The Ministry of Health definition of quiescence is in urgent need of review. Absence of *M. tuberculosis* in stained films of sputum (without culture), however often they are repeated, cannot be regarded as indicating that the patient is definitely not infectious. In fact the definition is dangerous because it gives a false sense of security, particularly to those who have, or come into contact with, young children.

Furthermore I submit that any lesions capable of further retrogression are active. All such lesions contain live tubercle bacilli of varying degrees of virulence and at any time such lesions, the result of factors not understood, may act as a focal point from which the disease may spread by local extension, by bronchogenic spread and further aspiration, or by the blood stream.

It is repeated that the term “quiescent” gives a false sense of security to both patient and doctor. How often do medical reports state that “radiologically the lesion appears stable while from clinical and laboratory findings the disease appears quiescent.” Such reports are a relic of the pre-streptomycin era when the best that could normally be hoped for was that the disease could be controlled sufficiently to allow the patient to earn his or her livelihood, but with constant reviews and periods of varying number and duration in and out of sanatoria, should his or her economic position permit.

To put the term “quiescence” in its true perspective would be to define it as “quietly active.” Should that be so then all cases, however fortuitously they are discovered and however asymptomatic they may be, would all be referred for the opinion of a specialist, who not only fully appreciates the significance of these lesions but also knows the implications of the different medical categories.

These few words have been written in order to help medical officers in their disposal of cases regarded as having quiescent pulmonary tuberculosis, however “minimal” the lesion or lesions may appear.

THE EFFECT OF STRENUOUS EXERTION ON WOMEN

By

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Modern woman is a far cry from her Neanderthal counterpart whose life depended upon her ability to jump, throw and run. In spite of her rigorous life, she bore her young and the world continued to grow. The huntress Atalanta, of Greek mythology, was so swift of foot she outran all suitors, till Milanion, with the help of Aphrodite, played her into his hands with three golden apples. (This is not the first case of fruit being the downfall of women.) Pausanius says that Greek women had their own Olympic Games, called Heraean after Hera,
wife of Zeus, consisting of foot races of 150 metres. It is said that Teuton
women and English women in the fairs and wakes of the eighteenth century
competed in foot races.

By nature of their structure and function women have to face certain dis­
advantages in games and these are now becoming more apparent. Various
restrictions to activity have become accepted, often without foundation, the
medical profession being partly responsible for this. A scientific outlook to
these problems has been made so that we now have an enlightened approach
to the effects of exertion and injury on emotions, menstruation and child-bearing.
Various scientific papers have been published abroad, and in 1955 the American
Amateur Athletic Union* published a survey of the effects of sport on women,
conducted by doctors, coaches and leading women athletes, all of whom had
been connected with sport for many years. Whilst their conclusions are not
necessarily correct, they form a basis for advice and a guide for research.

The first question, investigated by seventeen college doctors including a
psychiatrist, was whether sport adversely affected the health of girls. Opinion
was unanimous that muscular exercise was necessary for development, and failure
to recognize this had been responsible for disabling maldevelopment in the past.
Body-contact sports were found to be unnecessary. If girls had a pre-season medi­
cal examination and played games within their capacity, no harm would follow.

It is often said that competitive sports cause a degree of masculinity. Rather
let it be said that those who are to an extent masculine will excel in sport. Coaches
of women's teams complained of the continual loss of talent because of marriage
and motherhood. The increasing number of beautiful girls who competed
in the Olympic Games was also pointed out. Strangely, ballet, a largely feminine
avocation, causes more muscular development than games, but ballet is a full­
time profession.

From a survey of 35 active athletes, it was found that fertility and gestation
were normal and pelvic measurements average. Labours were normal and
perineal tears were no more frequent than usual. There was no increase in
Caesarian section and forceps delivery. In the cases recorded where pregnant
athletes competed, nothing serious followed. Caution was expressed about horse­
riding and high jumping in pregnancy; the only danger considered was mal­
position. There has been no record of harmful effects to the offspring. Naturally
this series is not meant to be conclusive, but it is interesting.

It appears from another survey that 85 per cent. of women can compete
during menstruation and perform to their usual standard. The rest may have
increased pain or a profuse flow. It is also reported that dysmenorrhoea is often
greatly relieved by vigorous exercise. In spite of these findings, it was suggested
that for emotional reasons girls should refrain from competition. My own
experience, and that of several experienced coaches, suggests that training can
be continued safely during menstruation, and on important occasions girls should
be encouraged to compete. This includes swimming.

*A.A.U. Study of Effect of Athletic Competition on Girls and Women, Amateur Athletic Union,
233, Broadway, New York City.
The question of injury and permanent harm was examined most carefully. It appears that women are a little more accident-prone than men, especially in riding, hockey, basket-ball and track and field events, but their future health was not in jeopardy.

One of the first disciplines competitive sport imposes on women is control of the emotions and the acceptance of the thinking and living habits of good sportsmanship.

The article goes on to deal with the effects of games on delinquency, school work and personality in a favourable manner, but these findings are not specific for women.

Sport, like the arts, music and literature, is a means of self-expression. In many ways “Sport is an art, with the Olympic Games the concert stage of athletes who have reached the heights of sheer artistry in their chosen sport.”

DERMOID CYST FORMATION FOLLOWING DERMAL GRAFT HERNIORRHAPHY

BY

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An implantation dermoid cyst is due to the implantation of an island of squamous cells into the subcutaneous tissues by a penetrating wound. Their vitality being unimpaired, these cells continue to grow until a cyst is formed, lined by squamous epithelium and containing degenerate keratinized debris and the products of such skin glands as are formed in the cyst wall.

Penetrating wounds of the type which give rise to cyst formation are quite common, but actual cyst formation is comparatively rare. The following case is of interest as an example of an implantation dermoid cyst following a “dermal graft” herniorrhaphy.

CASE REPORT

Gunner A. H., aged 24, was admitted to a Military Hospital in Germany on 14th October, 1946, with an 18-month history of right inguinal hernia. On 18th October, 1946, herniorrhaphy was performed by a German civilian surgeon. The operation note was:

Incision: ellipse of skin excised from right inguinal region.
Findings: direct right inguinal hernia.
Procedure: ellipse of skin sutured to transversalis fascia and secured to posterior wall of inguinal canal. Routine closure of wound.

On 1st November, 1946, the patient was allowed to get up, and two weeks later he was discharged to a Convalescent Depot. He returned to his unit for duty on 4th December, 1946. At his release medical examination on 3rd October, 1947, the repair was found to be sound.