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