

Her two complaints were bruised ribs and an empty purse, but her praises were for the dramatic way in which her swollen arm was reduced. At the time insufficient thought was given to a physiological explanation of this phenomenon and the matter shelved.

In the light of the article, however, it is conceivable that the two physiological mechanisms combine to allow the return of some of the accumulated oedema by way of the veins. As I see it, this will occur when the venous pressure is lower than the oedematous tissue pressure. Perhaps the unsung osteopath was right in performing the manoeuvre frequently at subsiding levels—certainly he knew the right approach to his patient.

So far the opportunity of investigating this problem further has not presented itself, but it will, and success would be more impressive than a collection of interesting kymograph tracings, however valuable they may be.—I am, etc.,

Edinburgh, 4.

W. D. RIDER.

Penalties for Sexual Offences

SIR,—Dr. G. W. Fleming (August 11, p. 363) is indignant because a man of some standing and education has been sent to prison for 18 months for improper offences against five boys between the ages of 13 and 15. He considers that the penalty is out of all proportion to the crime. Let him think again. If the person in question had assaulted five girls of the same age, the penalty would surely have been very much heavier. The apologists for the homosexual pervert appear to assume that his sexual desire is so overpowering that he has no control over it whatsoever. That is quite wrong. There are good and bad homosexuals, just as there are good and bad among normally sexed people. Any practitioner of experience has come across men in his practice who are naturally homosexual in their desires but, being persons of high character, keep the same control over themselves as do heterosexual persons who have to lead celibate lives. I have had to deal with some of the unfortunate boys and their parents who have been the victims in similar cases to the one quoted by your correspondent, and the mental damage and distress is deep and lasting. It is no light crime. In my experience, comparatively few of these perverts take any steps to get cured, but let their desires become their ruling passion, as is the case of the ordinary voluptuary.—I am, etc.,

Hereford.

H. WARD-SMITH.

Confinements in Hospital?

SIR,—I have recently received a copy of a memorandum from the Ministry of Health relating to selection of maternity cases for admission to hospital. It advises me that most multiparae who have had four or more children should unquestionably require admission to hospital for their confinements on medical grounds.

The dangers of multiparity are certainly well recognized. According to Munro Kerr (*Maternal Mortality and Morbidity*, Edinburgh, 1933) the maternal mortality after the eighth pregnancy equals or exceeds that for the primigravida, while the *Report of Maternal Mortality* (H.M.S.O., 1937) gives a similar result for the eighth and ninth pregnancy. It would seem, however, that there is considerable difference between the "grande multipara" whose uterus is worn out with much child-bearing and the woman who has had five or six pregnancies which may have been well spaced. There are undoubtedly complications such as accidental haemorrhage which are found principally in the multiparous patient, but these are not to be prevented merely by making arrangements for a hospital confinement. There is also the obvious fact that many multiparous women deliver themselves so easily as to have very little warning of the approach of parturition, and the advice of the memorandum quoted above is surely liable to lead to a large number of babies being born in ambulances and other undesirable places.—I am, etc.,

Birmingham.

W. G. MILLS.

POINTS FROM LETTERS

Distribution of Chicken-pox Rash

Dr. W. EDWARDS (Ashted, Surrey) writes: During a recent chicken-pox epidemic I saw a boy whose rash on the first day was confined to the area of the left deltoid, on which he had a fine crop. It was 24 hours before it spread to the rest of the body. I commented to the mother on this unusual phenomenon, and she wondered if it could be connected with his being immunized against diphtheria in the left deltoid region a week previously.

Exercise for the Over-40s

Dr. W. H. EDGAR (Alverstoke, Hants) writes: May I support Dr. M. E. M. Herford's letter (August 4, p. 299) on the importance of breathing? Probably the chief importance of games is that they enforce vigorous breathing. But when the age for games is past breathing becomes a neglected art. The best exercise those over 40 can take is to do three minutes' breathing exercise twice a day. This is best done by one minute's thoracic breathing—i.e., expanding the chest—then one minute's abdominal breathing—i.e., protruding and retracting the abdomen—finishing up with one minute's general breathing—i.e., completely natural deep breathing. The "massage" effect on the thoracic and abdominal viscera is most salutary, and incidentally it is probably the best way to avoid "parade fainting."

Blackcurrant Tart after Gastrectomy

Mr. E. WILSON HALL (Eastbourne) writes: May I put in a plea to the many surgeons who are these days doing partial gastrectomies on patients and sending them to convalescent homes, not to give instructions to their patients that they can have in future a full diet? The discretion of a patient cannot always be relied upon, and this week-end I have had two partial gastrectomy patients in very acute pain; one had eaten spaghetti and cheese followed by raspberries, and the other had had quantities of pastry in a blackcurrant tart. I have found in dozens of cases that these patients very often prefer to go on to a full gastric diet, where their food is more easily supervised by the sister in charge, and I make this plea for the benefit of the patients.

Pyrexia of Unusual Origin

Dr. A. DUFF (Salisbury) writes: Dr. J. W. Laws (July 21, p. 157) deserves the thanks of laboratory workers for showing how an error might have been avoided. . . . The diagnosis is clearly what your scholarly contemporary has named "Munchausen's syndrome," with serum sickness, abscesses, and possibly homologous serum jaundice as concomitants. . . . I can recall a pyrexophilic Munchausen, a nurse, who was accustomed to give herself protein shock by means of milk injections, and who acquired a *Br. abortus* infection in so doing.

Absence of Appendix

Dr. J. R. F. E. JENKINS (Abergavenny) writes: I would like to refer Mr. A. L. Deacon (July 14, p. 116), your surgical authority (May 26, p. 1215), and correspondents requiring information on this subject to the *Medical Press* (February 12, 1947), wherein I dealt very fully with the many causes which are likely to lead incorrectly to such a conclusion, often with disastrous consequences. The article in question was headed "The Intramural Appendix," as I believe this to be the most common cause of the apparent absence of the appendix at operation.

Corrections

Under "Medical Education at Oxford and Cambridge" (August 25, p. 478) we stated that "the new regulations for the final M.B. examination are now in operation, with latitude for the taking of the examination under the old regulations for all who matriculated before October, 1946." This date should have been October, 1948.

We stated in error (August 25, p. 492) that Birmingham awards a degree of Bachelor of Science in Public Health: this has never been the case and is not contemplated.

In the article on "Trichomonas Vaginalis Infections Treated with Penotrane" (August 25, p. 452) the strength of the pessaries should read "0.02%," not 0.2% as printed.