infection in a number of children selected for operation. As Mr. Walker suggests in his final comments, this resolves in the vast majority of cases after removal of the diseased tonsils and adenoids. He considers that the unsatisfactory results following tonsillectomy and adenoidectomy are due to sinusitis: we consider that they are more likely to be due to an incorrect selection of children for operation.—We are, etc.,

M. R. SHERIDAN.
T. M. BANHAM.

Truro, Cornwall.

Residual Prostatitis

SIR,—We have read with great interest Dr. F. C. Bourgault Du Coudray's excellent article on residual prostatitis (Oct. 25, 1947, p. 651). Such a condition has been observed by us in a large number of cases, and assuredly also by many others, after sulphonamide or penicillin treatment of the urethral-process gonorrhoea. Some cases were treated for months and even years with massage, diathermy, and high supplementary doses of antibiotics notwithstanding the fact that repeated cultures of prostatic fluid and of semen were sterile or showed some diphtheroids or Gram-positive cocci or bacilli. Streptomycin was used without success in 2 cases.

The persistence of pus cells in the prostatic fluid indicated the existence of an infection whose true nature we have cleared up in quite a few cases after dark-field observation of the prostatic fluid. In a recent communication to the III Pan-American Congress of Urology (Rio de Janeiro, Sept. 14–20, 1947) we referred to 50 cases of such a type of prostatitis observed in V.D. clinic patients; in 6 (12%) we found spirilla, some morphologically similar to *Sp. dentium*. Latterly we have found in 7 other cases spirilla, in 3 *Tr. vaginalis*, and in 2 an association of both these micro-organisms. All cases were cured rapidly with arsenical therapy—trivalent, pentavalent, or arsenoxide.

In 3 out of 10 cases in which we did not find spirochaetes or protozoa we obtained rapid and remarkable results with the arsenical therapy, based on the knowledge that the former micro-organisms may disappear, breaking up into coccoid or granular forms (Dutton, Leishman, Balfour, Nicolle, Coutts, Marchoux, Chorine, etc.).

As regards the negative action of penicillin in cases where spirochaetes have been found, it is of convenience to remark that this drug does not act equally on the different types and that even *Sp. pallida* sometimes requires very large doses in order to be destroyed.

When prostatic fluid contains numerous pus cells we dilute it with tepid normal saline and examine a drop of the dilution. An excess of pus cells impedes the free movements of spirochaetes and of the cilia of trichomonads, rendering their search almost impossible. Following this practice we have frequently been able to demonstrate the presence of these micro-organisms in fluids that had been declared sterile.—We are, etc.,

WALDEMAR E. COUTTS.
EDNA SILVA-INZUNZA.

Santiago de Chile.

Cheaper Heparin

SIR,—Recent correspondence on heparin and dicoumarol prompts me to write on the subject of these anticoagulant drugs. Whatever may be the views held by physicians on the value of anticoagulants in the treatment of coronary thrombosis, surgeons should be in no doubt about the value of anticoagulant therapy, properly managed, in cases of post-operative venous thrombosis and embolism. In view of this fact, it is perhaps surprising that these drugs are not more widely used.

There would seem to be two reasons for the present state of affairs: on the one hand we have heparin, a highly effective, safe, and expensive drug, while on the other hand there is dicoumarol, a cheap, potentially dangerous, but more readily obtainable drug. Experience with dicoumarol seems to vary greatly, and, although one knows some who have used it without experiencing any trouble, there are many who report serious and even fatal complications following its use. While it is clear that the most careful laboratory control is essential in dicoumarol therapy, it is doubtful whether a substance which has been described by no less an authority than Jorpes as exerting "a kind of toxic narcosis of the liver cells, the depth of which it is difficult to control," is really the drug of choice in the treatment of thrombosis.

At the present time an average day's treatment with heparin costs more than five pounds, whereas that with dicoumarol may cost less than a shilling. Under these circumstances it is hardly surprising that dicoumarol is sometimes tried (often, it is true, under inadequate laboratory control), found wanting, and discarded, while heparin, being expensive and in short supply, is used far too little.

Since the great value of heparin should need no emphasis I would like, through your columns, to put in a strong plea for the manufacture of a plentiful, cheap, and reliable brand of heparin. Doubtless other readers will be ready to express their views and, if necessary, to encourage the commercial drug firms to satisfy our needs.—I am, etc.,

Radlett, Herts.

REGINALD S. MURLEY.

Drug Addiction

SIR,—I was interested in your annotation on drug addiction (Dec. 13, 1947, p. 965). The group of opium eaters who appear to be in an "arrested development" stage of addiction must be familiar to medical officers who served with Indian troops in the recent war. It was found that Indian troops, who were able to obtain supplies of opium in India quite easily, presented a problem when posted out of India to countries where opium was not so readily obtainable. At first opium eaters were posted back to India, but later policy was changed, and these men were supplied with a limited amount of crude opium up to a maximum of 300 gr. (20 g.) per month.

In my unit half a dozen men were kept efficient and healthy with such a maintenance dose. Some received 200 gr. (13 g.), the others the full 300 gr. monthly. I followed these men over a period of 2½ years and found that their work was satisfactory in every way; they did not make frequent appearances at sick parade nor did they seek increasing doses of opium to remain in such equilibrium. I made attempts to break them of the habit, but since they were men over 30 with a history of ten years or more of taking the drug success was neither anticipated nor achieved.

On the other hand, a dozen or more young soldiers posted to the unit direct from India were broken of the habit quite easily by immediate withdrawal of the drug. This group suffered virtually no withdrawal symptoms and emphasizes the point brought out by your annotation—that it is a mistake to apply the term "drug addiction" to all cases in which drugs are taken merely to produce euphoria.—I am etc.,

Bristol.

PHILIP JACOBS.

Child-bearing and Tuberculosis

SIR,—Dr. C. J. Stewart and Dr. F. A. H. Simmonds (Nov. 8, 1947, p. 726) have noted that the majority of physicians who have recent experience in the matter agree that pregnancy does not activate tuberculous disease; they have confirmed this themselves by a statistical analysis of a large series of patients, and they have drawn the conclusion that abortion is not a therapeutic agent in tuberculosis. Their comment in your issue of Dec. 27, 1947 (p. 1056), that effective advice concerning birth control had not been given to the patients in their series, and their suggestion that such advice is advisable especially for two years after the disease has become quiescent, is less logical, because they have already shown that in spite of lack of such advice, and also the lack of therapeutic abortion, the patients with active disease in their series who were pregnant compared not unfavourably in results with a control group with active disease who were not pregnant. Dr. R. C. Cohen found in his analysis of the Black Notley cases that a woman who became pregnant soon after quiescence of the disease would as likely do well as a woman who became pregnant later.

Admittedly, unlimited pregnancies should not be encouraged in tuberculous women. But the psychosomatic background of tuberculous disease is becoming increasingly perceptible. Conjugal felicity is important for a tuberculous woman, as for others, and if by effective birth control is meant artificial contraception it is interesting to speculate whether our generation, to whom advice in artificial contraception has not been wanting, is the more blessed in happy marriages. Might it not rather be better for the tuberculous woman and her husband to avoid a facile solution and by mutual co-operation and sacrifice to grow in that mutual respect on which happy marriages are built?

Another point is that I have followed up a number of patients who have suffered from non-pulmonary tuberculosis and who later married, and have found that pregnancies were unusual among them. This difference between patients with phthisis and patients with other forms of tuberculosis offers an interesting commentary on the pathogenesis of the disease.—I am, etc.,

Black Notley, Essex.

M. C. WILKINSON.

A Method of Abdominal Palpation

SIR,—The method of abdominal palpation described by Dr. E. W. Price (Nov. 1, 1947, p. 703) is, no doubt, almost the inevitable one when there is no table or chair available and when a number of patients are to be examined. But at a crowded out-patients of an Indian mofussil dispensary, where just a stool and a chair can be improvised, I have found a modification of the method more useful. The patient is seated on a stool on the examiner's right side, facing him and the light. The abdominal palpation is done in the same way as described by Dr. Price, with the patient bending forward. The sitting position of the patient is superior to the standing one for abdominal palpation, as it ensures a more complete relaxation of the abdominal muscles, because the thighs are flexed at right angles to the trunk.—I am, etc.,

Poonja City, India.

P. L. DESHMUKH.

Prickly Heat: A Simple Remedy

SIR,—Recent references in the *Journal* to prickly heat (Nov. 15, 1947, p. 779; Dec. 20, 1947, p. 1012) make me wonder once again how many of those who interest themselves in this complaint have tried treating it with perchloride of mercury lotion. If a solution of perchloride of mercury in water, 1 in 500, is dabbed twice daily over the affected area and allowed to dry on the skin, the trouble is finished, in my experience, within two or three days, and further occasional applications prevent its return. This simple treatment was told me many years ago by a colleague in the Colonial Medical Service: I have never seen it mentioned in print, and have never known it fail in practice.—I am, etc.,

Nairobi, Kenya.

C. J. WILSON.

Relief from Pain in Obstetrics

SIR,—May I, as a woman practitioner, support Dr. John Elam's timely plea (Dec. 27, 1947, p. 1055) for the relief of pain in obstetrics? I have just returned from a most heartening visit to a maternity home in the South of England where "trilene" and air, and gas and air, are available and efficiently administered to all women in labour who desire anaesthesia. What impressed me, however, was not the number of women who made use of this opportunity, but the far greater number who enjoyed—literally enjoyed—bearing their babies without any anaesthetic, drug, or hypnosis.

If anaesthesia is the only way whereby the pain in labour can be relieved, by all means let us have adequate facilities for its effective administration. But if the pain of labour can not merely be relieved but virtually prevented by perfectly simple, straightforward physiological methods, why not employ these, rather than in ignorance allow a "normal" labour to progress in such a manner that anaesthesia, with its accompanying dangers (however small), becomes necessary?

Having read G. Dick Read's *Revelation of Childbirth*, and taken the opportunity of verifying with my own eyes the practical results of the application of his theories, I am convinced beyond any shadow of doubt that the answer to the "scandal of the 'woman in pain'" lies, not in the reduction of pain "to a minimum" by anaesthesia, as Dr. Elam humanely suggests, but in its prevention by education. That such a revolution in the conduct of labour is possible there can be no doubt in the minds of those of us who have been privileged to experience over and over again the peacefulness of a really normal labour, and witness the healthy joy of a mother when, after such a labour, she reaps her reward in full consciousness of her achievement.

Doctors and midwives in many parts of the country to-day are practising, or learning to practise, the methods whereby such results are made possible. But until the principles and

practice of Dr. Dick Read's great work become part of the curriculum in *all* medical schools and midwifery training centres instead of, as at present, in an isolated and enlightened few, there will be many who, with me, deplore the grave and tragic injustice that is now being done to the mothers of this country and to humanity in general. For what is callousness, or indifference, to extreme suffering but a natural protective reaction towards the acceptance of its inevitability?—I am, etc.,

York.

MAHLO J. ELLIS.

Asthma and the Inhaler

SIR,—Dr. James Kay (Dec. 20, 1947, p. 1011) describes the effectiveness of an inhaler in relieving an attack of bronchial asthma. It is true that the method is simple to use and rapid in its effect, and this makes it particularly important that the contraindications to its employment should be recognized. The fluids employed in asthma inhalers usually consist of solutions of vasoconstrictor and antispasmodic drugs such as adrenaline, pituitary extracts, atropine, and papaverine, and the effect of these vaporized solutions on the congested bronchial mucous membrane is to produce a rapid vasoconstriction and paralysis of the cilia. The asthma is relieved by the shrinking of the previously swollen bronchial mucosa, and provided the inhalation is not repeated day after day no harm results. But if an inhaler is used several times daily for weeks or perhaps months at a time the cilia of the bronchial tree become destroyed and the bronchial mucosa becomes thickened. The result of this is that expectoration becomes more difficult, shortness of breath on exertion more pronounced, and the attacks of dyspnoea recur more frequently. These symptoms do not occur as a result of repeated adrenaline injections.

In general the higher the adrenaline concentration in the inhalant solution the more rapid is the relief obtained and the quicker is the bronchial mucosa damaged. There is also a risk of adrenaline poisoning when a strength of 1 in 100 is repeatedly inhaled (*Journal*, 1946, 1, 671), and I reported such a case (*Journal*, 1946, 1, 864). Ephedrine is less harmful as an inhalant than is adrenaline, and the suggested prescription of 1% cocaine and 1% ephedrine in 4% glucose saline (*Journal*, 1946, 1, 671) is preferable to the inhalant solutions usually employed.

It may sometimes be necessary to prescribe an inhaler for patients whose attacks are so severe that relief is not obtained by the usual oral remedies, and when, in addition, adrenaline injections are not practicable; but these patients must be warned of the risks of continued use.

Rhinologists know that spraying the nose with adrenaline produces rapid temporary relief to nasal obstruction by shrinking the nasal mucosa, and that this relief is followed by increasing obstruction. No rhinologist therefore would prescribe an adrenaline nasal spray for constant use. The employment of an inhaler is equally undesirable in chronic asthma.—I am, etc.,

London, W.1.

CLEMENT FRANCIS.

Foreign Body in the Vagina

SIR,—Apropos the letter from Dr. G. J. Grainger (Dec. 20, 1947, p. 1011) I can quote a case which I think is worthy of a place alongside the one he describes. I had been attending an old lady of over 80 for a considerable time, when, in November, 1942, she began to complain of a feeling that her insides were falling out. When I came to examine her I found that the perineum simply did not exist. On making a vaginal examination my finger encountered a foreign body which on withdrawal proved to be a dried-up twisted old ring pessary. There were no ulceration and no bleeding. On going into the history more thoroughly the patient was very vague but maintained against all attempts to dissuade her that the ring must have been *in situ* for 41 years.

Perhaps the most interesting feature of this case lies in the subsequent history. I continued to see her at regular monthly intervals. Her only complaint was of dizziness due to a raised blood pressure. In February, 1946, she began to complain of abdominal discomfort accompanied by attacks of diarrhoea. On examination I found her belly to be distended. A rectal examination revealed a hard mass invading the lumen of the