Mortality and Smoking

SIR,—With the overwhelming evidence of the harmful effects of smoking, it seems odd indeed that no large-scale investigation has been carried out in an attempt to find the best method to help the hardened smoker overcome his addiction. Is not this problem now worthy of investigation by the Medical Research Council or some such competent body ?—I am, etc.,

London, W.5. DOUGLAS G. ISMAY.

SIR,—In your leading article entitled "Mortality and Smoking" (*Journal*, November 10, p. 1104) you say: "The new evidence now published makes it more than ever imperative for all concerned to see that the public is repeatedly informed of the possible dangers to health and life from smoking cigarettes." This task would be rendered easier if you, Sir, could have omitted the word "possible." Admittedly for the individual, although the danger is present, the result is not inevitable; for the community it is absolutely certain.

A remark by Dr. C. R. Lowe in his article on tuberculosis in the same issue (p. 1081) should also not go unchallenged. On page 1085, after comparing the rise in tobacco consumption in the U.K. with the increase in mortality from cancer of the lung, he says: "No great weight can be attached to this relationship, since, as has so often been pointed out, a substantial part of the increase in mortality from cancer of the lung is probably due to improved diagnosis. . . ." Why should diagnosis have improved 40 times as rapidly in heavy smokers as in non-smokers ?—I am, etc.,

Garboldisham, Norfolk. ROBERT MCCURDY.

Function of the Prostate

SIR,—Drs. D. F. Hawkins and A. H. Labrum write persuasively on this subject (*Journal*, November 24, p. 1236), but in the end we are no further forward. Like the prostate itself we literally stand where we were before. In expressing my conviction that the entire prostate is no more than the functionless representative in the male of the uterus and vagina (*Journal*, October 27, p. 995), I thought I made it quite clear that I did not do so on the mere grounds that the prostate had no known function. There are many anomalies associated with the prostate that are logically bound to raise doubts as to the validity of its accepted status. Here are a few : Passing right through its substance and having no direct connexion or communication with it are the urethra and the vasa deferentia. Lodged in its interior is the so-called uterus masculinus. Can a parallel be found for such gross anatomical waywardness in any other actively functioning gland in the body ?

There is no evidence that the prostatic musculature contracts. The only other organ equipped with a comparable, though of course a greater, mass of smooth muscle is the uterus. The physiological contractions of the uterus are extremely painful, as are also its pathological contractions. With its no mean mass of smooth muscle, contraction of the prostatic musculature in any possible physiological act, say during the process of ejaculation, should be equally painful. Why should the prostate be equipped with such a thick mass of smooth muscle ? To express prostatic secretion ? The amount of this is stated to be about 1 ml. daily, and to be by no means so viscid as the secretion of the seminal vesicles. Where present, prostatic calculi simply accumulate. An odd one might fall out, but only through force of numbers. They are never pushed out, and there is no such thing as prostatic colic. As to the claim, not yet substantiated, that prostatic secretion aids fertility, it must be borne in mind that in certain species fertilization has resulted from artificial insemination with the contents of the epididymis alone.—I am, etc.,

Beaconsfield, Bucks. J. A. L. MAGEE.

Increase in Scabies

SIR,—I was much interested in Dr. F. F. Hellier's opinion (*Journal*, November 10, p. 1117) that acarus infestation has now become either a forgotten or an unsuspected disease. In view of this, may I make a plea for reconsidering the present approach to "heat spots" in children ?

The condition is a familiar one. The accepted theory is that "heat spots" are a form of papular urticaria. Treatment is on anti-allergic lines, with the inevitable exclusion of a wide range of foods and vitamins from the diet. Where social conditions are very good these measures appear to succeed, but it is much more usual to find a continual recurrence from infancy to adolescence. I now believe that this lesion may be caused by an acarus. My reasons are as follows.

(1) A very high proportion of children suffer from "heat spots." It is difficult to believe in such a widespread and persistent intolerance to simple foods. (2) The incidence shows a marked social gradient. It is rare in social classes I and II, but becomes increasingly prevalent in social classes III, IV, and V. (3) There is a seasonal incidence. It is at its height in the warm autumn months. In this, it resembles the harvest bug type of acarus infestation. Where housing and hygiene are poor, it exists all the year round. (4) It is rare for one child alone to be affected in a family. The older child, who has outside contacts, is usually the first to have "heat spots." These pass, in turn, to the younger children, not excepting the baby. Conversely, it is unusual for an only child to have "heat spots," but when this occurs it is usually possible to trace the contact. (5) There is a definite sequence of symptoms. The initial lesion is a vesicle which is soon surrounded by a much larger area of intense inflammation resembling an urticarial weal. The second stage is the rupture of the vesicle with the formation of a shallow ulcer. In a few days the first crop of lesions is either "dead" or has become the site of secondary infection. Shortly a new crop of vesicles and weals arises in the vicinity. The first infection is in exposed areas—the arms and legs of an older child or the nape of the neck and extensor aspects of the legs in an infant lying on infected bedding. Later lesions crop up on the trunk and elsewhere, carried by infected finger-nails. However widespread, it never localizes between fingers and toes. (6) The clinical picture of generalized "heat spots" is identical with that of generalized scabies in a child infected from a confirmed adult case of scabies. (7) The condition responds at once when treated with benzyl benzoate emulsion. Where the hygiene is strict, the cure is lasting. In overcrowding and bad housing, reinfestation is liable, but the correct treatment always gives immediate relief and respite of considerable duration.

One wonders whether this is a form of scabies modified by improved social conditions, or a sister species producing clinical variations. I regret that I have not isolated an acarus, as I have lacked the facilities for making a determined attempt to do so. My plea is to regard this scourge of childhood as a tangible infection rather than as an elusive allergy.—I am, etc.,

Cothal, Dyce. MARGARET S. M. MCGREGOR.

Torsion of the Gall-bladder

SIR,—I was a little surprised to find you thought it worth while publishing another case of torsion of the gall-bladder (*Journal*, November 17, p. 1160), as after operating on such a case six years ago I surveyed the world literature and concluded that the rarity of this condition was more apparent than real. As a result I did not record my case. However, since that time at least two more case reports have appeared in your *Journal*, and so, for the benefit of future authors and their statistics, another case is here briefly and reluctantly presented.

Mrs. E. W., aged 84, was admitted to the West Middlesex Hospital in December, 1950, with a three-day history of colicky central and right-sided abdominal pain. The patient had vomited twice on the morning of admission, but had had no normal bowel action for 72 hours. On examination she was a thin, visceroptotic old lady with a temperature of 99.6° F. (37.5° C.) and pulse 106. The abdomen showed some central abdominal distension, generalized tenderness, and guarding over all the right side. Rectal examination

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