to a decision based solely upon scientific considerations. When that basic decision has been taken, then we are still faced with the question as to whether this or that new drug should be the subject of restricted trial or not. Again I say that only a purely professional body should take these decisions and not the Ministry of Health. It is a short step from restriction of import from abroad by the Ministry to control of the distribution of home-produced drugs.

The Ministry can in this instance apply control because we do not produce B.C.G. ourselves, but it would be wrong to allow this particular case to develop further without realizing what is involved: control in the clinical field by the Ministry, advised by professional men of its own choice, or control of such therapeutic trials by a wholly professional body for whose decisions the Minister and his administrative department do not have to be responsible.—I am, etc.,

Stanmore, Middlesex.

HARWOOD STEVENSON.

Use of Ring Pessaries

SIR,—The provocative condemnation of the ring pessary by Mr. Mortimer Reddington (July 24, p. 227) was doubtless intended to stimulate interest and discussion about this admirable appliance, and I need no further apology for my remarks, dogmatic though they be.

The "stink and dangers" of pessary treatment may be entirely eliminated if no ring is fitted which cannot easily be withdrawn, and if rubber instruments are abandoned. The only indication for the watch-spring pessary is in the treatment of occasional cases of incarcerated retroverted gravid uterus, when it may be used for a short period of time. A light vulcanite or plastic ring may be used with advantage in those cases of puerperal prolapse in which exercises and physiotherapy fail to prevent descent of cystocele or cervix outside the vulva; decreasing sizes of ring may be fitted at short intervals to ensure that support is effected by pressure on the levatores ani without interference with the involution of the vaginal fascia. Similarly an early menopausal prolapse may sometimes be controlled so well with a ring for a few years that subsequent vaginal contraction may make further treatment unnecessary. The temporary value of the ring for patients awaiting operation, and for those who desire to postpone surgery for domestic or social reasons, is common knowledge; while a not inconsiderable number of patients may express great satisfaction and decline operation.

There are uses too for pessaries other than the hard ring. An acquired post-partum retroversion may on occasion be responsible for symptoms, and it would appear rational to correct such malposition as a routine, fixing the uterus with a Hodge-type pessary until involution of the pelvic fascia has made such support unnecessary. This pessary may also be used as a diagnostic measure, to determine which symptoms in any given case of retroversion may be expected to be relieved by an operation for anteversion. Then there will always be a few cases of utero-vaginal prolapse in old women who are barely fit for operation, which may be well controlled by the Simpson shelf pessary. Finally, despite Mr. Mortimer Reddington's gloomy emphasis, it may be possible greatly to relieve stress incontinence of micturition by fitting a Hodge pessary turned upside down and back to front, as demonstrated by Professor Chassard Moir.—I am, etc.,

Birmingham.

W. G. MILLS.

Osmoreceptors

SIR,—Professor E. B. Verney (July 17, p. 119) infers from his findings that "osmoreceptors" exist in the brain, and suggests experimentation on their precise localization and histological identification. It is generally accepted that physiological and pathological swelling of the brain may be reduced by hypertonic saline or sucrose injections, and that the shrinkage is balanced by an influx of blood to the brain. The increase of cerebral blood flow under such conditions lessens synaptic resistance (*British Medical Journal*, 1938, 1, 265), and therefore more neuronic stimuli per unit time reach the supraoptic nuclei to activate the posterior pituitary and give an antidiuresis.—I am, etc.,

Birmingham.

F. A. PICKWORTH.

Chemists' Working Hours

SIR,—I am obliged to Mr. H. W. Toms (July 17, p. 177) for his assurances and the figures he adduces in support of his arguments, both all too familiar and fallacious. If few people took advantage of the experimental late opening it was because few people or doctors knew about it. Even now it is hard to find a chemist who exhibits in his window the rota list after closing hours, except in Paddington, where an excellent rota is carried on. It is for the doctors to bestir themselves in their own areas to ensure an efficient pharmaceutical service.

There can be no doubt that the public are suffering unnecessary hardship as a result of the 6 p.m. closing of chemists. The pharmacists must clarify their status. Either they are shopkeepers pure and simple or members of a profession with dignity and concomitant responsibility. If the latter, they should not shelter behind the Shop Hours Act, which in any case does not apply to dispensing. Let the rota be efficiently run and publicized, and the chemists will not need to complain that they are wasting their time by late opening.—I am, etc.,

London, W.2.

M. MUNDY.

Hearing-aids

SIR,—May I through your columns make the position clear regarding hearing-aid supplies? We are, at our acoustic branches, receiving a considerable number of callers with E.C.10 prescriptions, some of which are specifying that the patient be supplied with a "National hearing-aid"; others prescribe that the patient's existing hearing-aid shall be repaired under the health scheme, and still others call for supplies of hearing-aid batteries.

The Government has chosen to leave hearing-aid manufacturers such as ourselves outside the scheme, and therefore we are not in a position to accept prescriptions for any hearing-aid supplies other than those for which the patient is prepared to make payment. It seems unfair that existing users of hearing-aids are not to get assistance under this new comprehensive service towards maintaining their instruments, but it remains for the deafened public to make representation in the proper quarter if they wish to get this apparent anomaly rectified.—I am, etc.,

Oxford.

O. C. LEADBITTER,
Controller, Hearing-aid Division,
John Bell & Croyden.

POINTS FROM LETTERS

Treatment of Pneumonia

DR. MALCOLM TATE (Mansfield, Notts) writes: The *Journal* of July 17 (p. 157) contains an interesting summary of the discussion on the treatment of pneumonia at the annual meeting of the B.M.A. There is no mention in it, however, of what many of us feel to be an important part of this treatment. We consider that all patients who have been successfully treated for pneumonia must have a final chest x-ray examination before we can say that they are cured. Only in this way can we discover any underlying pulmonary disease, such as bronchial carcinoma or atelectasis, and such sequelae as a small pleural effusion or incomplete resolution. We may by a timely x-ray hope to increase the operability of bronchial carcinoma, which is so deplorably low at present. It is for this reason above all others that I advocate the accessibility of the x-ray departments to the general practitioner *now*, not when health centres are built.

Analgesia in Midwifery

DR. ALEX. WATT (Dalry, Ayrshire) writes: It was with much interest and some amusement that I read the proceedings at the combined meeting of the Sections of Anaesthetics and Obstetrics dealing with the position of analgesia in midwifery (*Journal*, July 17, p. 155). I consider it amusing that a specialist anaesthetist should be required to conduct analgesia. Such a qualification alone is insufficient for the purpose, but would require to be combined with a thorough knowledge of women in labour, and that of many hundreds of cases, and in general practice. It is not at all likely that all women will be admitted to hospital for confinement, therefore the conduct of labour and the exhibition of analgesics must necessarily fall on the general practitioner. . . . Analgesia can be perfectly satisfactory in every case provided the obstetrician or general practitioner has a knowledge of all the agents and can concoct a suitable cocktail for the individual case. . . .