overflow" theory of eosinophilia in lymphadenoma, the cause of which is still unknown. In "eosinophilic granuloma" of skin the name suggests that eosinophilia is the cause of the granuloma rather than the result, as also in "tropical eosinophilia" and eosinophilic disease of the lungs. I have seen individuals who give an abnormal eosinophilic response to trivial or comparatively trivial causes: for example, a 60% count in a case of sunburn with a so-called "herpetiform" eruption of the lip and cheek.

I am certain that further work on the subject is long overdue and would be amply repaid, just as I am convinced that eosinophilia is protective in intention and never causative, however high the count.—I am, etc.,

Brookwood, Surrey. H. M. STANLEY TURNER.

Treatment of Phlebothrombosis

SIR,—Mr. Hamilton Bailey's article (March 27, p. 594) emphasizes the need of active treatment for patients with post-operative thrombosis and pulmonary embolism. There is certainly great need for this emphasis, since complete immobilization of the leg for several weeks is still a common practice. Nor is this surprising, since the majority of textbooks published during the last two years still advise this conservative treatment for femoral thrombosis. The diagnosis of incipient deep calf thrombosis is rarely even mentioned.

Nevertheless I do not believe that ligature of the femoral vein is the solution to the problem for the following reasons. First, in certain cases of pulmonary embolism, especially following gynaecological operations, the site of origin of the embolus cannot be detected in spite of careful examination of the legs. Would Mr. Bailey here advocate the ligation of the inferior vena cava, a serious operation in an ill patient, however expertly it may be performed ?

In the second place, the end-results of thrombosis of the deep leg veins must be considered. Bauer has shown that nearly four out of five of such patients eventually develop a leg ulcer. It is difficult to believe that the ligation of the saphenous and common femoral veins in a patient who already has obstruction to some of the deep venous channels will not increase venous stagnation and consequently the risk of developing an ulcer. As the sequelae of chronic venous stagnation may take ten years to develop, the end-results of venous interruption may be more severe than is at first supposed.

On the other hand the anticoagulant drugs have been shown to be at least as effective as femoral ligation in the immediate treatment of venous thrombosis and pulmonary embolism, as was demonstrated by Mr. Gavin J. Cleland (April 17, p. 755). They have the added advantages of controlling venous thrombosis wherever it is situated, and of preventing the spread of thrombosis to the opposite leg, which occurs in 30% of cases treated conservatively. Moreover, as Zilliacus has shown, anticoagulant treatment prevents the spread of thrombosis from the calf to the thigh and thereby the chronic swelling and ulceration which otherwise frequently occurs. From the practical standpoint heparin is usually not difficult to administer. I have found that patients prefer a continuous drip transfusion to intermittent injections, provided that the needle is inserted at the wrist and not at the elbow. The production of a suitable delayed-acting heparin, such as heparin (Pitkin), which is now being used in the United States, would make heparin treatment much easier still. The cost of treating a patient with heparin is often no more than that of keeping him for one week in hospital. As the use of anticoagulants reduces the stay of the patient in hospital by four to six weeks it is indeed economical.

Where facilities for the estimation of the prothrombin concentration of the plasma are available, a combination of heparin and dicoumarol is probably the best treatment available. I agree with Mr. W. M. Capper (April 24, p. 807) that vein interruption may be necessary for cases in which anticoagulants are contraindicated, but I believe they form only a small minority. For most cases the anticoagulants are completely effective and should, in my opinion, be considered as essential to the treatment of venous thrombosis as insulin is to that of diabetes.—I am, etc.,

London, N.W.10. KEITH BALL.

Origin of Depression

SIR,—The publication of Dr. W. Clifford M. Scott's paper on "A Psycho-analytic Concept of the Origin of Depression" (March 20, p. 538), which he delivered to the Section of Psychiatry at the International Congress of Physicians last September, has provided an opportunity for more careful consideration of his views. In opening the discussion at the meeting I felt bound, though with some diffidence as laying no claim to be abreast of recent developments in psycho-analytic theory, to raise anew that often repeated doubt about the reliability of "memories" referred back to infancy, to which Dr. Scott and others of the Freudian persuasion attach a fundamental importance. Especially in such emotional states as depressions which are profound enough to call for intensive treatment, how can we ever really recall what went on in our minds at the tender and largely unmyelinated age of 2 or 3, unless indeed, as must often happen, we have been told by our parents at some later date what happened to us then and how we reacted ?

Even when true memories are recalled under psychological investigation, the mood of the present, if sufficiently intense, influences the selection of what is recalled from the past and the significance attached to past experiences. Are we to assume that all depressions are determined by past experiences, rather than they determine what is recalled about the past ? As no report of the discussion which followed Dr. Scott's paper is being published, I take leave, Sir, to make these observations.—I am, etc.,

Sydney. W. S. DAWSON.

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