and less often as soon as possible, are required to bring about a satisfactory result. Dr. Vincent Hyslop (November 15, p. 1098) wants us to direct our treatment to muscle groups rather than bones and joints, and states that if there is a postural alteration the muscle groups must take on the job of holding the pre-injury posture and will cause a condition of chronic muscle spasm. Surely, then, the way to remove this muscle spasm is by returning the postural alteration to its normal and natural pre-injury position. If there is a pelvic tilt present, this can be remedied by using a heel lift—often with very good results in suitable cases.

Dr. James Cyriax's letter (November 1, p. 992) appears to be directed more against osteopathy than against the diagnosis of "disk" in cases of sciatica. I do not want to enter into a discussion on osteopathy, but there are one or two points in his letter on which I would like to comment. In osteopathy, as in all branches of the healing arts, research has altered original views, and the teaching that a subluxated or locked vertebral joint causes direct pressure on a nerve is no longer recognized. Research is still going on in America as to the actual cause of the stimulation of the nerve in the area of joint involvement, but it is thought to be due to a chemical change in the tissues involved. When the joint is returned to its full normal range of movement this chemical change subsides and the irritation disappears. Dr. Cyriax groups together "osteopaths and other laymen," and, while the osteopath has little or no recognition in this country, I think it is only right that we appreciate the difference between the American trained osteopath and the bone-setters mentioned later in his letter. In 1920 the course in the recognized osteopathic colleges in America was lengthened from three to four years and now the student who qualifies as an osteopath has as full a training in all branches of medicine as the student who qualifies as a doctor.

Dr. Cyriax goes on to say, "Luckily they do not have this effect, but they hurt the patient to no purpose." This is rather a harsh, and I think unfounded, statement, or else my patients are too polite. Also, if patients were hurt to no purpose I hardly think that they would return for further treatment. He then says that students of physiotherapy have been grounded in spinal manipulation under Dr. Mennell before the war. It is interesting to note that in the preface to the second edition of volume 1 of Dr. Mennell's book on joint manipulation he writes, "To one of my correspondents I owe useful suggestions of this type, and these came from a practising osteopath; these suggestions have been adopted, with a single exception."

I should like to say again that I feel that the diagnosis of "herniated disk" is made too often in cases of sciatica. The narrowing of a disk space which may be seen on *x*-ray examination is not always indicative of a herniated disk, and even if it were I presume that the herniation can take place in directions other than posteriorly and so cause no symptoms.—I am, etc.,

Glasgow, C.3. DAVID M. GRAHAM-SERVICE.

B.C.G. and Tuberculous Meningitis

SIR,—Dr. H. G. Calwell (December 6, p. 1256) appears to doubt that tuberculous meningitis can occur in children who have been successfully vaccinated with B.C.G. This statement has repeatedly been made and reported cases are certainly rare. Ustvedt (1951) was able to find reports of 21 cases of tuberculous meningitis in vaccinated individuals. In only one of these cases was there any real evidence of B.C.G. having failed completely to protect. In the other 20 cases it was reasonably certain that the vaccination had been carried out during the anergic phase of disease in the incubation period of a naturally occurring infection. I am at present investigating a case of tuberculous meningitis occurring one year after successful vaccination with B.C.G. in a young child.

In my opinion over-optimistic claims for B.C.G. are damaging to the reputation of this preventive measure because any exceptional cases which occur will receive undue prominence, and will only serve as ammunition for the antagonists of B.C.G. in their attempts to discredit this vaccine. It is better to make no extravagant claims for B.C.G., but merely to state that it raises resistance to the disease and makes serious forms of tuberculosis very unlikely.—I am, etc.,

Edinburgh, 9. J. WILLIAMSON.

REFERENCE

Ustvedt, H. J. (1951). *The Conference on European B.C.G. Programmes.* Heinemann, London.

Treatment of Pediculosis Capitis

SIR,—Dr. Godfrey Bamber (November 29, p. 1198) in describing treatment for pediculosis capitis advises an application of the D.D.T. emulsion to the hair and scalp, to be left for 24 hours before the head is washed. He goes on to state that sufficient of the D.D.T. "remains absorbed on the hair and egg shell to kill larvae when newly hatched."

A few years ago when D.D.T. first became available for this treatment tests were carried out by the School Health Department in Liverpool, and these tests revealed that the procedure as described did not result in sufficient D.D.T. remaining in the hair to kill the larvae as hatched. Our experience showed that in order to accomplish the killing of all the larvae as they hatched two applications at weekly intervals are necessary, and that if the hair is to be washed it should be washed before application is made.

I think one further matter which should be stressed in the treatment of pediculosis capitis is that infestation of an individual usually means that there is infestation amongst other members of the family, and therefore any treatment to be effective needs to be a family affair.—I am, etc.,

Liverpool, 18 G. STUART ROBERTSON.

The Surgery of Varicose Veins

SIR,—Mr. G. H. Colt's letter (November 29, p. 1204) raises two points of interest. First, he advises the Babcock method for stripping veins, which was given up by the majority of surgeons many years ago, chiefly owing to the fact that the vein tended to break and so cause haematomas. I suggest that if he were to use the large-headed stripper inserted at the ankle, and extracted the vein by the "concertina" method, he would have no trouble with the vast majority of cases and the whole vein would be avulsed in a few seconds without difficulty or haemorrhage.

Regarding sclerosants, Mr. Colt has preference for quinine injections, but I suggest that when stripping is performed in the way I have suggested the call for sclerosants should be small. Those small branches which have evaded avulsion, however, may well be treated by a phenol sclerosant, which has fewer of the disadvantages of the other injection materials.—I am, etc.,

London, W.1. R. ROWDEN FOOTE.

Continuous-feed Aneurysm Needle

SIR,—I was most interested to read Mr. D. J. Tibbs's description (November 29, p. 1201) of his continuous-feed aneurysm needle. There is no doubt that this instrument will be of considerable value in facilitating and simplifying that most frequently carried out step in surgery, the ligature procedure, and the ligation and division of vascular tissue.

Mr. John Devine described a similar sort of instrument in the *Australian Medical Journal* about four years ago. I came across the article at the beginning of this year and was struck with the possibility of increasing the usefulness of the instrument by modification. Accordingly I sought the help of A. L. Hawkins & Co., surgical instrument makers, and asked them to make me an instrument like it, but with the curved tubular end altered to the shape of a Kocher's dissector—or slightly larger and more like Mr. Harold Dodds's useful director dissector. The advantage of this feature is that a wide segment of tissue can be isolated for double ligation and division. My design differed from that of Mr. Tibbs's in another respect. I asked the instrument-maker to include two spools in the handle so that two threads instead of one emerged on either side of the tip of the instrument. This simplifies further the procedure of double ligation and division of tissue.

However, Mr. Tibbs's continuous-feed aneurysm needle has the great advantage of simplicity and a wide field of usefulness. It is an instrument which fulfils a long-standing need, and many surgeons will be grateful for his contribution to surgical technique.—I am, etc.,

London, E.11. D. LANG STEVENSON.