

Dr. Percival explained more fully what he meant by the third reason by stating that children were often asked to write essays on subjects that are not suitable for young people to write about; he therefore made the suggestion that they should be encouraged to write on more attractive subjects. He continued, "The writing of tales and fables with moral reflections might perhaps be a more useful and entertaining exercise as it would afford a greater latitude for invention, would better display the powers of imagination and would produce the happy talent of relating familiar and trivial occurrences with ease and elegance."

Jane Austen was given this book by her brother Edward probably when she was between 8 and 10 years of age; that it made a deep impression on her mind was shown by the fact that the name Percival at once brought back to her memory the name of the author whose work she had read more than 20 years previously. We know that she began to write short tales at a very early age, certainly from the age of 12 or 13 years, and it is possible that the words we have quoted above may have had some influence in stimulating her to begin writing. We can trace her progress in her published juvenilia.

Moreover, though Jane Austen's novels are read for their intrinsic interest and masterly portrayal of character, yet behind the story there always lies an unobtrusive lesson that is concealed by her art. Dr. Percival's suggestion was realized on a larger scale.—I am, etc.,

ZACHARY COPE.

REFERENCE

<sup>1</sup> *Jane Austen's Letters*, 1955, p. 218, ed. R. W. Chapman. Oxford University Press, London.

### Bladder Distension Causing Oedema of Legs

SIR,—I read with interest the case reported by Mr. Haziq-ul-Yaquin (9 November, p. 369), and thought it would be of interest to report a similar case which came to our attention.

A 75-year-old male, a retired rigger with chronic bronchitis of five years' duration, was admitted on 12 October because of gross swelling of both of his lower limbs from the groin down. His cough and breathlessness were worse than usual as it was winter time. There was no disturbance of micturition whatsoever, neither was there pain in the abdomen. Physical examination showed massive pitting oedema of both lower limbs and genitalia in rather a confused man who was looking very ill. Examination of the chest showed widespread rhonchi and nothing more. A few dilated veins were visible on the lower abdominal wall, in which the blood flow was from below upwards. As he was an obese man palpation of any organ per abdomen was difficult. A diagnosis of cor pulmonale was thought of as the cause of the oedema, even in the absence of raised jugular venous pressure and right ventricular hypertrophy in the electrocardiogram. So he was treated with digitalis and diuretics, including antibiotics for his bronchitis. He developed pulsus bigeminus due to digitalis toxicity, so it had to be stopped. Since he remained grossly oedematous, large doses of several diuretics like frusemide, edecrin, and spironolactone were tried in vain. During the course of the treatment he became anuric with a blood urea of 85 mg./100 ml. Rectal examina-

tion showed a large prostate. Retention of urine due to prostatic obstruction was diagnosed, and a Foley's catheter was introduced with great difficulty as the prepuce also was oedematous. Four litres of urine was drained and a continuous drainage was kept. The oedema slowly disappeared in a week's time. The blood urea came down to 46 mg./100 ml. Later a transurethral prostatectomy was performed and he was found to have benign prostatic hypertrophy.

This case illustrates that bladder distension can cause massive oedema of lower limbs by pressing on the inferior vena cava or pelvic veins. Lack of response to diuretic therapy and complete disappearance of oedema after continuous bladder drainage proves that the bladder distension is the cause of the oedema. It also illustrates that the diagnosis may be masked by the presence of other diseases such as bronchitis which could be the cause of oedema as a part of the picture of cor pulmonale.—I am, etc.,

B. BALAKRISHNA.

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London S.E.12.

### Solvents for Ear Wax

SIR,—Your correspondent Mr. R. P. Grimshaw (14 December, p. 704) implies that we claim that our cerumenolytic, Waxsol Ear Drops, is effective when used immediately before the ears are syringed. We make no such claim.

The directions for use given in all our literature is that the patient should be instructed to use Waxsol on two consecutive nights before attending for syringing, although in less severe cases the interval between Waxsol and syringing can be substantially reduced. Reports from general practitioners suggest that in an average case six hours is the optimum interval between instilling Waxsol and syringing the ear.—I am, etc.,

HAROLD GODFREY,  
Marketing Manager,  
Norgine Limited.

London W.C.1.

### Adversity

SIR,—I read your leading article (14 December, p. 659) with much sympathy.

However, there is another aspect to this matter which you do not mention, and that is to query why not all doctors make provision for themselves and their dependents. Is it because of ignorance, of the belief "it cannot happen to me," or to the impression that they cannot afford it? This last possibility is hardly realistic, as it is surprising how reasonably it is possible to insure for sickness of oneself and benefit for one's family in the event of one's own early death.

May I be allowed to commend to your readers not alone the medical charities themselves, but also the strong need for those who have not yet done so to make proper insurance provision.

One would like to hope that in this way the medical charities would be able to provide

a little more jam with the bread and butter to those families which are already afflicted with sufficient adversity without the additional strain of financial worries.—I am, etc.,

London W.5.

GEORGE MOSES.

### Medical Immigration

SIR,—A great deal of misunderstanding surrounds the question of medical immigration, especially the immigration of doctors from underdeveloped countries. I would like to consider the relatively few immigrant doctors who by virtue of many years of hard work make good in another country. They are often asked why they do not return to their own land, which needs them more than the developed nations they serve. The answer to this question lies not with the doctor but with his original country. I am referring particularly to the two countries that contribute the largest numbers of immigrant doctors.

An objective measure of how "anxious" these countries are to retrieve some of their best men, is the virtual absence of advertisements for appointments in the columns of the *B.M.J.* and *Lancet*—journals that are read by Asian doctors the world over. It is understandable that these countries cannot give every doctor a senior appointment, but surely a place should be found for the type of person who in the face of severe but very fair competition can become a professor or consultant in a western country. I know of at least three Asian professors of surgery or medicine in the United States who were quite unable to find a reasonable appointment in their own country. A fourth, who is now in Singapore and possesses an M.D., Ph.D., and D.T.M. & H., was asked to reapply in four years when they "may" have a vacancy.

Other difficulties include being married to a "foreign national," which is frowned on and makes finding an appointment very difficult in one underdeveloped country. In another, one may be "vetted for communism," which has, on occasions, taken up to two years, during which time the applicant may be out of work. Most senior appointments are on a temporary basis for a number of years, so that, if you are not adequately servile and do not "fit in," you can be removed overnight. How secure you are depends on how influential your family or you yourself happen to be. Making "useful contacts" for the sake of security can occupy so much of a professional man's time that he has little left for work. The need for these techniques tends to favour the ambitious schemer. Unless these countries wake up to the fact that the best brains they produce are valuable and should be given every opportunity to serve that the country can afford, they will continue to lose such people in numbers they can ill afford.

In times when coloured immigrants, whatever their profession, are rarely credited with doing anything useful, it is only fair to point out that many Asian doctors have not only made some contribution to the N.H.S., but also man health services in many countries worse off than their own.—I am, etc.,

Edinburgh.

A. J. AKHTAR.