

Much of Marx's time was spent at his favourite seat in the reading room of the British Museum, where conditions were infinitely preferable to those of his digs. He started to suffer from haemorrhoids (which frequently necessitated his reading and writing while standing up), and from neuralgic facial pains, boils and carbuncles. For the latter he tried at one time or another creosote, opium, arsenic and daily cold baths and spa waters. Following his mother's death in 1856 Marx's finances improved and the family moved to Grafton Terrace, Hampstead. He continued to be plagued by boils and spent some time at the Royal Sea Bathing Hospital at Margate, where he was given hot sea water baths.

Das Kapital was first published in 1868. Marx was unable to attend his wife's funeral in 1881 due to bronchitis, and never fully recovered from her death. His latter years were spent at a house in Regents Park Road where, eventually, he was consuming a bottle of brandy every 4 days, in spite of his history of liver and gall-bladder troubles and jaundice, and he was given daily mustard baths. He died, following a haemoptysis, in 1883 aged 64 years. The cause of death on his Death Certificate was given as 'Laryngitis of two months', and his occupation was listed as 'Author'. He was cremated and his ashes buried in the family cemetery at Highgate. Engels paid for the original monument - the present monument being a gift from the Russians.

Frederich Engels was born at Barmen, Germany on 29 November 1820, the son of a rich Protestant cotton manufacturer. In 1841 he joined the Guards Foot

Artillery and was posted to Berlin where he met Marx and his circle. Whereas Marx was physically unprepossessing, Engels was tall and slim, his movements quick and vigorous, his manner of speaking brief and decisive and his carriage erect. With these graces went great modesty, so that he was content to remain in the shadow of Marx, whom he regarded as the Charles Darwin of history.

In 1858 Engels started to suffer from eye trouble, and, in the same year, also developed haemorrhoids. This may have affected his temper as, rather uncharacteristically, he struck an Englishman with his umbrella, injuring the man's eye, for which he had to pay damages.

In 1869 he settled in Regents Park Road, near Marx and laboured to finish volumes two and three of *Das Kapital* after Marx's death. By 1894, while he was working on the fourth volume, he was suffering considerably from muscular rheumatism and conjunctivitis. In 1895 he developed cancer of the throat with neck swellings and became unable to speak, dying the following year aged 74 years. His death certificate stated he died from 'Cancer of the oesophagus and larynx of five months and twenty days duration, and broncho-pneumonia one day and eighteen hours duration'. His occupation was listed as 'Of independent means'. He was cremated and the ashes strewn on the English Channel at Beachy Head, near his beloved Eastbourne.

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Letters to the Editor

Preference is given to the letters commenting on contributions published recently in the JRSM. They should not exceed 300 words and should be typed double-spaced.

Lightning and electrical injury

Lightning has, ever since Zeus invented the phenomenon, filled man with awe. The editorial by Cox (October 1992 *JRSM*, p 591) reminded me of an indirect contact with a lightning strike. In 1938 when I was a houseman at Addenbrooke's Hospital in Cambridge, I was called to the casualty department of Addenbrooke's one stormy evening with thunder and lightning and rain. A young couple had sought shelter in the open countryside under a tree where they had been struck by a shaft of lightning which stripped them stark naked. Not unexpectedly, they were shocked but, nevertheless, had managed to get assistance and were transported by ambulance to the hospital. On examination I could find no evidence of physical injury other than the residual shock which was dissipated by my reassurance. They were sent home in blankets by ambulance.

There was a body, a particular body in England in those days, interested in such physical phenomena, who learned of this event and requested details, for they had heard of nothing like it.

By the way, may I point out that the reference to *Lightning* given as *BMJ* 1974;ii:181 should be 1974;iv:181.

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Genital lichen sclerosus et atrophicus

I learned much from Dr Ridley's useful review (February 1993 *JRSM*, p 69), but I felt that she underestimates (or is perhaps unaware of) the familiarity that practising paediatric surgeons have with this condition. Indeed, though she mentions the problem of paediatricians', general surgeons', urologists' and gynaecologists' unfamiliarity with genital

lichen sclerosus et atrophicus (LS) she does not actually refer to paediatric surgery or paediatric surgeons in her paper.

All paediatric surgeons regularly see cases of LS both in girls and boys, and my own experience equates with that of Rickwood, i.e. LS (otherwise known as balanitis xerotica obliterans) is by far the commonest indication for circumcision. The papers quoted by Dr Ridley cite a much lower incidence of the condition in circumcision specimens and are an indication of the extent to which normal prepubertal anatomy (non-retractile foreskin) is frequently misdiagnosed as 'phimosis'.

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Chronic nutmeg psychosis

Reading the article by Brenner *et al.* (March 1993 *JRSM*, p 179), I was reminded of a remark made to me some years ago by my son. He wondered why it was that once people had started eating curries at Indian restaurants they appeared to become almost addicted to this kind of bill of fare and kept returning for more.

He, quite independently, suggested to me that it was the nutmeg in the preparations which seemed to him to induce a desire for more of the same and, in view of the above paper, this seemed to be relevant to its contents. I wonder whether any other of your readers have acquired this almost addictive desire to revel in curry dishes?

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Sir Frederick Treves

The award of the GCVO to Laking 2 years prior to Treves mentioned in the article by Harrison (January 1993 *JRSM*, p 60) was recognition of the many more years of service that Laking had given to Edward VII, his mother, their families and households. The urbane Laking was medical adviser, friend and confidant of Edward when he was Prince of Wales and King. It was Laking who suspected that the abdominal pain of Edward VII necessitated a surgical opinion. The irascible Monarch initially refused to see a surgeon and it was due to Laking's insistence that he relented, saw Treves and underwent surgery.