sions to my own hospital in the period from January 1, 1945, to December 31, 1951, I can state the following relevant facts.

An average of 24.7% of the admissions in each calendar year remained in hospital one year after the date of their admission, and this figure did not vary by more than 3% from the average in any year. Of 2,048 admissions over the years 1945, 1946, and 1947, 13% were still in hospital five years after the date of their admission. So it appears that at least half of those patients who remain in hospital one year after admission represent the hard core of chronicity, and therefore the number of those requiring more than one year's residence serves to indicate the trend towards chronicity. In the period reviewed there was a progressive intensification in the treatment of new cases through increased medical staff, improved methods of special treatment, and particularly by a vast increase in occupational therapy. Yet all these therapeutic efforts, albeit most worthy and well justified on prima facie grounds, but not the slightest noticeable tendency to reduce the actual number or percentage of admissions who proved to need more than one year in hospital. Thus, however well established it is that modern methods of treatment will cure a certain limited number of patients who otherwise would become chronic, my figures suggest that their number is insignificant in relation to the fate of new cases in general.

But before we draw any conclusions from such evidence we must have regard for the fact that at least one-third of mental-hospital admissions are readmissions. A very high readmission rate in a hospital that is severely overcrowded might indicate, *inter alia*, that new cases were being inadequately treated, and it has been suggested by Drs. Sandison and Spencer that inadequate treatment will augment chronicity. Apropos of that I have noted that in 1951, when my colleagues were particularly hard pressed to discharge patients because of overcrowding, 45% of admissions were readmissions. Taking the year 1949 for comparison, I find that readmissions then constituted 33.9% of admissions. But the percentage of admissions of those two years needing more than one year in hospital were 21.7 (1951) and 20.4 (1949) respectively, or an increase of only 1.3% in potential chronics, despite an increase of 11.1% in readmissions, and the actual numbers of potential chronics for the two years were 206 and 201 respectively. If one is to draw any inference from this it is that the number of admissions destined to become chronic, despite all therapeutic effort, is so great as utterly to obscure any effect which our therapeutic attention to new cases may have in reducing chronicity.

In conclusion I suggest, however, that the chronic patient is not likely to suffer detriment by being deprived of specialized treatments at the hands of doctors, but he sorely is in need of occupational treatment, which is a form of treatment mainly administered by persons other than doctors. But unless the doctor proclaims himself to be at least as interested in the occupational direction of the chronic patient as he is in his more personal and specialized treatment of the acute case, it is certain that interest and effort will deteriorate amongst those ancillaries to whom he allocates the occupational treatment of his patients.—I am, etc.,

Shenley, near St. Albans. OTHO FITZGERALD.

## Half-way Homes for the Elderly

SIR,—Your correspondent Dr. J. M. Greenwood (*Journal*, June 6, p. 1280) appears to be in doubt as to the function of the so-called "half-way homes" provided by King Edward's Hospital Fund for London, though this has been stated in more than one of its annual reports. For the benefit of those who are interested, may I say that these homes conform closely to the pattern suggested in the last paragraph of Dr. Greenwood's letter, though they could scarcely be described as convalescent homes in the usual meaning of this term. Each home is linked to an active geriatric unit, and the medical officer in charge of this unit is in medical charge of the patients in the home. Only those who have been patients in the unit are admitted, and a two-way traffic is maintained, so that, if the patient unfortunately fails to benefit by a stay in the home, he or she is taken back to the geriatric unit. Clearly these homes do release hospital beds, and the cost of maintenance, which is provided by the regional hospital board concerned, is considerably less than in hospital.

The general council of the Fund allotted £250,000, subsequently increased to £350,000, for the purchase, adaptation, and equipment of 12 homes, three in each of the four Metropolitan regions. Seven of them are now in full working order and others are in active preparation. The Fund has also contributed substantially to three other homes of a similar type.—I am, etc.,

ARCHIBALD GRAY,
Chairman of the Distribution Committee,
King Edward's Hospital Fund for London.

London, W.1.

## The Royal Touch

SIR,—Those of your readers who were privileged to see Queen Salote Tupou of Tonga passing in the Coronation procession may perhaps be interested to know that, like French and English kings and queens, her predecessors were credited with power to cure the King's Evil by their touch. Frazer, in *The Golden Bough*,[1] records that "the savage chiefs of Tonga were believed to heal scrofula . . . by the touch of their feet; and the cure was strictly homoeopathic, for the disease as well as the cure was thought to be caused by contact with the royal person or with anything that belonged to it."—I am, etc.,

London, W.11. HUGH FORSYTH.

REFERENCE

[1] *The Golden Bough*, 1911, 3rd ed., p. 371, Macmillan, London.

# POINTS FROM LETTERS

**General Peritonitis and Appendicectomy**

Dr. R. E. LODER (Peterborough) writes: Children with appendicitis and generalized peritonitis, desperately ill though they may be, take a short, carefully given general anaesthetic very well. All experienced anaesthetists, however, must have seen how rapidly their condition deteriorates if there is any gross pulling on inflamed bowel and mesenteries. One notices that the more experienced a surgeon is the more often he is able to remove an appendix without great trauma and also the quicker he makes up his mind in doubtful cases to leave it in and just to drain.

**Premenstrual Syndrome**

Dr. W. S. INMAN (Portsmouth) writes: To the already mentioned irritability of mind and body in the premenstrual syndrome may be added a tendency to inflammation and even suppuration of the eyelids. During the last 28 years I have investigated in several thousands of sufferers the emotional factor in the causation of styes and tarsal cysts—the custom, extending throughout Europe, of cure by rubbing them with a wedding ring, a symbolic wedding, was a challenge not to be ignored—and I have formed the impression that in women these lesions were much more likely to occur just before the period than at any other time. After all, if menstruation means a missed pregnancy and the primary function of woman is to ensure continuance of the race, then anxiety, conscious or unconscious, about the fulfilment of her destiny is understandable, since man has been in emotional conflict about biological aims throughout history. . . . My experience with acute appendicitis is slight, but for many years I have noticed that virtually all the attacks in women have occurred during the premenstrual phase. My inability to interest my surgical colleagues in this curious association may arise from dissimilar experiences.

**Cancer Research**

Dr. J. B. HOBBS (London, W.C.1) writes: I was most interested in the article by Professor Ian Aird and Mr. H. H. Bentall (*Journal*, April 11, p. 799). It seems that a whole new vista in cancer research has been opened up. Having recently completed a junior appointment in a pathology department and spent many hours cross-matching blood, I have often pondered the following thoughts. It seems incredible that we can transfer many billions of living cells from person to person without transferring also either a carcinogenic agent or a predisposing factor, or perhaps sometimes even tumour emboli. Has any investigation ever been performed to determine the percentage with carcinoma in any site who have previously received transfusions of blood, and whether there is any correlation between the causes of death in a blood donor who died of cancer and patients who have previously received his blood? As an afterthought, and knowing that cancer susceptibility can be transferred via maternal milk in some animals, it would be interesting to know if malignant disease is common in dairy cattle, or would pasteurization in any case render the milk 100% safe?