

Psychopaths Aged over 25

SIR,—With reference to Dr. Seymour Spencer's letter (August 5, p. 379), I feel it would be useful for the subsequent events relating to this case to be stated.

On the recommendation of the Review Tribunal who had ordered that the category of the detention order should be altered from "mental illness" to "psychopathic disorder," this was accordingly done. Subsequently, the question as to whether the patient was still liable to be detained since she was now classified as a psychopath was raised with the clerk of the Review Tribunal, who referred the matter to the legal advisers of the Ministry of Health, who, after some days, ruled that the patient was not now liable to be detained. The patient agreed to remain informally, but left after 10 days.

Consequently, until further consideration has been given to the position arising in this case it would appear that psychopaths aged over 25 years cannot be detained in these circumstances, and it would appear that the appropriate way of dealing with such cases would be under section 60 of the Mental Health Act, 1959, by a court order, which section 63 (3) (b) makes possible.—I am, etc.,

Tone Vale Hospital,
Near Taunton.

K. C. BAILEY.

Staphylococcal Infections

SIR,—I read with great interest the papers on staphylococcal infections (August 5, pp. 329–339). Staphylococcal infections, like boils and abscesses, are common complaints in general practice and they are usually treated by general practitioners. I was puzzled for some time by so many cases of boils in practice and I decided to investigate them closely.

I have found out¹ that the majority of patients suffering from boils were the patients suffering from allergic diseases. This observation fits into the accepted theory that nasal carriers of *Staphylococcus pyogenes* suffer from staphylococcal infections. Hay-fever or allergic rhinitis predisposes the patients to sinusitis and to staphylococcal infections of anterior nares. It is known that patches of eczema are infected with *Staphylococcus pyogenes*. Research on staphylococcal infections should include both the staphylococcus and the patient. It is unfortunate that, of these two, the patient is often forgotten.—I am, etc.,

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B. BENDKOWSKI.

REFERENCE

¹ Bendkowski, B., *Acta allerg. (Kbh.)*, 1961, 16, 81.

Panic Immunization

SIR,—Dr. E. J. Moynahan's letter (July 15, p. 173) to me seemed a reasoned criticism to the suggestions in the article by Dr. Guy Bousfield (July 1, p. 43). Dr. Bousfield now writes a long letter (July 29, p. 312) which I had hoped would be a reasoned reply. Instead, "I am not even prepared to discuss the matter with him."

I am sure we do want this matter discussed. He implies that pertussis vaccine alone or combined with other antigens is sometimes responsible for "giving them [allergic children] objectional complaints such as asthma, eczema. . . ." What evidence is there that this occurs more often in allergic (*sic*) than non-allergic

man? I and, I am sure, Dr. Moynahan would be grateful for this evidence.—I am, etc.,

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Plague Documents

SIR,—Dr. Paul Cassar's article (August 5, p. 377) describing the wooden "documents" still in existence in Malta, which were used because of the fear of infection possibly carried by paper, makes fascinating reading. He cites this as a reminder of the fallacies of epidemiological thought only 150 years ago. But this fear was still prevalent less than 70 years ago.

My father, the late Dr. Frank Radcliffe, was a ship surgeon on one of Alfred Holt's Blue Funnel line trading to the East Indies in the early 1890's, and used to relate with relish how his duties required him to take the ship's papers ashore at Algiers for inspection before anybody was allowed to land. He was rowed to the foot of the harbour steps to the medical officer's office, which had no direct access to the quayside. The papers were then handed through an inspection window, and opened out with two pairs of metal forceps which had previously been disinfected by flaming, so that they were not touched by hand. Only after this ritual was he allowed to be rowed round to the main landing steps leading to the office and received inside by the port medical officer.—I am, etc.,

Wivenhoe, Essex.

WALTER RADCLIFFE.

Latent Brucellosis in Farmers

SIR,—May we reply to the letter of Dr. Frederick J. Wright (August 5, p. 382) criticizing our use of the term "latent brucellosis"?

We did not define the term because we considered that such definition was implicit in the third paragraph of our article (July 8, p. 80). "Latent" means to us no more and no less than the clumsier term "subclinical." Our subjects were considered to have latent infections because there was no clinical evidence of present illness. Whether the infection is past or present seems to us of small importance in such an epidemiological study. What matters is that a certain number of farmers showed evidence of having at some time acquired the infection. In any case, who can say when the last organism has been eradicated?—We are, etc.,

I. R. McWHINNEY.

A. P. PRIOR.

Warwick.

Sobering-up

SIR,—There is one method of rapid "sobering-up" (May 6, p. 1306) which I imagine many house officers have used on casualty duty, but anyone who has not heard of it may on occasions find it useful. As the effect is very transient it is of limited application. I have used it only two or three times, for the same type of case each time, and it has always worked. It is very useful where the patient is found comatose or nearly so, unrousable but smelling of alcohol, and it is important to find out either who he is, or whether he has been involved in an accident and at least partly concussed.

Two ml. of nikethamide is injected intravenously. The patient sits up and sneezes once or twice and asks where