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Editor

HUGH CLEGG, M.A., M.D., F.R.C.P.

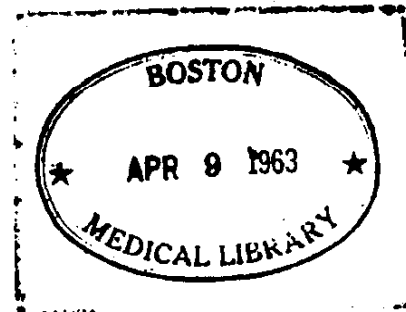
Deputy Editor

J. W. P. THOMPSON, M.A., M.B., D.P.H.

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BRITISH MEDICAL ASSOCIATION

TAVISTOCK SQUARE, W.C.1

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There is an extraordinary tendency in both patients and doctors to accept loss of vision as normal with advancing age, and so much glaucoma is allowed to proceed unchecked.—I am, etc.,

Broadstairs, Kent.

R. A. D. CRAWFORD.

REFERENCE

¹ Standing Medical Advisory Committee for the Central Health Services Council and the Ministry of Health, *The Prevention and Alleviation of Blindness*, 1962. H.M.S.O., London.

Mesotheliomas and Asbestos Dust

SIR,—I have seen the letter of Drs. W. J. Smither, J. C. Gilson, and J. C. Wagner (November 3, p. 1194) and am most interested in the syndrome to which they refer.

With the kind co-operation of Drs. Bennison, Camps, Heard, Hourihane, Landells, Ross, Rushton, and Spencer I have been able to examine pathological material from ten local cases; I know of another; and Dr. Wagner has shown me material from a South African patient. In all of these cases the disease was mainly peritoneal although I have seen a few cases of pleural reaction as well.

At present I do not favour the use of the word "mesothelioma" to describe this condition, as Dr. Wagner does. The very existence of this neoplasm is by no means universally accepted and examination of this considerable series of cases still leaves me in doubt as to its exact nature. I prefer therefore the non-committal term "the peritoneal tumour of asbestosis" and refer in my notes to the histological appearances as "wild fibrous tissue." A considerable amount of experimental work is at present proceeding and I hope that this may elucidate the condition. I do not think histological studies will.

With a view to persuading the compensation panels to accept this condition as an industrial disease in its own right—for it appears to be invariably fatal—Dr. Smither and I have prepared our data for publication. We propose to submit the manuscript to the *British Journal of Industrial Diseases* next month.—I am, etc.,

East Ham Memorial Hospital,
London E.7.

JOHN ENTICKNAP.

Spread of Gonorrhoea

SIR,—In your leading article entitled "Spread of Gonorrhoea" (November 10, p. 1242) you write that I have "recently stated that 63% of 'teenage' males attending the clinic at St. Mary's Hospital in 1960 were born outside the United Kingdom. Unfortunately he did not state the precise number of patients concerned." Actually the figure was given in another context later on in the publication which you quote, where I was comparing the numbers of young men and young women attending the clinic. However, the full figures for 1960 are as follows, with the 1961 figures in brackets.

Of 3,134 (3,172) males of all races and ages suffering from gonorrhoea who attended St. Mary's Hospital Special Clinic in 1960 there were 208 (147) aged 13–19 years, 131, 63% (103, 70%), of whom were born outside the United Kingdom. Of the 77 (44) U.K. males suffering from gonorrhoea aged 13–19 years, 70 (35)

were aged 18 and 19, 7 (8) were aged 16 and 17, and one in 1961 was aged 15.

Taking the total 7,205 males of all diagnoses, races, and ages attending in 1960, there were 372 aged 13 to 19 years, 46% of whom were born outside the United Kingdom.

It is still my finding that many of the adolescent girls attending here state that their consorts are immigrants, not all coloured. An attempt is being made to collect some figures to illustrate this aspect of the problem.

I think that it is generally agreed that the incidence of venereal disease has always increased when movement of populations has taken place, as in the last two wars. It appears to me that a similar situation has arisen now with large-scale immigration and will occur again if this country joins the Common Market and increased migration of young workers takes place.—I am, etc.,

St. Mary's Hospital,

F. J. G. JEFFERISS.

Smallpox in Utero

SIR,—Reading the articles on foetal complication of vaccination in pregnancy (July 28, p. 237) I was reminded of a case, not of vaccinia, but of smallpox in utero with survival of the infant.

In 1902 I was vaccinating all the inhabitants of a village in Labrador in which a case of smallpox had occurred. A young woman offered her arm for vaccination. Seeing a scar, presumably of previous vaccination, in the usual situation I asked when she had been vaccinated. She denied ever having been vaccinated and showed me numerous similar scars all over her body. She stated that she was born with them: that her mother had had smallpox while "carrying" her. She could not tell me in which trimester of pregnancy this had occurred.

I have not seen or heard of a similar case in the succeeding 60 years and wonder if any such are on record.—I am, etc.,

St. John's, Newfoundland.

CLUNY MACPHERSON.

Aetiology of Schizophrenia

SIR,—I should like to comment on the letters from Dr. H. H. Fleischhacker and Dr. Griffith I. Evans on the aetiology of schizophrenia (November 10, pp. 1258 and 1259) and draw attention to some work which Broster and his team performed some years ago but which has since been neglected.

This work was published under the titles of "Paranoid Psychosis with Adreno-genital Virilism Successfully Treated by Adrenalectomy,"¹ and "A Further Case of Paranoid Psychosis Successfully Treated by Adrenalectomy."² This was confirmed by Greene, Paterson, and Pile in a paper on "Hypertrichosis with Mental Changes."³

The suggestion put forward in our work was that the patients had an imbalance between psychological homosexuality and heterosexuality. This was disturbed by the sexualizing properties of the ketosteroids causing virilism. Adrenalectomy removed the masculinizing effect of these ketosteroids and allowed the patient to become normally heterosexual. This was shown by the psychiatric examinations before and after operation. Not only did the patients recover rapidly from their psychoses following the adrenalectomy, but one whom I have kept under observation since has remained well for over 25 years.

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