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Rumination

According to E. M. Brockbank¹ rumination or merycism (Greek, chewing the cud) was first described by Fabricius ab Aquapendente in 1618. A Paduan nobleman whose father had a horn growing from the middle of his forehead was said to have ruminated like a cow. And Burgower in 1626 in a thesis at Basel described a ruminating monk who had two horns protruding from the forehead. Other authors later described ruminators with horns and assumed they had multiple stomachs like cows.

Brockbank noted the familial incidence of rumination, and described a patient and his six children who suffered from it. He thought that mental strain was a factor, and he quoted the case of a man who had ruminated for several years but who stopped within a few days of getting married. Cameron,² in a lecture at the Royal College of Physicians, stated that rumination may begin in infancy, but not before the fourth month, and that it may persist throughout life. He described five cases, all artificially fed babies, and stated that it was found most commonly in infants "with psychopathic inheritance and in a psychopathic environment." His description remains unequalled.

"After taking the meal quite in the ordinary way the baby, as a rule, lies quiet for a time. Then begin certain purposive movements, by which the abdominal muscles are thrown into a series of violent contractions—the head is held back, the mouth is opened, while the tongue projects a little and is curved from side to side so as to form a spoon-shaped concavity on its dorsal surface. After a varying time of persistent effort, sometimes punctuated by grunting or whimpering sounds, expressive of irritation at the failure to achieve the expected result, with each contraction of the abdominal muscles milk appears momentarily in the pharynx at the back of the mouth. . . . Finally a successful contraction ejects a great quantity of milk forward into the mouth. The infant lies with an expression of supreme satisfaction upon its face, sensing the regurgitated milk and subjecting it to innumerable sucking and chewing movements."

"It is very evident that achievement of his purpose produces a sense of beatitude, while failure results in nervous unrest and irritation."

"It is characteristic of the ruminating child that it sins its sin only in secret. To watch it openly is to put a stop to the whole procedure. . . . Only when the child is alone and in a drowsy, vacant state, while nothing distracts attention or excites curiosity, does the act take place."

Some babies appear to gargle with the regurgitated milk; one can see the milk repeatedly appear and disappear behind the tongue. The incidence is the same in boys and girls. Others have written about rumination in infancy as a sign of emotional deprivation.³⁻⁶ J. B. Richmond and E. J. Eddy,⁵ in describing four patients, wrote that the infants appeared to receive "insufficient maternal care in the form of physical contact and gratification. It is postulated that the symptom was an attempt by the infant to substitute gratifi-

cation from within when such gratification is not forthcoming from without the organism in the form of comfortable and stimulating experiences with a mother figure." There was a background of maternal immaturity and marital problems. There may be associated head rolling, head banging, body rocking, or hairpulling. The babies commonly present as "failure to thrive." The diagnosis is then made on the basis of the history and personal observation.

In a fully developed case the diagnosis of rumination is obvious, but in the early stages it is difficult to distinguish from the normal regurgitation or possetting seen in most infants, in some more than others. But the factor of emotional deprivation is not always obvious, and the possibility that there may be an underlying hiatus hernia is worth remembering.⁷ Now J. Herbst and colleagues⁸ have described three ruminating children who were found to have a hiatus hernia, shown by x-ray examination.

Many treatments have been advocated for the condition. At one time the skull was trephined. Cameron² tried a cap and china piece connected by two side pieces of webbing, each with a buckle; the mouth was kept securely closed by tightening the side pieces. He also recommended thickening the feeds. Others advise that the child should be nursed in the prone position, or that he should be kept sitting up. Some babies stop the practice when given a dummy or pacifier. Ruminating infants should certainly be given the love and attention which they need, and a good nurse who will mother the baby is essential for the treatment in hospital. It may well be that only a few ruminators have a hiatus hernia, but its possibility must be remembered so that the appropriate treatment can be instituted.

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⁴ Fullerton, D. T., *Archives of General Psychiatry*, 1963, 9, 593.

⁵ Richmond, J. B., and Eddy, E. J., *American Journal of Diseases in Children*, 1957, 94, 412.

⁶ Richmond, J. B., Eddy, E. J., and Green, M., *Pediatrics*, 1958, 22, 49.

⁷ Illingworth, R. S., *The Normal Child*, 3rd edn. London, Churchill, 1964.

⁸ Herbst, J., Friedland, G. W., and Zboralske, F. F., *Journal of Pediatrics*, 1971, 78, 261.

Welsh Centenary

On 18 January 1871 the inaugural meeting of the South Wales and Monmouthshire Branch of the B.M.A., representing 120 members, was held at the New Hospital, Swansea. At a dinner at the Mackworth Arms after the meeting Dr. George Padley,¹ of Swansea, the first president, observed that: "They were all aware of the very important services which the B.M.A. had rendered to the profession, both in its scientific, social and political aspects, and he hoped that the Branch Association just established would prove a vigorous offshoot from the parent stem." With a century of active work behind it and a membership now fifteenfold bigger the branch has amply fulfilled Dr. Padley's expectations.

That same month the B.M.A. referred in a leading article on the "Growth and Distribution of the British Medical Association"² to the value of the branches in promoting the Association's membership and activities. At that time in England and Wales only about 28% of doctors belonged to the B.M.A. However, there were wide variations within this average, and not surprisingly more doctors joined in an area where a branch was in being and active. Though the Asso-