

sore throats which receive from tonsillectomy none of the benefits to be expected, but rather the reverse. Hence he advises that tonsillectomy should be deferred in such cases for two years till the tonsils have become accustomed to their new surroundings.

Surely the natural explanation of these observations by a high authority is that the tonsils act as educative establishments for their contained lymphocytes, which take some two years to be re-educated against the new germs of a new environment. (We remember the frequency of throat infections in visitors to Swiss hotels—the meeting-place of germs of international variety—and also those which follow the importation of a new germ into a hospital ward.)

The body may be regarded as a fortress with an epithelial wall impermeable to germs. Hence the defending army of lymphocytes can so rarely become acquainted with the germs of the outer world that they can hardly learn to prepare the suitable antibodies. But the narrow crypts of the tonsils (bare of epithelium) can act like turnstiles to allow the germs to penetrate deeply among the lymphocytes—one by one and day by day—where they can be sampled with little risk. And if the mother cells of the lymphocytes are thus educated in immunity they will transmit (by subdivision) their “knowledge” to their daughter cells indefinitely.

Just as the tonsils are sited strategically for the oral and respiratory germs, so are the lymph nodes of Peyer's patches and of the appendix sited advantageously to sample the very different germs which may attack the food canal. Hence neither appendix nor tonsils are missed if they are excised after they have provided education against the current germs. If excised in infancy the result might be disastrous, though the army of uneducated lymphocytes in the thymus may act as a temporary makeshift.

These views, though theoretical, seem to be inherently probable and to throw much light in dark places. I have found no evidence against them, and none was urged when I published them long ago in your columns.—I am, etc.,

Hull, Nov. 7.

F. C. EVE.

### Traumatic Chylothorax

SIR,—Until I read the article by Mr. C. J. Cellan-Jones and Dr. William Murphy (November 2, p. 590) I did not realize that traumatic chylothorax is such a rare condition as it appears to be from the paucity of cases recorded in the literature. I had a patient with this condition under my care several years ago. The patient, an adult male, had sustained a stab wound at the root of the neck on the left side some time previously. His chief complaint was of dyspnoea. There was evidence of a left-sided pleural effusion, and on aspiration a milky-white fluid with all the characteristics of chyle was withdrawn. Dyspnoea was relieved; the patient refused further treatment and left hospital. I do not know his ultimate fate, but his general condition was surprisingly good while in hospital. Presumably there was only a partial severance of the duct and some of the chyle was reaching the circulation. The duct frequently divides into several channels before entering the left innominate vein, and some of these may have escaped injury.—I am, etc.,

Edinburgh, Nov. 9.

DOUGLAS S. ROBERTSON.

### Prognosis of Schizophrenia

SIR,—Apropos of your leading article on this subject (October 19, p. 526) and Dr. Ian Skottowe's letter (November 2, p. 613) I would like to point out that there is a group of cases often included in the schizophrenias which could be more usefully labelled “reversible schizophrenia.” These cases belong, in my opinion, to a group of which anorexia nervosa is one variety. Notwithstanding recent conclusions of the English school, the relation of endocrine dysfunction in this disease is still an open question. Other varieties of this group, which always include amenorrhoea in young girls with transient or negligible degrees of anorexia, show mental confusion with obsessions, or negative tendencies with paranoid behaviour. These cases all begin at puberty, and are associated with mental distress and malaise, especially a feeling of being “clogged up.” Acne is often prominent and mentally distressing. The physical basis is probably endocrine im-

balance, which may or may not right itself in time. Mentally the symptoms will clear up or not at all, depending on a number of factors. Clouston paid much attention to similar cases and called them the “insanity of amenorrhoea” and the “insanity of acute suppression of menstruation.” If we could widen Clouston's concept of adolescent insanity to include all quasi-schizophrenic behaviour in people under the age of 35, perhaps the labels “schizophrenia” and “dementia praecox” would acquire more exact scientific meaning. The definitions of schizophrenia and dementia praecox as such are clear enough; it is the application which requires elucidation.—I am, etc.,

County Mental Hospital, Newport,  
Isle of Wight, Nov. 4.

ALEXANDER WOOD.

### Our Unused Influence

SIR,—I had almost given up hope of the B.M.A. and of our profession generally in regard to the war when I read Dr. George H. Alabaster's letter (October 12, p. 507) and the subsequent letters of Dr. A. J. Brock and of Dr. F. Parkes Weber (November 2, p. 614). You are indeed to be thanked for publishing them, and I hope that a nucleus of opinion will form round them which will grow into something more productive of good than the interminable articles and letters about war wounds and casualty organization with which your columns have been filled in the last twelve months.

In spite of Dr. Parkes Weber's misgivings about the morals of our profession, I think it remains true that the mass of mankind expects something better from doctors than mere patching up, and also attributes to us the virtues of generosity and forethought which Dr. Alabaster, along with all profound philosophers, declares to be necessary. Our failure to give a lead in the maintenance and construction of peace will surely be remembered in the emotional revulsion from present courses which is bound to occur sooner or later.

Surely the time is ripe for free discussion at medical meetings throughout the country of war as a social disease. The scales should have fallen from many eyes by now.—I am, etc.,

Birmingham, Nov. 3.

FAUSET WELSH.

SIR,—Dr. George H. Alabaster (October 12, p. 507) complains that the professions have not used their influence for peace. I can assure South Africa that there has never been any need to preach peace here. If there ever were any doubtful people, the last war cured them. It is now history that some years ago, when Germany was re-arming rapidly, no politician dare go to the country with a programme of re-armament. Later, it is a paradox that when ultimate conflict seemed inevitable the same casual, peace-loving people had to use every means possible to get successive Governments to re-arm, the politicians hoping and praying that international friendship would prevail against resort to war.

In the case of Germany it is the very essence of the Hitler regime that any “influence” or propaganda shall come from Hitler alone, and no one else. Any mention of the virtues, other than those permitted (usually in praise of Adolf!), means a possible firing party or the horrors of the concentration camp.

With due respect to Dr. F. Parkes Weber (November 2, p. 614), I cannot accept his *ex parte* statement that British citizens have been imprisoned for their activities in endeavouring to promote a peaceful understanding between nations. Ridiculous! If they have lost their freedom temporarily, and are enjoying free rations and hospitality, almost certainly in reasonable comfort, it is for the common good, including probably their own. If they are real patriots and good Britishers they'll grumble and stick it!—I am, etc.,

Shrewsbury, Nov. 4.

ALBERT NICHOLLS.

SIR,—Despite a careful reading I remain puzzled as to what Dr. F. Parkes Weber's letter (November 2, p. 614) really signifies, and in order that I may obtain “a measure of understanding” I must ask him to tell us precisely who are these citizens of “good faith and patriotism” who have been imprisoned. Surely Dr. Parkes Weber cannot be referring to Mosley and certain others of our own brand of “Lavals” and “Quislings.” If this is so, is it in respect of these gentlemen that Dr. Parkes Weber asks us to use our