State Medical Service

SIR.—It is, I think, high time that we were told of the negotiations at present going on between the B.M.A. and the Government. What are the conditions? What is to happen to existing stocks of drugs, dressings, etc.?

If the practitioner is to become a State servant, will he be granted an allowance for car and running expenses? What remuneration is to be paid to his wife for her many services to the practice?—I am, etc.,

Acocks Green, Birmingham.

G. A. POWELL-TUCK.

Treatment of Acute Mastitis

SIR.—I was interested to read the two letters on the treatment of acute mastitis by Dr. J. MacLeod (June 14, p. 865) and Dr. R. Marcus (July 5, p. 30). In 1945-6 I treated a series of cases with penicillin (12,500 units 3-hourly intramuscularly). All cases received sulphathiazole, and their abscesses were incised, while alternate cases received penicillin as well. The average length of stay in hospital of the controls was compared with that of some 350 cases similarly treated in the previous two years, and was almost identical—and therefore presumed to be an accurate standard.

Clinically those receiving penicillin recovered more quickly and with less interference with function and a better cosmetic result, but it could not be proved statistically. This appeared to be due to a difficulty in classifying the severity of the infection and an insufficient number of cases receiving penicillin. The simple well-localized abscess is cured quickly by any of the well-recognized treatments. The difficult case is the one where there is a homogeneous induration of one or more quadrants, and fortunately this is just the case which does well on penicillin. A radial incision to evacuate pus was used in my series, healing readily and not requiring either frequent dressings or secondary suture.

I agree with Dr. Marcus that stilboestrol is not necessary, as these cases are not hindered by lactation unless the infection is severe, when it is best to have an inactive breast. Hexoestrol dipropionate then appears to be more useful than stilboestrol. It therefore seems necessary to have a standard classification of the type and severity of the infection before any assessment can be made of the efficacy of any one line of treatment.—I am, etc.,

A. FURBER MURPHY,
Lieut., R.A.M.C.

B.A.O.R.

Complete Removal of Prostate

SIR.—I was interested to read Mr. H. S. Souttar's article (June 28, p. 917) on complete removal of the prostate, in which he states that it will be generally agreed that the extravascular approach to the prostate "introduced" by Mr. Millin presents considerable advantages over the older transvesical methods. As Mr. Souttar seems to think that the prevesical or retropubic approach is something new I should like to point out that it has been used off and on for 41 years. It was employed in 1906 by Zuckerkandl, in 1909 by Van Stockum, in 1922 by Lidski, and in 1933 by Jacobs and Casper.

There seems now to be not only a yearly but a monthly increase in the number of techniques for prostatectomy, and in spite of this wide variety Mr. Souttar appears to have incorporated some novel ideas into his method. Consequently I am in absolute agreement with Mr. W. W. Galbraith (July 26, p. 150) in stating that many surgeons lacking a thorough knowledge of prostatic surgery might be led to try Mr. Souttar's operation with results which might be disastrous to the patient.—I am, etc.,

London, W.1.

W. K. IRWIN.

Antacids for Peptic Ulcer

SIR.—Dr. A. H. Douthwaite, in his paper "Choice of Drugs in the Treatment of Duodenal Ulcer" (July 12, p. 43), describes under the heading "Antacids" the neutralizing action of various chemical agents by plotting the free hydrochloric acid titration values according to the usual fractional test-meal procedure.

While this is a good diagnostic method for a variety of conditions, we would suggest that, for the purpose under discussion, a pH scale instead of acid titration values and a meal approxi-

mating more closely to the average diet of the peptic-ulcer case would provide a sounder basis physiologically and be of greater clinical significance. Such modifications, we suggest, might well give a closer correlation between the experimental tests and the present-day therapeutic evaluation of antacids than that shown by Dr. Douthwaite.

These comments are not intended to detract from the importance of Dr. Douthwaite's main thesis, namely, the relationship of ulcer pain to hypermotility, but the sound development of chemical antacids would seem to be of sufficient importance in the control of acidity and pepsin activity (the latter factor was not mentioned by Dr. Douthwaite) to justify some consideration of what we consider to be a weakness in the present experimental position.—I am, etc.,

The Crookes Laboratories, Limited,
London, N.W.10.

E. W. GODDING.

New Theory of Jaundice

SIR.—In the *Journal* of May 31, Dr. Paul Fourman reviews (p. 766) under the above heading the book of I. Pavel, of Bucharest. I was very interested to read about the theory of spasm of the sphincter of Oddi, which is said to be brought about by emotional and nervous factors. A similar suggestion was made in Nairobi in 1944 by Dr. Jules de Mello, who described jaundice among Goans as caused by spasm of the biliary passages just as the spasms of the bronchioles in asthma. A curious method of treatment by branding among these Goans was described, which suggested the possibility of the spasm theory.—I am, etc.,

Nairobi.

A. R. DHANJI.

REFERENCES

- de Mello, J. P. (1944). *Med. Bull.*, Bombay, 12, 329.
— (1946). *E. Afr. med. J.*, 23, 87.

Burn Toxaemia Treated by Rapid Venesection and Transfusion

SIR.—Corporal X. Y., Nottinghamshire Yeomanry, was accidentally burned by petrol on June 23, 1942. He was evacuated by air 48 hours afterwards. He was delirious on arrival and his pulse was difficult to count. The haemoglobin was 125%. There were deep and extensive burns of both legs and both forearms. He improved after saline and plasma infusion but relapsed three days later; this time he did not respond to further infusions. His condition became gradually worse. Vomiting was frequent and hiccough persistent. His face was an ominous greyish-blue colour and he had a running pulse. From previous and bitter experience it was considered that he would not live much longer than 24 hours unless something drastic happened.

Venesection and transfusion were therefore undertaken. A cannula was tied into the right median basilic vein and a little saline run through it. A pint of fresh cross-matched blood of the same group and three pints of stored blood were near the bedside. Venesection was then started from the left median basilic vein, and while this was going on the pint of fresh blood was transfused slowly on the opposite side. After 3½ pints of blood had been withdrawn rapidly by the venesection the patient collapsed suddenly, air hunger ensued, and he became almost pulseless. Prompt resuscitation was required. The foot of the bed was raised on chairs and the transfusion speed was increased to its maximum and oxygen administered. The patient rallied. Next morning he was sitting up in bed and enjoying his breakfast; his colour was much improved. Vomiting and hiccough never recurred and his subsequent progress was uneventful.

After two skin-grafting operations had been performed his wounds healed and he was evacuated to the U.K. At the time we thought the venesection had been too rapid, but to have drastic effect and to avoid dilution of toxins when transfusion is also occurring rapid and large-volume venesection is necessary. On this occasion air hunger and collapse ensued with such little warning that the precaution of inserting the large cannula for transfusion before starting the venesection was invaluable. No conclusion can be drawn from the treatment of a single patient, but the effect was suggestive enough to warrant further trial in the advanced stages of "toxaemia of burns." We do not think that it is indicated in the more common type of extremely ill burn patient who in a later stage is suffering from septic absorption from infected raw areas.—I am, etc.,

Leeds.

MICHAEL C. OLDFIELD.