ether anaesthesia will be the method of choice till a laryngoscope can be inserted. The induction is best performed with the mask at some distance from the face and by allowing the heavy ether vapour to fall. Gradually the mask is lowered till the patient tolerates the position.

Restoratives

With regard to restoratives and resuscitation it is the anaesthetist who is best equipped and best able to act as consultant. Where blood has been lost it must be replaced with whole blood. Where a patient suddenly becomes shocked without haemorrhage plasma is indicated. An intravenous injection of 50% glucose given in a dose of 40 to 80 c.cm. will draw fluid from the tissues to the blood stream in cases of failing circulation. Coramine may be useful to stimulate respiration in this type of failure, and veritol is a useful stimulant in failure of the circulation which is peripheral in origin. Carbon dioxide should always be used sparingly, preferably as a 5% mixture with oxygen. Usually carbon dioxide is contraindicated in shock as the respirations are laboured.

Oxygen given by the B.L.B. mask helps to safeguard the patient on his way back to the ward. This gas is particularly useful in shock because death, if it occurs, will be due to anoxaemia. True, the tissues may be incapable of utilizing it from the corpuscular elements of the blood, but if oxygen diffuses in the serum there is much more chance of its being used.

In the profoundly shocked patient who is already too far gone for surgery to avail, the oxygen tent may bring about recovery when it would not otherwise have taken place.

ASTHMA TREATED WITH PATIENT'S BLOOD SERUM

BY

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For a number of years I practised in a country where hay-fever was very prevalent, and many sufferers sooner or later developed an associated asthma. A fairly large number of cases were treated by giving injections of the patient's own blood serum. Every case showed considerable improvement or entire disappearance of symptoms after one course of treatment. Those who had repeated courses seemed to be permanently desensitized, as they continued to live for a number of years, free from symptoms, in the environment which had produced the hay-fever. Having these results in mind, it was decided to use this treatment in asthma not associated with hay-fever. In the following cases, the only ones so treated to date, the results were so spectacular that, in view of the previous results in allergic cases, it seems desirable to publish them in order that others may give this method a trial.

Case Reports

Case 1.—The patient, a woman aged 20, had had a cold in March, 1937, and began to have severe asthmatic attacks. Adrenaline hypodermically was necessary for relief. Attacks often recurred, usually several times in one day, and she was never free for more than 2 or 3 days. She had been under observation in a general hospital in June, 1937. Radiographs of the chest revealed no evidence of any pulmonary lesion. Skin-sensitivity tests gave strongly positive reactions to eggs and feathers. Avoidance of these two offenders did not result in freedom from attacks, which recurred in about the same numbers, but the eating of eggs or the use of a feather pillow appeared to precipitate more frequent and severe spasms. The condition remained about the same, adrenaline being necessary almost daily, until May, 1940, when appendicectomy was performed. For a few months afterwards the asthma seemed less severe, although still troublesome. At this time radiographs of the chest were repeated, but no evidence of a pulmonary lesion was found. On Dec. 12, 1940, the patient was sent to a tuberculosis dispensary because of increased cough and sputum and loss of weight. Radiographs disclosed dense shadows in the right upper lobe, and the sputum was T.B.-positive. She was admitted to the Glan Ely Tuberculosis Hospital on Jan. 25, 1941.

The asthma was severe, and adrenaline was necessary for relief almost every day until Feb. 24, 1941. From that date one or more injections were necessary every day, and the patient appeared to be distressed continuously. In August I suggested the use of the patient's own serum. The first injection was given on Aug. 18, the amount being 1 c.cm. On the 19th 1.5 c.cm. was given, and the dose was then raised to 2 c.cm. and repeated every other day until 12 doses had been administered. From Aug. 22 to 27 no adrenaline was necessary. One injection of 5 minims of adrenaline was necessary for mild spasm on Aug. 27 and 29 and Sept. 1 and 2. Since then there has been no suggestion of asthma. Eggs have been eaten and a feather pillow has been used. On Nov. 4 the patient was still free from any asthmatic symptom. Unfortunately the tuberculous lesion progressed, and she died on Dec. 21.

Case 2.—The patient, a youth aged 19, was admitted to Glan Ely Hospital on Nov. 29, 1941, for tuberculosis of the spine. He gave a history of bronchitis and asthma since infancy (7 months), and on account of asthmatic attacks had been unable to attend school for more than 3 months in all. In hospital he had severe attacks, requiring repeated adrenaline injections. Treatment with his own serum, similar to that in Case 1, was started at once, and no asthmatic attack has occurred during the intervening 4 months. Cough and sputum, from which he could not remember being free, decreased, and both have been absent since the beginning of January.

Technique

By employment of a sterile syringe and test-tube, or preferably a vacuum venule, some 30 c.cm. of the patient's blood is drawn and allowed to clot at room temperature for about 2 hours. It is then stored in a refrigerator. Serum is drawn off the top as required and injected subcutaneously. It was noted in all cases treated, including the one reported, that a much firmer clot formed as the treatment progressed, and proportionately more serum was expressed. No local or general reaction has been noticed. Many patients who were treated for hay-fever by this method remained free from colds for long periods afterwards, although they had previously been very susceptible.

I wish to thank Dr. A. Brownlee, medical superintendent, for his co-operation and for permission to report these cases.

DISTRICT NURSING IN LONDON

The twenty-seventh annual meeting of the Central Council for District Nursing in London was held at County Hall under the chairmanship of Sir William Collins. The annual report stated that during the past year 176,000 visits had been paid by district nurses under the scheme of arrangement with the London County Council, and of this number 92,000 had been general nursing visits, and 84,000 had been for the purpose of giving insulin to diabetic patients. Despite the return of many people to the county of London, and the inclusion of supplementary pensioners, for the nursing of whom the L.C.C. has undertaken financial responsibility, the number of visits has not reached the pre-war total, and therefore the Central Council has deemed it unwise to press for an increase in the amount of the block grant of £4,400 per annum which is given by way of subsidy to district nursing associations. Work by nurses in school treatment centres has, at the request of the County Council, been resumed in certain areas by the associations. The scheme whereby King Edward's Hospital Fund pays associations for work in attending patients referred from voluntary hospitals has now been extended to include the whole metropolitan area, but the extra expenditure on district nursing brought about by the increase of the area, as well as by any higher rate per case that may be sanctioned, is not yet known. For the present year the sum of £2,000 has been distributed on this account. On the subject of nurses' salaries the report stated that the recognition that an increase was due had been hastened by present-day conditions, and the Ministry of Health's committee under Lord Rushcliffe has specifically included district nurses' salaries in its terms of reference. The Queen's Institute of District Nursing and the Ranyard Nurses have already adopted higher scales, but the matter will be difficult for some of the local associations unless they receive a State grant or increased amounts from their local authorities. To the eighty-four district nursing associations in the metropolitan area the sum distributed in 1941 was £11,707, of which nearly £7,000 came from the L.C.C.