

## POINTS FROM LETTERS

**Congenital Pyloric Stenosis**

Dr. C. V. PINK (London, S.E.3) writes: In their interesting memorandum Messrs. E. S. R. Hughes, H. A. D. Small, and J. W. F. Macky (October 1, p. 741) state that "the aetiology of congenital pyloric stenosis is quite obscure." So perhaps the following is worthy of notice, since it seems to indicate the direction in which we may have to look to find the cause of it. On return from a few days' holiday my late partner was told of a fully developed case of pyloric stenosis. The baby, 3 weeks old, had lost 12 oz. (340 g.) in three days, and the vomiting was definitely projectile. After interviewing the mother he told me that her attitude to the baby was all wrong and that he thought he had been able to help her put it right. The baby had no more symptoms from the time of interview. The trouble may have been that pregnancy was resented or used for purely personal ends. . . . The presence of a strong psychological factor in pregnancy is at least a possible explanation of the observations you published on the occurrence of pyloric stenosis in twins.

**Spoons as a Measure**

Dr. J. M. HAMILL (London, W.14) writes: It is generally considered that two tablespoonfuls equal approximately one fluid ounce, and I have a measuring glass on which the markings agree with this. I had, however, the curiosity to test whether the tablespoon markings on the measuring glass did correspond to actual tablespoons, and I found on trying several tablespoons in my possession that each when filled contains one ounce of liquid which when transferred to the measuring glass rose to the two tablespoonfuls mark. In other words my tablespoons measure just twice as much as the tablespoons marked on the glass measure and contain one ounce of liquid instead of the usually presumed half ounce. This has practical importance, because a physician may prescribe a dose of one tablespoon expecting this to be half an ounce, whereas with my tablespoons the patient would be getting one ounce.

**Medical Administrators**

Dr. JOHN SLEIGH (Saxmundham, Suffolk) writes: Mr. G. H. Colt (October 1, p. 756) regards the use of medical men purely as administrators and superintendents as a waste. He considers that medical men in their prime superintending and inspecting hospitals and planning could be better employed working at medicine or surgery. It cannot be too often repeated that the treatment of illness and disease does nothing to reduce their incidence, and that the fall in the death rate during the last century has been due not to advances in treatment but to advances in environmental hygiene. . . . It is not unreasonable to presume that further improvements in the health of the people will be due in part to the concern of public health service administrators with those broader aspects of environmental hygiene to which most human ailments are due and with which in the past, being partly occupied with hospital administration, they have not had time to deal. As regards the question of the medical superintendents, it is at any rate noteworthy that the Central Consultants and Specialists Committee (Scotland) strongly favours the retention of the medical superintendent (*British Medical Journal Supplement*, 1949, 1, 270).

**Open Sesame**

Dr. H. J. HOYTE (Birmingham) writes: Dr. T. Anderson, in his instructive article (October 15, p. 860) entitled "The Acute Throat," refers to the difficulty of examining the throat of an uncooperative child. In my experience this is a real problem in the infant between 1 and 3 years old. Seated comfortably on his mother's lap, he has no objection to being thoroughly inspected—indeed he returns this with interest—but to let a strange man gaze into his interior would be, he feels, an unwarrantable intrusion into his own personal privacy. Yet the examination of the throat is so important, and it is almost equally important not to antagonize him (or her) by the use of force. The following little ruse takes only a few seconds of time and very often succeeds in unlocking the tight little lips. The child is seated on his mother's lap (or that of a nurse) in a good light. After a brief general inspection I turn to the mother and say, "Look, Mrs. —, I'm going to peep into your mouth and then I want you to give a bit of a laugh." The mother opens her mouth, and I make a show of examining it without actually soiling my spatula; then she gives a laugh or murmurs, "Oh, how nice." If the father is at hand, or an elder brother or sister, I do the same with each of them and finally turn to the child, saying, "Now it's your turn," and in most cases the mouth springs open.

**Obituary**

Dr. JOSEPH EVERETT LA FREN AIS, of Runcorn, Cheshire, died suddenly on October 2 while on his way for a holiday in Scotland, with which country he had close associations. He was educated at Dollar Academy, and studied medicine at Edinburgh, qualifying in 1930. He was a house-surgeon at Hull Royal Infirmary, and later house-physician at Chester Royal Infirmary, where he first became acquainted with the county in which he finally settled in 1935. He soon became popular as a general practitioner, and was appointed to the visiting staff of Runcorn Hospital and also acted as police surgeon for the area. From the outbreak of the recent war he spent six years in the R.A.F., five of them in the Middle and Far East, including India, Burma, and China. He attained the rank of wing commander before he was invalided out with a disability which was subsequently to cut short his life at the early age of 44. Joseph La Frenais was the ideal type of practitioner. He possessed not only clinical ability of the highest order but a genial personality which with his friendliness and kindness attracted to him patients of all ages. Although a bachelor himself, he was especially fond of his young patients, who instinctively responded to him. In all aspects of his work, in all his endeavours on behalf of his patients, he never spared himself. On leaving the R.A.F. he resumed his practice—in partnership with his brother and later his brother-in-law. While fully aware of the implications of his disability, and of the necessity of having to suffer some restriction of his work, he faced the future with cheerfulness and courage. He was a freemason, a rotarian, and was associated with the Runcorn Squadron of the A.T.C. He always took a close interest in a number of sports, not only as a spectator, but as a player. He was a keen golfer, and at the time of his death was the popular captain of Runcorn Golf Club. His jovial and engaging personality brought him many friends, and, although ever proud of being a Scot, he occupied a prominent place in the town of his adoption. He was especially happy in his home and family life, and to his mother, brother, and sisters the sincere sympathy of his colleagues will be extended. The memory of the sterling qualities of Joseph Le Frenais will long be held not only by his patients and friends in Runcorn but by those of us who worked with him. To one who was his first assistant and enjoyed the hospitality of his home, the memory will be not only of an able clinician and unselfish chief but of a good friend.—E. W. T. E.

Dr. JOHN JOHNSTONE WILSON, of Anstruther, died on October 6 at the age of 82. He was born in Dunkeld, where his father was minister of the parish church, and educated at George Watson's College and Edinburgh University, graduating M.B., C.M. in 1889 and proceeding M.D. in 1894. He was a house-physician at Edinburgh Royal Infirmary with Dr. Affleck in the year following graduation. He came to Anstruther as an assistant in 1890. Despite the claims of an arduous and extensive practice, he found time for reading and study, as is shown by his taking the M.R.C.P.Ed. in 1922, 33 years after graduating. He was elected F.R.C.P.Ed. in 1925. Dr. Wilson was an enthusiastic member of the Fife Medical Association, holding office as president and also contributing several papers on medical subjects. He was an active member of the B.M.A. and was president of the Fife Branch in 1927-8. During his school and 'varsity days he was a noted rugby player. As an assistant he first lived in St. Monans—about four miles away—and walked to Anstruther daily, sometimes walking as much as 16 miles a day in all weathers. A son of the manse, he continued to take a deep interest in church matters and held office as an elder until his death. He was also a freemason and a past master of the local lodge. John Wilson had a long career as a general practitioner, yet he was something more. He showed that it was possible to combine reading and study with the management of a busy practice, and obtained high academic honours by examination at a time when most practising doctors consider they have left such ordeals far behind. He always put service