

maketh a man stronge." But beer gained steadily in popularity and the unhopped ale had disappeared by the end of the eighteenth century.

The terms "ale" and "beer" were apparently becoming less distinctive in the latter half of the sixteenth century, for a letter from Leicester to Burleigh during one of Queen Elizabeth's progresses states: "We were fain to send to London, and Kenilworth, and divers other places, where ale was; her (the Queen's) own bere was so strong as there was no man able to drink it."—I am, etc.,

London, W.1.

C. L. SHAW.

### Hop Dermatitis

SIR,—The valuable observations of Drs. J. S. Cookson and Ann Lawton (*Journal*, August 15, p. 376) on hop dermatitis seem to suggest that the hop-cone and fresh hop-oil contain a primary irritant. The very high incidence of minor dermatitis (1 in 30 in a "light season") suggests a primary irritation rather than allergic hypersensitivity, which might perhaps account only for the most severe cases. It would therefore be interesting to know whether normal subjects were patch-tested with hop-cones and with fresh hop-oil; and also to know what dilution of hop-oil would still produce a positive reaction in the affected persons. Primary irritation by the oil would explain the positive patch-tests in patients whose dermatitis was really due to resins, and would account for the unexpected positive reactions obtained with those substances.

This question is of theoretical as well as practical importance. It has been supposed that hardening, if it occurs at all, occurs only in respect of primary irritants and does not result where there is a high degree of allergic sensitivity. A good many plants or their juices are primary irritants.—I am, etc.,

London, W.1.

F. RAY BETTLEY.

### Acute Appendicitis in Infancy and Early Childhood

SIR,—I read with great interest the valuable article by Mr. G. L. Bunton on acute appendicitis in infancy and early childhood (*Journal*, July 11, p. 71). The following case emphasizes all the points discussed.

I was asked to see a baby of 5½ months suffering from gastro-enteritis. As those were the days before antibiotics the child had been treated with sulphonamide tablets, which it was no longer able to retain, and a small-bowel washout. She had been ill two and a half days. The first symptom was that of recurrent colic with attacks of screaming and drawing up of her legs. The attacks came in waves. She then started to pass loose, mucous stools which became more frequent. On the second day she began to vomit.

She was a bottle-fed baby with no history of any dietetic errors. She was an only child looked after by a conscientious children's nurse and had no history of a possible source of infection of the gastro-intestinal tract. The child was screaming and drawing up her legs. She was vomiting boiled water. Her temperature was 103° F. (39.4° C.) and her pulse fast. She was flushed and toxic to look at. She hated being moved, and if left in her cot lay curled up. Her ears, throat, urine, etc., showed no source of parenteral infection. On abdominal palpation she was acutely tender over the right iliac fossa and drew up her right leg each time this area was palpated. She was operated on for acute appendicitis and made a complete recovery.

This case illustrates the very important points in Mr. Bunton's article. Appendicitis in very young children is not quite as rare as books often make us believe. Diarrhoea can be the presenting symptom in infants. In the young baby abdominal pain of acute appendicitis presents a picture of colic coming in waves causing screaming attacks with the flexion of legs. If left alone the baby will lie curled up to try to ease the abdominal pain. In the very young a considerable rise in temperature and pulse can be associated with appendicitis. The clinical picture of a young baby vomiting, passing loose frequent stools accompanied by abdominal colic, can so easily be mistaken for "gastro-enteritis," which, after all, is not a disease but a symptomatic title.—I am, etc.,

Dublin.

MADELINE R. EPSTEIN.

## POINTS FROM LETTERS

### "Fibrositis"

Dr. COLIN R. PORTEOUS (Liverpool) writes: I was interested to read the account of the discussion on "fibrositis" in the second plenary session at the Annual Meeting of the B.M.A. at Cardiff (*Journal*, July 25, p. 205). I have sometimes wondered whether a proportion of cases of agnogenic "fibrositis" are due to infarction of a small area in the erector spinae muscles following occlusion to one of the posterior branches of the lumbar or intercostal arteries. At necropsies I have occasionally noticed atheromatous plaques around the mouths of the paired arteries arising from the posterior wall of the abdominal aorta.

### Bathing Caps for Males

Dr. M. D. WARREN (London, W.5) writes: In the last two weeks I have treated four cases of otitis externa and one case of a flare-up of otitis media. The symptoms in all five cases had come on after swimming, and all the cases were males. I suggest that this preponderance in males is due to the fact that they do not wear a bathing cap. If this is so, then perhaps much illness and discomfort could be avoided if men could be persuaded to wear a type of bathing cap that would protect their ears. I would suggest a pattern similar to a scrum cap seen on the rugby field.

### An Interesting Phenomenon

Dr. B. N. PAJGAR (Thornton Heath) writes: I do not know if anybody has mentioned before the very interesting phenomenon whereby a person can see with the naked eye his own blood corpuscles actually in circulation in the blood vessels and capillaries. If a person sits or reclines facing the light, and half closes his eyelids so that a little light is allowed in, then he can see the corpuscles flowing and swaying in rhythm to the circulation. They are grouped in varied numbers and shapes, but mostly agglutinated in clumps or spiral lines, presumably the shape of the capillaries. The walls of the capillaries can be clearly seen, with blood cells lying inside and sometimes outside the lumen. Occasionally larger and solitary cells are seen, probably the white blood corpuscles.

### Malaria

Dr. ROBT VAN SOMEREN (Nyeri, Kenya) writes: I have just seen the *Journal* of May 30 and can thoroughly endorse the letter of Professor W. Melville Arnott (p. 1219) on malaria. Last week I was revisiting my old station, Jinja, where the immense dam is being constructed at the Owen Falls, and was interested in two particulars. Mosquito gauze to houses and mosquito nets seemed to be very little used, reliance being placed on fitting each room, especially under the beds, with D.D.T. I did not notice any mosquitoes. Also, where formerly *Simulium damnosum* was rife and a curse rendering life on the west bank of the Nile particularly unbearable, not one was noticed, owing to the wide spraying of the banks with D.D.T.—from planes, I understand. Should there be any recurrence, respraying is carried out. To one who knew the conditions 40 years ago the change is remarkable and reflects the very greatest credit on the present medical staff who are responsible for this wonderful work.

### Mist. Amygdalae

Dr. A. H. TURNER (Ruabon, Wrexham) writes: I have tried in vain to get someone to supply mist. amygdalae. This quite simple preparation was in the B.P. up to 1914, if not later. During the last war almonds became scarce, but they are obtainable now and there does not seem to be any reason why the mixture should not be obtainable. My local chemist cannot supply it and about half a dozen front-line manufacturers say they cannot do it.

### Cancer and the Public

Dr. M. N. PAI (London, W.C.2) writes: The sting of Lord Horder's letter (*Journal*, July 18, p. 148) is in its tail. That 76% of the general practitioners did not even bother to reply "Yes" or "No" is an index of the indifference of the overwhelming majority of practitioners to the cancer problem and their lack of co-operation in this humanitarian work. As regards the public, the campaign for road safety has not diminished the number of preventable accidents, and lay education in cancer is unlikely to achieve any useful purpose. There is a real danger that such education may lead to vexatious demands on the part of querulous patients for "full and complete investigation" for every minor symptom, and, if this is not done to their satisfaction, to an increase in the incidence of litigation neurosis. Errors either in diagnosis or in treatment may be followed by actual litigation against doctors and hospitals.