labour delivered by caesarean section in the Birmingham Maternity Hospital; positive cultures were obtained twice (anaerobic streptococci, and *B. coli*), and both infants made normal progress.

It would therefore seem possible that infection of the foetus during prolonged labour is far more common than is generally imagined, and this might well account for the increase in rate of the foetal heart so commonly observed in these circumstances. It would also appear that neonatal immunity or resistance to infection is remarkably high.—I am, etc.,

Birmingham.

W. G. MIELLS.

REFERENCE

Douglas, R. G., and Stander, H. J. (1943). *Amer. J. Obstet. Gynec.*, **46**, 1.

Abortion Reform

SIR,—The recent trial of two women doctors at the Old Bailey should bring home to us how an honest medical practitioner runs the risk of prosecution if he or she procures, or aids in procuring, an abortion for a woman whose life would not actually be endangered by a confinement, however dire the straits to which an unwanted pregnancy brings her. The law relating to abortion is admittedly in an unsatisfactory state.

The Lord Chief Justice, in the debate on the Criminal Justice Bill, said that if a law is bad it is his duty to administer it, but that he would do all in his power to get it altered. The Abortion Law Reform Association was founded to get the present law amended and widened, giving thereby more protection to the doctor who acts in good faith, and to lessen the terrible incidence of mortality and morbidity which results when women who have been refused help by a law-abiding doctor submit themselves to the dangers of "back-street surgery." The Association needs many more members so that its work of enlightening the community on the subject of abortion may be increased and necessary changes in the law brought about. The Secretary of the Association is: Mrs. Alice Jenkins, Abortion Law Reform Association, 53, Gloucester Terrace, London, W.2, and she will gladly supply inquirers with information and literature.—I am, etc.,

London, S.W.13.

EVELYN FISHER.

Balanced-pulse Galvanism

SIR,—Credit is due to Wing Commander C. E. G. Wickham (June 12, p. 1136) for his ingenuity in the design of the balanced-pulse galvanic stimulator, but the elaboration of technique is not in itself an advantage, unless the basis on which it rests is well established. Although much attention has recently been given to the galvanic stimulation of denervated muscle, no evidence has yet been brought forward as to its clinical value, and there are experienced observers who believe that it is actually detrimental to recovery.

The history of a large prisoner-of-war camp in the East is significant. Among the prisoners was an eminent neurosurgeon, and a number of nerve sutures were performed by him. No electrical treatment whatever was given, for none was available. According to information obtained from a competent observer, the results were strikingly favourable. No doubt the good results were due to the skill of the surgeon, but the entire absence of galvanic stimulation may reasonably be regarded as a contributory factor. A comparison between groups of cases treated and not treated by galvanism would be of great value.—I am, etc.,

Sheffield.

R. G. ABERCROMBIE.

Drug Addiction

SIR,—My proposal to use, for relief of pain, as far as possible morphine suppositories instead of injections has been criticized in your annotation (Dec. 13, 1947, p. 965). May I add in support of my opinion that the risk of psychic habituation seems to me lessened when the patient is not aware what is given to him, while the syringe means for him in most cases "morphine." Furthermore, using suppositories, the "needle addiction" (p. 513 of my monograph) is avoided. On the other hand, I agree that some danger will persist.

The proposal of Dr. F. R. Ellis (Jan. 24, p. 175)—viz., to treat the addict permanently with controlled doses of the habit-

forming drug to which he is accustomed—already rejected by Dr. G. Laughton Scott (Feb. 21, p. 367)—has been experienced on a large scale in the so-called "narcotic clinics" some 30 years ago in the U.S.A., with extremely bad results (see p. 525 of the monograph). These "clinics" have been proved not only useless but also dangerous for the addict himself and for spreading drug addiction. A recent intention of the Mexican Government of opening such "clinics" has fortunately been abandoned, persuaded by the competent League and American authorities. If Dr. Ellis's proposal is followed, the result for the poor addict would be only a permanent change between heaven and hell, with all the very bad consequences for the patient. Furthermore, the addicts which Dr. Ellis has in mind already demonstrate through the elevated doses which they use that they do not belong to the so-called "benign" form, where an "arrested development stage" can be observed; this is quite uncommon and inherent, and cannot be "produced" artificially in addicts as Dr. Ellis seems to believe.—I am, etc.,

Buenos Aires, Argentine.

P. O. WOLFF.

New Conception of Angina Pectoris

SIR,—In reply to Dr. Neil Gordon's letter (June 19, p. 1205), in which he asked how I explain the action of nitrites in relieving anginal symptoms, I should like to make the following observations.

Nicotine is known to act on the ganglion cells of the unmyelinated fibres of the autonomic system. Pharmacologists agree, however, that nitrites produce vasodilatation by direct action on the walls of the arterioles, including the coronaries. They may then cause coronary vasodilatation in cases of coronary vascular disease without affecting the activity in coronary vasodilator nerve fibres. Such a vasodilatation may result in the removal of the supposed metabolites or P factor, which are thought to be responsible for initiating the excessive reflex activity in the vasodilator pain fibres passing to the coronary vessels in cases of angina due to coronary vascular disease. That this is probably the explanation of their effect is borne out by the fact that nitrites do not relieve all cases of angina pectoris, but only some of those due to coronary vascular disease. For example, they had previously been tried without relief in the two cases of angina of extra-cardiac origin described in my paper. Moreover, in some cases of angina due to coronary vascular disease nitrites do not relieve symptoms, and because of this and the unpleasant side-effects some patients may decline to take them. Presumably in these cases the vessels are so severely sclerosed that they can no longer be dilated further. If nitrites act on the vasodilator fibres the degree of arteriosclerosis would have no effect in modifying the action of nitrites.

While nitrites are usually said to produce their effects by direct action on the blood vessels, there is some evidence that they may also act reflexly. They certainly cause a marked alteration in autonomic activity when administered to the intact animal. Nitrites act better and more rapidly when put under the tongue than when taken into the stomach, the normal pathway for absorption and passage to the heart. This suggests their effect on pain may be indirect. Lastly, there is the observation that nitrite inhalation causes a marked sensation of constriction in the chest, like that in angina, and in a number of cases has resulted in sudden death similar to that which occurs in cardiac anginal attacks. This makes it seem possible that nitrites may in fact induce anginal symptoms in certain circumstances.

The effects of nitrites were not considered in my paper, as they provided no evidence for or against the theory I put forward.—I am, etc.,

London, W.1.

R. WYBURN-MASON.

Backache-Sciatica Syndrome

SIR,—In the report of a discussion (May 8, p. 896), Prof. Geoffrey Jefferson is quoted thus: "Ytrehus (1947) found only 33.8% of unoperated cases able to do full work, while in Boysen's survey in 1947 only 21.1% were quite free from pain." I have by me a reprint sent by Dr. Ytrehus,¹ and the figures should read: 70.8% (152 out of 213) with full ability to work,