Co-operation of Obstetricians and Paediatricians

SIR,—Reference has been made in recent numbers of the *Journal* to the desirability of obstetricians and paediatricians co-operating in their joint interest in the newborn infant. I should like to emphasize the value of such an experience in the light of the practice in the Belfast Medical School.

Every month the obstetricians and paediatricians of the maternity hospitals in Belfast meet to review the obstetric and paediatric problems of the previous month. The audience includes, in addition, the pathologist, anaesthetist, obstetric and paediatric registrars and tutors, senior and junior R.M.O.s, and the appropriate members of the nursing staff. Representatives of the Ministry of Health and of the Belfast Corporation Maternity and Infant Welfare Department also attend. The programme includes statistics of the number of births, proportion of caesarean and forceps deliveries, etc., data relating to maternal and infant mortality and morbidity, as well as details of stillbirths and neonatal deaths. Discussions take place on incidents of special interest, and questions are answered by the obstetrician and paediatrician in charge, with reports from the pathologist. Following this general review there is always time for discussion on one or more selected topics (sometimes presented by one of the registrars or tutors), often based upon an analysis of statistics obtained from the hospital records.

The value of this meeting is obvious, as obstetricians and paediatricians learn something of the problems as seen by the other. The sustained interest of those who attend regularly month after month has been sufficiently encouraging to make the meetings a recognized feature of the Belfast Medical School. The project owes its inception to the inspiration and enthusiasm of Prof. C. H. G. Macafee.—I am, etc.,

Belfast.

F. M. B. ALLEN.

Diphtheria in an Immunized Community

SIR,—I have read with great interest the articles in your issue of March 22 on outbreaks of diphtheria in a highly immunized community and in adults. I have observed since 1941 in Italian populations an increase of diphtheria in adults in comparison to the child morbidity, and since then the same phenomenon has been described in nearly every country in Europe and elsewhere. But I was surprised not to find any mention of the method of restoration of diphtheria immunity in adults and vaccinated children described by G. Bousfield (*Journal*, June 16, 1945, p. 833). We have tried the oral administration of toxoid in adults (in Milan and Naples), and have obtained with the vaccine we have prepared better results than the Bousfield ones: one 100-Lf tablet daily for seven days was sufficient in more than 90% of the adults to provoke a very striking increase of antitoxin in the blood serum after 20 to 25 days (in many cases from <0.02 unit to more than 2 units). After these results it is difficult to exclude *a priori* the possibility of immunizing also small children by this method or some modification of it, and we have undertaken experiments in this direction. But it is certain that a new weapon against diphtheria in adults is already in our hands, and we should not forget to use it largely.—I am, etc.,

Naples.

E. CARLINFANTI.

Arsenical Encephalopathy

SIR,—A case of arsenical encephalopathy with which I had to deal in 1938 showed the typical signs mentioned by Dr. J. M. H. McMurray (March 22, p. 388)—headache developing in an Indian after the third intravenous injection of N.A.B., followed by convulsions and death within 48 hours, with high terminal temperature.

But this case differed from those of Dr. McMurray and from that mentioned by Drs. G. Hipps and R. Goldberg (March 8, p. 296) in that the patient was a congenital syphilitic. Before coming to this country he had undergone courses of treatment with "myosalvarsan" and "bismostab" intramuscularly, so it would seem that it is the intravenous route of arsenical therapy which is the factor in the causation of encephalopathy.—I am, etc.,

London, S.W.1.

J. STUART HENSMAN.

International System of Weights and Measures

SIR,—May I plead with Dr. J. M. Hamill to cease advocating the substitution of the title "International System of Weights and Measures" for the "metric system." In his useful article (April 5, p. 460) Dr. Hamill argues that because there is no simple metrological relationship—that is, no whole-number relationship—between the metre and the kilogram and litre, these last two are no longer part of the metric system. But there is a historical relationship, and verbal precision is satisfied, for the title "metric system" is an example of that much-used figure of speech which grammarians call a metonymy.

For some rapid estimations in engineering, if not in medicine, the relationship between the metre and the kilogram and litre is close enough to be of help. The difference of 28 parts in one million (I prefer the British Standards Institution figure to Dr. Hamill's) is not great enough to destroy altogether the relationship originally intended.

I write feelingly because I advocate the standardization of the metric system in aviation. In March, 1946, I adopted the metric system as the primary system of weights and measures in my paper *Aeronautics*. The system has been making progress in aviation. The International Civil Aviation Organization (formerly P.I.C.A.O.) has adopted it for all its publications, though it still gives the British Imperial equivalents. British airline companies use it as well as papers on aviation read before the learned societies. But the way of standardization is hard, especially in view of the idiot opposition of Government departments. It would be made even harder if, in place of the familiar name which is historically and grammatically correct and is brief and definite, we were to try to impose an unfamiliar, indefinite, and clumsy name.—I am, etc.,

London, W.C.2.

OLIVER STEWART,
Editor, *Aeronautics*.

Dirty Milk Bottles

SIR,—Dr. J. H. Wildman's comments on this subject (March 29, p. 425) ignore the fact that where there are no canteen and washing-up facilities milk bottles cannot be washed at schools. The lack of facilities for hand washing and, even more, hand drying (one towel for 30–40 children changed twice weekly is a typical provision in my area) makes the teaching of hygiene a farce.

Doctors associated in any way with schools could greatly assist the efforts made by parents and teachers to remedy this situation if, having informed themselves of the lavatory and hand-washing facilities available, whether these are a Church or education authority responsibility, they would refuse to accept our present shortages as a reason for all deficiencies. For more than twenty years this situation has frustrated teachers and distressed parents and children. The time has come for doctors to help in the struggle for an opportunity for children to acquire practical habits of hygiene.—I am, etc.,

Farnham, Surrey.

NORA M. JOHNS.

24-hour Day

SIR,—A simple plan for doctors to maintain a 24-hour telephone service in the absence of anyone to take the messages would be the installation of a small recording unit which could be switched on in place of the telephone when the house is left, and which only comes into operation when a call is attempted.

I suggest that these units could be made, using the magnetized steel-tape method, which after the messages have been read could be "rubbed out" and used again. Thus anyone wishing to call the doctor when he is out would hear a preamble from an incorporated record such as: "Doctor — is out. You will have two minutes to deliver your message, which will be recorded. Please start with the patient's name, age, and address." The apparatus would soon repay its cost, as a part-time secretary could just come in for an hour at stated times to put the messages into writing. For the use of callers a pad and pencil could be provided in the porch.—I am, etc.,

Winsley Sanatorium, near Bath.

E. S. SHORT.