In accordance with this point of view, I am investigating the oral administration of catalase, together with 0.45% hydrogen peroxide in water, milk, tea, and other drinking fluids, in order to facilitate release of oxygen in the gut, and thereby the regulatory activities of the liver. In so far as the liver is largely responsible for antibody formation as well as detoxication, deamination, and breakdown of fat, the matter is of general medical interest, and points the way to greater control over a wide variety of pathological processes.—I am, etc.,

Sevenoaks, Kent. R. L. WORRALL.

REFERENCES

[1] Poupa, O., Kopecky, M., and Chytil, F., *Nature (Lond.)*, 1957, **179**, 1080.
[2] Holman, R. A., ibid., 1957, **179**, 1033.
[3] Worrall, R. L., *Proc. roy Soc. Med.*, 1956, **49**, 665.
[4] Willis, R. A., *The Spread of Tumours in the Human Body*, 1934. London.

Dangers of Cigarette-smoking

SIR,—Smoking is spread by smokers, by their example and persuasion of various kinds, including the proffered cigarette—i.e., by "psychological infection"—and Sir Ronald Fisher's suggestion (*Journal*, August 3, p. 297), unsupported by any evidence, that whether or not an individual smokes may be influenced by his genotype is so fantastic as not to merit serious consideration. It is merely, in fact, the latest of a large number of red herrings drawn across the associated paths of smoking and lung cancer.—I am, etc.,

Wallasey, Ches. LENNOX JOHNSTON.

Circumscribed Myxoedema

SIR,—In your annotation on this subject (*Journal*, August 3, p. 285) you mention the failure of thyroid, cortisone, and hyaluronidase to cure localized myxoedema. You make no reference to the use of L-iodothyronine. As this may be *the* thyroid hormone functioning at tissue level, I suppose it must have been tried in this condition. I have used it by mouth recently on two cases of pretibial myxoedema in male subjects suffering from hyperthyroidism controlled by antithyroid drugs. In neither case was there any demonstrable effect.—I am, etc.,

Dewsbury, Yorks. GODFREY B. TAIT.

Hydrocortisone in Orthopaedics

SIR,—Last year in his review (*Journal*, March 31, 1956, p. 730) of my little book *Hydrocortisone in Orthopaedic Medicine*,[1] Professor J. H. Kellgren stated that the hormone was "most effective in relieving pain for periods *up to several weeks*" (my italics). It had seemed that in my hands relief could last much longer, but at that time I had only clinical impressions to base that opinion on. Owing to the work of our research assistant, Mrs. Granger-Taylor, figures are now to hand on patients followed up for at least one, and up to four, years—i.e., since 1953, when the M.R.C. first granted me hydrocortisone suspension for experimental purposes. The statistics show as follows.

Tennis-elbow (Teno-periosteal Variety).—207 cases. After one or two injections 60.4% have stayed well ever since—i.e., for one to four years. Only a further 4% were put right by one or two more injections; hence it seems scarcely worth while giving the injection more than twice. *Tendinitis at Shoulder.*—94 cases. Supraspinatus 52%; infraspinatus 31%; subscapularis 17%. Of these cases 47 (50%) remained well after one infiltration of the affected part of the tendon; 22 (24%) after two or three injections, and only 2 after four or five. Failed or recurred: 23 (26%). It follows that if the patient is not well in three injections, it is not worth while going on. *Arthritis at Shoulder.*—103 cases. Of these, 56 were judged to be monarticular rheumatoid cases and 50 recovered, 27 of them after one to three intra-articular injections. Failed or recurred: 6.

In traumatic arthritis, 17 out of 23 patients were put right, 10 of them with one to three injections into the joint. In freezing arthritis and arthritis of uncertain type, only 11 out of 24 patients were any better for the injections, and of these only 7 got well with one to three injections. It is true that permanent cure cannot be claimed even after, say, a tennis-elbow has remained well for four years. Nevertheless, these statistics should serve to correct any impression that hydrocortisone does not give satisfactory—and at least semi-permanent—results in a number of common and disabling conditions.—I am, etc.,

London, W.1. JAMES CYRIAX.

REFERENCE

[1] Cyriax, J., *Hydrocortisone in Orthopaedic Medicine*, 1956. Cassell, London.

Visceral Cardiac Reflex Mechanism

SIR,—The case cited by Dr. Raymond Daley as an example of the visceral cardiac reflex mechanism, in which infarction of a gall-stone coincided with myocardial infarction (*Journal*, July 27, p. 173), prompts me to report a recent case in which renal colic and myocardial infarction occurred simultaneously.

A man aged 53 developed severe colicky pain in the right loin, radiating across the back, which continued intermittently during the following week. Two weeks later the pain in the right loin returned, and at the same time he developed a severe gripping pain across the front of the chest. Both pains lasted for several hours, and were accompanied by vomiting. The results of the investigations were as follows: chest *x*-ray, moderate cardiac enlargement; I.V.P., large stag-horn calculus in right kidney; urine, numerous pus cells and *Bact. coli*; E.C.G., deep inversion of T wave in leads 2 and 3. He received a three weeks' course of treatment with phenindione, and subsequently the right kidney was removed.

The simultaneous onset of the symptoms of renal colic and myocardial infarction is unlikely to have been coincidental. It seems more probable that the renal colic produced a reflex diminution in blood flow through coronary arteries already narrowed by atheroma.—I am, etc.,

Liverpool, 18. J. W. B. FORSHAW.

Tendo Achillis Rupture after Hydrocortisone Injection

SIR,—I read with interest Mr. H. B. Lee's description (*Journal*, August 17, p. 395) of a ruptured tendo achillis after injection of hydrocortisone. I have just had a similar case in a female sprinter. I would like to know if there are other similar cases, because if this is a common occurrence it means that the old treatment of deep transverse friction for strains to tendo achillis seems to be the best treatment. In the past, I have found that it is a most successful treatment, although it means more frequent attendances.—I am, etc.,

London, W.1. R. BARBOR.

Clinic for Homosexuals

SIR,—Ever since the celebrated case in 1954 the subject of homosexuality has been simmering in the public mind. The report of the Wolfenden Committee is expected shortly and its publication will bring the matter to the boil again. Much research has been done, and must continue to be done, into the causes and possible cure of homosexuality, but the fact remains that there are a great number of established homosexuals, perhaps not far short of a million, in this country to-day. This number will not change if the law is changed. Homosexuality will still be a problem, both to society and to the individual. A change in the law, should it be recommended and carried through, must never be interpreted by the public as meaning that the problem is no longer of any significance beyond its relation to young people and to public decency. Certain it is that homosexuals will go on having their trials and tribulations (perhaps more, perhaps less, for who can tell?).

Existing opportunities for a homosexual to obtain help are limited. The medical profession as a whole has unfortunately been unable over the years to dissociate itself

from the distaste with which the general public views the matter. Consequently there has been confusion of thought and practice, confusion too easily conveyed to the homosexual seeking help. He is often reluctant to consult his own doctor, who, he believes, is unlikely, because of prejudice or ignorance, to be able to understand him. This is a sorry state of affairs, and, while there are indeed some outstanding experts on the subject, the paths to their consulting-rooms are not well signposted.

A few months ago a feeler was put out to assess the reaction of some fifty men and women, in all spheres and walks of life, to the idea of setting up a clinic to be devoted exclusively to homosexuality and its related problems. The reaction was overwhelmingly favourable, and at a meeting in June, attended by twenty people (nine of whom were doctors), a proposal that the project was valid, was worth undertaking, and deserved support was carried unanimously. Although there is still much preliminary work to be done before the clinic can come into operation it is felt that a great many doctors will be interested to know of the project at this stage. The primary aim is clear: it is to decrease the magnitude of the homosexual problem. The clinic will be run on an out-patient basis in a convenient part of London. It will offer no new therapeutic technique except in so far as a clinic concerned solely with homosexuals is new, and this may well prove to be a big step forward.

The objectives of therapy are only touched upon briefly here. For the young who have encountered difficulties on the road to maturity, and for the adults who have a bivalent sexual instinct, the objective will be adjustment to heterosexuality. For the people in whom any heterosexual urge has always been absent and will never, humanly speaking, be present, the objective will be better adjustment to homosexuality, thereby releasing, for the benefit of the community at large, the great potential for good work which so often lies dormant in homosexuals. There are certainly well-adjusted homosexuals whose contribution to society must be rated very highly. The clinic will also act as a centre for the spread of knowledge. Research will be carried out concurrently with therapy, which will include group therapy conducted under proper medical supervision; the scope in this direction is considerable. To start with, at all events, the project will have to be financed by funds raised by private subscription, but it is hoped that the clinic will become self-supporting. The general interest and support of the medical profession is sought for this project, which represents a sincere attempt to tackle a serious problem. The Church and all responsible bodies are anxious and willing to play their part, but, on the admission of everyone seeking to enlighten the shadows of homosexuality, medicine's contribution is the most vitally important.—I am, etc.,

Hurst Green, Surrey. RODNEY H. N. LONG.

POINTS FROM LETTERS

Fainting on Parade

Dr. R. S. WALSH (Henley-on-Thames) writes: I think I can help shed some light on the points raised in Dr. A. H. Skinner's letter (*Journal*, August 10, p. 356), having spent two years as a regimental medical officer in B.A.O.R., most of it with an infantry battalion. The temperature in the summer in Germany equals anything usually encountered in Britain, but fainting on parade was relatively uncommon. I saw all those who fell out within a very few minutes of the event, and, though I have no detailed records, I recall that all cases could be grouped into four classes. First, those who had over-indulged in alcohol the night before; secondly, those who had missed breakfast, usually by leaving too much of the preparation for the parade until the last moment; thirdly, those sickening for acute illness such as influenza; and, fourthly, recruits fresh from the regimental depot, whose physical development was below average. Clearly the state of morale and discipline of the unit has much to do with the problem, as has clothing suitable to the weather. Shirt-sleeve order was the regulation summer dress in Germany. The mechanism of fainting appeared in all cases to be a vasovagal attack, and the freedom from fainting once recruits had been brought to a high degree of physical fitness was most striking.

Obituary

R. A. KERR, *M.C.*, M.B., F.R.C.S.

Mr. R. A. Kerr, consulting surgeon to the National Temperance Hospital, London, died on July 12 at St. Leonards-on-Sea, Sussex, where he had been living in retirement. He was 67 years of age.

Robert Andrew Kerr was born on March 22, 1888, and was educated at the former Queen's Colleges at Galway and Belfast, gaining the first- and second-year medical scholarships while at Galway and the fourth- and fifth-year medical scholarships at Belfast. He was also awarded the Malcolm and Coulter exhibition at the Royal Victoria Hospital, Belfast. Graduating M.B., B.Ch., with first-class honours, in 1910 from the recently founded Queen's University of Belfast, he then held the appointment of house-surgeon at the Down County Infirmary, Downpatrick. Up to the outbreak of the first world war in 1914 he held a number of other appointments, including those of junior and senior demonstrator in anatomy at the Queen's University and several resident posts at the Bristol Royal Infirmary. He served throughout the first world war with the R.A.M.C., and in 1917, while attached to the Royal Warwickshire Regiment, was awarded the Military Cross for conspicuous gallantry and devotion to duty: "He succeeded in rescuing his three bearers who were entombed when the aid post was blown in. He constantly visited the most dangerous parts of the line in order to tend the wounded."

After the war Kerr settled in London, and held the posts of clinical assistant in the genito-urinary department of the London Hospital, resident medical officer at the London (now National) Temperance Hospital, and house-surgeon at St. Mark's Hospital for Diseases of the Rectum. He was admitted F.R.C.S. in 1920. Later he became surgical registrar at the London Temperance Hospital, and in 1922 was elected honorary assistant surgeon, becoming senior surgeon in 1951. When he retired three years ago he was appointed consulting surgeon to the hospital. He was also consulting surgeon to the Sittingbourne Memorial Hospital. He is survived by a widow and one son.

D. D. P. writes: For one who was his colleague and friend since 1921, and more recently his grateful patient, it is easy to write of "Bob" Kerr, as he was known to his many friends. Following the first world war, in which he served in the R.A.M.C. with distinction, being awarded the Military Cross, he was appointed resident medical officer at the London Temperance Hospital (as it was then named) in 1921. A vacancy occurring towards the end of that year, he was appointed surgical registrar, and in this post began to attract attention by his keenness and ability. There was an unexpected retirement from the honorary staff in 1922, and he was elected as honorary assistant surgeon. His wide theoretical knowledge now had the opportunity of being put to practical use, and he rapidly established himself as a surgeon well known for his most thorough examination of the patient and whose opinion and operative skill began to be in great demand. He was insatiable in his reading of surgical and medical literature; in fact, surgery was not only his profession but his hobby. He was very modest, and, although a regular attendant at the various surgical society meetings, it was very rarely that he would speak, and only infrequently that he reported a case or wrote an article. During the second world war, his immediate senior having joined the R.A.M.C., he took charge of the National Temperance Hospital for the Emergency Medical Service and worked indefatigably. He became senior surgeon at the hospital in 1951, and held this position with distinction until his retirement in 1954; this was the occasion of great regret to his colleagues and to the nursing staff. The North-West Metropolitan Regional Hospital Board honoured him by appointing him consulting surgeon. Bob Kerr was a man of quiet demeanour, but with a great sense of humour