

ment may be more important than either of the others, it is not of itself capable of producing results of the same excellence as those obtained by the use of the three methods in combination. Indeed, many joints would be lost unnecessarily if reliance were placed only on antibiotic treatment. With the combined therapy, antibiotic treatment is not necessarily required for so long a period as eighteen months.

A large number of patients treated by constitutional treatment, antibiotics, and operation have now been followed up, and, although the majority of these patients received only three months' antibiotic treatment, the number of relapses have been few. My present practice is to give, in combination with the other forms of treatment, antibiotics for at least six months, or for longer if there is any special indication, and so far this has been found to be adequate.—I am, etc.,

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M. C. WILKINSON.

REFERENCE

- ¹ Sanchis-Olmos, V., *Skeletal Tuberculosis*, 1948. Baltimore.

Congenital Heart Block

SIR,—Mr. J. Eyton-Jones's interesting report of two cases of congenital heart block (July 23, p. 275) may perhaps perpetuate two myths. The first is that septal defects (atrial or ventricular) can cause heart block. The second is that congenital heart block carries a bad prognosis.

Congenital heart block results from failure of the conducting tissues (atrial muscle, A.V. node and bundle) to achieve continuity. Congenital septal defects are only exceptionally associated with heart block and are never causal. This is logical when the developmental anatomy of the conducting system is considered.^{1,2} Mr. Eyton-Jones refers to a case of congenital heart block "due to an interauricular septal defect" described by McNie and Johnstone.³ These authors did not in fact attribute the block to the septal defect.

A few children with congenital heart block have associated heart malformations and die young. The remainder usually have functional murmurs which may lead to the erroneous diagnosis of septal defects. Congenital heart block without associated cardiac malformations carries an excellent prognosis.—I am, etc.,

Department of Child Health,
University of Liverpool.

R. W. SMITHELLS.

REFERENCES

- ¹ Huntingford, P. J., *J. Obstet. Gynaec. Brit. Emp.*, 1960, **67**, 259.
² Smithells, R. W., and Outon, E. B., *Arch. Dis. Childh.*, 1959, **34**, 223.
³ McNie, T. McG., and Johnstone, G. M., *J. Obstet. Gynaec. Brit. Emp.*, 1959, **66**, 135.

Streptomycin and Labyrinthine Ataxia

SIR,—In the past fortnight I have seen four severe cases of labyrinthine ataxia, due to streptomycin. In only one of these could it entirely be certain that this particular drug was indicated—a case of pulmonary tuberculosis. In the other three patients, all elderly women, a surgical condition was treated with this drug, and the unsteadiness of legs was noticed for the first time when the patient got out of bed. In all three, the period of treatment was short, and in one case lasted only five days. Disability was sufficient to prevent the patients from going outdoors and it had lasted several months, and in one woman for more than a year.

If sufficient thought had been given, it seems likely that a less toxic drug could have been substituted for the streptomycin. In spite of the paper by Cawthorne and Ranger¹ and the occasional cases where heavy damages have been paid for this complication (Smith v. Brighton and Lewes Hospital Management Committee),² surgeons still do not appear to be aware of the dangers of administering this drug to elderly dehydrated patients. How many more times must neurologists and otologists issue the warning?—I am, etc.,

London, W.1.

K. W. G. HEATHFIELD.

REFERENCES

- ¹ Cawthorne, T., and Ranger, D., *Brit. med. J.*, 1957, **1**, 1444.
² *Ibid.*, 1958, **2**, 456.

Infants and the March of Medical Science

SIR,—It is interesting to observe the march of medical science as reflected in successive editions of the *National Formulary*. This is especially noticeable in the Infants' Section. Two editions ago (in 1955) this section contained three antibacterial mixtures. Now in 1960 one of these has been deleted, leaving us with two—mist. sulphadimid. pro inf. and mist. succinyl . . . etc. (always an awkward one to spell). No mention of anything discovered since about 1938.

If the infant needs any more modern antibacterial agent it has presumably to put up with something from the general section: a nasty injection perhaps. Or it could bite off half a capsule. Or (if its mother is a capable do-it-yourself apothecary) it could swallow a tablet crushed up in something tasty. Otherwise—perish the thought—it might be tempted to enjoy a concoction made by one of those unmentionable proprietary manufacturers.—I am, etc.,

Watford.

R. C. TAYLOR.

Nature of Congenital Dysphasias

SIR,—Dr. Macdonald Critchley in the Centennial Oration of the Institute of Neurology (July 2, p. 6) asks: "What is the essential nature of the so-called congenital dysphasias, including developmental dyslexia and congenital auditory imperception?" His pertinent remarks in answer have prompted this letter.

In attempting to understand the psychological abnormalities in children of about 7 years of age who are unable to speak or comprehend the spoken word, the scheme of intellectual development outlined by Jean Piaget, of Geneva, has been found helpful. Three such cases were recently observed as in-patients at the Montreal Children's Hospital where I was a senior assistant resident in psychiatry. It is hoped that one of these will be published in detail shortly.

This is an 8-year-old boy who has never shown any inclination to speak or respond to speech, although he appears normal emotionally, morally, and physically except for a left-sided E.E.G. epileptic focus. The audiogram and pneumoencephalogram were without abnormality. Several non-verbal intelligence tests were at his age-level or above—e.g., Raven's matrices, Nebraska, Goodenough, Bender. Well-developed spatial concepts were shown to be present using some of Piaget's clinical tests.² Since speech failed to appear it is not surprising that logico-mathematical concepts are poorly developed. Those that he has been revealed by his use of written words, an ability he recently began to show. Symbolism,³ the representation of one thing by another, is well developed. He plays for long periods and can reproduce situations some time later by drawing them.