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Association Notes

GOING TO BRITAIN?

The British Medical Association has had a request from a group of general practitioners to provide a Canadian speaker for a small meeting which is planned for March or April 1957. Any member who is planning to visit the United Kingdom at that time and who would be willing to speak on conditions of practice in Canada is invited to communicate with the General Secretary, C.M.A., 150 St. George Street, Toronto 5.

CORRESPONDENCE

CHILD OF THE DEVIL: ENFANT DU BON DIEU

To the Editor:

On August 15, 1956, an editorial appeared in the *Canad. M. A. J.* (p. 312), written by "H.O.". He referred to the unfortunate trend towards institutionalization of the very young mentally retarded. I would like to endorse and emphasize his remarks in view of our experiences in an institution for the mentally retarded during the past few years.

With changing attitudes the pendulum always appears to swing to an extreme. This has occurred with regard to the changing attitudes in both the minds of the public and the medical profession concerning the hospitalization of the mentally retarded child. The present trend appears to be the removal of the infant from the parents as soon as the diagnosis of mental retardation is made. It is doubtful that this attitude is proving of benefit to either the child or the parent, particularly the mother. Within recent years we have been viewing with some alarm the requests for admission of mentally retarded infants even as young as a few days of age.

Only certain levels and types of mental retardation are recognizable in the first few days or weeks of life. Amongst these are the mongoloid type, the phenylpyruvic type, and mentally retarded infants who also show marked physical deformities and disabilities. The degree of mental deficiency in the latter group is almost always very severe, and the multiplicity of severe disabilities usually necessitates the hospitalization of such infants.

The mongoloid defective, however, is on the average only moderately retarded, yet there is an unfortunate desire on the part of parents and medical practitioners to remove such infants from the home environment early, and in some cases almost immediately after birth. We have met with several instances in which a mother was advised not to take her mongoloid newborn home with her, but to arrange for the child's placement in an institution of some kind.

It is well known that parent deprivation, and particularly maternal deprivation, has a deleterious effect on the development of personality of the subnormal as well as the normal child. The emotional needs of the mentally retarded child are no different from those of the normal child, and the emotional interplay between the mother and infant particularly are important factors in the mental health of both. It is not our intention at this time to enlarge on the psychological factors, but certainly consideration of them must play an important part when a decision has to be made to remove a very young mongoloid child from the home.

There are many fine institutions for the mentally retarded in this country, but no institution, however modern in its physical structure and psychological climate, can ever replace the environment provided by the parents. Except in unusual circumstances, there should be no urgency to institutionalize a very young mongoloid defective or other types of moderately retarded infants. This type of defective, in fact, presents no severe problem of home care, and the adjustment period in an institutional setting is long and difficult. A much wiser plan would be to think about hospitalization when the child approaches the school entrance age of about six years.

H. F. FRANK, M.D.,
Medical Superintendent
Ontario Hospital School,
Smiths Falls, Ont.,
September 20, 1956.

STICK-DEODORANT GRANULOMA

To the Editor:

The recent publication of cases of axillary granuloma in women, after using stick-deodorants (*J. A. M. A.*, Sept. 1, 1956, and the *Proceedings* of the Chicago Dermatological Society, May 16, 1956), suggests that this is a fairly distinctive clinical picture, and it may be of interest to stimulate further investigation and early recognition of this granulomatous process.

Dr. Hermann Pinkus, Associate Professor at Wayne University, has had occasion to examine the biopsy sections of five cases, one of which came under our care, in a young woman who developed an itchy eruption in both axillæ after using a stick-deodorant for three months. The eruption consisted of round, flat papules, 4 to 10 millimetres in diameter, which on palpation revealed definite induration. These lesions were situated in the hairy region of both axillæ. A clinical diagnosis of stick-deodorant granulomata was made and confirmed by biopsy.

The biopsy section showed a granulomatous infiltrate in the corium consisting of epithelioid cells, giant cells, and lymphocytes. The epithelioid cells were arranged in nests suggestive of a sarcoid reaction, but the presence of the many giant cells and lymphocytes is more like that seen in a foreign-body granuloma.

The length of time for this condition to clear is unknown. The case above has been of nine months' duration, objectively showing little change although the itching has been controlled with locally applied hydrocortisone ointment.

Although not proven, the presence of zirconium in these deodorants is suggestive that this element is the offending agent. Zirconium is a metallic element of the same group as titanium and silicon.

Possibly further investigation of this condition may help us to understand more fully the other granulomatous lesions such as those caused by silicon.

Dept. of Dermatology and Syphilology,
MURRAY G. WILLIAMS, M.D.
Wayne University, Detroit 7, Mich.,
October 9, 1956.

NATIONAL HEALTH SERVICE

To the Editor:

In the August 15 number of the Journal (p. 324) under the above heading, as a part of a most interesting and thoughtful letter Dr. A. G. Richards writes:

"The British G.P.'s freedom to prescribe is limited only with respect to expensive proprietary preparations of doubtful efficacy. He can prescribe even these, but the patient may have to pay for them."

With the greatest possible respect to Dr. Richards I must suggest that this does not accurately represent the position. True it is that a doctor in private practice in Britain is as free to prescribe as he ever was, but a doctor who practises under a contract with an Executive Council made pursuant to the National Health Service Act 1946 is restricted in several ways. Many of the very best preparations cannot be prescribed, not because they are proprietaries, expensive or otherwise, but because they are regarded as foods and not drugs, and this is so even if the consultant in hospital has prescribed the preparation as a medicine, on the patient's medicine chart, and has suggested that the medicine be continued by the patient when he returns to the care of the general practitioner. There is a fairly elaborate appeal machinery, but the restraint on prescribing is there all the same.

Further, where a doctor's prescribing costs are regarded by the Ministry as excessive, he may be fined. There are other restrictions on prescribing.

Surely there is no doubt about the value of preparations used in preventive medicine, yet in general these, even if not proprietaries, cannot be prescribed under the terms of the service. The phrase "the patient may have to pay for them", contains some unconscious humour. It is not the patient who pays. It is the doctor. The sum concerned is "withheld from his remuneration", to quote the language of the Ministry of Health.

I do not intend to comment, even by implication, on the views of your correspondents, but merely to make a point of fact, readily verifiable from the issues of the *British Medical Journal* over the past 12 months.

45 Palace Court,
Bayswater,
London 2, England,
September 6, 1956.

R. BRADLEY, M.B.,
D.P.H., D.I.H.

SPECIAL CORRESPONDENCE

The London Letter

(From our own correspondent)

THE NATION'S DIET

Every year the Government publishes a survey of domestic food consumption and expenditure. This is crammed full of most interesting and detailed information. The only criticism of it is that it is almost out of date before it is published. The 1954 report, for instance, has just been published. This was a particularly interesting year because it marked the end of rationing and the disappearance of all food subsidies except those on bread, milk and welfare foods. The energy value of "supplies moving into civilian consumption" rose to 3,130 calories per head per day, compared with an estimated 3,000 calories before the war. Consumption rose in all the main food groups except cereal products, potatoes and other vegetables. The total domestic consumption of liquid and processed milk was equivalent to just over five pints per head per week. The only disturbing feature of the report is the evidence it presents that the larger families barely maintained their level of real consumption. In families with three children protein consumption was 92% of the B.M.A. recommendation, whilst in families with adolescents and children it was only 86%. With rising costs, the disappearance of the bread subsidy and the degradation of the most generally used flour from an 80% extraction rate to a partially fortified 70% extraction rate, this is a trend which will require careful watching.

STUDENTS AND DOCTORS

In its annual review of medical education the *British Medical Journal* reports that the total number of names in the *Medical Register* on January 1, 1956, was 85,594, an increase of 1,695 in the year, and of 4,831 on the average for the last ten years. The current figure represents an increase of more than 40% compared with 20 years ago. It is noted that, although the *Register* has expanded by three-sevenths in 20 years, the number of names removed each year on evidence of death has remained much the same. This is taken to mean increased longevity among doctors.

An analysis of examination results in 1955 produces some interesting facts. The percentage of passes in medicine ranged from 93 in the University of Liverpool to 33 in the Scottish Conjoint Board; in surgery from 94 in the University of Wales to 33 in the Apothecaries' Hall of Ireland, and in midwifery from 91 in the University of St. Andrews to 39 in the Scottish Conjoint Board. In the final examination as a whole there were 1,874 passes and 942 rejections, the highest percentage of passes being 89 in the University of Aberdeen. The total number of students entering the preclinical period was 2,485; of these, 748 entered the University of London, 213 the University of Cambridge, and 172 the University of Edinburgh.

A HUNTER MEMORIAL

The University of Glasgow and the Royal Faculty of Physicians and Surgeons of Glasgow are sponsoring an appeal for £20,000 to endow and preserve the house at Long Calderwood, East Kilbride, Lanarkshire, in which William and John Hunter were born. It is a farmhouse of white rough cast and crow-stepped gables, and is in urgent need of repair if it is to be preserved. A sum of £3,500 is required for urgent repairs, and the balance of the sum being appealed for is to be used to endow the house as a permanent memorial to the two famous brothers. The possibility of its being used as a research centre is also being considered.

"JIMMY"

The death of E. B. Jamieson, at the age of 80, will be mourned by Edinburgh graduates all over the world. He was a "character" in the best sense of the term, and probably more stories, apocryphal and otherwise, were told of him than of anyone else in living memory. A Shetlander, of Norse origin, his massive figure, arrayed in white coat and topped by a black velvet skullcap, was one of the features of the University which he served so long and so faithfully. He joined the anatomy department in 1900, immediately after qualifying, in the days of Sir William Turner, and served it loyally without a break until his retirement in 1945. As a teacher he was superb, but it will be as an individual that he will be most affectionately remembered. That lovable smile that would flit across his normally austere expression—like a flicker of sunshine on his beloved Shetland seas—was the outward evidence of an inherently kind nature which made him the guide and philosopher to many a student in distress. It is a striking tribute to the affection in which he was held by his students that, in their obituary notices, both *The Lancet* and the *British Medical Journal* should have included tributes in verse culled from the pens of students. That quoted in *The Lancet* probably sums him up better than any formal tribute in prose:

"But Jimmy, darling Jamieson, to whom all students pray,
Forgive me if my words seem rude, for kindly meant are they;
And though we know you've got us 'taped', and see us through and through,
Yet every single one of us is very fond of you."

To many of us Edinburgh will never seem quite the same now that dear "old Jimmy" has passed on.

WILLIAM A. R. THOMSON
London, October, 1956.