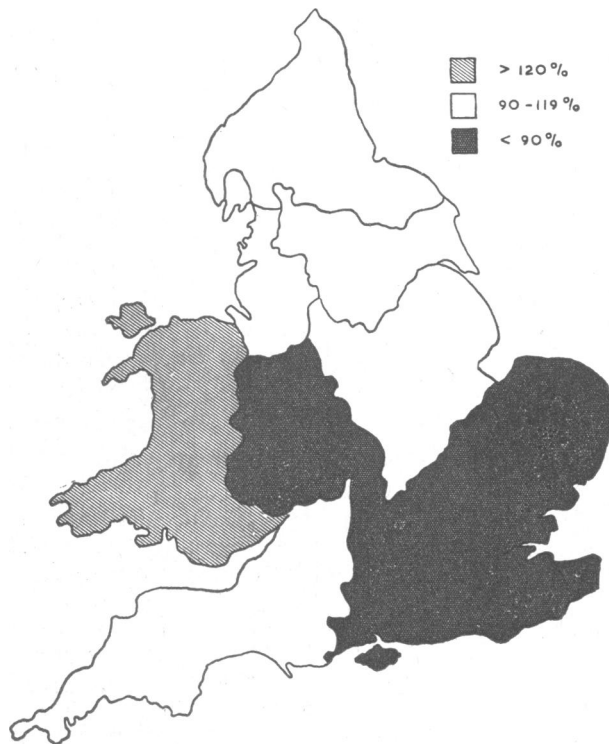


in each region of the country for the years 1957-9. Post-cricoid carcinoma is primarily a disease of women, and indeed some authorities doubt whether it occurs in men except as an occasional rarity. In view of this



Post-cricoid carcinoma in women. Comparative mortality (%).

only the mortality in women is considered. The comparative mortality figures for women calculated in the same manner as Dr. Payne's give the following results:

Region	Comparative Mortality for Women (%)
Northern	94
E. and W. Ridings	100
North-western	114
North Midland	100
Midland	73
Eastern	79
London and South-east	81
Southern	67
South-western	116
Wales	240

The high incidence in Wales is most striking and the regional variation as a whole has some similarities to the variations found in the case of pernicious anaemia and gastric carcinoma. This is best illustrated by the map. The main difference is the low comparative mortality in the Midland region.—I am, etc.,

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Accident Neurosis

SIR,—Like Mr. J. A. Ryan (April 29, p. 1251), I also want to thank Dr. Henry Miller for his discussion of some of the effects of trauma. But I am sorry he has not given me an infallible means of distinguishing neurosis from organic post-concussional syndrome.

In one place Dr. Miller said a third of patients with minor head injuries developed neurosis. But he restricted his detailed study to only 47 with "gross and unequivocally psychoneurotic complaints." The chief

distinguishing feature of these was that they returned to work after a lump-sum settlement. This is impossible to foretell, and therefore the diagnosis in such cases can only be retrospective. So far as I know, nobody has followed up a large series of such cases since H. E. Griffiths¹ denounced the "pest of the lump sum settlement." In those days it usually left the worker destitute after a few months. Griffiths cited Norcross, of New York, who in 1936 reviewed 321 patients three years after settlement of lump-sum claims. Of 67 patients classed as neurotic, 45 were back at work with weekly earnings much decreased, in 22 by more than 60%.

It is a grave error to generalize from the patients we dislike, and lay suspicion of dishonesty on every patient who fails to recover from an injury. More realistic is the committee of twelve surgeons headed by G. C. Manning,² who after four years' inquiry said the only one competent to judge the patient's fitness for manual work was the patient himself. Manning said it was unfair that medicine, whose only purpose is the relief of suffering, should be thus side-tracked by the courts and asked for opinions it is not competent to give.—I am, etc.,

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Connubial Diabetes and the Possible Role of "Oral Diabetogens"

SIR,—Dr. G. D. Campbell (May 27, p. 1538) presents some interesting speculations on possible reasons for a high incidence of diabetes in the spouses of diabetes patients at the diabetic clinic of the King Edward VIII Hospital in Durban, but the evidence he adduces for the existence of a high incidence of connubial diabetes seems to be deficient.

Dr. Campbell states that 8.8% is probably a low estimate of the incidence of diabetes in Natal Indians over 30. I don't know how many of the 1,900 of these people in the sample were over 30 and had spouses, but, if they all were and did, then the 1,900 spouses should include at least 167 diabetics (omitting a small correction for spouses initially known to be diabetic). Since only 61 diabetics were found among the spouses of diabetics, one may conclude that only about 36 or 37% of the diabetics had spouses. Only if a substantially smaller percentage than this were married would 61 be an unexpectedly large number of pairs of connubial diabetics in this sample. As for the "simultaneous emergence of the disease in these connubial pairs," is it not likely that a number of people might be stimulated to investigate the possibility of their suffering from diabetes by the diagnosis of diabetes in their spouses?—I am, etc.,

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Acute Diabetic Abdomen

SIR,—I would like to make a further addition to the very useful list of medical causes of acute abdominal pain, besides diabetes, made by Dr. A. K. Chatterjee (May 27, p. 1539): it is very rarely pointed out in textbooks of surgery and medicine that organic disease or functional impairment of endocrine glands (chiefly the hypophysis, parathyroids, and adrenals) may present as an acute abdomen. I think it is very important to