LETTERS, NOTES, ETC.

Nomenclature of the Rh Blood Types

Dr. BRYCE R. NISBET (Hon. Sec., Ayrshire Division, B.M.A.) writes: Let me assure Lieut.-Col. G. E. W. Wolstenholme (Nov. 16, p. 753) that the lecture as delivered to the Ayrshire Division by Prof. Cappeli was considerably simplified and illustrated by slides and drawings. We were thus able to see and listen and, as evidence that it was much appreciated, as many as eight of the forty-four members who were present took part in the discussion. We, north of the Cheviots, being such large consumers of porridge, like a little "meat" at our gatherings. It is about the only time we can have a surfeit. Whether we shall be able to stand it in the future is a matter of conjecture since oatmeal has been put on points.

Definition of Health

Dr. D. F. TORRENS (Market Rasen) writes: Dr. W. F. Felton (Oct. 19, p. 591) raises the fundamental question. He says "surely complete physical, mental, and social well-being is a god-like state . . ." but he goes on to say that "we can hardly hope to attain [it], let alone claim [it] as our right." He prefers "a balanced state of physical, mental, and social well-being." Neither of these definitions is yet actual in the human race. Each is a statement of an objective to be worked for. There is a vast difference between them. The first is a statement of a belief in a god and that man's goal is to become like God, as Dr. Felton says. The second does not go nearly so far, though it might be pushed a good way in the same direction: it asks only for a balance, and that balance might be established at a very low standard. Also it is man who who will set the standard. It is because, in all our social legislation, the ideal expressed and implied is a super-man that the results are disappointing. The best man is not good enough, for though he is immortal he is transitory. Other men with other motives and methods take his place. This is seen in the proposed changes in medicine. Instead of a Ministry of Healing we are to have a huge business organization controlled by scientific analysis and economic theory. But there is nothing to control the controllers. Man is so puffed up (if not yet blown up) by his success (?) in splitting the atom that he has quite lost sight of the Almighty Power which *made* every atom. Such a mentality will never do good work. No one can who does not know his material. If medicine does not nail its colours to the mast, if it wavers in its loyalty to Christianity, it *must* become the tool of "scientific research" and the slave of "economic theory."

Ichthyol

Dr. J. AITKEN MCEWEN (Barnsley) writes: In his letter (Nov. 23, p. 804) Surg. Lieut. G. B. Hopkins comments on the geological origin of ichthyol as being "the schist . . . regarded by geologists as having originated by fossilization of seabirds' excreta." My recollection (quoting, I believe, Poullsson's *Pharmacology*) is that ichthyol is derived from destructive distillation of a shale, found in the Dolomites, containing the teeth of fossilized fish. I always understood that this fact was responsible for the name of the product (ἰχθύς = a fish). While I lay no pretensions to any qualification in geology, I beg leave to doubt the statement that any schist could be the result of fossilization. I stand, however, prepared to be corrected in both statements.

Effects of Penicillin Lozenges

Dr. A. J. COLBY TINGEY (Epsom) writes: Dr. I. G. Cameron (Oct. 26, p. 638) considers it would be of interest if doctors would write of their experiences with these lozenges. It appears possible that in some cases penicillin lozenges may actually lower the patient's resistance to bacterial infection. For example, in June last I was consulted by a patient aged 31 who had a mild form of tonsillitis with a temperature of 99° F. (37.2° C.), and at his request I gave him a prescription for penicillin lozenges. Three days later I received an urgent message from his wife, and found him in bed at home with a temperature of 104° F. (40° C.), and the usual symptoms of acute toxaemia. He was very ill for the next few days, but made a good recovery with sulphonamide treatment. I submit that acute tonsillitis is a general infection, and that to treat the complaint with penicillin lozenges is little better than a placebo. The attitude of the general public to penicillin may best be described by the Latin tag—"*Omne ignotum pro magnifico.*"

Foreign Body in the Duodenum

Mr. D. LIVINGSTONE POW (Wrexham) writes: It is recognized that long objects—e.g., nails—are apt to become arrested in the second or third parts of the duodenum. The following case is of some interest. A female child aged 1 year and 11 months was admitted to the Wrexham and East Denbighshire War Memorial Hospital on Sept. 24, 1946, with a history of having swallowed the buckle of a pram-belt on Aug. 19. The child had been taken immediately to the Out-patient Department; but, although *x*-ray examination had demonstrated the foreign body and also the fact that it was remaining in the same place, no step was taken for a time, possibly because the radiologist was inclined to the opinion that the object was not in the stomach or duodenum. (A barium examination of the child was not easy because of struggling.) The child appeared perfectly well throughout the period between ingestion and operation. The latter was performed on Sept. 25. It was difficult, as usual, to locate the buckle, but it was finally detected in the second portion of the duodenum. Attempts to manipulate it downwards failed and for a time it could not be persuaded to move upwards. However eventualiy it was felt to slip towards the pylorus, and while it was held there an incision was made in the anterior wall of the stomach near the antral area. A finger introduced into the interior of the stomach could feel the buckle presenting at the pyloric ring, but it was only with considerable difficulty that the object was finally persuaded sufficiently far through the pylorus to enable my house-surgeon—Dr. A. W. Fowler, who was assisting—to grip it with pressure forceps. The cause of the difficulty now became manifest. In the middle of one of the long sides of the rectangular buckle was an interval rather less than one-eighth of an inch (0.32 cm.) in length and in that a fold of duodenal mucosa had been caught. It was disentangled only with some effort, and thereafter the opening in the stomach was closed and the operation terminated. Convalescence was uneventful. The buckle measured one and a quarter inches by five-eighths of an inch (3.18 cm. by 1.60 cm.).

Milk Priority

Dr. ESTHER CARLING writes: A striking instance of wasteful allotment of milk came to my notice recently. At a small holiday guest-house for ex-sanatorium patients (now workers) two pints of milk daily were being delivered for every guest. The housekeeper spoke of her difficulty in "getting rid of it." Such an occurrence suggests that the almost routine issue of two pints daily, sometimes over years, could surely be lessened in these times of stress.

Dr. W. J. LORD (Bath) writes: May I stress one point in the letters of Drs. H. E. Collier and G. B. Page (Nov. 16, p. 751), namely, milk priority for old people? Not only, in most cases, are their digestive functions inefficient, but they have the added burden of housework and shopping to a much larger extent than before the war. These hardships, again, are often aggravated by arterio-sclerosis and high blood pressure.

Pronunciation of Medical Words

Dr. R. L. WYNNE (Wallasey) writes: The problems of pronunciation which have been given publicity in your columns arise from the difficulties of assimilation of foreign and dead stems into the living structure of a vigorous language, and in them usage might be expected to be variable and sometimes illogical. May I draw attention to another and more serious variety of mispronunciation?—the commonly used versions of foreign proper names, mostly by surgeons. This, curiously, seems related only to their profession. An orthopaedic surgeon who correctly recounts that he has admired the singing of Gigli the tenor, will later be heard calling for a "giggly" saw. The German "umlaut" suffers horribly. In such a name as Böhler it is usually ignored, whereas in its old-fashioned form, as in "von Graefe," it commonly acquires a separate syllabification of its own, combined this time with a bland disregard for the final "e." Weil and Wassermann are lucky men who generally get a near equivalent of their names. Trendelenberg, however, gets his accent displaced from the first to the second syllable, presumably because the Anglo-Saxon tongue, though accustomed to an accent on the first syllable, gets nervous when the end of the word is too far off. Another sufferer is Braun, who on English lips brings to mind a popular meat dish rather than the familiar colour represented by his name. Before we embark on what must be purely academic discussion of the pronunciation of words which in their origin are all neologisms, would it not be wise to set our house in order regarding words of whose pronunciation there is no doubt, once due attention is given to them?

Dr. A. R. NELIGAN (Droitwich) writes: Your correspondent Dr. R. O'Rahilly (Nov. 9, p. 711) and other readers may be interested to know that, at a meeting of the International Society of Hydrology held at Buxton last month, an American doctor who read a paper pronounced the "e" of the word "syndrome" throughout.

Dr. MARGARET VIVIAN (Bournemouth) writes: Three of my colleagues have answered my question regarding the pronunciation of the word schizophrenia: two by letter, and one in your current issue. Each one gives a different version: (1) Shy-so; (2) Skitso; and (3) Skyzo. So it appears that we are, as it were, where we were.

Corrigendum

In the leading article on "The Control of Air-borne Infection" (*Journal*, Nov. 30, p. 820) the word "mass" at the end of the twelfth line from the end should read "mess."