Correspondence

First Things First

SIR,—If there are insufficient hospital nurses Mr. Bevan's prophecy that we shall soon have the finest medical service in the world is unlikely to be fulfilled. Thousands of hospital beds have been closed down for want of nursing staff, and the remainder are understaffed, giving rise to overwork and more resignations from the nursing service. All reforms are doomed to failure unless suitable accommodation can be provided for nurses. Cannot Mr. Bevan persuade his right hand—i.e., the Minister for Housing—that it is essential to help his left hand—i.e., the Minister of Health? Without such help the hospital service of the country is bound to fail. In peacetime women will not agree to live in buildings designed like old-fashioned barracks, nor are they prepared to sleep two in a room. Few hospitals to-day have sufficient accommodation for nurses in order to start eight-hour shifts, and some have insufficient accommodation even for two shifts. The subject of accommodation is very urgent. The Government has realized that there is an electricity shortage, and it will take two years to build a power station; but it takes four years to train a nurse.—I am, etc.,

London, W.1.

MALCOLM DONALDSON.

Groundnuts in East Africa

SIR,—The leading article on groundnuts in East Africa (March 8, p. 301) points out the benefits which the Government scheme bids fair to confer on this country and the African. Too long has it been assumed that vast areas of East Africa are of no value to mankind and fit only to be relegated to big game and the tsetse fly.

The largest block of land selected, and that where operations are to be commenced, lies in the Southern Province of Tanganyika, long noted for sleeping-sickness, increasing inroads of the tsetse fly, and the abundance of big game. In 1942 no less than 572 elephants were killed in that province.

Inferences drawn from fly clearances on the west coast, where conditions are dissimilar, will be of little value in Tanganyika. But in S. Rhodesia, by the natural means of depriving the fly of its food supply, the Government has already rid nearly 4 million acres of "fly," and the clearance of another 2½ million acres is nearing completion. Settlers, with their cattle, are already established on land previously resigned to game and "fly." Under the direction of Mr. Chorley, the Government entomologist, native hunters have destroyed the game; the "fly" has been starved out.

In his annual report for 1942 the Provincial Commissioner, S. Province, Tanganyika, stated that "vermin, in which term are here included elephant, hippopotamus, and other game, continue to take great toll of the African's crops." It may be assumed that the business men in charge of the groundnut scheme will not permit the wreckage of their works by these animals. But no benefit will accrue to the African, except possibly those actually employed on the groundnut scheme, if the game (and "fly") are merely driven away to native-occupied land. Only aggravation of the state of affairs reported by the Provincial Commissioner can result from such action. The game must be destroyed, as it has been, with such beneficial results, in S. Rhodesia.

All administrative officers undergo anthropological training, and, better still, acquire an intimate knowledge of native life and customs in their daily work. There is no need, therefore, for the dispatch of "anthropological experts," who would only be beginning to understand the local natives by the time that the extra fat was being consumed in this country.—I am, etc.,

Bournemouth.

J. B. DAVEY.

Arsenical Encephalopathy

SIR,—It was with great interest that I read the article by Drs. G. Hipps and R. Goldberg on arsenical encephalopathy (March 8, p. 296).

While serving as a V.D. specialist in a large V.D. hospital in Bengal I saw over seventy cases of arsenical encephalopathy,

all of them proved post mortem. During this time—August, 1943, to June, 1944—many other hospitals in India reported large numbers of cases of arsenical encephalopathy.

The case reported was very typical in its origin, with its aura, but we sometimes noticed that the man had complained of slight headache, and of feeling unwell after his previous injection. These symptoms were thought to be of great significance; their case is also typical with its convulsion, but we did not notice tongue-biting, and almost always we noticed athetoid movements, which do not seem to have been present in the case reported. The high rise of temperature before the end is also typical, and their post-mortem findings are just as we always found in India. I quite agree with the authors on the unusual feature of their case. First, the long time interval before the condition developed. All our cases occurred between the second and fifth injection, nearly always after the third. Death was much more rapid in our cases and sometimes occurred twenty-four hours after the first symptoms. Thirdly, in our hospital we had no authentic case of recovery from arsenical encephalopathy; death occurred in all cases. Our cases were all of early syphilis; no cases occurred in congenital syphilis. The treatment of early syphilis was then 0.3 or 0.45 g. N.A.B. with 0.2 g. bismuth; then 0.6 g. N.A.B. after 5 days; and then 0.6 g. N.A.B. and 0.2 g. bismuth weekly. Our treatment of the encephalopathy was very similar to that carried out by Drs. Hipps and Goldberg.

Another important feature was that most of the cases were Indians, and I can only remember three cases in Europeans. Furthermore, the Indians were usually Southern Indians, in whom there is often a dietary deficiency in protein, and it was suggested that this could have been a contributory factor.—I am, etc.,

London, W.5.

J. M. H. McMURRAY.

London Clinic for Epileptics

SIR,—Many of your readers are interested in one aspect or another of the difficult problem of the epileptic. These unfortunate people often find it hard to secure a place in industry even with the assistance of the D.R.O.s at the employment exchanges. A considerable number are known to be drifting about in the community in need of medical advice or of help with their social problems.

In an endeavour to meet this situation a clinic has been established by the London County Council at St. John's Hospital, St. John's Hill, Battersea, on Wednesday afternoons at 2.30. The medical officer in charge is a senior officer seconded from St. Ebba's Hospital, and an experienced psychiatric social worker is in attendance. The clinic works in close association with the employment exchanges and with the colonies for epileptics, and it is understood that excellent results are being obtained. Doctors in private practice or on hospital or clinic staffs who wish for advice on epileptic patients living in London should make an application to the psychiatric social worker at the hospital.—I am, etc.,

London, S.E.1.

ALLEN DALEY,
Medical Officer of Health.

Anaesthetic Apparatus and Cross-infection

SIR,—Writing in 1873 Skinner made the following observations on the use of anaesthetic apparatus:

"There is no one inhaler, my own excepted, where every patient is not made to breathe through the same mouthpiece, tube, and chamber. . . . Sweet Seventeen . . . is made to follow another whose nasal and pulmonary mucous membrane, leave alone the cutaneous surroundings of the mouth and nares, may be exhalant of all odours but those of purity and innocence."

Reading this recently reminded me of attempts made by the theatre sister to clean the rebreathing bag of our Coxeter Mushin apparatus, as she "thought it a nasty habit for all the patients to breathe out of this." A search of the literature revealed only one reference to the possibility of cross-infection from anaesthetic apparatus, and that did no more than mention the possibility of the soda lime acting as a bacterial filter.² I therefore thought it worth while to record some actual experiments performed on our apparatus. Already a swab had been sent to the laboratory from the inside of the breathing bag.

This was returned: "The swab contained a green mould. Culture: heavy growth of haemolytic *Bact. coli*."

It is my practice not to switch on the soda-lime absorber for the first few minutes of an induction, so I next took the following swabs: (1) from the expiratory valve before absorption and ether: sparse growth *Bact. coli*; (2) from the inspiratory valve before absorption and ether: one mycelial colony only; (3) from the expiratory valve after a half-hour's absorption and ether: sterile; (4) from the inspiratory valve after a half-hour's absorption and ether: sterile. This seemed reassuring, so I used the apparatus for a whole morning's work—the last two cases being short gas-and-oxygen anaesthetics in which I used the Mushin apparatus without absorption, and again I took swabs from the valves and absorber ends of the corrugated tubing. These results were: (1) expiratory valve: a few discrete colonies of pneumococci; (2) inspiratory valve: sterile after 24 hours' culture. I may add that the face-pieces are immersed in biniodide solution between cases, but the corrugated tubing is merely hung up when not in use.

It seems safe, therefore, to deduce that there is no danger of cross-infection from bacteria in a modern anaesthetic apparatus using soda-lime absorption, and it even seems safe without the use of soda lime. There is still the possibility of virus cross-infection, and this is a matter which is perhaps worthy of investigation.—I am, etc.,

Worthing.

F. R. GUSTERSON.

REFERENCES

- ¹ *British Medical Journal* (1873), **1**, 353: quoted in *Development of Inhalation Anaesthesia*, by B. Duncan: Oxford University Press.
- ² Magath, T. B. (1938). *Curr. Res. Anaesth.*, **17**, 215.

Psycho-analysis

SIR,—In your excellent account in your obituary column (March 8, p. 316) of Pierre Janet's record, you state that Freud's psycho-analysis produced better results than those of Janet. Is there absolute proof of this assumption? Janet's work, as you so aptly described, was on the lines of hypnotic suggestion, whereas Freud by his psycho-analysis reduced the complex regressions apparently by his reduction of abreaction. In the last generation of such giants in hypnotic treatment alone, where no psycho-analysis was used but only hypnosis, how do you account for the remarkable results attained at the Nancy School by Liebault and Henri Bernheim, also Wetterstrand of Stockholm, who used hypnosis alone? Does it not prove that exalted suggestibility alone may reach the deep centres? Bleedings were produced, rapid pulses were slowed down, and in Wetterstrand's work in a case of paroxysmal tachycardia with the pulse running at nearly 200 beats per minute, sphygmographic tracings showed the beats, under hypnotic suggestion alone, slowing down to 80 per minute. Bernheim produced blistering under hypnotic suggestion, and Liebault practised among the poor at Nancy for 30 years using hypnotic suggestion alone, and his results lasted and were excellent. This is all a true and strange paradox, and it would be interesting to have your comments on this where no Freudian methods were used.—I am, etc.,

Southall, Middlesex.

JOHN R. O'BRIEN.

World Food Council

SIR,—With reference to the opening statement in the annotation on the above (Feb. 8, p. 228) it has to be emphasized that questions arise at once where the food ought to be grown and whether it is necessary for poor nations to increase their purchasing power in order to buy their food from abroad. Advocated by high-powered emotional appeal regarding "starving" nations, the "World Food Board" plan aimed at stabilizing prices by means of buffer-stocks and at disposing, profitably for the producers, of unmarketable surpluses.

To deal with the last point first: in the plan the "starving" nations were in reality to be used merely as dumps for excess food after it had been paid for by a third party, obviously to the great benefit of privileged countries and persons—the professional producers-for-sale of food, a very small part indeed of the world's population. The aid of "starving" nations, with a population mainly of non-industrialized peasants and abundant cultivable land, could, however, be enlisted in their

own interest to solve their underfeeding problem for good and all by their being educated and even constrained to grow their own food (more likely to be of a suitable nature) on the spot—a different proposal of course from that of using large-scale loans as a means of developing backward countries—backed up to the hilt, moreover, by the results obtained by amateur plot holders during the war.

For the professional food-producing countries the solution of their long-term problem lies of course in adapting supply to demand and in diversification of industries. Buffer-stock measures, that textbook commonplace and the present case cure-all, are a purely palliative makeshift contrivance, applicable only internationally for the temporary alleviation of the effects of depressions. Their use internationally is impossible because consumers' interests are diametrically opposed to those of producers. They are, moreover, an example—a hidden one—of that universally condemned expedient, the export subsidy, the international variety of which would add insult to injury by requiring foreign industrial consumers to provide, at considerable expense and loss of bargaining power, the major part of the funds for the subsidy. Buffer-stock schemes, moreover, are liable to other disabilities. Enormous expenditure would be involved in carrying them out. Where a commodity is produced at home and abroad the existence of tariffs to protect domestic production would prevent the establishment of a "world food price," the essential basis for their formation; stocks would deteriorate on storage; and, finally and worst of all, because of guaranteed prices to the producer there would be overproduction of food with unmarketable surpluses, a situation incapable of being met by production-control measures in view of the inelasticity of supply and demand. We are not dealing here with philanthropy, and on a purely economic basis the building up of reserves to meet possible famine situations ought to be the obligation solely of those nations subject to such hazards.

The development by Sir John Boyd Orr of the "World Food Board" plan from the suggestion by Mr. S. M. Bruce in 1935 of a "marriage between nutrition and agriculture" and the composition of the Preparatory Commission to inquire into its soundness could be discussed in some detail with considerable advantage. Further remarks, however, will be confined to observations on a recent occurrence which in many respects supplies an up-to-date summary of the situation. In the House of Commons on Feb. 6 Mr. H. Wilson, M.P., reported on and supported the findings of the Preparatory Commission. Mr. Richard Law, M.P., suggested that both Mr. Wilson's speech and the report buried Orr's proposal of a "World Food Board"; whereupon Mr. Wilson interrupted to say that Sir John Boyd Orr was "highly delighted" with the report. The obvious comment is that somebody has queer ideas of relevancy and refutation in a reply, and that somebody else appears to be remarkably easy to please and to be liable to self-persuasion, as the quotation from the *Observer* (see *B.M.J.*, Feb. 8, p. 228) also demonstrates.—I am, etc.,

Aberdeen.

J. P. MCGOWAN.

Use of Penicillin Pastilles

SIR,—Dr. T. H. Manners Kerfoot states (Feb. 1, p. 197) that "stomatitis after oral penicillin may be due either to the penicillin or the sucrose base." He argues that, as the sucrose base is used in other pastilles not containing penicillin without causing stomatitis, the penicillin must be the cause.

There is an alternative explanation, that both penicillin and sucrose base are required to produce stomatitis. I believe this to be the true one for the following reasons: (1) As Dr. Alexander MacGregor (p. 197) points out, in the original work on penicillin pastilles we treated over a thousand patients without causing stomatitis, the base in this case being soft and viscous. (2) If sufficient penicillin is given by the systemic route it is secreted in the saliva, producing the same changes in flora of the mouth as are obtained by local treatment. These patients do not develop stomatitis. It would appear, therefore, that penicillin alone or penicillin in a soft base does not cause stomatitis. If, however, patients having systemic penicillin at the rate of approximately one million units a day are given boiled sweets to suck they develop the condition.