## Plastic Operations for Hydronephrosis

SIR,—Having been present at the clinico-pathological meeting of the Urological Section of the Royal Society of Medicine at which Mr. Hamilton Bailey described two or three cases of plastic operation for hydronephrosis, I wonder how he concluded that " the only other surgeon present who had embarked on these operations was the president." One may doubt whether Mr. Bailey afterwards spoke or wrote to each member of what was, as he says, a well-attended meeting to discover whether he had performed these operations—he certainly did not approach me on the subject. So one wonders whether he assumed his conclusion from the silence of those who, perhaps controlling the urge to speak, might prefer to wait for time to demonstrate the permanence, or otherwise, of their results.

I note that Mr. Bailey's pyelograms, in your issue of October 3rd, show a large pelvis before operation and a small one " some weeks after operation." Naturally soon after operation the pelvis will be small if three-quarters of it have been removed. But will it still be small five or ten years after operation, especially in those apparently dynamic cases where no mechanical obstruction is found ; or will the failure to empty continue and dilatation recur? What is wanted is a careful assessment of the late results of the various plastic procedures in the different types of hydronephrosis ; and it is usually on the late results that articles on hydronephrosis, including Mr. Bailey's, are silent.

Another thing which I missed in his article was any mention of the complications of plastic operations for hydronephrosis. Two or three weeks after such an operation I assisted an experienced urologist in a very difficult nephrectomy for intra- and extra-renal sepsis, which the patient only just survived.

The matter is thus not quite so simple as Mr. Bailey's stimulating article might lead one to suppose.—I am, etc.,

London, W.1, Oct. 31st. ALEX. E. ROCHE.

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SIR,—I am tempted to join in the discussion on plastic operations for hydronephrosis chiefly because I would like to comment upon two observations which Mr. Hamilton Bailey has made in his letter, published on October 31st (p. 894). He says, " The theme of my article was that at the present time major plastic procedures are very rarely employed in Britain. . . ." Actually, as Mr. Morson has already indicated, there are a number of urologists in this country who have had by no means a limited experience in this operation.

My own interest was first sharpened by observing the admirable technique employed by Professor Von Lichtenberg of Berlin when he operated at St. Paul's Hospital before the members of the Section of Urology in March, 1931. Since then I have performed his operation on a certain number of cases.

The correspondence which has recently taken place rather gives the impression that the solution of the problem of hydronephrosis has at last been found. My own experience of the cases I had dealt with in this way several years ago, and which I recently investigated, is that the progress of time can turn what at first appears to be an eminently successful operation into one which must ultimately be judged as falling considerably below that standard. In considering published results there is a noticeable paucity in the literature of the late results of this operation.

The method of treatment and prognosis are matters of outstanding importance and are too involved to be adequately dealt with by correspondence in this way.

Mr. Bailey again falls into error when, in referring to the meeting of the Urological Section of the Royal Society of Medicine, at which he describes several cases, he says " . . . the only other surgeon present who had embarked on these operations was the president, Mr. Ogier Ward." At a clinico-pathological meeting, when there are many specimens and cases to discuss, unless some special point is raised only the briefest discussion may result from an exhibit. I shared on this occasion the general appreciation of Mr. Hamilton Bailey's contribution.—I am, etc.,

London, W.1, Nov. 2nd. H. P. WINSBURY-WHITE.

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## "Bejel": Non-venereal Syphilis

SIR,—The fact that " bejel," the endemic disease of the Arab tribes of Iraq (*Journal*, October 3rd, p. 684), is not transmitted by sexual intercourse has been recognized by the Iraq Health Service for some years, and by the tribes, who show no shame in applying for treatment as they do with gonorrhoea. In the official compilation of the *Vital Statistics of Iraq* published in 1935 the following comment was made upon the statistics of syphilis (page 47):

" The Liwas of Mosul, Dulaim, and Amarah have a high incidence of syphilis but a low incidence of gonorrhoea. This is because the syphilis of the tribes is not spread venereally but innocently through their low standard of personal hygiene."

It has been generally accepted by the profession in Iraq that this disease is syphilis of a low virulence. Wassermann reactions are positive ; however, primary lesions are rarely seen on the genitals—a large incidence of the disease falls upon children and old people ; it is not hereditary—congenital syphilis is rare ; its secondaries are mild and mostly in skin and bone ; sequelae of the central nervous and circulatory systems are rare ; gangosa is seen. It corresponds to the endemic syphilis in Asia Minor described by Professor Ernst von Düring.

The tribes seen by Hudson of Deir-ez-Zor are the same tribes that inhabit our Dulaim Liwa, also on the Euphrates, and the disease described by him and by MacQueen in Palestine is identical with our endemic syphilis of the tribes here. It is remarkably amenable to treatment, one or two injections of an arsenobenzene compound seeming sufficient to " sterilize " the patient.

It is therefore not surprising that the possibility of the disease being yaws has arisen (*Journal*, October 17th, p. 785). The extragenital lesions, that it is not hereditary, that it does not cause sterility, miscarriages, or congenital syphilis, that there are no nervous sequelae, that it is amenable to treatment, and the suggestive epidermotropic nature of the organism—all these facts point to yaws, but the typical proliferative granulomatous skin lesions of yaws are not commonly seen. The most frequent lesions are the mucous patches in the mouth.

Dr. Mohamed Wedad of Basrah (surgeon to the Maude Memorial Hospital) raised keen controversy at the Baghdad Medical Society last winter by a clinical paper in which he stressed the resemblance to yaws and suggested that the question be investigated by the pathologists. Dr. Shawkat Al-Zahawi, the director of our pathological institute, declared against the disease being yaws. Only one case of yaws, distinguishable by its histology, had been noted in Baghdad, and that case was imported from the Sudan. The majority of the profession present and the dermatologists of the Service agreed that the disease was syphilis of a low virulence. However, we have no medical officer with experience of yaws, and the differentiation pathologically we understand is not an easy matter. The double inoculation of monkeys is not possible here at present.

Slave traffic in the past between East Africa, where yaws is very prevalent, and Arabia and the Mecca pilgrim-

age are suggested as means whereby yaws may have entered the Arabian peninsula. My object is to assure your readers that the Iraq Health Service appreciates the importance and interest of this question and will take what steps it can to elucidate the problem. In any case the Service is taking increased facilities for treatment to the tribes and villages. Travelling dispensaries visit the tribes for the treatment of this and other endemic diseases, and for the education of the tribes on the methods of prevention.—I am, etc.,

T. BARRETT HEGGS,
Public Health Adviser, Government of Iraq.

Baghdad, Oct. 27th.

## Hexamine in Treatment of Biliary Infections

SIR,—I am sorry to find myself in disagreement with Dr. Hurst (*Journal*, October 17th, p. 782), for whose valuable services to clinical medicine I have much admiration, but I feel I cannot let his comments pass without this (I regret, delayed) rejoinder. Philosophic doubt, I fear, has the lamentable inherent characteristic of challenging—not ignoring—the authoritative, whether it be geocentricity or the all-pervasiveness of hexamine, and becomes a duty when a doctrine repeatedly fails to be borne out under test conditions. As I stated originally, it was the failure of the drug to tide over into a quiet phase cases of common duct stone that led to my having tested common duct bile for formalin ; these tests were performed, not by myself, but by a highly experienced chemist—I thought I made this clear. I feel little purpose would be served by simple contradiction on the formalin liberation question, and must content myself with observing that tests for this substance in fluids containing hexamine must be carefully scrutinized.

It is to be noted that Dr. Hurst refers to hexamine as "a powerful biliary antiseptic," though later he quotes Knott as saying "*B. coli* and *B. typhosus* . . . multiplied more rapidly in bile to which no hexamine had been added"—which is suspiciously like damning with faint praise: it is hardly one's idea of a powerful antiseptic.

The use of the duodenal tube to collect bile for examination for hexamine in cases subjected to heavy oral dosage is surely open to question, even if performed after many hours. Philosophic doubt must also call in question the testimony as to therapeutic efficiency, cases of biliary infection showing recovery after six weeks' treatment ; one has repeatedly observed the complete disappearance of physical signs, and the symptomatic cure of such gross conditions as obstructive cholecystitis, appendicitic masses, or—the surgeon must speak with trepidation—pneumonic consolidation in far less time without local antiseptic application of any kind whatever ; there is a *vis medicatrix naturae*, however blind an evolutionary product one may regard it.

A further point involves the question of basal pathology. What, indeed, is precisely the matter with the patient suffering from cholecystitis or cholangitis? Is it bacteria in the bile or is it bacteria in the tissues of the gall-bladder and bile passages? It will surely be conceded that the latter is the case, and that the bacterial and cellular bile abnormalities are but by-products of the infection in the submucosa, much in the same relationship (provided there be no obstruction) as albuminuria is to nephritis. Given that there may be an inhibitory effect on organisms in the flowing bile, there is still need for proof of absorption, or penetration into the tissues.

One interesting problem has not been dealt with—the treatment of the formalin gastritis arising in cases receiving heroic doses of hexamine over prolonged periods.—I am, etc.,

C. JENNINGS MARSHALL.

London, W.1, Oct. 30th.

## National Maternity Service

SIR,—I recognize the courteous and reasonable tone of Dr. Somerville's second letter, and appreciate the points he endeavours to make ; but the charge which I ventured to bring against him with regard to his first letter is aggravated by his reply. He says that his object is "to give a sincere opinion on some of the shortcomings of the B.M.A. scheme." My charge was that he either does not know, or misrepresents, the scheme which he criticizes. In his first letter he described that scheme as making the obstetrician a contortionist by requiring him to act as anaesthetist while himself conducting the labour. I replied that the B.M.A. scheme definitely provided for a separate anaesthetist whenever required. In his second letter he says: "Under the B.M.A. domiciliary scheme most [patients] would have been attended by midwives only." I reply that the first item of the scheme provides "medical supervision *throughout* by the doctor of her choice."—I am, etc.,

HENRY B. BRACKENBURY.

London, N.W., Oct. 31st.

SIR,—Dr. C. L. Somerville (October 31st, p. 897) makes a very sincere appeal for a wider extension of hospital facilities for maternity cases. I would like to support his appeal.

We often hear brought forward a curious argument that abnormal cases are safer in hospital, but normal cases safer in the home. It is an argument difficult to understand, because if hospital is safe for the abnormal case, why should it be dangerous for the normal case? If we read the annual reports of the good hospitals we must remark on their extremely low mortality rate. The British Hospital for Mothers and Babies and the Wellhouse Hospital, two hospitals of which I have personal experience, both show a mortality rate of much less than half that for the midwifery in the country as a whole. There can be really no doubt in the mind of any practitioner experienced in hospital midwifery that the hospital offers far greater facilities than the home for maternity work.

Doubtless the Midwives Bill will help us greatly, but it is not enough ; if we are to have a National Maternity Service of any real value we shall have to break with tradition, face the great changes which have taken place in our modern world, and provide the women of this country with all the facilities they have a right to demand.—I am, etc.,

JOHN ELAM.

New Barnet, Oct. 31st.

## "Mutton-bird Oil" in Pulmonary Tuberculosis

SIR,—Mutton-bird oil is being used all over the Commonwealth of Australia, and I have used it here for some time. It is very rich in vitamins A and D, and is reported to be over fifty times richer than cod-liver oil. The modes of administration are: (1) As the pure oil ; (2) as an emulsion ; (3) in combination with calcium lactate in tabloid form ; and (4) incorporated in camphor liniment. Taylors Elliots and Australian Drug, Ltd., Brisbane, manufacturing chemists, have prepared an emulsion for the Westwood Sanatorium containing 33 per cent. mutton-bird oil. The four forms of administration are being used here. The results are very gratifying, there being increased weight, loss of cough, diminished sputum, and general improvement all round.

Mutton birds are a species of petrels belonging to the genus Puffinus usually called shearwaters by ornithologists, and they have certain characteristics. All go in great flocks and all nest in tunnels. In 1798 Flinders and Bass recorded a flight of mutton birds fifty to eighty yards in depth and 300 yards