

it is not regarded as an abstruse form of mental defect or emotional displacement. But one more effort seems called for, and has been made. Can the B.M.A. not grant the consultants and specialists true autonomy—dominion status? And can they not recognize the vital part the Colleges must play, that academic and financial matters are no longer separable, and that for the good of all the leading consultants should be recognized as leaders?—I am, etc.,

Hove, Sussex.

W. A. BOURNE.

Paratyphoid Osteomyelitis

SIR.—The two examples of paratyphoid B osteomyelitis reported by Drs. Rachmiel Rozansky, E. N. Ehrenfeld, and Y. Matoth (Aug. 7, p. 297) prompted me to read my notes of a similar probable, though bacteriologically unproved, case of this rare condition. Briefly, this was a girl of 16 admitted to Chase Farm Hospital in 1942 with pyrexia and pain in the lower back of one week's duration. Osteomyelitis of the spine was considered, but investigation showed that she was suffering from paratyphoid B. No radiological signs were present while the pyrexia lasted. A tentative diagnosis of early ankylosing spondylitis was made, and she was put in a plaster bed for three months. X-ray examination then showed complete destruction of the body of the fifth lumbar vertebra. Further immobilization resulted in a stable and symptomless spine. She was followed up until 1945, and I saw her in the street last year apparently quite well.

The interval of 32 years between the enteric fever and bone abscess in Dr. Rozansky's second case warns me that although bone destruction has occurred my patient may not be out of the wood yet.—I am, etc.,

London, N.14.

C. ALLAN BIRCH.

Who Shall Minister to the Neuroses?

SIR.—Is it fully appreciated that Dr. C. A. H. Watts has rendered a great public service by his unassuming article on this subject (July 24, p. 214)? For he demonstrates therein that sufferers from the anxiety state can be very helpfully treated psychologically on simple common-sense lines by a general practitioner.

It is admitted that about a third of our chronic patients are solely in need of psychological treatment of a kind which the average doctor has neither the time nor the education to provide, and only a minority have the necessary flair. His ordinary fees do not reward the extra time involved, and he naturally dislikes to surrender his influence over his patient by invoking a psychological specialist who is needed for complicated cases. But most cases can be treated on simple lines as Dr. Watts has shown.

I see no solution of this pressing problem until a considerable proportion of general practitioners have been trained to treat the body-mind—recognized by a later degree (perhaps an M.D.) and rewarded by higher fees. The M.B. only qualifies to treat the body. Ordinary examinations test knowledge rather than the ability to use it. Special methods would be needed to detect the flair needed in this treatment. To treat the body-mind can scarcely be taught in lectures but can be learnt (in a few years) from patients, with the help of books such as *The Common Neuroses* by T. A. Ross (1937).

I speak from experience. Many years ago I realized as a general physician that it was necessary to treat the body-mind on such simple common-sense lines as Dr. Watts advocates. Complex cases were beyond my scope, but they were a minority. This deplorable hiatus in treatment must be filled. To produce enough general practitioners of the right type will need long-term planning on a national scale. Dr. Watts has shown that it is possible.—I am, etc.,

Beverley, Yorks.

F. C. EVE.

Use and Abuse of Tonsillectomy

SIR.—Mr. T. B. Layton's reference (Aug. 7, p. 310) to the prohibition of tonsillectomy during the poliomyelitis epidemic last year brings up a very important matter—namely, the necessity or otherwise of such a step. As the prohibition was not absolute, a good many surgeons must be in a position to

quote figures of cases done during the epidemic. I personally did nearly 500 cases without anyone developing the disease, and conversation with colleagues leads me to believe that my experience was not exceptional.

Statistics from other countries point to an increased liability to poliomyelitis after recent operations on the upper respiratory tract. But is this increased susceptibility sufficiently great to warrant the prohibition of such operations? No doubt statistics, if such were available, would show an increased liability to all diseases involving the upper respiratory tract after recent operations on this region, so logically such operations should stop during practically all epidemics. This may well result in tonsil and adenoid operations ceasing for a large part of the year. If the contention that the number of such operations is excessive is correct, this may be a blessing in disguise. But is it correct?

In spite of discouragement from the Ministry of Education doctors and nurses continue to advocate, and parents to demand, the operation in a large number of cases. Whether this number is excessive, or in other words includes an appreciable number of tonsils which are normal or likely to return to normal, is a matter which cannot be decided without scientific research. I therefore heartily endorse Mr. Layton's statement that the profession as a whole should reconsider its approach to tonsillectomy, and I think we would be justified in looking to the Medical Research Council for a lead in this matter of great practical importance.—I am, etc.,

Birmingham, 15.

ROBERT EVANS.

SIR.—I should like to support the views expressed by Mr. T. B. Layton (Aug. 7, p. 310). Neglect of chronic nasal catarrhs causes, as in measles too, infection of the middle ear. Damage having been done, removal of tonsils for their further treatment can do no good. One of the complications following tonsillectomy is middle-ear disease. Diastolization can cure most nasal catarrhs, or, if taken early, nasal oil may be successful. Sinusitis leading to enlarged adenoids can be relieved by Proetz's displacement method. Looking only at tonsils cannot decide the need for the removal of adenoids. I think the decision should be left to the parents, and doctors should not dictate to them as to necessity. Dr. J. Alison Glover's survey of 90,000 tonsillectomies showed the rate of operation varied from 1% to 45% in different counties, and at one school the number increased with the income of the parents. Where the operation was reduced in number the so-called "dangers" of so-called "septic tonsils" did not exist. The consultant aurist at the Manchester health department has shown the value of treating nasal catarrhs and the reduction of tonsillectomies.—I am, etc.,

Blyth.

A. G. NEWELL.

SIR.—I have read with great interest the letter (Aug. 7, p. 310) by my old friend Mr. T. B. Layton on the use and abuse of tonsillectomy, and I congratulate him on an excellent and reasoned exposition of this subject; which is, especially to general practitioners, a most interesting and often worrying problem.

As he so wisely says, "We cannot conduct the art of medicine by administrative fiat." I am convinced that many tonsils and adenoids are removed unnecessarily, and I have seen many bitter disappointments in parents at the unrealized though expected improvement in their children after this operation. The converse equally holds good, and I have seen many a child steadily regress in health owing to the parental refusal of an obviously necessary operation. Following a sore throat many tonsils are removed owing to mere enlargement, through the failure to realize that this hypertrophy is only physiological and temporary. In my opinion the two pointers for operation are (1) glandular enlargement plus the fact that pus is exuded from the tonsil on pressure, and (2) obstruction to the air intake, most often but by no means always due to adenoid vegetations, the patient showing mouth breathing by night with consequent chest deformities.

Much has been written on symptomatology, but my submission is that, epidemic or no, each case must be judged on its individual merits.—I am, etc.,

London, S.W.1.

DESMOND MACMANUS.