

a climate like that of South-west Persia. In spite of differences of opinion it is good to see that the subject of effects of heat is now again a "live" problem and lifted out of the "forgotten" zone, like the army that suffered from both effects of heat and of forgetfulness.—I am, etc.,

Epping.

FRANK MARSH.

### Pyloric Stenosis in a Child

SIR,—The following case of pyloric stenosis in a child after swallowing corrosive poison appeared to be interesting enough to report.

A boy aged 2½ was brought to the Royal Gwent Hospital, Newport, in March with a history of having swallowed some acid which was being used to put in a battery. The child was detained in hospital for three days and was discharged as apparently there were no symptoms. I first saw him four weeks later when he was readmitted to hospital suffering from vomiting and abdominal pain, also loss of weight. X-ray examination showed marked pyloric stenosis with delayed emptying of the stomach—three-quarters of the meal being still retained at the 5-hour examination. There was no other abnormality apparent. At operation the pylorus was seen to be thickened and stenosed, giving the appearance which one usually associates with a chronic ulcer. Posterior gastrojejunostomy was performed. The stoma admitted three fingers. The child was discharged from hospital in three weeks having made an uneventful recovery.

Subsequent x ray shows the gastrojejunostomy to be functioning normally, with nothing passing through the pylorus. The child has regained its lost weight and is eating normally.—I am, etc.,

Newport, Mon.

J. T. RICE EDWARDS.

### Parasyphilis

SIR,—I rubbed my eyes to read in your issues of Aug. 31 (p. 311) and Oct. 5 (p. 514) the word "parasyphilis" applied apparently to meningo-vascular syphilis, general paralysis of the insane, and tabes dorsalis. Parasyphilis one believed was an outdated term referring to the above syphilitic conditions used at a time when their true nature was still unproven. This assignation was generally understood to refer to certain diseases of the nervous system, including general paralysis and locomotor ataxia, which were formerly considered to be due indirectly to syphilis but are now known to be directly dependent upon syphilitic lesions in the organs concerned. The parasyphilitic doctrine, in general paralysis at any rate, was abandoned with the discovery of the living spirochaete in the brain tissue of general paralytics by Noguchi and Moore in 1913.<sup>2</sup> One wonders if the fact that general paralysis is the only form of nervous syphilis<sup>3</sup> in which the spirochaete is found in the parenchymatous tissues of the C.N.S. has led to the persistence of the belief that other forms of nervous syphilis are still only indirectly due to syphilitic infection. I would like to hear the views of those who still use what I believed was an entirely outdated term.—I am, etc.,

London, N.6.

W. LEES TEMPLETON.

### "Analgesic" or "Anaesthetic"?

SIR,—It seems appropriate at the present time to register a protest against the attempt to substitute the ugly term "analgesic" for "anaesthetic" when speaking of drugs which do not cause loss of consciousness. While it is obvious that a distinction exists, it is only one of degree; the term "analgesic" implies the loss of pain sensation only, and "anaesthetic" the loss of all sensation: surely then "anaesthetic" remains the best word for drugs such as novocain which are capable of abolishing all sensation locally or regionally? It is well known that they abolish taste sensation, and if they do not normally affect sight, hearing, or consciousness, it is only because they do not normally come into contact with the optic and auditory nerves or with the higher centres. The only legitimate criticism that can be levelled at the term is that it does not imply the added abolition of efferent nerve impulses,

which is a characteristic of all "anaesthetic" drugs, most of all of the so-called "analgesics"; and this does not seem to be a justification for the adoption of an even less comprehensive term. In my view the word "analgesia" is justly applicable only, for the want of a better, to intravenous general "analgesia," and, crowning absurdity of all, to the first stage of general "anaesthesia." It is gratifying to note that the writer of your leader (Oct. 12) did not find it necessary to use this jargon.—I am, etc.,

Colchester.

J. N. FELL.

### Pronunciation of Medical Words

SIR,—With regard to Dr. Margaret Vivian's inquiry (Oct. 5, p. 516) concerning the pronunciation of E. Bleuler's term "schizophrenia" there appears to be fairly general agreement that "skizo-" is the correct sound (see, for example, Gould's *Medical Dictionary* and Dorland's *American Illustrated Medical Dictionary*). This is also the form given in the *Oxford English Dictionary* for words beginning with "schizo-" (from *σχίζειν*, to divide), but there the "i" is stated to be pronounced as in "bind"; this lengthening of the Greek short "i" is seen in "psychiatry" ("paediatrics," however, is usually pronounced pe-de-at'-riks). Fowler (*A Dictionary of Modern English Usage*) remarks: "The oddities of English treatment of Greek words are well illustrated by *schism* (shī-), *schist* (shī-), and *schizomycete* (skī-), all three being from the same Greek word." No doubt arises about the second part of "schizophrenia," which is derived from *φρήν*, meaning mind here, or diaphragm in other contexts.

A more difficult problem is presented by the much older word "syndrome." While medical dictionaries (e.g., those of Gould and Dorland) favour a silent "e" (cf. aerodrome, hippodrome), more general works (e.g., the *Oxford Dictionary*) require its pronunciation, thus following the Greek *συνδρομή*, meaning a concurrence. It is interesting to note, however, that occasionally in the seventeenth century the word was written "syndrom" in English.—I am, etc.,

Cork.

R. O'RAHILLY.

SIR,—In the gay letter of Dr. C. E. S. Harris and in your footnote to it baffling problems of pronunciation are raised. The hard or soft C is a perennial headache. The K of the Greeks so often through Latin and the Romance tongues has become the S of many of our words. But not all, is the trouble. "The flicks," perhaps due to the immense American concern with them, are always spoken of as the sinema, but who heard of caput pronounced as saput? Unhappily an intermediate position exists with the cephalic words. Here, I think, the C is always hard, while in America it is usually soft. A living language is bound to change, properly and inevitably. One of the few things I remember of my school days is that an apron etymologically is a napron. But everybody calls an apron an apron. The change is complete.

Webster and Wyld follow the *Shorter Oxford Dictionary* in giving encephalitis a soft C, but it may be that the copying with which we are not unfamiliar in medical textbooks operates here—though who copied from whom I have no idea. I think, as you, Sir, that most medical men here give it a hard C, while in America I think a soft C is the rule. This lack of uniformity can be puzzling, for although it does not matter which is adopted it is a pity that these differences occur. Should we change? Well, unlike most of the rest of the world we persist in keeping to the left of the road, and simple utilitarianism is a poor motive. There are other factors, and I believe we should stick to the hard C as much as possible.—I am, etc.,

London, S.W.1.

E. GALLOP.

The Wellington correspondent of the *Times* reports that New Zealand has signed an agreement on behalf of Western Samoa and the Cook Islands with the Government of Fiji and the Western Pacific High Commission for the inauguration of a joint health service in the Southern Pacific. New Zealand and Fiji have for twenty years shared certain health services, but the new agreement will establish a joint board of administration with an inspector-general, and will provide for central medical and nursing schools and for greater co-operation. Dr. J. C. R. Buchanan, of the Colonial Medical Service, has been appointed the first inspector-general.

<sup>1</sup> *English Dictionary*, p. 1775, Webster.

<sup>2</sup> *General Paralysis*, 1929, p. 21, Mengher.

<sup>3</sup> *Textbook of Practice of Medicine*, p. 1651, Price.