

Reversed-ear Syndrome

SIR,—I was puzzled by Dr. Henry Hollis's comments (September 9, p. 710) on my description of reversed-ear injury (August 19, p. 483), particularly by the following sentence: "Dr. Jarrett's idea of the drum being perforated through outwards (by explosion of air from the middle ear) just did not happen. . . ." My article stated several times that *the drum is not injured in any way in reversed ear*, and even included a picture of a normal drum to stress this fact. Your annotation very correctly singled out this point for repetition, for the accepted but erroneous belief among divers has been that the drum is actually ruptured outwards in reversed ear. Cousteau never investigated reversed ear; he was merely quoting current opinion when he said, "Pressure building up in the Eustachian tube would have forced my drums outwards, eventually to bursting point" (*The Silent World*, Ch. 1, para. 7).

It seems that Dr. Hollis while serving in the Royal Navy in 1953 was aware of the nature and causes of reversed ear. Unfortunately the number of cases of the condition continued to increase up to the end of 1960, when the Admiralty Experimental Diving Unit was officially asked to investigate the problem. The foam-rubber hoods mentioned in my article are now being tried out in the Royal Navy with satisfactory results. No foam rubber is completely porous and some degree of partial vacuum can still be measured inside this material under diving conditions. However, this is so much less than in watertight suits that only one case of reversed ear has been seen in the last six months.—I am, etc.,

Gosport.

ANTONY JARRETT.

Personal Medical Records

SIR,—With reference to your correspondence on personal medical records (September 9, p. 705), may we point out that cards and disks indicating diabetes are available from this Association, and have been for over 20 years.—I am, etc.,

The British Diabetic Association, JAMES G. L. JACKSON.
152 Harley Street, London W.1.

SIR,—The letter by Drs. John Fry, H. J. Parish, and D. A. Cannon (September 9, p. 705) and its subsequent amplification by Dr. Fry in the edition of *Pulse* of September 16 will arouse much interest, especially with those of us who have dealings with patients in casualty departments.

I am sure it is the hope of many practitioners that a standard personal medical card will be introduced on a national basis. I realize that some means of persuading the vast majority of the population to carry these cards with them always will be no easy task. However, most of us who drive a motor vehicle have no strong objection to our statutory obligation to carry our driving licence and certificate of insurance on our person, and the same feeling would eventually apply to our personal medical record card.

The accurate completion and keeping up to date of the personal record card would impose a heavy burden on chiefly the general practitioner and public health services, and, if expected of us, must also bring an appropriate financial reward for the time and energy expended. In his article in *Pulse* Dr. Fry suggests that

the details of operations should also be given to the patient in writing, and these details presumably could be included on the same personal record card. I am sure most doctors have had the unenviable experience of looking at an "acute" abdomen with a laparotomy scar and having no means of deciding, for instance, whether the appendix was coincidentally removed when the laparotomy was performed. This is just one of the examples of where an accurately compiled record card would be of the utmost value.—I am, etc.,

Bromsgrove, Worcs.

H. M. WHITE.

Shrunken Numbers

SIR,—It is necessary for reference purposes to record the batch numbers of the various vaccines used for antigenic purposes. Can the manufacturers have any sound reason for reducing the size of the lettering and numbers which one is required to record to such microscopic size as to be practically indecipherable?—I am, etc.,

Newport,
Isle of Wight.

JOHN MILLS.

Psychopaths Aged Over 25

SIR,—Dr. Seymour Spencer (September 16, p. 769) is rightly concerned about this problem. It seems to me, however, that the answer is fairly simple. If one of my patients constantly made attempts to commit suicide and refused to remain in hospital for a period of adequate supervision, I should have no hesitation in making out a Section 26 order on the basis that this person was suffering from a mental disorder and that he or she was a danger to him or herself. I feel certain that this would be supported by the courts and that any tribunal would understand the necessity for prolonged treatment and custody.—I am, etc.,

Hellesdon Hospital,
Norwich.

W. J. ABEL.

Malaria and Glucose-6-phosphate Dehydrogenase

SIR,—I am indebted to Dr. A. C. Allison and Dr. D. F. Clyde for their letter (August 19, p. 521) which throws new light on the reference to Field¹ in their original article (May 13, p. 1346). One can now see that this was not, as I had supposed, a misinterpretation of Field's results; it was instead a generalization from those results, and as such merits closer study.

Put briefly, the argument is as follows: Field used various drugs to treat Asian patients admitted to hospital in Malaya with acute uncomplicated falciparum malaria. When pre-treatment counts were below 100,000 parasites per c.mm. of blood the case mortality rate was 0.5% (11 deaths in 2,139 patients), whereas with pre-treatment counts above 100,000 per c.mm. the case mortality rate was 22% (39 deaths in 177 patients). Although most patients with counts below 1,000 per c.mm. were excluded from his data as being unsuitable for drug-testing, the 50 patients who died had all had counts of more than 2,000 per c.mm., and 47 had had counts of 30,000 or more per c.mm. (Table I, p. 37). Field concluded that the parasite count before treatment began formed a valuable guide to the chances of recovery; therefore, say Drs. Allison and Clyde, "we chose the level of 1,000 parasites per c.mm. because on available evidence, reinforced by our own experience in tropical Africa, infections with