

to have said: "I don't think there was enough done here. I don't think the fracture should have occurred. That was bad nursing. I don't think the condition of constipation should have occurred. That was bad nursing and bad doctoring."

It is pertinent to inquire what clinical experience the average pathologist has to enable him to give opinions on nursing or treatment problems. Surely the pathologist at an inquest should confine himself to a pathological report on the body and an opinion on the cause of death. If the coroner wishes for opinions on the correctness of treatment carried out before death he should call other and suitably qualified witnesses.—I am, etc.,

Watford.

ROBERT C. TAYLOR.

The Humby Knife in Removal of Burn Sloughs

SIR,—Mr. A. J. Evans's admirable note (November 1, p. 979) on the value of the Humby knife for the easy and quick removal of extensive burn sloughs invites comment. My first is to express full agreement with those who hold that the Humby knife (designed by Mr. Graham Humby some 20 years ago when he was a junior dresser to Sir Heneage Ogilvie) is still the most generally useful grafting instrument in surgery to-day. I can confirm its value as a means for removal of skin sloughs quickly and with minimum blood loss; but I prefer for this purpose the electric dermatome when this is available (until recently there were only two in this country—one at Basingstoke and one at Birmingham). The electric dermatome removes skin sloughs even more quickly and with less effort; but neither the Humby knife nor the electric dermatome is practicable for burns of the face or hands, where we await an efficient and safe chemical or enzymic agent—the bloody method of scissors and knife must still be used in the early removal of burn sloughs.

Blood loss is a major difficulty to the removal of sloughs in extensive burns at the optimum time—that is, at the earliest moment that the procedure is safe and the assessment of depth certain. I mention this to make the point that hypotensive drugs, carefully and skilfully given to these ill patients, can be of critical value in the removal of extensive sloughs early in the second week, with a minimum of external blood loss and of graft loss due to haematoma.—I am, etc.,

London, W.1.

PATRICK CLARKSON.

Is Boxing Safe for Schoolboys?

SIR,—To my surprise, the reply to the question "Is boxing safe for schoolboys?" (October 25, p. 952) made no reference to the deviate septum, and this I consider is the most common form of permanent injury, the danger of which is the sequela of chronic sinusitis. Could one of the medical officers in charge of boys' boarding schools give us any light on how many boys arrive at 13 with perfectly good noses, and leave at 17 and over with deviate septums?

I believe it is officially established that Great Britain has the doubtful honour of having more chronic sinusitis than any other country. She also has the honour of being foremost in promoting boxing at boys' schools.—I am, etc.,

Harrow-on-the-Hill.

H. CRICHTON-MILLER.

Ichthyosis and Hypnosis

SIR,—Dr. A. A. Mason's successful treatment of a case of congenital ichthyosis by means of hypnosis (August 23, p. 422) may well open up a new province in pathology and therapeutics. It is the congenital origin of the symptoms that gives this case its deep significance. The case is unlike anything previously recorded, and in seeking for a hypothetical explanation it may be useful to consider a condition which, though of widely different nature, is cognate in certain of its aspects. Such a condition is that designated by Babinski as "physiopathic paralysis of the hand."

Though rare in civilian life, these cases were numerous during the 1914–18 war. As the result of a slight wound of the upper extremity the patient developed a hysterical paresis of the hand which was associated with sweating of the palm, local circulatory changes, and severe trophic changes in the skin and nails of the affected hand. These cases were much discussed, and were generally regarded as of psychological origin. With improvement in the mental condition, the paresis and the circulatory and trophic changes disappeared (Abercrombie, R. G., *British Medical Journal*, 1920, 1, 764). In these instances a powerful morbid impulse, arising at the level of consciousness, had brought about a disturbance of function in the circulatory and trophic centres, giving rise to pathological changes in the skin of the hand.

In Dr. Mason's case the morbid changes in the skin were of congenital origin, and were apparently to be ascribed to an obscure developmental defect, perhaps in the development of the synapses, slight in grade, but sufficient to upset the balance of neural control with a consequent disturbance of function of the circulatory and trophic centres associated with gross changes in the skin. As the result of hypnotic treatment, a powerful reinforcement was given to the controlling influence of the higher centres, thus compensating the congenital defect and bringing a return to normal trophic conditions and a cessation of the pathological process of the skin.

Although so dissimilar, the cases of physiopathic paralysis and Dr. Mason's case of ichthyosis both illustrate the paramount influence sometimes exercised by the highest centres upon the lower centres governing circulatory, secretory, and trophic effects.—I am, etc.,

Sheffield.

R. G. ABERCROMBIE.

SIR,—Dr. A. A. Mason and I, it appears, have been trapped by a confusing nomenclature—as Dr. Ray Bettley has pointed out (November 1, p. 996). Dr. Mason's *congenital* ichthyosis and Professor H. A. Magnus's *ichthyosis congenita* in the text of Dr. Mason's original article caught my eye, to the exclusion of ichthyosiform erythrodermia of Brocq in the heavy block capitals at the head of his original article, and also on the outer cover of that number of the *Journal*. I apologize, and confess that I had never heard of Brocq's rare disease; but it was not until Dr. Mason said in his last letter that he was tired of reiterating that ichthyosiform phrase that I looked to see if he had ever used it. It was only to be found in that original heading which Dr. Mason himself had misquoted as "The Treatment of Ichthyosis by Hypnotism"—leaving poor M. Brocq out of it.

It seems that the ichthyosis so common in an allergy clinic should now be called ichthyosis simplex and certainly *not* ichthyosis congenita, though nearly all the cases seen there are declared to be congenital by patients or parents—who should know. I therefore submit that ichthyosis congenita is not a sufficient label for the rare and monstrous form of Brocq's disease. (I have, by the way, seen a presumably ichthyosis simplex case malformed at least up to crocodile point.)

As for the twists of meaning given to "allergy," I suggest that the able brains who are trying to make a coherent picture of it are like people trying to fit together in one picture the very imperfect collection of pieces from several different jigsaw puzzles all mixed together in one bag. Amidst the welter of contradictory facts and nebulous definitions there emerges, I think, the suggestion of at least one coherent whole—"The Allergic Disorders," Coca's "Atopy," my "Toxic Idiopathies." It is to that still fragmentary picture that I assign ichthyosis simplex of the allergy and dermatology clinics. My simple syllogism runs: (1) Ichthyosis (simplex) is a toxic idiopathy; (2) all toxic idiopathies are affected by the emotions and mental attitudes. Therefore I am not so very surprised to find that ichthyosis (simplex) is affected by hypnotic suggestion.—I am, etc.,

London, W.1.

JOHN FREEMAN.