game of bridge while talking or thinking about something quite foreign to cards. The above ability or the lack of it has a great bearing on the making of a good or a bad driver.

Driving is so easy in a well-found car that it is no longer, in most circumstances, a whole-time job. One must perforce think of more than the driving, and it is here that the trouble arises. If one can only do one thing at a time, then when one's mind wanders, which it inevitably will sooner or later, then the driving suffers, and one becomes a potential danger. Many drivers will most of the time unconsciously react correctly to road stimuli, but this unconscious or subconscious reaction is not to be trusted, it is too vulnerable to variations of physical health, alcohol, and other factors.

When one considers such slogans as "Keep your eye on the ball" and "Don't speak to the man at the wheel," it may sound heretical to suggest that in order to be a tolerably safe driver it is necessary to keep only part of one's conscious mind on the business of driving, and to expect more from all drivers at all times is being unreasonable. But I myself would certainly feel safer being driven by a garrulous, agile-minded driver than by one who religiously kept his mind glued to the road, for in the latter case there would be the thought of what might happen when he became unstuck.

It would be both unpractical and undesirable to submit every applicant for a driving licence to a psychological examination; matters are quite complicated enough as it is; but this much could be done without any additional irritation. The car in which the victim is to have his test should be fitted with a wireless set, which the examiner should switch on when the test was under way. Then if subsequently there was any doubt in assessing the driver's capability—that is, if he were a borderline case—he should be asked what he had heard over the wireless while driving, and his ability to answer would sway the decision either for or against. A just-good-enough driver who answered that he was sure he hadn't a notion, he'd kept his mind on his driving, would fail, whereas a similar driver who could give some account of the programme would pass.—I am, etc.,

Thame, Oxon.

E. GRANGER.

Heparin for Coronary Thrombosis

SIR,—Prof. Lambert Rogers in an article entitled "Advances in Surgery" (*Practitioner*, 1947, 159, 247) cites a remarkable case of pulmonary thrombosis in *extremis* cured or relieved by an injection of 600 mg. of heparin. I suggest that here we have a drug that will prove of inestimable value for promptly treating cases of coronary thrombosis, and that it will save the life of many valuable patients, especially among doctors. It will prevent those most serious ravages to the heart muscle, and give time to treat the underlying arteriosclerosis with a suitable regimen and the use of iodides, etc., for many months. I suggest it should be given after the shock of the attack is treated with morphine, etc.—I am, etc.,

Glasgow.

JOHN T. MACLACHLAN.

* * The use of dicoumarol in coronary thrombosis was discussed in an annotation on Oct. 25 (p. 662).—ED., *B.M.J.*

Treatment of Neurosyphilis

SIR,—I was surprised to find no mention of the well-known pentavalent arsenical called "stovarsol" in either of the two articles on the treatment of neurosyphilis in the *Journal* of Oct. 11. The drug is less toxic to the optic nerve than tryparsamide and has a spirochaeticidal action when given by mouth. On the other hand it may cause rashes and gastro-intestinal disturbances. The alimentary symptoms can be avoided by using bismuth-stovarsol ("bistovol"), which has an additional advantage because some of the bismuth is absorbed.

I have used bistovol by mouth in about 170 unselected cases of G.P.I. prior to malarial treatment and have observed clinical and serological improvement very similar to that noted in the same hospital with penicillin. Moreover, the recovery rate for this series of consecutive admissions was 26% compared with only 10% recovery rate for 200 consecutive admissions treated with tryparsamide and malaria. The details of these results have already been published in the *British Journal of Venereal Diseases*, 1945, 21, 174.—I am, etc.,

Lancaster.

R. PAKENHAM-WALSH.

Pulmonary Haemosiderosis in Mitral Stenosis

SIR,—Dr. Muriel O'Doherty's letter (Oct. 11, p. 587) flatly and frankly disagrees with the pathological interpretations given by Dr. T. E. Gumpert in his interesting article (Sept. 27, p. 488). The correlation of the skiagraphic picture with the morbid anatomy is, as we have already shown (Scott, L. D. W. Scott Park, S. D., and Lendrum, A. C., *Brit. J. Radiol.*, 1947, 20, 100), a difficult enough matter, depending as it does on a correct reading of the morbid anatomy. The detailed histological study of our material (to be reported) does not support Dr. O'Doherty's view that the haemosiderin-laden phagocytes transfer the iron out of the alveoli and lead to hyalinized fibrous nodules in the intralobular stroma.

The striking fact about these cases is the persistence in the alveoli of the siderophores. In the immediately adjoining stromal tissues there is frequently seen iron incrustation of the elastica and the capillary walls, but no obvious haemosiderin, free or in cells, and it would appear as if a high local concentration of soluble iron must occur around the siderophore-filled alveoli. I presume that the fibrous change thereafter occurring in these parts comes to obstruct the lymphatic pathways and so actually prevents escape of the siderophores from the crammed alveoli.

The facts remain that a mitral stenotic showing the obvious skiagraphic picture of haemosiderosis may have an unchanged skiagraph over many months; that microscopically the fibrosis is seen only in the tissues immediately adjacent to the group of filled alveoli; and that despite the presence of many such groups of haemosiderin-containing alveoli there may be scarcely any recognizable iron in the lymphatics or lymph nodes.—I am, etc.,

Dundee.

A. C. LENDRUM.

Retained Placenta

SIR,—It may interest Dr. Walter Calvert (Oct. 11, p. 589) to know that the method he calls "continuous light cord traction" was used by no less ancient a practitioner than the Father of Medicine himself. A description of the method is given in Smellie's *Midwifery*, the introduction to which, Dr. Smellie says, "contains a summary account of the practice of midwifery, both among the ancients and moderns . . . for the information of those who have not had time or opportunity to peruse the books from which it is collected. . . ." Of Hippocrates he says that he "no doubt availed himself of the observations of those who went before him in the exercise of the same profession." On page 13 of my own copy (edition unknown) comes the following paragraph:

"In the book *de superfoetatione*, after having described the methods of delivering a dead child, he [Hippocrates] says, if the secundines come not away easily, the child must be left hanging to them, and the woman seated on an high stool, that the *foetus* by its weight may pull them along; and lest this should be too suddenly effected, the child may be laid on wool newly plucked, or on two bladders filled with water, and covered with wool, which being pricked, as the water evacuates, they will subside, and the child sinking gradually, will gently draw the secundines away: but should the navel-string happen to be broke, proper weights must be tied to it, in order to answer the same purpose; these being the easiest and least hurtful methods of extracting the *Placenta*."

What a wealth of ancient knowledge and eighteenth-century scholarship is revealed in the introduction to this delightful book!—I am, etc.,

Peaslake, Surrey.

G. I. WATSON.

Bilateral Abdominal Testes with Teratomatous Change and Torsion

SIR,—I was interested to read the reports of Drs. A. H. Bennett and W. G. Shaw (Feb. 15, p. 256) and Dr. E. C. Chitty (March 15, p. 356), who respectively report cases of seminoma and sarcoma in intra-abdominal testes associated with torsion. It seems to me perhaps that it might be of interest to report a case of bilateral intra-abdominal testes with teratomatous change and torsion of the right testicle.

CASE REPORT

At 2 a.m. on Feb. 14, 1947, a Mohammedan missionary aged 34 was admitted to the West London Hospital with a diagnosis of renal colic. He was seen by the house-surgeon, who did not consider his condition warranted a second opinion. On the 15th his

renal tract was investigated as he gave a history of pain in the right loin radiating to the R.I.F. and groin, occasional pain in left loin, all of two days' duration. Investigations were all negative. He was seen by me at 6 p.m. on the 15th and physical examination revealed lower abdominal rigidity and tenderness, particularly in the R.I.F. P.R.: there was slight tenderness. These physical signs had apparently developed gradually during the course of the day. Temperature was 99° F. (37.2° C.) and pulse 100. Both testicles were absent from the scrotum. A diagnosis of appendicitis with spreading peritonitis was made and operation recommended.

A gridiron incision was made. On opening the peritoneum a little blood-stained fluid escaped; the appendix appeared normal, but a smooth tumour was felt rising out of the pelvis. The gridiron incision was closed and the abdomen opened by a right lower paramedian incision, and a smooth oval tumour, dark blue in colour, was seen attached to the right brim of the pelvis. The tumour was the size and shape of a coco-nut, with the epididymis tightly stretched over it, and could not be delivered into the wound until the pedicle had been untwisted. The pedicle was of interest: it was attached to the brim of the pelvis, and in its proximal free edge ran the blood vessels going to supply it; its central portion was avascular and formed by two layers of peritoneum; in its distal edge ran a leash of dilated veins, which on leaving the pedicle proceeded retroperitoneally as far as the internal inguinal ring, where they entered the canal. On the opposite side of the pelvis in a corresponding position lay the left testicle, which was atrophic, with the epididymis sitting like a cap over one pole. There was no leash of veins proceeding from it to the internal inguinal ring. The tumour was removed; no glands were found. On section, the tumour was found to be a teratoma. Post-operatively an Aschheim-Zondek test was carried out but proved to be negative.

—I am, etc.,

St. Albans, Herts.

H. J. RICHARDS.

Midwives and Analgesia

SIR,—The repeated statement by the Minister of Health that analgesia should be provided for all women in childbirth has led the Central Midwives Board to encourage the instruction in "gas-and-air" analgesia of all practising midwives and pupil midwives. In the latter case the Board decided that after December, 1945, a pupil midwife shall not be admitted to the Roll of Midwives until she has passed a test of proficiency conducted by the specialist anaesthetist, the obstetrician, and the matron of an approved institution.

The Board has now decided to combine the test of proficiency with the Second Examination, and a pupil midwife will be *liable to be asked questions* on gas-and-air analgesia. It would seem that an anaesthetist will not be present for this purpose but that the obstetricians, in addition to examining each candidate in midwifery, will be expected occasionally to ask questions on analgesia. In the twenty minutes allotted to the examination it is unlikely that an examiner will regard analgesia as a means of testing the candidate's knowledge of midwifery, and it is unreasonable to expect that the whole of the second period of training should depend on the right answer to a question on analgesia. In these circumstances there is little doubt that the gas-and-air method will fall into disrepute, for no liability to be asked questions can replace the separate examination at which a high standard can be maintained.—I am, etc.,

Birmingham.

B. L. S. MURTAGH.

Hearing Aids

SIR,—A proper device for increased hearing should give complete comfort without the wearer having to get used to undesirable sounds, though practice is needed to distinguish words where a microphone is employed. Most American machines have fragile attachments which render them expensive and useless unless one is in close touch with those who can readjust them or replace spare parts, like garage attendants can care for one's motor-car. A current demand for hearing-aids is resulting in far too many persons obtaining them without proper adjustment, often being influenced by a salesman who impresses them by an audiometer test, and more professional opinion should be sought before obtaining them.—I am, etc.,

Durban.

F. G. CAWSTON.

Salaries of Specialists in N.H.S.

SIR,—Under the heading "Salaries of Specialists in N.H.S." Dr. Maurice L. Young (Oct. 11, p. 589) refers to a principle which deserves general rather than particular adherence—namely, that the possession of a specialist qualification should

follow a higher degree in either medicine or surgery and that a practitioner should not be considered a specialist unless he has taken that higher degree. For example, a man or woman wishing to practise ophthalmology should be the possessor of a fellowship.

In my own specialty in Liverpool the principle was agreed to some years ago, not without some opposition, that the appointment to a hospital should be given only to those holding a higher qualification in either medicine or surgery as well as the D.A.; but there is another even more important instance—namely, orthopaedic surgery. Here it appears to me to be imperative that a would-be specialist should, before obtaining a diploma or mastership, have taken a fellowship of one of the Royal Colleges.

The question of gynaecology and obstetrics is perhaps more difficult, but having been the member of a gynaecological team in a teaching hospital for more than thirty years I am of the opinion that here too a fellowship is most important.—I am, etc.,

Little Gaddesden, Herts.

G. F. RAWDON SMITH.

The Last Straw—Unholy Smokes!

SIR,—I have now to add a further reactionary notice to my overburdened surgery door: "No tobacco certificates signed here." We are requested to give our written consent to a process which physiology teaches to be wholly vicious. Let the bureaucrat's epitaph be: "He left no human activity untouched, and touched nothing that he did not confuse." Long may he smoke through the Great Hereafter.—I am, etc.,

London, S.W.12.

T. STOKES.

Medical Photography in B.M.J.

SIR,—At the last committee meeting of the Medical Group of the Royal Photographic Society it was unanimously agreed that I, as Deputy Chairman of this Group, should write and congratulate you on the splendid reproduction of photographs published in your *Journal* of Sept. 27, illustrating various articles. My Committee feel, however, that the reproduced photographs would not have been possible without excellent originals, and that the photographers concerned should have been recognized and acknowledged by the authors. My Committee are sure that this would give great encouragement to all medical photographers.—I am, etc.,

London, S.W.7.

H. MANDIWALL.

POINTS FROM LETTERS

Antihistamine Drug for Pruritus of Jaundice

Dr. D. C. WILSON (Inverness) writes: I can endorse the remarks of Dr. R. B. Hunter and Prof. D. M. Dunlop (Oct. 4, p. 547) on the action of antihistamine drugs in the relief of the pruritus of jaundice, having recently had to treat a case of subacute necrosis of the liver associated with intolerable pruritus of jaundice. "Benadryl" was used in a dosage of 50 mg. six-hourly with great relief to the patient, especially at night, sleep being obtained without the use of sedatives.

Foetal Cries

Dr. E. J. MOYNAHAN (London, S.E.1) writes: An early 18th century account of prenatal cries recorded in *Phil. Trans. roy. Soc.* (Abridged), 1731, 5, 305, may be of interest following Dr. Curphey's recent report of a case (Sept. 27, p. 508). In this account a Mr. Derham describes how he visited a Hornchurch woman named Clark who had given birth a week before to a boy "that had cry'd in her womb, at times, for five weeks." He discusses in a subsequent communication the opinions of those who held that such a thing is absolutely impossible, but goes on to say that he had eliminated, in the case he reported, "Croaking of the Guts, or Womb, or the Effect of any Feminine Imagination." He states that the cries were heard by the father, mother, and many neighbours, who assured him that the sounds heard were "nothing like any Noise of Wind, or the Guts." He mentions Verzascha, of Basle, who had collected reports of many such cases, including one by a Dr. Needham, who told of the foetus of "an English Lady of Quality," which cried in her womb while she was at supper with her husband and her chaplain. Another instance was that of Christian II, King of Denmark, who was heard to cry before he was born. Derham thought these cases to be well attested, but admits that it is hard to account for the phenomenon. He was forced to the conclusion that the foetus may have an occasional respiration in the womb.