

because his study confirmed that a very large proportion of these patients—but not all of them—suffered from peptic ulcer.

Although I consider haematemesis in hospital the most important of all indications, when age is also considered I do not think it the right procedure. To me the question of the objective accuracy required and possible in the diagnosis of peptic ulcer before operation is performed, and the timing of the operation, are the most important problems. My material has been submitted to a further analysis and the indications have been amended somewhat.<sup>5</sup>—I am, etc.,

Copenhagen, N.

JØRGEN PEDERSEN.

## REFERENCES

- 1 *Gastroenterology*, 1949, 12, 597.
- 2 *Lancet*, 1950, 1, 831.
- 3 *Ugeskr. Laeg.*, 1951, 113, 144.
- 4 *British Medical Journal*, 1949, 2, 630.
- 5 *Lancet*, 1951, 1, 1292.

**Early Post-gastrectomy Syndrome**

SIR.—In their valuable analysis of this syndrome Messrs. W. M. Capper and T. J. Butler (August 4, p. 265) present significant figures to demonstrate the high incidence of typical symptoms following the Polya-type operations, as opposed to the Billroth I operation. With this I am in complete agreement, but I cannot accept the argument put forward that the mechanism of the syndrome is the traction exerted by an over-filled afferent loop on the stoma and gastric remnant. Certainly on the radiological illustrations provided—and these are assumed to be representative of their series—there is no real evidence of undue filling of the afferent loop, and the kinking indicated as occurring at the upper angle of the loop is of a degree insufficient to cause distension of this loop—and this would extend up to the level of the kinking were it mechanically effective. In a large personal series studied radiologically I have yet to see significant stasis in the afferent loop of the anastomosis, and over-filling is often far greater after gastroenterostomy and total gastrectomy, and in these cases a typical syndrome such as is described is unusual. Their second point, that of effect of posture on the position of the remnant, I also find unacceptable. One frequently sees far greater excursion of the gastric remnant with respiration than with posture, and this factor appears insignificant in the production of symptoms. The suspensory operation devised by the authors will obviously not influence this factor.

It remains my belief that symptoms of this kind arise from the stoma itself and the adjacent part of the stomach. Controlled balloon inflation at the stoma, and complementary barium-meal studies employing barium-impregnated solid food, should yield further information about this interesting and important syndrome.—I am, etc.,

Cardiff.

BRYAN WILLIAMS.

**British Student Health Officers Association**

SIR.—Would you kindly allow me as secretary to draw the attention of all those interested in the health and welfare of students, whether whole-time students, part-time students, or student nurses, to the recently formed British Student Health Officers Association? Its main object is the promotion of health, by medical and other means including research, in universities and other higher education establishments. An important part of its programme is to sponsor conferences on subjects connected with student health. Here it will aim to carry on the excellent tradition started with the generous help of the Nuffield Provincial Hospitals Trust. At Oxford in 1947 those interested in student health in Britain were brought together for the first time. At Edinburgh in 1949 the prevention and control of tuberculosis in the student population was the special subject for discussion. This year at Cambridge emphasis was laid on the best means for unobtrusive but effective supervision of the minority who need help for mental health problems [see p. 460 of this issue]. The concourse of university and college authorities, wardens, tutors, student health officers, experts in physical education, health education, and psychological

medicine, together with representatives of student organizations, proved particularly helpful and stimulating.

At the first meeting of the newly formed association held on July 6 Sir Alan Rook was elected president for the ensuing year. Details of the rules, terms, and subscriptions for membership, etc., may be obtained from the secretary. It has been found necessary in the first place to limit ordinary membership to medically qualified student health officers. This should not be taken, however, in any way to indicate limitation of outlook on the means of promoting health. We feel that health education is a proper province of general education, and one in which universities are now playing a more and more important part. The new association will greatly welcome any opportunities that may arise to discuss student health problems, or, if asked, to give advice on the medical aspects of such problems.—I am, etc.,

R. W. PARNELL,  
Secretary.

Oxford.

**Instruction in Medical Mycology**

SIR.—Your leading article (August 11, p. 343) referring to "Human Fungal Infections" leads me to think that the department of pathology at St. John's Hospital for Diseases of the Skin has been hiding its light under a bushel. We have a fully equipped section of medical mycology under the supervision of Dr. R. W. Riddell. Practical instruction is available to postgraduates, and systematic courses of lecture-demonstrations are given three times a year. These courses cover the systemic mycoses in addition to the superficial (or dermatological) conditions.—I am, etc.,

London, W.C.2.

JOHN O. OLIVER.

**Training of Marriage Counsellors**

SIR.—As you are aware, the Committee on Psychiatry and the Law has recently issued a Report on "The Adolescent Delinquent Boy." This report contains, in Recommendation 25, a statement to the effect that there is a real need for a greater measure of selection and training of those acting as marriage counsellors.

It has now been brought to the notice of the Committee by the National Marriage Guidance Council that the marriage counsellors engaged in its work are rigorously selected and receive a sound training, followed by a probationary period of counselling, the selection and training methods used by this body and by certain other organizations having been greatly developed in recent years under the supervision of the Marriage Guidance Training Board established by the Home Secretary in 1949.

Now that details of these new methods have been communicated to it, the Committee is confident that marriage counsellors thus selected and trained will be personally suitable and adequately prepared to carry out their difficult work. The value of this work to the community is fully appreciated by the Committee, which in the body of the report referred to above stressed its importance as a means of preserving the stability of marriage and family life, upon which the emotional security and social development of the child so greatly depend.

The Committee greatly regrets that it was not fully informed about the new selection and training procedures when it drew up the report, and it has asked me, as its chairman, to submit this letter for publication with a view to correcting any erroneous impression that may have been caused as a result of the publicity given in your columns to Recommendation 25.—I am, etc.,

DORIS M. ODLUM,  
Chairman, Committee on  
Psychiatry and the Law.**Antihistaminics and Burns**

Owing to a misprint the words *Bact. coli* were omitted from the caption to the two figures on page 360 of our issue dated August 11. They should have appeared after *Pseudomonas pyocyanea*.