

him it was obvious that the whistle was in the respiratory tract, for he had already learned that, by inhaling sharply, he could produce a loud squeak from within his thorax. Radiographs revealed a conical metallic object lying in the right main bronchus, with the apex of the cone pointing upwards.

The child was anaesthetized with intravenous thiopentone and "flaxedil" and the whistle was removed with ease by seizing the presenting end with alligator forceps through a Jackson's bronchoscope. It consisted of two metallic flanges, about  $\frac{1}{4}$  in. (8.4 mm.) in length, attached to a circular base  $\frac{1}{4}$  in. (6.2 mm.) in diameter, and was lying with the base pointing downwards. Thus a sharp inspiration impacted it in the lower end of the right main bronchus and operated the flanges, but expiration caused it to rise in the bronchus, and produced no note. The metallic whistle was the operating part of a large wooden whistle which the child had broken. He was discharged from hospital two days later, quite fit.

I was immediately reminded of the film *City Lights*, in which a similar accident occurred to the comedian, who emitted a loud whistle whenever he hiccuped. An amusing point was that the child was reluctant to come into hospital, not because he feared the proceedings, but because he did not wish to lose what seemed to him to be a valuable asset. I have removed a number of whistles previously from the bronchial tree, but I have never seen or heard of one that would actually whistle.—I am, etc.,

Bexhill, Sussex.

L. F. DAY.

### The Disturbing Psychopath

SIR,—In his letter (August 4, p. 301) Dr. W. Lindsay Neustatter touches upon the problem of the psychopathic personality in a mental hospital. In recent years, and especially since the inception of the Criminal Justice Act, an increasing number of psychopaths have found their way into the admission units of mental hospitals and, as Dr. Neustatter observes, have found the atmosphere sufficiently congenial to settle down for an interminable period. I have grave doubts whether such treatment ever benefits the psychopath; but what is more serious is that the behaviour of certain antisocial types proves disturbing to the far more hopeful psychoneurotics in the unit.

There are psychopaths who persist in pilfering, staying out late on parole and returning intoxicated, or pursuing female patients in an undesirable manner. Consequently I have been compelled to make a list of psychopaths who are not allowed readmission; one of these has been a guest in the following hospitals: Brookwood, Bexley, West Park, Banstead, Belmont, Maudsley, Fishponds, Tone Vale, and previously in an approved school and three prisons. Such cases wander from prison to mental hospital and back again, without benefiting in any manner. The only solution would be inauguration of several special institutions, such as the one in Denmark (*Acta psychiat. Kbh.*, 1947, Suppl. 47, p. 21, and *Proc. roy. Soc. Med.*, 1948, 41, 765), where these difficult patients could be sent for an indeterminate sentence. The problem is urgent, since there must be many thousands of such cases in the country. At present they repeatedly waste the time of general practitioners and magistrates' courts, and take up space uselessly in prisons and mental hospitals.—I am, etc.,

Basingstoke.

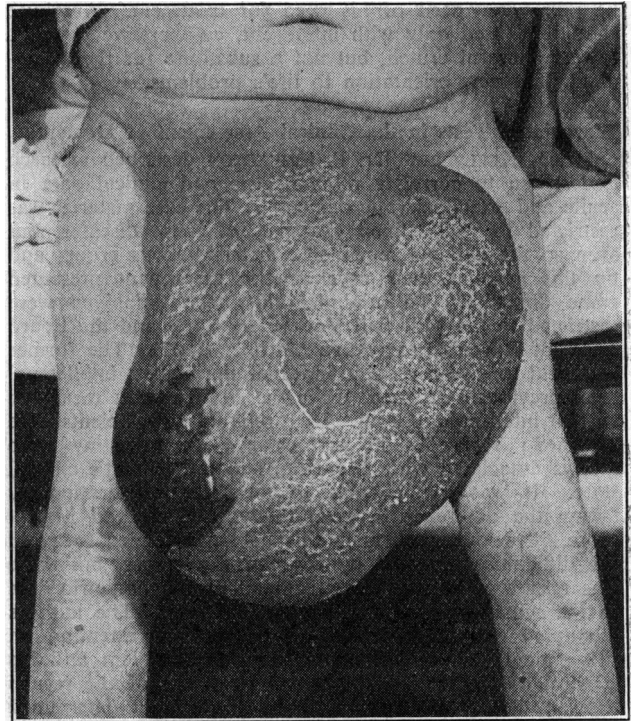
I. ATKIN.

### Unusually Large Scrotal Hernia

SIR,—I think the following case is of interest not only on account of the size of the hernia but also because the patient was able to do a full day's heavy work for many months until complications led to his rapid death.

A farmer aged 60 years was admitted as an emergency on account of a rapidly spreading cellulitis and gangrene of the wall of a large scrotal hernia. He said he had had a large scrotal swelling for over a year, but it had never pained him, and he just "carried it in his breeches." Two days previously the right side of the scrotum was chafed by his trousers, becoming very painful

and bleeding a little. He called in his doctor the next day and was dispatched to hospital. On examination he was a well-nourished man in apparently good health. He had an enormous scrotum which came well below his knees on standing, and when lying it rested on the bed between his knees. The right side had a patch of gangrene on it which was oozing blood freely. From there upwards an extensive cellulitis had spread and was involving the lower abdominal wall and groins. The penis had entirely disappeared into the scrotal mass, although there had been no disturbance of micturition. The abdomen was soft and felt peculiarly empty. The rest of the examination was essentially normal. Blood pressure 155/85 mm. Hg. He was put to bed and given penicillin and sulphamezathine, and his condition remained



much the same for four days although the cellulitis continued to spread slowly. During the fourth night part of the area of gangrene sloughed and brisk haemorrhage started from the scrotal wall. This was controlled by the firm pressure of dressings, but his condition deteriorated rapidly and he died a few hours later.

At post-mortem examination the scrotum, which was over 2 ft. (61 cm.) in diameter, was found to contain all the small and large gut except the rectum and the beginning of the duodenum. Bilateral hydroceles were present, the left containing over a pint (570 ml.) of fluid and the testicular tissue being compressed and thinned out. The stomach was stretched to end at the neck of the hernial sac. Other organs were normal except for terminal oedema of the lungs and severe passive congestion of liver and spleen.

I should like to thank Mr. W. G. Rose and Dr. G. R. Osborne for permission to publish this case.

—I am, etc.,

Derby.

J. WOODROW BETTS.

### Astonishing Effect of Bear Meat

SIR,—In 1728 commissioners were appointed from the Colonies of Virginia and North Carolina to survey the boundary line. Colonel William Byrd, one of these, has written a most fascinating account of this survey and the people he encountered. Knowing my interest in the role of nutrition in pregnancy and in the study of sterility, Dr. A. L. Carson, jun., of Richmond, Virginia, called my attention to the passage below:

"Our Hunters killed a large Doe and two Bears, which made all other misfortunes easy. Certainly no Tartar ever lov'd Horse-