H.T.S.T. Pasteurization

SIR,—In your leading article of Dec. 6, 1947 (p. 914), "High-temperature Short-time Pasteurization," the efficacy of sterilization is very clearly set forth. No reference, however, is made to the effect upon vitamins. Presumably this has been estimated and been found to be no more harmful than that of the "holder process." It would be gratifying if some assurance could be given on this point.—I am, etc.,

London, W.1.

HUMPHREY NEAME.

"Unjustified" Use of d-Tubocurarine Chloride

SIR,—Many of your readers will be well aware that the advancement and perfection of obstetric anaesthesia is a cause very near to my heart, and that in these very columns I have had to defend at least one new method against the attacks of the sceptical. It was with exceptional interest, therefore, that I studied the recent replies to my letter (Nov. 22, 1947, p. 840) from Dr. H. Vincent Corbett (Dec. 13, p. 976) and Mr. Percy Malpas (Dec. 20, p. 1009). After such impressive testimony it is obvious that I overstated my case and I unreservedly withdraw the word "unjustified" (even when garnished with inverted commas to make it less unpalatable) and hasten to effect a remorseful retreat from the ranks of the reactionaries, where I appear temporarily to have strayed. Having met my Liverpool friends more than half-way, however, I would like to add a few comments and qualify my repentance.

Of recent years, when giving general anaesthetics for caesarean section, I have been in the habit of utilizing a very light plane of cyclopropane anaesthesia with similar results to those described by Dr. T. Cecil Gray (April 5, p. 444), with the exception that our mothers did not recover consciousness "as the last stitch was tied." They did, however, make a reasonably rapid recovery—in all senses of the word—unless they happened to be in poor shape prior to operation. I cannot see that there is any virtue *per se* in awaking while in the operating theatre so long as the patient does recover uneventfully.

As is evident from this correspondence, obstetric opinion is still divided as to the necessity for abdominal relaxation during caesarean section. My remarks on the subject were of course a quotation—as will be seen from my letter—but on thinking things over I realize that I was quoting an opinion prevalent during the height of the ethereal era, when patients were very much more upset by general anaesthetics than is now the case, and also when even a small increase in anaesthetic depth might make all the difference between a lively or a lethargic infant. Under such circumstances abdominal relaxation could only be secured at the risk of a higher rate of foetal mortality and was in consequence severely discouraged.

With regard to my theory of the stimulating action of light levels of cyclopropane anaesthesia and of thiobarbiturates upon the uterus, I feel sure that Dr. Vincent Corbett cannot seriously believe that we were naive enough to base our opinion solely upon the incident—however forcefully it brought itself to our notice—of the "eyeful of liquor." In the case of thiopentone we found it next to useless for external version, owing, as far as we could judge, to tenseness of the uterus—a condition which appeared evident also during caesarean section under the same anaesthetic. If pushed to deep planes cyclopropane *could* be used for external version, but in the light planes employed for obstetric anaesthesia we noted the following: a tense uterus during caesarean section (the mother not being in labour) which retracted eagerly after delivery of the foetus and placenta; fairly frequent and forceful contractions during forceps delivery; and, after delivery per vias naturales, the placenta was rapidly extruded (often within a matter of minutes) and the uterus retracted to a "hard ball," rarely required the administration of pituitrin or ergometrine, and permitted of but a very small blood loss. All this naturally makes me somewhat sceptical as to the role which curare might be thought to play when thiobarbiturates, light cyclopropane, and d-tubocurarine chloride act upon the uterus in synergistic trinity.

Before the advent of curare there is little doubt that the administration of thiopentone for caesarean section reduced the whole performance to a surgical sleight of hand. Owing to the effect of the anaesthetic upon the foetus only rapid surgeons could operate successfully, and at least one obstetrician (not at King's), with a reputation for speed, is reputed to have incised skin, linea alba, peritoneum, uterine wall, and the baby's back in one heroic sweep—a "classical" operation in every sense of the word! Dr. Gray's introduction of d-tubocurarine chloride into this type of surgery, with its known property of reducing the quantity of anaesthetic otherwise necessary, appears to single out the blessings of thiobarbiturates

without their obstetric disadvantages, and I am now quite converted to the idea. If anybody is still on speaking terms with me in Liverpool I would very much like to visit them and see this anaesthetic at work.—I am, etc.,

Epsom, Surrey.

A. H. GALLEY.

Oxygen Unit for Newborn Infants

SIR,—I was interested in Dr. P. C. D. MacClancy's account (Dec. 13, 1947, p. 970) of an oxygen unit for newborn infants. We have had in use since June, 1947, at the City Lodge Hospital, Cardiff, a unit very similar to the one described, the only important difference being that the sides are made of separate pieces of 1/4 in. or 3/16 in. (0.6 or 0.45 cm.) "perspex" cemented together, and thus can be made reasonably easily by the hospital staff. We have also a larger unit which will completely cover the whole of the normal maternity cot as used at City Lodge Hospital. Both types have a detachable airtight lid allowing free access to the infant undergoing oxygen therapy without necessitating the removal of the whole unit. These units, which were designed and made by the hospital occupational therapist with the help and advice of the medical and nursing staff, have done excellent work in the hospital premature nursery.—I am, etc.,

Cardiff.

J. GREENWOOD WILSON.

Improvised Sterilizer

SIR,—The sketch illustrates an aluminium saucepan (A) with lid (B): also a "chip-basket" (C), from which the long handle has been removed, and a copper (or other rustless metal) rod (D), with a perforated-disk base. This rod pierces a hole through a metal sleeve (E) in the centre of the lid, from which the knob has been removed. The instruments to be sterilized by boiling are placed in the basket and immersed in water in the pan. The whole is boiled over a gas-ring, or, if preferred, an electric saucepan can be used. After boiling, the rod is used to lift the lid and basket from the pan. The water is poured away and the lid and basket replaced. The pan can be then gently heated to dry the instruments.

The advantages are: (1) The instruments are lifted out of the water and can be dried and cooled without contamination. Sterile forceps are ready for assembling syringes, etc., without handling the latter with fingers. (2) The whole outfit can be bought at any hardware stores and the alterations made by any tinsmith. (3) It is cheap: this cost altogether 16s. 3d.—I am, etc.,

Keighley, Yorks.

WRIGHT LAMBERT.

Natives of the Tropics

SIR,—During my stay in this country I have been attending various hospitals both in London and in Edinburgh. In all these places I have often heard the senior as well as junior doctors use the word "native" when referring to Indians, Africans, or people of any other tropical country. To give an example: "The natives suffer from beriberi more often than the Englishmen." The word "native," a reference to any dictionary will reveal, applies to the indigenous race of a country. When an Englishman therefore uses the word "natives" he should by rights refer to the natives of England. But this is not the case. The word is used by him as a contemptuous reference to the tropical races.

My coloured fellow-students who hail from China, Malaya, Burma, and India and I have often discussed this matter in the institute where I am studying. It has on quite a number of occasions caused us annoyance. We would rather be called Indian, Chinese, or Malayan than just a "native." I shall of course have no objection to being called a native of India, just