"Obstetric Helper"

SIR,—Dr. Mervyn Goodman (November 5, p. 1385) describes an ingenious portable lithotomy frame, which obviously imitates closely the rigid supports used in hospital practice. The trouble is that this apparatus might well appear attractive and be used for some of the very purposes for which it is suggested, including forceps delivery under general anaesthesia.

It is, of course, a fact that by far the commonest cause of death in forceps delivery associated with general anaesthesia is inhalation of vomit, and as I have pointed out on many occasions the use of the lithotomy position, and particularly of the rigid lithotomy supports, is responsible for the fatalities. I have repeatedly in this journal challenged anyone to record details of even a single death from aspiration of vomit when the patient has been anaesthetized and delivered in the lateral position. No such evidence has ever been forthcoming. One of the reasons why such deaths have been commoner in hospital practice is because up to now the rigid lithotomy position has been difficult to maintain in domiciliary practice.

In the recent *Report on Confidential Inquiries into Maternal Deaths in England and Wales, 1955-1957*,¹ it is suggested that it would be "a wise precaution to intubate the trachea in all cases where the patient's stomach is thought to be full [the italics are mine] and when forceps delivery is to be undertaken in the lithotomy position." Perhaps one might venture to comment on the somewhat strange pronouncement, emanating as it does from a panel of distinguished obstetricians. (1) It constitutes a tacit indictment of the lithotomy position for forceps delivery under general anaesthesia. (2) It is admitted that in seven of the fatalities vomiting (and presumably regurgitation) occurred before intubation could be completed. (3) Quite clearly, therefore, intubation is not the answer to the problem, and, as forceps delivery should always be regarded as an emergency operation, it must be assumed that the patient's stomach is not empty. No patient having a forceps delivery can safely be regarded as properly prepared for general anaesthesia. Delivery in the lateral position, which in practice becomes almost a semi-prone position, ensures that any vomit is immediately expelled and not inhaled. Failure, therefore, to take the elementary precaution of delivering the patient in such a position that she cannot inhale any vomit may, and unfortunately does, on occasion result in the death of the patient. When such a calamity occurs the obstetrician should realize that he, and not the anaesthetist, is primarily to blame. It is only fair to add that in these tragedies one can discern the deplorable results of the teaching during the last 30 years.—I am, etc.,

London N.W.7.

A. H. MORLEY.

REFERENCE

¹ Ministry of Health Reports on Public Health and Medical Subjects, No. 103, 1960. H.M.S.O., London.

SIR,—The letter by Drs. P. R. Boucher and Margaret J. Turpin under the above head (October 15, p. 1157) reminded me of a true story which you might think deserves a wider public. Several years ago I was called to a very small nursing-home to a patient who obviously required a forceps delivery. The staff of the nursing-home consisted of the matron and one

"nurse." After I had looked around the labour ward the following dialogue ensued:

Myself: "There are no lithotomy supports for this bed?"

Matron: "No, sir."

Myself: "Have you a Clover's crutch?"

Matron: "I am afraid not."

Myself: "Have you an obstetric helper?"

Matron: "Well, there's nurse and me."

—I am, etc.,

Manchester 3.

WALTER CALVERT.

Drug Prices

SIR,—Stimulated by the rival claims of numerous drug house representatives, I compared the prices of paracetamol tablets 500 mg. as supplied by different manufacturers. The prices are basic N.H.S. prices, without purchase tax, for 100 tablets as quoted in the *Monthly Index of Medical Specialities* for November, 1960. I gleaned the following information: "panadol" (Bayer Products Ltd.), 9s.; "calpol" (Calmic Ltd.), 7s. 10d.; "PCM" (H. R. Napp Ltd.), 6s. 9d.; "tabalgin" (West Pharmaceutical Co.), 6s. 3d.; "panok" (B.M. Laboratories Ltd.), 6s. After this I inquired of a local chemist, who obtained the same tablets made by a local manufacturing chemist. Priced in the same way, these would cost 3s. 10d.

I have examined three types of branded tablets and the local product which is neatly labelled with its *nom. prop.* There is nothing to choose between them in size, shape, colour, consistency, or taste.—I am, etc.,

Brighton 6.

R. S. SAXTON.

Child Psychiatry

SIR,—Having worked for many years under local authorities, I know that Dr. D. J. Salfeld (November 12, p. 1455) has seen the core of the matter in his reference to the psychiatrist as "*primus inter pares*." However, the unitary approach of the child-guidance team is only possible where the social worker, psychologist, and psychiatrist share a common outlook. That this is far from being the case at the present time need hardly be said and is no one's fault, but that in the course of time science will demand it I personally have not a shadow of doubt.—I am, etc.,

Child Guidance Department,
City of Manchester Education Committee,
Manchester 13.

D. JACKSON.

Hypnotic Treatment of Asthma

SIR,—Some consideration for the value of your space led me to shorten the history of the asthmatic who died after hypnosis (October 8, p. 1092). This led Drs. R. S. Bruce Pearson and Lionel Fry (October 29, p. 1310) to conclude that he had not been given corticosteroids. This treatment had never been stopped, though the dose of prednisolone had been reduced to 10 mg. daily. Before admission he had taken 10 mg. and was given 5 mg. soon after. Even so, I agree that inadequate corticosteroid treatment may have played a part in his death, and the advice they give is obviously sound.

At the same time it is possible to overstress the importance of adrenal suppression, for asthmatics who have never been treated with corticosteroids still die unexpectedly when apparently responding to broncho-