Rediscovery of thoughts, teachings, and facts is by necessity more frequent as medicine and biology become more complex. It is to be hoped that the *World Abstracts* will be effective to cut down such occurrences to a minimum.—I am, etc.,

V. C. MEDVEJ.

REFERENCES

- ¹ Bauer, J. (1917). *Konstitutionelle Disposition zu Inneren Krankheit*, Berlin.
² — (1936). *Wien. klin. Wschr.*, **49**, 504.

Gynaecomastia

SIR,—I was very interested to see that Dr. Stephen D. Sturton (Feb. 15, p. 269) calls attention to the enlargement of the breasts so often seen in male lepers. The condition was described in a book on tropical fevers by Dr. Kauntze, *C.M.G.*, and myself, published in 1931 by Ballière, Tindall and Cox, and a photograph of a leper in Kenya Colony with this condition can be seen in the text.—I am, etc.,

Pinner, Middx.

N. P. JEWELL.

Trilene in Labour

SIR,—Mr. D. M. Stern (Feb. 1, p. 199) has stressed the dangers of using trilene for caesarean section. Many hospitals and clinics are unfortunately still not equipped with machines available for use with cyclopropane, partly because there are not sufficient fully trained anaesthetists to administer it and partly because old-established methods die hard, by which I mean the gas-oxygen-ether sequence. As there is often a cardiac or pulmonary indication for the use of cyclopropane in this operation, I consider that authorities should make it their duty to install such an apparatus and a suitable anaesthetist to administer it.

Preliminary narcosis with morphine and hyoscine is admittedly inadvisable, and therefore where cyclopropane is unavailable I suggest that the following technique should be adopted. Atropine is the only premedicant. A "sleep" dose of pentothal is administered with the patient on the table and the needle left in the vein. Gas, oxygen, and trilene is then induced, and only minimal doses of pentothal administered intermittently until the baby is born. Tachypnoea and cyanosis are avoided, and more pentothal can be given after the baby is born to reduce respiratory excursion and allow the operation to proceed unhurried and unhindered.

Should tachypnoea prove troublesome or the dose of pentothal seem excessive resort can be gently made to vinesthene or even ether. Cyclopropane is undoubtedly the method of choice, but in its absence the above technique in my experience has proved safe and reliable in a large series of successful caesarean sections. The secret of success would appear to be the judicious and controlled use of a combination of pentothal with gas, oxygen, and trilene.—I am, etc.,

Bristol.

W. M. MAIDLOW.

SIR,—Having seen Mr. D. M. Stern's letter (Feb. 1, p. 199) dealing with trilene anaesthesia for caesarean section, I have tabulated some of Dr. F. F. Waddy's anaesthetics, the notes of which cover all such cases performed at the General Hospital, Northampton, which were anaesthetized by him, and operated upon by Mr. R. Watson between Nov. 30, 1942, and Dec. 16, 1943—about thirteen months. From these figures it is not possible to agree with Mr. Stern's assertion that trilene with nitrous-oxide anaesthesia is harmful—let alone dangerous—to either the mother or to the infant, in this type of case.

Maternal age range 19 to 47; average maternal age 32; maternal mortality 0; infant mortality 3 (5.3%); one stillbirth, one asphyxia, one unknown. In this series, 57 caesarean sections were performed. There was one twin pregnancy, and one stillbirth in which the foetal heart could not be heard prior to the operation. The state of infant at birth was good in 26 (44.8%); satisfactory in 10 (17.2%); fair in 3 (5.2%); white asphyxia in 10 (17.2%); blue asphyxia in 4 (6.9%); still-born in 1 (1.7%); and unclassified in 4 (6.9%) cases. The classification of the infants has been left to that one of the three sisters-in-charge present at the operation. However, it is worthy of note that of the above 58 infants 54 were stated to be normal within ten minutes of delivery. Further, about 40% of these patients were suffering from conditions that were prejudicial to anaesthesia. These were divided as follows: Toxaemias 6 (10.5%) (of the total); A.P.H. 9 (15.8%); heart

conditions 5 (8.8%); chronic bronchitis 2 (3.5%); bronchiectasis 1 (1.7%); and spinal tuberculosis 1 (1.7%).

The state of the infant at birth in these cases was:

Mother	Infant						
	Good	Satis.	Fair	White	Blue	Died	Unknown
Toxaemias ..	2	2	0	1	1	0	0
A.P.H. ..	3	1	1	3	0	1	0
Heart ..	2	2	0	0	0	0	1
Others ..	1	0	1	0	0	1	0

It can be said that not one of the mothers showed any symptom that would point to trilene with nitrous-oxide being a dangerous anaesthetic for caesarean section. Their condition was recorded as good in 48; fair in 7; and unrecorded in 2 cases. Thirty-two mothers had some anaesthetic sequelae with headache in 3; nausea in 18; excess nausea in 1; vomiting once in 23 (none vomited more than once); and restlessness in 12 cases. One mother had post-operative bleeding—and she had had an A.P.H.—and she made a perfect recovery after a blood transfusion the amount of which is not, unfortunately, stated in the records. The premedication given to these patients was nearly always atropine 1/100 gr. (0.65 mg.) and strophanthin 1/200 gr. (0.32 mg.).

In direct answer to Mr. Stern's assertions I can say that in this small number of cases there was no maternal death; no evidence of damage to either the nervous system or to the liver; and that not only was there no sign of damage to the conduction system of the heart, but that in the five heart cases operated upon not one was made any worse by the anaesthetic or the operation. Since the above dates, the majority of cases at this hospital have been dealt with in the same manner with similar results, but the records are not so readily available.—I am, etc.,

Northampton.

J. STRUAN-MARSHALL.

Ruptured Aneurysm of Right Auricle

SIR,—The following condition is, as far as I know, extremely rare. I am reporting it so that it will go into record.

A healthy man suddenly dropped dead in the middle of a minor fight with another man. The body was brought for post-mortem examination. On opening the chest the pericardium was found to be full of blood. This came from a ruptured aneurysm of the right auricle. The whole heart was removed and examined. In addition to the aneurysm of the right auricle there was dilatation of an already thinned ventricular myocardium. The valves and aorta showed no sign of atheroma, syphilis, or rheumatism. There was no fibrosis in the myocardium. The auricular myocardium had atrophied and in the thin aneurysm area there were only shreds of muscle over endocardium with abundant spaces of the latter not covered by muscle. The liver was enlarged to about three times its normal size. The man was about 30 years old.

I am not sure if ruptured aneurysm of the right auricle has ever been reported before. The specimen is now in the museum of the Kitchener School of Medicine, Khartum.—I am, etc.,

Juba, Sudan.

H. ABDALLA.

Shortage of Nurses

SIR,—Your review of Dr. James Barclay's book *Why No Nurses?* prompts me to write this letter. I have for many years looked after our nurses when sick, lectured to nurses, served on hospital nursing committees, and have been for some ten years an examiner in anatomy and physiology to the General Nursing Council. The position as regards nursing is very serious already and, unless something revolutionary is done, is bound to get much worse.

It seems supremely unlikely that any of those at present organizing the nursing profession have the vision to do anything revolutionary. They still have the vocational complex plus plus plus. Now I am not going to suggest that matron's discipline should be relaxed. A nurse's work is very arduous; she is exposed to extra risks of ill-health, and she cannot be allowed to go racketing about half the night. However, there are still some obvious means of improving things. (1) Nurses on the whole are not getting the 48-hour week or 96-hour fortnight. (2) It is mortifying for a qualified staff nurse