sore throats which receive from tonsillectomy none of the benefits to be expected, but rather the reverse. Hence he advises that tonsillectomy should be deferred in such cases for two years till the tonsils have become accustomed to their new surroundings.

Surely the natural explanation of these observations by a high authority is that the tonsils act as educative establishments for their contained lymphocytes, which take some two years to be re-educated against the new germs of a new environment. (We remember the frequency of throat infections in visitors to Swiss hotels—the meeting-place of germs of international variety—and also those which follow the importation of a new germ into a hospital ward.)

The body may be regarded as a fortress with an epithelial wall impermeable to germs. Hence the defending army of lymphocytes can so rarely become acquainted with the germs of the outer world that they can hardly learn to prepare the suitable antibodies. But the narrow crypts of the tonsils (bare of epithelium) can act like turnstiles to allow the germs to penetrate deeply among the lymphocytes—one by one and day by day—where they can be sampled with little risk. And if the mother cells of the lymphocytes are thus educated in immunity they will transmit (by subdivision) their "knowledge" to their daughter cells indefinitely.

Just as the tonsils are sited strategically for the oral and respiratory germs, so are the lymph nodes of Peyer's patches and of the appendix sited advantageously to sample the very different germs which may attack the food canal. Hence neither appendix nor tonsils are missed if they are excised *after* they have provided education against the current germs. If excised in infancy the result might be disastrous, though the army of uneducated lymphocytes in the thymus may act as a temporary makeshift.

These views, though theoretical, seem to be inherently probable and to throw much light in dark places. I have found no evidence against them, and none was urged when I published them long ago in your columns.—I am, etc.,

Hull, Nov. 7. F. C. EVE.

## Traumatic Chylothorax

SIR,—Until I read the article by Mr. C. J. Cellan-Jones and Dr. William Murphy (November 2, p. 590) I did not realize that traumatic chylothorax is such a rare condition as it appears to be from the paucity of cases recorded in the literature. I had a patient with this condition under my care several years ago. The patient, an adult male, had sustained a stab wound at the root of the neck on the left side some time previously. His chief complaint was of dyspnoea. There was evidence of a left-sided pleural effusion, and on aspiration a milky-white fluid with all the characteristics of chyle was withdrawn. Dyspnoea was relieved; the patient refused further treatment and left hospital. I do not know his ultimate fate, but his general condition was surprisingly good while in hospital. Presumably there was only a partial severance of the duct and some of the chyle was reaching the circulation. The duct frequently divides into several channels before entering the left innominate vein, and some of these may have escaped injury.—I am, etc.,

Edinburgh, Nov. 9. DOUGLAS S. ROBERTSON.

## Prognosis of Schizophrenia

SIR,—Apropos of your leading article on this subject (October 19, p. 526) and Dr. Ian Skottowe's letter (November 2, p. 613) I would like to point out that there is a group of cases often included in the schizophrenias which could be more usefully labelled "reversible schizophrenia." These cases belong, in my opinion, to a group of which anorexia nervosa is one variety. Notwithstanding recent conclusions of the English school, the relation of endocrine dysfunction in this disease is still an open question. Other varieties of this group, which always include amenorrhoea in young girls with transient or negligible degrees of anorexia, show mental confusion with obsessions, or negative tendencies with paranoidal behaviour. These cases all begin at puberty, and are associated with mental distress and malaise, especially a feeling of being "clogged up." Acne is often prominent and mentally distressing. The physical basis is probably endocrine imbalance, which may or may not right itself in time. Mentally the symptoms will clear up or not at all, depending on a number of factors. Clouston paid much attention to similar cases and called them the "insanity of amenorrhoea" and the "insanity of acute suppression of menstruation." If we could widen Clouston's concept of adolescent insanity to include all quasi-schizophrenic behaviour in people under the age of 35, perhaps the labels "schizophrenia" and "dementia praecox" would acquire more exact scientific meaning. The definitions of schizophrenia and dementia praecox as such are clear enough; it is the application which requires elucidation.—I am, etc.,

County Mental Hospital, Newport, Isle of Wight, Nov. 4. ALEXANDER WOOD.

## Our Unused Influence

SIR,—I had almost given up hope of the B.M.A. and of our profession generally in regard to the war when I read Dr. George H. Alabaster's letter (October 12, p. 507) and the subsequent letters of Dr. A. J. Brock and of Dr. F. Parkes Weber (November 2, p. 614). You are indeed to be thanked for publishing them, and I hope that a nucleus of opinion will form round them which will grow into something more productive of good than the interminable articles and letters about war wounds and casualty organization with which your columns have been filled in the last twelve months.

In spite of Dr. Parkes Weber's misgivings about the morals of our profession, I think it remains true that the mass of mankind expects something better from doctors than mere patching up, and also attributes to us the virtues of generosity and forethought which Dr. Alabaster, along with all profound philosophers, declares to be necessary. Our failure to give a lead in the maintenance and construction of peace will surely be remembered in the emotional revulsion from present courses which is bound to occur sooner or later.

Surely the time is ripe for free discussion at medical meetings throughout the country of war as a social disease. The scales should have fallen from many eyes by now.—I am, etc.,

Birmingham, Nov. 3. FAUSET WELSH.

SIR,—Dr. George H. Alabaster (October 12, p. 507) complains that the professions have not used their influence for peace. I can assure South Africa that there has never been any need to preach peace here. If there ever were any doubtful people, the last war cured them. It is now history that some years ago, when Germany was re-arming rapidly, no politician dare go to the country with a programme of re-armament. Later, it is a paradox that when ultimate conflict seemed inevitable the same casual, peace-loving people had to use every means possible to get successive Governments to re-arm, the politicians hoping and praying that international friendship would prevail against resort to war.

In the case of Germany it is the very essence of the Hitler regime that any "influence" or propaganda shall come from Hitler alone, and no one else. Any mention of the virtues, other than those permitted (usually in praise of Adolf!), means a possible firing party or the horrors of the concentration camp.

With due respect to Dr. F. Parkes Weber (November 2, p. 614), I cannot accept his *ex parte* statement that British citizens have been imprisoned for their activities in endeavouring to promote a peaceful understanding between nations. Ridiculous! If they have lost their freedom temporarily, and are enjoying free rations and hospitality, almost certainly in reasonable comfort, it is for the common good, including probably their own. If they are real patriots and good Britishers they'll grumble and stick it!—I am, etc.,

Shrewsbury, Nov. 4. ALBERT NICHOLLS.

SIR,—Despite a careful reading I remain puzzled as to what Dr. F. Parkes Weber's letter (November 2, p. 614) really signifies, and in order that I may obtain "a measure of understanding" I must ask him to tell us precisely who are these citizens of "good faith and patriotism" who have been imprisoned. Surely Dr. Parkes Weber cannot be referring to Mosley and certain others of our own brand of "Lavals" and "Quislings." If this is so, is it in respect of these gentlemen that Dr. Parkes Weber asks us to use our

influence in ridding "politics of hypocrisy, lying propaganda, violence, jealousy, hatred, and greed"? Am I wrong in suspecting that Dr. Parkes Weber, at this hour and after all we have seen and experienced, has the hardihood to suggest that we should now do a second and a greater Munich? Perhaps Dr. Parkes Weber will enlighten us.—I am, etc.,

London, N.W.11, Nov. 4. J. SHEPHERD.

## Treatment of Appendicitis

SIR,—From the letters once more figuring in the correspondence columns of the *Journal* it would appear that there is still a regrettable failure to appreciate the condition of appendicular obstruction. The late Sir David Wilkie, who did so much to spread the knowledge that acute appendicular obstruction and acute intestinal obstruction were equal surgical emergencies, expressed his belief that practitioners were beginning to recognize this condition, and hurrying into hospital for operation cases of acute appendicular obstruction in the early afebrile stage when operation is so easy and so safe.

Few will argue with Dr. J. Price Williams (September 14, p. 367, and November 2, p. 612) and Dr. Josiah Oldfield (October 12, p. 505) on their pet theories, but when the theory so takes hold of its originator as to lead him to inflict it upon his patients in the form of castor oil it is surely time some challenge was made to these practitioners who advocate such retrograde steps. After Dr. Oldfield's treatment, which includes castor oil and olive oil, t.d.s., he states that so far he has not had a case of appendicitis that has needed operation. I would suggest that after a week of such treatment for obstructive appendicitis the patient certainly would not need operation, having passed far beyond the aid of the surgeon out of this troubled world.

To the patient with a concretion impacted in the appendix and distal to which tension within the lumen is increasing with coincident progressive vascular embarrassment in the wall, even a single dose of castor oil might be sufficient to precipitate appendicular rupture and the escape of highly infectious content into the unprotected peritoneal cavity.

It would be well if every medical man carried in his mind the picture of the distended obstructed appendix with its foul faeculent content, and realized that it is his responsibility to see that that appendix is removed before rupture occurs. To give castor oil to such a case would be on a par with the administration of thyroid tablets to help a patient through the crisis after thyroidectomy!—I am, etc.,

Rotherham, Nov. 3. JOHN A. BATY.

## Closed Plaster Technique for Infected Fractures and War Wounds

SIR,—We agree with Mr. R. Watson-Jones (November 9, p. 648): it is important "to pay credit where credit is due." He is right in ascribing the closed plaster treatment to Winnett-Orr; Trueta does the same (vide his manual on the *Treatment of War Wounds and Fractures*, p. 13), and in the most generous terms.

Then Mr. Watson-Jones adds: "Trueta did not develop the technique." Perhaps he would agree that he applied it most successfully and on a very large scale to the injuries encountered in modern warfare, worked out the details of the method from hard experience, defined its scope and limitations, and brought about a revolutionary improvement in the treatment of war wounds first in Spain, later in France, and then in this country, often in the face of indifference and sometimes active opposition. Mr. Watson-Jones may not call this a development, in which case the word as he uses it has lost its usual meaning. At any rate, those who have had the privilege of seeing Trueta at work are convinced that he has carried the method far beyond the place claimed for it by its originator, and made a most valuable contribution to the surgery of war.—I am, etc.,

G. R. GIRDLESTONE.
H. J. SEDDON.

Wingfield-Morris Orthopaedic Hospital, Oxford, Nov. 11.

## Alien Doctors in Great Britain

SIR,—With great respect I think your correspondent (November 2, p. 613) must have been misinformed as to the working of the Ministry of Health Order concerning alien doctors and hospitals. At any rate his friends can take heart of grace from the fact that an important post on the staff of the York County Hospital is held by an alien of like race to themselves who has not been naturalized. It would be a remarkable thing if contact with members of His Majesty's Forces could be avoided here. Here is indeed a shining example of the heights to which British altruism can rise, and reflection upon it ought to mitigate in some measure the "disappointment and bitterness" referred to in Mr. Payne's letter.—I am, etc.,

Harrogate, Nov. 4. JAMES FISON.

*** The Minister of Health has now withdrawn some of the limitations placed on the employment in hospitals of refugees of German, Austrian, and Italian nationality. The circular issued to hospital authorities describing the areas in which they may be employed and the conditions of that employment was summarized in the *Journal* of November 9 (p. 653). —ED., *B.M.J.*

## Canadian Hospitality for British Doctors' Children

SIR,—We, as two members of the B.M.A. who on the invitation of friends with relations in Canada sent out small sons to that country early in July, should appreciate the opportunity to express through you our deep appreciation of the kindness of the Canadian Medical Association, which on their arrival made arrangements for their reception, and of the Canadian Government, which has made itself responsible for their welfare while in Canada. Our sons soon after they arrived were transferred to the home of a leading Toronto doctor, where they have received every possible care and kindness, and they are very happy. After a holiday on the Canadian Lakes they were sent to an excellent school. Education in Canada, which is maintained by the Government, is good, and practically free. We had hoped to be able to contribute to their upkeep while in Canada through the Government Evacuation Scheme, whereby British parents could pay according to their means, but learned to our disappointment that this could not be allowed. It has, however, made no difference to the attitude of the children's hosts, who continue to display a generosity almost unbelievable to anyone who does not know Canadian people.

Our purpose in writing this letter is, first, to express our gratitude to the Canadian doctors and their Government; secondly, because, although it has been published, the opportunity afforded by the Canadian Medical Association seems little known to British doctors, and it has occurred to us that there may be medical parents in this country whose circumstances are more difficult than our own and who would be glad to avail themselves of the offer of their Canadian colleagues. We are assured in correspondence that many Canadian doctors would be glad to receive the children of British doctors into their homes.—We are, etc.,

H. B. PADWICK.
Bedford, Nov. 3. G. A. METCALFE.

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H. Nomededeu (*Thèse de Paris*, 1940, No. 262), who records three illustrative cases, one of which is original, in patients aged from 9 to 46, draws attention to the occurrence of acute non-suppurative thyroiditis of rheumatic origin. The diagnosis may be difficult, for, though the condition is usually accompanied by the signs of acute articular rheumatism, primary or isolated forms may occur in which the rheumatic aetiology is difficult to determine. This form of thyroiditis occurs in repeated attacks with severe general upset, especially fever. Disturbance of the thyroid function does not take place and suppuration never ensues. The immediate prognosis is good. It is only after repeated attacks that sequels may develop such as sclerodermia or Graves's disease. The treatment is that of acute rheumatism, especially administration of sodium salicylate.