

In the surgery of dyspepsia—and surgery is frequently required—it is essential in many cases that pre-operative treatment be often long and even trying, and it was this feature that led me in my search to discover the value of bromide combined with other aids in the treatment of dyspepsia.—I am, etc.,

Dundee.

JOHN J. ROBB.

The "Costoclavicular Syndrome"

SIR.—Might I be permitted to make an addition to Mr. M. A. Falconer's valuable letter (July 12, p. 69) on this subject? At operations where the axillary inlet is displayed in the living subject it can easily be shown that depression and retraction of the shoulder cause diminution of the space between the clavicle and the first rib; downward traction of the arm also causes the subclavian artery and lower trunk of the brachial plexus to come into more intimate contact with the uppermost rib. Both these facts can be observed when operating for other conditions on patients who do not complain of the "costoclavicular syndrome."

In fact we are all potential sufferers from compression of the neurovascular bundle in the axillary inlet. Under normal circumstances the arm is only held in the position of strain for relatively short periods; also the natural mobility of the neurovascular bundle allows it to move out of harm's way. If, owing to a number of causes such as congenital abnormalities, loss of mobility, continued postural strain, drooping of the shoulder girdle, etc., compression is long continued, the "costoclavicular syndrome" results. As already stressed, there is no one mechanical cause: symptoms are often due to a combination of causes; therefore, if the symptoms and signs are severe enough to warrant operation, exploration must be thorough.

Secondly there is considerable variation in the exact relationships of the subclavian artery and the components of the brachial plexus. I believe it is the relative vulnerabilities of the artery and nerves which determine whether vascular or nervous symptoms predominate.—I am, etc.,

Liverpool.

R. ROAF.

Spinal Pumping

SIR.—In your annotation entitled "Spinal Pumping" (July 12, p. 62) you refer to the work of A. D. Speransky, which lies "buried in the Russian tongue." We feel that attention should be drawn to the following facts. The first English translation of Speransky's work *A Basis for the Theory of Medicine* was published in New York in 1935, and was reviewed in your issue of Feb. 8, 1936, p. 263. In this volume the theoretical basis of "pumping" is elaborated, though the reader who is anxious to discover it must be prepared to follow to its conclusion a difficult and lengthy presentation.

However, all the important original papers which constitute the basis of the work appeared not only in Soviet journals but also in German publications (chiefly the *Zeitschrift für die Gesamte Experimentelle Medizin*). Since 1933 isolated papers have also appeared in the *Acta Medica Scandinavica* and other non-German journals.—We are, etc.,

University of Bristol.

JAMES B. BRIERLEY.
E. J. FIELD.

SIR.—Your annotation on spinal pumping (July 12, p. 62) was somewhat unfortunate in its choice of metaphors. We are told that Soviet medicine, *untouched by contemporary medical thought*, has been developing behind the only too familiar "iron curtain," likewise that the work of Speransky—one of the most illustrious of Soviet medical scientists—remains "buried in the Russian tongue." But if contemporary medical thought is somewhat absorbed in the study of antibiotics then surely Soviet scientists, by their contributions in this field, particularly with reference to gramicidin, show a similar interest.

With regard to the "iron curtain," the library of the Royal Society of Medicine appears to be well stocked with current Soviet medical publications. It is true that they are mostly untranslated, but is the *B.M.J.* sent to Moscow already printed in the Russian language? It would seem that what is needed here is not a liberal use of threadbare clichés but some diligent and purposive organization. As for Speransky remaining buried

in the Russian tongue, I would recommend your annotator to refer to the *B.M.J.* of Feb. 8, 1936 (p. 263), where the first English edition of Speransky's book *A Basis for the Theory of Medicine* is reviewed, albeit most inadequately. The book was republished in English in 1943 by International Publishers, U.S.A.

In his book Speransky gives a very detailed account of the long years of experimental work which eventually led him to formulate—however tentatively—a new attitude to disease processes. Just as it is to be hoped that the results achieved by Gillman and Gillman working along these lines will stimulate others to try the method, so it is even more important for Speransky's basic experiments to be checked on the widest possible scale so that his conclusions may either be rejected or further developed.—I am, etc.,

London, N.W.11.

J. S. HORN.

SIR.—With reference to the annotation of Speransky's method of spinal pumping (July 12, p. 62), I should like to correct an error. Your annotator states: "... the steps that led him to adopt this bizarre method of treatment remain buried in the Russian tongue." Speransky's book *A Basis for the Theory of Medicine*, which contains the information your contributor is after, has been available in English since 1935, and has been in the library of the Royal Society of Medicine for several years to my knowledge. A second edition (1943) is available through any bookseller from the International Publishers, New York.

The question again rises: "Who is responsible for the iron curtain—us or the Russians?"—I am, etc.,

London, W.2.

A. W. LIPMANN KESSEL.

SIR.—In the *Journal* of July 12 (p. 62) there is an annotation on the subject of experiences in treating rheumatism and rheumatoid arthritis by the method called spinal pumping. It sounds from the annotation that this odd treatment was carried out only once on each patient. Is this correct? Naturally if a series of lumbar punctures had to be performed on each patient the procedure would be much more hazardous and less impressive. I should be grateful if you would clear up this point for me.—I am, etc.,

Reading, Berks.

K. D. SALZMANN.

** Gillman and Gillman pumped their patients once, twice, or three times, according to requirements. They comment in their article referred to in our annotation: "First, a single spinal pumping can be followed by lasting beneficial effects; secondly, when a relapse occurs it is usually not as severe as the original attack; and, thirdly, if spinal pumping induces salutary effects on one occasion then a second or even a third pumping is indicated in the presence of refractory joints or if a partial relapse occurs."—ED., *B.M.J.*

Stress Fractures of the Metatarsals in Childhood

SIR.—With reference to Dr. Lewis D. Rutter's article on "Stress Fracture of a Metatarsal in a Young Child" (July 12, p. 5) I should like to quote a case which attended the orthopaedic clinic here over one month ago.

The father brought his child of 3 to us complaining that she was not walking properly, and that she walked on her heel with the intent of saving the fore part of her right foot. Examination revealed some puffiness on the inner side of the foot. Tenderness was doubtful. X-ray examination showed a cuff of new bone formation round the mid-shaft of the third metatarsal, with some subperiosteal new bone formation spreading proximally and distally along the shaft. No fracture line was visible. A differential diagnosis of march fracture and Ewing's tumour was arrived at, a case of the latter having been seen previously in the metatarsals of a child of 9 years. Also with Ewing's tumour in mind, the child was asked to be seen 3 weeks later, and in the meantime weight-bearing was to be restricted. X-ray examination on June 30, 1947, showed a definite fracture line, and the diagnosis was then quite obvious. There was then consolidation at the site of the fracture. The child was walking better and tenderness was completely absent.—I am, etc.,

Scunthorpe, Lincs.

ELIZABETH C. MCCLURE.