

setting in on the ninth day after labour. A very considerable rise of temperature of short duration, and immediately after intrauterine douching, is perhaps not unfamiliar to most practitioners of experience in midwifery. Washing out the uterus on the ninth day after labour, in the absence of any intrauterine condition to retard the normal process of involution, would not be accomplished without some difficulty and without causing distress to the patient. As is stated, whilst manipulating the tube the patient complained of "severe pain in the abdomen and head." Such an impression on the nervous system might, as suggested, be sufficient to determine such a rise, but the disturbance of giving an enema and simply washing out the vagina would be nothing in comparison with the above-mentioned procedure.

The following are the points which clearly distinguish my case from that of Mr. Mackintosh:

1. In mine there was (1) a history of malaria.
2. Complete absence of any discoverable local cause of the initial pyrexia such as mastitis.
3. No intrauterine douching.
4. A severe rigor, profuse sweating, and also probably hyperpyrexia before any treatment was commenced.

In conclusion, whilst pleased at the interest taken in and the comments made on the case, I however fail to discover any similarity in "the sequence of events" beyond the fact that the same temperature (107.8° F.) was reached in both—a pure and simple coincidence.—I am, etc.,

Holyhead, April 25th.

T. W. CLAY.

THE OPERATIVE TREATMENT OF CHRONIC FACIAL PALSY OF PERIPHERAL ORIGIN.

SIR,—In a most interesting paper on this subject by Messrs. C. A. Ballance, H. A. Ballance, and Purves Stewart, which appeared in the BRITISH MEDICAL JOURNAL of May 2nd, a number of cases of spino-facial anastomosis are recorded. The authors state on p. 1011:

So far, in our series of facio-accessory cases we have not observed any independent movement of the face, unassociated with that of the trapezius and sterno-mastoid, although in several cases a minimal innervation of the trapezius is sufficient to cause facial contraction.

The possibility of obtaining such dissociated movement of the face is a most important consideration in judging of the ultimate value of spino-facial anastomosis; for, if the face cannot be moved except in association with the shoulder, this will considerably detract from the value of the operation. My case of spino-facial anastomosis, an account of which was communicated to the Royal Society in 1900, showed that dissociated voluntary movement of the face can be recovered, for in that case the patient was able voluntarily to close the affected eyelids completely, winking was perfectly efficient, and other movements of the face were to a less extent also exhibited, and these movements were quite unassociated with movements of the sterno-mastoid or of the trapezius.

Referring to the amount of recovery in my case the authors merely state:

The spasm was cured, and subsequently remarkably free movement of the face occurred on movement of the shoulder.

It is perfectly true that on sudden elevation of the shoulder a marked spasm of the face was produced, but I think the statement quoted, without being qualified, gives the impression that this was the full extent of the recovery in the case. I, however, emphasized in my paper that it required sudden raising of the shoulder in order to produce this associated movement of the face, and that the spasm of the face gradually passed off, although the elevation of the shoulder was maintained. Except under these circumstances, the voluntary movements of the face were apparently perfectly dissociated, that is to say, movements of the face could be made without movements of the shoulder.

As a matter of historical accuracy, then, my case is the only one published in which recovery of voluntary dissociated movements has occurred, and I am glad to read an account of further cases which, although, so far, not showing recovery of dissociated movement, I am inclined to think have not yet reached the end of their possible degree of recovery.—I am, etc.,

Glasgow, May 4th.

ROBERT KENNEDY.

THE LATER RECORDS OF GUNSHOT INJURIES IN THE WAR.

SIR,—Surgeon Lieutenant-Colonel Freer's letter in the BRITISH MEDICAL JOURNAL of April 25th is an interesting one, but there ought to be no doubt as to the advisability of tre-

phining in all cases of perforating or "clean drills" of the cranium from high velocity bullets or anything else.

The entrance wound may be a "clean drill" in some cases, but the "drillings" are driven into the substance of the brain and at a later date cause chronic headaches and giddiness, epileptiform seizures, or cerebral softening and abscess.

I can remember a case of a native boy who had a hole drilled in his skull with a sharp-pointed pickaxe. A good deal of discussion took place at the time as to whether trephining was necessary. The wound in the skull was a clean cut round opening, and the patient's condition was excellent.

Trephining was, however, performed, and practically no spicules of bones were found on the surface of the brain. The boy was discharged after a short time well. Three and a-half months later he died rather suddenly, and, although there were no external manifestations, a small localized cerebral abscess with a spicule of bone was found close to the seat of the injury in the brain substance. I have found in the track of gunshot wounds of the skull and brain small spicules of bone, and I would unhesitatingly say in such cases as he mentions, "Trephine as soon as the condition of the patient and the nature of the surroundings in the field will allow you."—I am, etc.,

Rusholme, Manchester, May 1st.

ROBERT BOYD, M.D.

THE FOOD FACTOR IN EDUCATION.

SIR,—Your article on the Food Factor in Education, as "A Father" says, "needs very serious discussion," and it is to be hoped that you will encourage such discussion. I desire to call attention to one or two points. The writer of the article says: "No doubt English children have for many generations been brought up on a fare not much differing from that of the present day, and most assuredly we have no reason to be ashamed of the race." According to my observation, the diet of to-day, both in England and Scotland, is very different from what it was in the past, and the physique, health, and longevity of the people have deteriorated since the change was made. Dr. Clement Dukes thinks the average public school boy requires meat twice a day; but the deterioration we notice in Scotland in the people cannot be due to the want of such meat—namely, flesh meat—because now it is used in almost every house daily where formerly it was seldom seen. I have spoken to a man, who was reared in a town in Scotland, who in his youth never tasted butcher's meat except on Sundays, and even then he only got a bit about the size of his thumb. I have spoken to a woman who never got butcher's meat till she was married, and that was forty-nine years ago. In those days there were strong, healthy men and women both in town and country, with good teeth. Now, even in our rural districts they are comparatively poor specimens, and teeth are conspicuous by their absence. Struck with such a change as I had observed, I have frequently asked old people how they accounted for such a change, and it was attributed to the importation of American flour. Formerly, in Scotland more especially, oatmeal, barley-meal, and peas-meal were made into porridge or bread, and used as food, but when American flour came in it supplanted such cereals, and being deprived of the bran is a poor food compared with our home-ground oat, barley, or peasmeal. I remember when a slice of white bread was a treat rarely got, now our poorest are fed on the whitest baker's bread, and plenty of it may be picked off our streets. It is thus evident that if the people are deteriorating in physique—as both in town and country they are doing—it is not because they have less food than they had, but because its nutritive quality is not what it was. This seems a point worthy of attention in discussing "the food factor" in the young, as well as in the aged.

I believe that the people are beginning to learn the value of what are called the coarser foods, but now some of them are actually dearer than the fine American flour which has caused such havoc.

Another point worthy of discussion is as to the number of meals. The Romans ate once a day; in Scotland, sixty years ago, many ate only twice, now the farm hands eat five times daily. Whether it is better or worse to eat once or five times daily is a question deserving of discussion. There can be no doubt that habit has much to do with the number of our meals, and that those who eat most butcher's meat feel inclined to eat oftenest. The whole subject of diet is one of such national importance that your article is most opportune, and perhaps, if it were freely discussed, it might encourage our authorities to insist on a chair of dietetics being established in every university.—I am, etc.,

Denholm, May 1st.

JOHN HADDON, M.D.