

19 were men, and 7 women. The age incidence of the operation cases was determined by the age at which the operation was performed, and in every case the onset was within three months of the operation. The age incidence of the non-operation cases (5 men and 4 women) varied between 23 and 45. The symptoms in every case were slight epigastric discomfort, muscular weakness, slight dyspnoea, rapid pulse of the soon full, soon empty type, some sweating, and tremor. In no case have I found glycosuria. The symptoms always disappear on the exhibition of carbohydrates.—I am, etc.,

THOMAS E. A. STOWELL.
M.D., F.R.C.S.

London, S.W.1, May 6th.

TREATMENT OF ENDARTERITIS OBLITERANS.

SIR.—The paper by Dr. Schwartzman (May 10th, p. 855) raises once more the question of the treatment of intermittent claudication (or, to use a better term, endarteritis obliterans) and of the allied arterial syndromes—angina pectoris and mesenteric arteritis. Unfortunately Dr. Schwartzman bases his observations principally on the amelioration of the subjective symptoms, and neglects the only procedure by which the action of a therapeutic agent on intermittent claudication can be studied—namely, the following up of the increase of the oscillometric index, a method strictly objective and indispensable for the study of patients with endarteritis obliterans.

In my paper in the *Journal* of February 8th (p. 234) I referred to the remarkable results obtained with pancreatic extracts deprived of insulin. Although it would be interesting to compare the action of these pancreatic extracts with that of the muscular extract utilized by Dr. Schwartzman it must be remembered that the efficacy of the pancreatic extracts, apart from certain physiopathological considerations, has in its favour the fact that the already numerous observations which have been published on that method are based, not on the vague amelioration of subjective symptoms, but on the distinct increase of the arterial permeability which is manifested, with mathematical precision, through the oscillometric exploration.—I am, etc.,

London, W.1, May 9th.

A. P. CAWADIAS.

ASYLUM MEDICAL OFFICERS AND RESEARCH.

SIR.—As one of the members of a subcommittee convened by the British Medical Association to consider the status and conditions of service of asylum medical officers, may I be permitted to make a few observations, which seem peculiarly relevant at the present time?

The modern mental hospital, equipped as it is with elaborate laboratory and clinical facilities, offers opportunities for medical investigation and research which were undreamed of by our predecessors. Moreover, the establishment of the diploma in psychological medicine has awakened in many asylum medical officers an enthusiasm and interest which is abundantly reflected in their contributions to current medical literature. But what of the future of these clinical and laboratory workers? The higher posts in the mental hospital service are purely administrative in nature, and a medical superintendent of a large institution must either neglect his institution or say good-bye to medicine. Such positions hold little attraction for men whose interests are primarily in the wards or in the laboratory, but there is no alternative in our present system. Few men can afford to ignore completely the material side of life, be they ever so keen on their profession.

In an able and illuminating paper recently read before the Royal Society of Medicine,¹ Dr. Mapother, sketching the psychiatric system in America, observes that "scientific work is encouraged by establishment, just below the superintendency, of three equal positions—that of administrative assistant, clinical director, and pathologist—each providing a satisfactory career." Dr. Mapother also stated that

¹ *Lancet*, April 19th, p. 851, and *British Medical Journal*, April 19th, p. 740.

"it is not better buildings or maintenance that constitute the real difference of American psychiatry. The difference depends on the medical spirit dominating it, and consequent preoccupation with treatment and research." Much has already been accomplished in our public institutions towards kindling this spirit among the younger generation of doctors, but unless the movement is to prove a failure, suitable inducement must be provided in the nature of higher appointments of a purely medical nature. The administrative and scientific minds are disparate; there is room for both in mental hospitals.—I am, etc.,

THOMAS D. POWER, M.D.

Brentwood, May 4th.

SWELLING OF FEET AND ANKLES WITHOUT ALBUMINURIA OR GROSS ORGANIC DISEASE.

SIR.—I read with interest the article on this subject by Dr. A. Arnold Osman in your issue of April 26th (p. 780). During nine voyages to Australia as ship surgeon (that is, passing through the Tropics eighteen times), I have been consulted by between seventy and a hundred patients with this complaint. They were all, without exception, of the female sex, in spite of the fact that usually there are more male than female passengers among the third class. Most of them were between the ages of 16 to 25, although a few were middle-aged women. No child of either sex was seen suffering from this condition. With the exception of five or six cases they were all third-class passengers, but, in the ship I was in during most of this period, there were about seven times as many third-class as first-class passengers. All cases were examined for heart lesions and albumin in the urine, and all proved negative. No treatment other than resting with the legs raised was instituted, and they all recovered in seven to fourteen days when cooler weather was reached.—I am, etc.,

May 5th.

H. M. ROYDS JONES.

FEES FOR PATHOLOGICAL TESTS.

SIR.—At the annual meeting of the governors of Charing Cross Hospital Pathological Institute, Mr. George Verity is reported as having stated that "the Pathological Institute was doing untold good in examining patients who are not of necessity eligible for treatment in hospital," but that "the work will be in jeopardy unless £1,000 is quickly subscribed towards it." May I beg the courtesy of your columns to point out that similar work with similar results is being done in the pathological departments attached to most of the voluntary hospitals throughout the country; none of these hospitals have, however, as yet, found themselves under the necessity of appealing to the general public for funds in support of this work.

The fees charged by the Charing Cross Hospital Institute of Pathology for pathological examinations are below those charged by any similar institution in this country, and are set at a level at which, without subsidies from outside sources, it is impossible for them to be performed other than at a loss. It is not surprising to anyone engaged in similar work that the authorities of the Charing Cross Institute of Pathology, having set their fees at this low level, should find themselves in need of a subsidy. As to the justification of an appeal to the public for funds to enable the continuance of this policy of fee-cutting in competition with the pathological services conducted by other voluntary hospitals, I leave your readers to judge.—I am, etc.,

S. C. DYKE,

Wolverhampton, May 7th.

Secretary, The Association of Clinical Pathologists.

ANTIMALARIA MEASURES.

SIR.—In his letter published on April 12th, Lieut.-Colonel C. A. Gill defends the existence of a new party amongst malarialogists possessed of doctrines so widely differing from its compeers that it has considered it necessary to employ the distinctive term "modern" and, to ensure its own identity, has dubbed the body it leaves "old." In accord-