there is pain in the anterior aspect of the thorax, and strangely enough a nitroglycerin tablet relieves the pain in, say, 30 seconds.—I am, etc.,

London, W.5.

R. HALSTEAD DIXON.

Use of Ring Pessaries

SIR,—It is always a pleasure to read a broadside from Mr. Mortimer Reddington (July 24, p. 227), for although some of the shots may be wide, many undoubtedly score. It is certainly true that in the past far too many women have had ring pessaries fitted. When I was chief assistant of the department at St. Bartholomew's Hospital it was the custom for these patients to come up one afternoon a week to have their rings changed by students who were undergoing their gynaecological training. They came in great numbers, but I suppose it was because in those days beds were few and the operation was not as safe as it is nowadays.

The ring pessary has, however, in my opinion certain definite uses. It can quite reasonably be advocated in the case of the young woman with descent of the vaginal walls immediately following childbirth where physiotherapeutic measures fail, but it is not fitted to support the tissues till involution has occurred. It is fitted to support the tissues until the baby is weaned and the mother can be operated upon. I think it is also of value to patients who have symptoms but no signs of prolapse. It should be used in those rare cases unfit for operation, and in those rarer cases where the patient refuses operation.

Now a word about the Hodge pessary condemned to be "put away altogether, and for ever." No splint will correct a deformed limb. The deformity must be corrected and the splint applied. If the retroversion is first corrected, then the Hodge will keep it so, provided it is long enough to reach from the posterior fornix to the vulva. I personally regard the Hodge pessary as invaluable in elucidating the cause of backache. I would never contemplate shortening the round ligaments for backache unless either the uterus could not be replaced or the patient's backache not dispersed by her wearing a ring for a short time.—I am, etc.,

Blackheath.

KEITH VARTAN.

Foetus Papyraceus

SIR,—The case of twin pregnancy with acute hydramnios treated by abdominal paracentesis (July 24, p. 205) is most interesting, and Dr. R. W. Danziger is to be congratulated on the successful result. It is a pity, however, that more details were not furnished about the "blighted" twin, which is simply described as a foetus papyraceus. The interest lies in the aetiology of this condition, which usually follows mechanical compression of the foetus after loss of its liquor amnii; the compression may be effected by the fellow twin itself, or more usually by its bag of waters, but in order to produce a foetus papyraceus the compressing force must be adequate to cause collapse of all body cavities, so that maceration may be arrested. Thus the development of a rigid thoracic cage and firm cranial vault would prevent this pathological sequence. An analogy may be drawn between this phenomenon and the preservation of botanical specimens by pressure between sheets of blotting paper; the process of vegetable tissue autolysis cannot be prevented when the structures concerned are too bulky to be dehydrated by compression.

It is generally considered that the development of acute and subacute hydramnios in association with uniovular twinning is due to uneven foetal demands from the common placenta; the interplacental vascular anastomoses ("third circulation") allow the more powerful circulation to withdraw an excess of fluid into one foetus, resulting in some way in hydramnios for the larger and dehydration of the smaller twin. In most cases some sort of fluid balance is achieved, but rarely the smaller foetus may perish from fluid depletion, producing a dried, wrinkled specimen which does not undergo maceration and is not very much compressed. This is the mummified foetus, and many authorities fail to distinguish between it and the papyraceus.

In favour of a diagnosis of mummification in the case described is the fact that radiography some weeks after foetal death showed only failure of growth, with no unequivocal signs of compression. In addition, the foetal size was considerably smaller than the period of gestation should produce, suggesting

impairment of growth before foetal death. Additional evidence would be furnished by the presence of fluid in the affected amniotic sac, which is naturally absent with a foetus papyraceus, and complete infarction of that portion of the placenta supplying the morbid twin.—I am, etc.,

Birmingham.

W. G. MILLS.

Production of Rh Agglutinins

SIR,—In the article by Drs. George Discombe and H. O. Hughes (Aug. 14, p. 329) on the importance of transfusion as a cause of haemolytic disease, the paper by myself and others (*British Medical Journal*, 1945, 1, 584) is quoted as having expressed the view that patients afflicted with certain diseases might be especially apt to produce antibodies to antigens which they themselves lacked. No such point of view was expressed in our article. The article concerned itself simply with a report of facts—namely, the truly colossal Rh agglutinin titre produced in response to multiple transfusions of Rh-positive blood, the comparative absence of symptoms in the incompatible transfusions, the technical pitfalls in the typing and compatibility tests, the ultimate outcome of the case, and a brief factual report on the necropsy findings. No opinion was expressed as to the relationship of the ready production of the Rh agglutinins to the patient's disease, nor was it even considered. I have personally never held or expressed the view that patients suffering from certain ailments might be especially apt to produce antibodies to antigens, especially the blood group antigens, which they themselves lacked.—I am, etc.,

Cardiff.

R. J. DRUMMOND.

Independent Doctors

SIR,—Your annotation on "Independent Doctors" (Aug. 14, p. 347) concludes pathetically by saying, "There would appear to be no reason why such a committee [separate organization for independent doctors] should not be set up in the B.M.A." The B.M.A. has, apparently, as short a memory as Mr. Bevan. No doctor could avoid being shocked by the knavish way in which the B.M.A. deserted the sound stand it had taken (as a result of the strongly expressed views of the medical profession) when the appointed day drew near.

What is required by all doctors, and especially independent doctors, is an active body rather than a talking body such as the B.M.A. If Lord Horder can supply this dire need, good luck to him.—I am, etc.,

Bretby Hall, Burton-on-Trent.

R. LUNT.

Surgical Anatomy of the Parotid Gland

SIR,—I was very surprised to see Mr. Hamilton Bailey's article on this subject (July 31, p. 245) and to find that he persists in writing in the same vein as in a similar article in the *Journal* of March 29, 1947 (p. 404).

When I read the latter-mentioned article I carried out a series of dissections on the parotid region after injecting indian ink along the main parotid duct into the gland. To identify the small ducts within the gland I had to use the dissecting microscope. My findings with regard to the relation of gland to the facial nerve were entirely at variance with those of Mr. Hamilton Bailey. I could not display a bilobed arrangement of the parotid with the facial nerve running between two lobes. To illustrate the relationship briefly, let me compare the facial nerve plexus to a trellis-work fence, with the parotid gland, like a creeper, growing from the direction of the buccal cavity and winding itself indiscriminately around the nerve and its branches. I communicated my findings to Mr. Hamilton Bailey, previous to my reading a paper on the subject to a meeting of the Anatomical Society of Great Britain and Ireland in London in November, 1947.

I should like to comment on two other points in Mr. Hamilton Bailey's article. First, the size of the main parotid duct—surely it is larger than a fine hypodermic needle? During my investigation a year ago I could easily insert a hypodermic needle of a substantial calibre into the duct. Because I have not the specimens to hand I cannot say more than that the duct is definitely larger in diameter than that of a fine hypodermic needle; and that observation is in formalin-hardened subjects where the tissues normally tend to shrink under the influence of

the preservative. Secondly, with regard to the presence of the accessory parotid gland, I should like to know in how many cases he looked for this part of the gland. The article leads us to believe that it is an infrequent occurrence. I have no figures to quote, but it is my opinion that careful examination would reveal it in at least a reasonably large percentage of cases.—I am, etc.,

Aberdeen.

JOHN MCKENZIE.

Medical Photography

SIR,—With thirty-one years' experience as director of medical photography in a medical school in the U.S.A., may I offer brief comment on the several views expressed on this subject in the *British Medical Journal*? There is a world of difference between the terms progress and expansion. I like to think of the word progress to mean "to develop to a higher stage," while the word expansion impresses me as meaning an act or process of growing. Surely none of us could belittle the contributions advancing knowledge of photography has made to the field of medicine. Can we dismiss with a wave of a hand improved techniques and such innovations as colour photography, infra-red, ultra-violet, phase microphotography, and photography with polarized light?

As is true in other fields, the pace of medical photography was accelerated in wartime. The value of visual aids in the training of specialists was recognized by all. Hence it follows that many of these aids and methods will and should be applied during peacetime. Medical schools cannot function properly without these visual aids. By the same token hospitals to-day must become conscious of their responsibilities from the educational standpoint to both the doctor and the nurse. Photographic records of the progressive or regressive changes in the patient's condition are not only necessary but in many instances have proved invaluable, legally and otherwise. Pathological conferences and staff meetings are welcome and well attended by hospital staff members when the material presented is supplemented with good lantern slides or photographs. Does not a well-posed informative photograph convey more convincing evidence than the words necessary to describe the subject photographed? Can anyone paint as clearly with words?

Progress of medical research with its discriminating application must go on and will reach its ultimate aim. Medical photography must keep pace with this progress. The development of the medical photographic department should be commensurate with the practical needs of the institution involved. A department such as is mentioned by Dr. Ff. Roberts (March 13, p. 485) in the paragraph headed "The Fetish of Perpetual Expansion" is not a fair example of what constitutes the average medical photographic department. I cannot conceive of such an elaborate arrangement in the face of present needs unless it would be in conjunction with some huge medical centre of the future.

It is difficult to state just what constitutes the ideal medical photographic department. The nature and scope of the research carried on in the institution and the extent of the programme of the educational department will influence the selection of the personnel and equipment and the planning of space. Unreasonable demands upon the photographic department by staff members can be controlled. I think we will find that the committee in control of policy, economy, and efficiency would exercise the same good judgment in the establishment and maintenance of a medical photographic department that it would manifest in other matters concerning the institution. Medical photography cannot be denied and will go on contributing its share for the benefit of health. It shall go forward parallel with progress in the field of medicine and medical research, regardless of the tone of ridicule permeating some of the expressions appearing in the *British Medical Journal*.—I am, etc.,

Marquette University School of Medicine,
Milwaukee, Wisconsin.

LEO C. MASSOPUST.

Colonial Medical Service

SIR,—I am entirely in agreement with the suggestions made by your correspondent "Imperialist" (Aug. 7, p. 314). As a native of British Guiana I can refer to the vital statistics and health conditions in this colony. In my opinion British Guiana is one of the most unhealthy places within the Empire. I base my conclusion on the following facts. British Guiana has a higher birth rate than the United Kingdom, but the infant mortality rate is also much higher than in Great Britain. Between 1835 and 1941, 333,803 immigrants were introduced

into the colony. The total population in 1945 was 373,598. This means that over a period of 110 years the population had increased by only 11%. Compare this with the 100% increase of population in Great Britain during the same period, despite two world wars.

Plantation hospitals catering for thousands do not have resident doctors. Plantation areas do not have antenatal and child-welfare clinics, nor is there a midwifery service in these areas. The majority of the population have to depend on unqualified persons employed in these places for the diagnosis and treatment of their diseases. Women on the plantations have to bear their children without midwives or even pseudo-midwives, and there have been instances of childbearing in the sugar-cane fields. Children have to grow up in an entirely unhealthy and insanitary environment, without adequate nutrition.

The Hon. Cecil Clementi, a former Colonial Secretary of British Guiana, described the position adequately in the two following sentences, "Improved sanitation is the paramount need of the colony to-day," and, "The most pressing duty of the Government at the present time is to protect the health and lives of the existing population and to see that instead of the death rate exceeding the birth rate, as has too often been recorded in the vital statistics of British Guiana, there is a steady natural increment."—I am, etc.,

GUIANESE.

** This correspondence is now closed.—Ed., *B.M.J.*

POINTS FROM LETTERS

Nurses' Examination

Dr. W. EDGE (Salford, Lancs) writes: Dr. J. H. Weir (July 10, p. 109) is quite right; the examiners often have no idea of the difficulties of nurses in digesting even the present syllabus, and there is no excuse for embarrassing them with completely irrelevant questions. Hospitals have enough trouble in securing and teaching student nurses. The lists of examiners should be overhauled. Only teachers should be asked to examine nurses.

Medical Illustrators

MISS ZITA M. STEAD (19, York Avenue, East Sheen, London, S.W.14) writes: I have received a letter from the Association of Medical Illustrators of America. This association was formed in order to raise and guarantee a high standard of work from its members, and each member must be adequately trained and actively engaged in medical illustration. The committee of the association would like to establish liaison with British artists, since they feel we could be of mutual help in many ways. They therefore extend a warm invitation to all medical illustrators in the British Isles who are interested in this idea and would like to get in touch with them. The treasurer's name and address is: Elizabeth Brödel, the Lying-in Hospital, 530, East 70th Street, New York, 21. I feel sure such an association would do much to improve the standard of medical illustration in this country, and I should be glad if any medical artist who is interested would please write to me.

Smoking and Diet

Dr. NEVIL LEYTON (London, W.1) writes: During the war when most nervous systems were under stress increase in smoking was explained by its soothing effect. But the habit has remained and one wonders why it has never been connected with post-war diet. Reduction of fats from 75 g. to under 40 g. per day means that everyone feels hungry sooner. Smoking often relieves this sensation, but the mechanism is not clear. The same result may be achieved by the administration of amphetamine. This substance and nicotine have similar properties in that they both cause an increase in gastric secretion and also raise the blood pressure, though just why either of these should reduce appetite is not obvious. All the same, if the Minister of Food could supply more fats perhaps the demand for cigarettes would drop to pre-war proportions.

Treatment of Pneumonia

Dr. N. WYNN-WILLIAMS (Bedford) writes: I agree with Dr. Malcolm Tate (Aug. 14, p. 356) that all patients who have recently suffered from pneumonia should have a chest x-ray film taken. However, his attention should be drawn to the fact that any modern tuberculosis dispensary (now usually and deliberately called chest clinic) will be only too willing to arrange such an x-ray examination for him. Many cases of this type are referred to my clinic, and a considerable number of cases of pulmonary tuberculosis and other organic disease are diagnosed in this way. We need not wait for health centres.