

Medical Education in New South Wales. Several years later this committee was made autonomous by the Branch, and in 1932, with the approval of the Branch, an approach was made to the University, and this committee became the Postgraduate Committee in Medicine in the University of Sydney. The committee conducts metropolitan and country courses and organizes postgraduate medical education throughout New South Wales.

### Conclusion

Judged by European standards our University and its Medical School are very young; but it is the way of youth to be hopeful, and we have great hopes for the future of our alma mater. We realize, however, that as we mature we must take care not only to maintain a high standard in professional training but also to foster academic interests, for only thus will we be receptive to those subtle influences which underlie the true university spirit which encourages that noblest of all quests—the search after truth for its own sake.

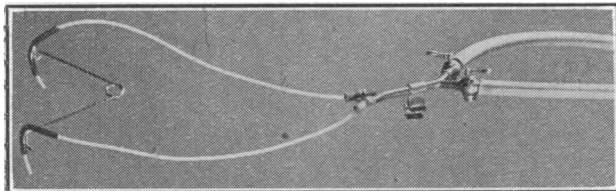
The photographs of the Main University Building and of the New Medical School were taken by Mr. S. Woodward-Smith, and that of the Old Medical School by Mr. Stanley L. Spencer.

## Preparations and Appliances

### AN IRRIGATOR FOR THE FENESTRATION OPERATION

Mr. PETER H. HUGGILL, F.R.C.S., consulting ear, nose, and throat surgeon, St. Giles's Hospital, London, S.E.5, writes: Many instruments have been devised and recommended for the fenestration and similar operations on the temporal bone, and it is therefore with some hesitation that another is suggested. This irrigator-sucker has been in use for over two years and has proved very satisfactory. It is easy to adjust and control, and if the sucker end becomes blocked the remedy is simple: the polythene tubing is withdrawn and the blocked end cut off or a new piece substituted. The one instrument can be used for both right and left ears.

Essentially the apparatus consists of two brass guide tubes carrying lengths of polythene tubing, size 2. The guide tubes rest between the teeth of the mastoid retractor, and with the usual one, which has four teeth on each blade, there is a choice of three positions for each tube. The tubes are



kept in place by a wire spring, and they also carry small hooks which engage the soft tissues and prevent the tubes "riding up" the blades of the retractor. After the tubes are in place, two lengths of polythene tubing are pushed through and adjusted for the depth of the cavity. The taps have rubber nipples through which the other ends of the polythene tubing are pushed, and have olivary mounts to connect with the sucker and the saline reservoir; they clip on to the handle of the retractor. It is a great advantage to have the taps close to the operative field so that they can be controlled by the surgeon himself.

I wish to express my thanks to Mr. W. A. Whittlesey for his help, and to the photographic department of St. Mary's Hospital for the photograph, which shows the finished instrument made by Willen Brothers, of New Cavendish Street.

## Correspondence

*Because of the present high cost of producing the Journal, and the great pressure on our space, correspondents are asked to keep their letters short.*

### Sickle-cell Trait in Africans

SIR,—I was interested in the letter from Drs. Henry Foy and Athena Kondi (July 5, p. 41) regarding sickle-cell anaemia and the sickle-cell trait. Those reading this letter and being unacquainted with conditions in South Africa might get the wrong impression of its frequency in this country, where the disease is practically non-existent. The article from South Africa cited by Drs. Foy and Kondi (Grek and Findlay, *S. Afr. med. J.*, 1951, 25, 780) reports only one single case, and that in a girl of West African descent. It was reported because of the extreme rarity of the condition, and it was the only case which had been seen in a black inhabitant of the Union of South Africa up to that time.

As Grek and Findlay stated, in 1946 I examined the blood of 600 random admissions to the Coronation Hospital for non-Europeans, Johannesburg, and found only two cases exhibiting the trait. One of these cases had a Cape Coloured ancestry (a notoriously mixed group) and the other was resident in the Northern Transvaal. At this time the hospital was dealing with all Bantu races resident on the Witwatersrand, so these specimens represent a fair cross-section of the Africans of the Union as a whole. Up to date only three cases of sickle-cell anaemia have been reported in this country, one in an Indian (Berk and Bull, *Clin. Proc.*, 1943, 2, 147), one in a European (Altman, *ibid.*, 1945, 4, 1), and one in an African of West African descent (Grek and Findlay, 1951). I have subsequently seen one other case in an Indian resident here.

A more recent investigation covering several thousand specimens from different Bantu tribes and geographical areas of the Union—the results of which will be published shortly—has given me no reason to change my views on the extremely low incidence of the disease in this country. Since 1946 physicians have been on the watch for this disease, and it certainly has not been missed because it has been unlooked for.—I am, etc.,

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Johannesburg.

S. B. GRIFFITHS.

### Gnat Bites

SIR,—Gnats in this country usually include small blood-sucking winged insects of *Culicidae* (mosquitoes), *Culicoides* (midges), and *Simulidae* (black flies). In late summer and early autumn mosquitoes are more troublesome, at least in most parts of the country, than all other blood-sucking winged insects, owing to the fact that by the end of July the breeding season has reached its peak, and the adult density is at its highest throughout the months of August and September. Then with the approach of colder nights they begin to die off, or go into hibernation, depending on the species.

Mosquitoes are especially troublesome around low-lying coastal districts where there is stagnant brackish water, in thickly wooded areas, and around sewage farms and allotments. In some districts they are troublesome only indoors, in some only out of doors, while in others they are troublesome both indoors and out. This depends on the species of mosquito. Some species bite only in the open because they never enter houses, others only indoors because the adults enter and remain in habitations for the whole of their lives, except when they leave for brief periods to lay their eggs. If both these types are prevalent in an area, then biting occurs indoors as well as out.

Local irritation following the bite of a mosquito is due to the secretion of the salivary glands of the mosquito, which is injected at the time of biting and before it begins to draw blood. This secretion prevents the blood from clotting while the insect is feeding. A mosquito takes up about its own weight in blood,