

The experience was apparently very alarming. Three of the patients were elderly, and two of them said afterwards that they had thought they were going to die. The fourth was a child of 3, and her mother said that she was terrified during the attack. Three of the four had severe vomiting, and all were very consistent in describing objects as rotating about a vertical axis, and always in the same direction. All tended to fall towards the side to which objects seemed to rotate. After the acute attack, which lasted one to three days, all tended to get minor recurrences on rapid rotation of the head. Two had nystagmus on looking away from the side to which they tended to fall. Subjectively, none complained of deafness. Objectively, one had been stone deaf for years, and two others showed differences in auditory acuity between their two ears, but in view of their ages this was of doubtful significance. The child was not tested. Three of the four occurred in influenzal households, but two of them had no concomitant influenzal symptoms.

In any household in which some members have influenza it is a common occurrence for others to develop either a lumbosacral backache, frontal headache, muscle pains, or giddiness. If one assumes that these are abortive cases of influenza it seems reasonable to suppose that severe vertigo may also occur as the sole manifestation of influenza.—I am, etc.,

Great Dunmow, Essex.

PETER A. WALFORD.

Marriage Neurosis

SIR,—Dr. R. Macdonald Ladell (April 9, p. 635) revives the old controversy of E.C.T. versus psychotherapy. There are, I fear, many wrong assumptions in Dr. Ladell's communication. In the first place he appears to suggest that if a psychic stress can be unearthed there is no place for E.C.T. This is really a dangerous doctrine.

Those of us who use E.C.T. daily are often only too well aware of stresses which have at least helped to produce, say, an anxiety state or a condition of involuntional melancholia. Often the patients themselves are only too conscious of these stresses. (A few days ago I saw two sisters who had both displayed anxiety symptoms from the death of their mother one and a half years ago. Both, I feel sure, will rapidly clear up with E.C.T.) To withhold E.C.T. in such cases could result in much unwarrantable suffering on the part of the patients, not to speak of risks of disaster—e.g., suicide.

E.C.T. intelligently applied, with, whenever possible, the patient's co-operation and after a careful physical and psychological examination, is one of the great boons of modern psychiatry. It can cut short all varieties of anxiety and depression, and in many cases the patient is more efficient mentally after its use than almost at any time in his life. (Old, unnoticed, mild states of depression and apprehension which may have existed for years before the acute breakdown are usually also swept away.) It can be used in extreme old age, and is usually a life-saver in delirious cases, which may be almost moribund on admission. Therefore, because some may use this treatment unintelligently, I would deprecate Dr. Ladell's suggestion that "the advocates of E.C.T. made no attempt to understand the cases and thus were turning their backs on all we have learned about the origins and meaning of neurosis during the last fifty years."—I am, etc.,

Armagh, N. Ireland.

ROBERT THOMPSON.

Treatment of Varicose Veins

SIR,—In his letter on the treatment of varicose veins (March 19, p. 500) Dr. H. M. Hanschell sets forth his experiences and disappointments with sclerosing agents. He (and others) describes how recanalization of veins takes place in a high percentage of cases following their apparent obliteration by this method. He goes on to describe an operation which in his hands, over a large series of cases, has given excellent results.

This most interesting letter was answered by Mr. R. Rowden Foote (April 9, p. 635), who, although obviously disagreeing with Dr. Hanschell, fails to put forward any evidence refuting Dr. Hanschell's argument against the use of sclerosing substances, and who instead devotes the major part of his letter to the irrelevancy of ulcer, which Dr. Hanschell never mentioned. He ignores the real point at issue, which is whether or not the injection of sclerosants is justifiable, in view of the high recurrence rate as compared with the very much better

results following ligation or extirpation by the method which Dr. Hanschell advocates.

In Mr. Rowden Foote's book on this subject it is stated that 85% of varicose veins treated by sclerosing injections had recurred, and furthermore he accepts figures which show that these recurrences are for the most part due to recanalization of the thrombosed veins. It seems reasonable, therefore, to assume that by removing a varicose vein entirely any recurrence can be due only to the formation of new varices in the superficial venous system—an event which is responsible for only 15–25% of recurrences and eliminates the large group of recurrences due to recanalization.

Dr. Hanschell has described a reasonable operative technique which in his hands has given splendid results, but Mr. Rowden Foote has scorned it on the grounds that this treatment has a long history of failures. Granted the principle of the operation may be associated with lack of success when older operative methods are used, but judging from Dr. Hanschell's results it would appear that his method has overcome most of the disadvantages associated with other operations designed to eradicate this condition and at least is worthy of more consideration than has been accorded to it by Mr. Rowden Foote.

Finally, may I draw attention to the virtues of the operation, which in the past few months I have carried out a number of times? The operation itself is simple, the patient suffers very little pain and the minimum of inconvenience, and the cosmetic results are good. Thus far have I satisfied myself that Dr. Hanschell's claims for this method of treatment are well founded. What percentage of my own cases will recur I cannot know until I have followed them up for some years, but if my results are as good as Dr. Hanschell's I shall be satisfied that sclerosants have indeed a limited place in the treatment of this condition; and this has already become more than a mere suspicion, following some years' experience of injection therapy in treating varicose veins.—I am, etc.,

Dublin.

NORMAN RUTHERFORD.

Pressure Cooking

SIR,—The paper by Miss Gweneth M. Chappell and Miss Audrey M. Hamilton (April 2, p. 574) and your annotation (p. 582) on the effect of pressure cooking on vitamins are of topical interest, but consider only one aspect of pressure cooking. Some years ago Dr. P. Kouchakoff described experiments he had undertaken to determine the relationship between cooked food and post-prandial leucocytosis (*Lancet*, 1937, 1, 425). He was able to prove by a large number of tests that post-prandial leucocytosis occurs only after the ingestion of cooked food, but not after the same food consumed raw, and that in order to produce a post-prandial leucocytosis the food has to be heated above 83°–87° C., according to the kind of food.

Kouchakoff therefore assumed that heating of food above the critical temperature of 83°–87° C. produces toxic substances in the food and that the leucocytosis is a defensive reaction against these toxins. Furthermore, he found that no leucocytosis occurs when raw food is consumed simultaneously with the cooked food, as, for example, when eating a raw salad with cooked meat. But when the food has been heated above 100° C., as in the case of canned food or of pressure cooking, no amount of added raw food is capable of preventing the post-prandial leucocytosis. If Dr. Kouchakoff's main thesis is right, then routine pressure cooking should be condemned, even though it does not destroy the various vitamins.

I know that a number of physiologists deny the existence of a post-prandial leucocytosis, but this is perhaps because in their tests they failed to differentiate between raw and cooked food.—I am, etc.,

St. Peter Port, Guernsey.

A. ORLEY.

Handling of Corned Beef

SIR,—I have been appalled at the way tinned corned beef, used to make up the meat ration, is served to the public. The procedure in the majority of butchers' shops is to open a large tin of corned beef and place the contents on a wooden cutting board. The same knife used for cutting uncooked sausages, uncooked beef, uncooked mutton, uncooked pork, and slabs