Injection Errors

SIR,—Mr. Harold Dodd (Feb. 14, p. 320) raises an interesting and vital subject. The greatest medical tragedies are surely those following the injection of a solution, prepared either in error by the pharmacist or administered wrongly by the surgeon. Not only are these catastrophes avoidable, but in the majority of cases they occur in the treatment of minor maladies, in which, were it known that even the slightest possibility of risk to life existed, operative treatment would never be considered by the patient or the relatives. As long as this smear on the good name of the profession exists, either individually or collectively, surely it is imperative that no effort be spared to reduce this risk.

The suggestion of tinting the fluids and of etching the contents of ampoules would contribute towards the end we should all have in view. Such methods would require enforcement by Act of Parliament to prove effective, for only by an addition to the Dangerous Drugs Act, making it obligatory for pharmacists to conform to a standard range of colours for common injection solutions, would the danger of these lethal drugs be properly appreciated and avoided.

Even with this additional safeguard it is not likely that the number of fatalities would greatly diminish so long as the present method of inquiring into the cause of death exists. The coroner's inquest is the mode of investigation to determine the cause of death, and this court has as its object to exclude the possibility of murder or manslaughter, a possibility in a death on the operating table so slight as to be ignored. But let us face the fact that the truth is not always spoken, perhaps in some cases from altruistic motives, and also in others when the temptation to conceal is there, if full exposure might tarnish some reputation. If negligence or lack of care is revealed at an inquest it is only by chance, as the purpose is not to inquire into its possibility.

There seems to have arrived the time when all anaesthetic deaths and all others taking place in the course of operative procedure should be investigated by a court other than that of the coroner. This could be composed of three medical men appointed by the General Medical Council with possibly a member of the Bar to advise on legal procedure. The findings and conclusions would be made public and be of inestimable value to the profession.

The public to-day are suspicious of medical evidence and an undercurrent of dissatisfaction is abroad. If the initiative does not come from our own ranks pressure will certainly be brought to bear from other quarters in the very near future.

"Nane ever feared the truth to be told,
But they whom the truth would indite."

—I am, etc.,

Stretford, Lancs.

W. T. WESTWOOD.

Emergency Bed Service

SIR,—The E.B.S. has now been in operation for nearly ten years and experience has shown that it can be of real assistance to general practitioners. Hitherto it has dealt solely with finding beds for acute patients requiring immediate assistance. In the course of this work it has become apparent that doctors could be greatly helped if the service were able to give them guidance as to the facilities other than in-patient treatment available for their patients, the time and place of out-patient clinics, such agencies as there are to help chronic patients, details of ambulance services, and so on, and all matters on which from time to time doctors require advice, and an endeavour has now been made to acquire the information necessary to answer such inquiries.

The service cannot hope to be omniscient, but it seems likely that most questions of this nature can be answered if the reply is not needed instantly and time is available for the service to make inquiries through its own channels. Where the answer is already known answers will be given immediately. It is proposed therefore to give a trial to a scheme by which the E.B.S. will extend its functions to providing doctors with information on points arising out of their work. Inquiries should be addressed to Monarch 3000.—I am, etc.,

London, E.C.2.

R. E. PEERS,
Secretary.

Cancer of the Lung

SIR,—With reference to the letter written by Mr. E. W. Sheaf (Jan. 24, p. 173), I would like to bring out the following observations:

(1) It is stated that the incidence of the above disease between 1921 and 1938 has greatly increased, and it is suggested that this is due to increased smoking. It would be of further interest to find out the incidence in the last ten years, as I am informed that smoking has still further increased since the war, especially in the case of women. (2) One often hears the suggestion that it might be due to the tars in the tobacco. Might I suggest that the carbon in the burnt tobacco may have something to do with it? It is a fact that much carbon is present in burnt tobacco as seen in the bowl of a pipe or deposited on a vulcanite denture plate. If the smoke is inhaled a large amount of this carbon must, one would think, be left in the lungs, either in the tubes or alveoli. (3) One should not forget that both smokers and non-smokers are continually inhaling tobacco smoke whenever they are present in enclosed places where smoking takes place, the great difference being that cigarette inhalers are breathing in hot concentrated fumes. It is noticeable that smoke arising from a burning cigarette is blue in colour while that seen after exhalation is a greyish colour. It has either lost something in the process of being inhaled or gained something such as moisture. (4) It is not unreasonable to suspect carbon as being responsible for the disease if merely on the assumption of the cause in "chimney sweeps' cancer," unless of course there is some element of tar in the latter. It would be interesting to know how the tars and carbon are interrelated. Also, how does the incidence of this disease compare in non-smokers and smokers and various categories of the latter? Does the quality of tobacco have any apparent effect on the incidence? Has anything introduced into the tobacco during the process of manufacture any possible effect?

These are but a few of the questions one might ask concerning this terrible disease.—I am, etc.,

Church Village, Glam.

T. ISLWYN EVANS.

An Unusual Appendix

SIR,—On Oct. 30, 1947, one of us (T. M. C.) was called to see a woman aged 53, in a rather isolated district. The patient complained of having been "rather slight" for the previous week with epigastric pain and vomiting. The pain had now gone, though she had a lump in her groin which had burst the night before, and she could walk about and felt much better. She was actually walking about her kitchen on my arrival, and had not even seen fit to apply any sort of dressing to the discharging abscess.

On examination there was a large abscess above the right inguinal ligament discharging freely, and on wiping away the excess pus the vermiform appendix was seen protruding through the abdominal wall.

She was taken to hospital forthwith, and the abscess cavity was opened widely (by R. L. O.). The appendix was completely gangrenous and full of pus, with a perforation about 1 in. (2.5 cm.) from the base which was adherent to the bottom of the cavity just to the right of the femoral artery. The meso-appendix could still be made out. A curved clamp was placed across the base and the appendix removed. The abscess cavity was packed with flavine gauze. A course of penicillin and sulphamezathine ensured an uneventful convalescence.

It was apparent that the appendix had actually worked its way through the internal abdominal inguinal ring.—We are, etc.,

R. L. OAKES,

T. M. CRABTREE.

St. Austell, Cornwall.

Pathogenic Fungi

SIR,—Since the natural habitat of pathological fungi is not known the following note is being communicated. For isolating yeast-like symbiotic germs from insects I used prune-juice media with or without other metabolites, like liver and yeast extracts. While working at the Indian Institute of Science, Bangalore, I used to be confronted with occasional infection of pathological fungi, but when I happened to continue similar work in Berlin contaminations from pathological fungi became very frequent and I had to concentrate my attention as to the possible source of these germs. In Berlin I worked mainly with homopterous insects which I used to collect from woods, feeding there on