

cross bone to reach the temporal fossa. The vulnerable sites appear to be either far forward over the malar bone, where injury leads to pain in screwing up the eye; or again just above the mandibular point, where the condition might have to be distinguished from temporal arteritis.—I am, etc.,

Richmond.

JOHN DANCY.

Natural Childbirth

SIR,—I was sorry to read of Mrs. Constance Lynn's painful and disappointing experience (*Journal*, April 2, p. 851), but, for fear that it should prove discouraging to others, I should like to put it in perspective, comparing it with my own experience in dealing with some 4,000 deliveries at Stonefield Maternity Home (Blackheath) over the period 1920–54. From the first my late partner and I worked for "natural childbirth," and in the last 20 years developed our methods considerably and along very similar lines to those used by Dr. Dick Read. We had a unique opportunity of observing, for the antenatal work, the delivery, and the puerperium were conducted under our own roof, and we remained in touch with most of the mothers for a year and often longer.

Results were most encouraging. A large proportion of our later patients suffered no more pain than they were able to bear without distress; labours tended to be short and without fatigue with its risk of haemorrhage and shock. Our forceps rate dropped from about 12% to 3%. We used pethidine freely, and occasionally gas and air as well. But perhaps the most striking result was the great happiness of many women during the birth. We never promised a painless birth, and I always impressed on my patients that the physical effort of the second stage was probably greater than any they had ever been asked to make. We found the presence of husbands in this stage to be a great encouragement. (One of them, after a long journey, fainted, but his wife immediately rose to the occasion and encouraged him so that five minutes later he was able to witness the birth.) While sympathizing with the disappointment of Mrs. Lynn and "quite a few recent mothers" of her acquaintance, I submit that her claim to "give a true and tried viewpoint" is not justified.

Dr. Dick Read and I, and many others whose enthusiasm has been kindled by results, realize that we are up against a fearful attitude of mind in the expectant mother, which has existed for centuries, and which tends to be both hereditary and infectious, so we cannot expect 100% success in 30 years' work; but even so, the successes we do achieve provide our patients, their husbands, the doctor, and the nurse with the happiest moments of our lives.—I am, etc.,

Bristol, 9.

CYRIL V. PINK.

SIR,—For evidence of better results from preparation for natural childbirth I would refer those interested to an article by Dr. Henderson in the *New Zealand Medical Journal*¹ in which 300 cases are compared. The 150 prepared cases show fewer complications and shorter duration of labour. Indeed, it is this very shortening of labour of which some doctors complain, saying that women have been so relaxed that the attendants were unaware that full dilatation had occurred.

Commenting on Mrs. Constance Lynn's letter (*Journal*, April 2, p. 851), I would suggest that too much enthusiasm is often followed by a sense of guilt over personal failure to achieve perfection, and that post-partum depression is a common state for which women should also be prepared. These personal reactions do not lessen the validity of Dr. G. D. Read's theories. High morale during pregnancy is certainly preferable to "a disease of nine months' duration," which was an earlier definition of pregnancy. Many women I know in New Zealand are greatly indebted to Dr. Read for a changed attitude, and some keen mothers have established a Wellington Parents' Centre in order to propagate the principles.

Dr. Dick Read has not deleted the word "labour" from the experience of childbirth, but has emphasized the sequence of fear-tension-pain which is an incontrovertible fact, and remains of lasting significance.—I am, etc.,

London, S.E.5.

ENID F. COOK.

REFERENCE

¹ Henderson, A. J., *N.Z. med. J.*, 1954, 53, 511.

Chlorpromazine

SIR,—Few will doubt the wisdom of the cautionary note sounded by the leading article (*Journal*, February 5, p. 338) which stressed the desirability of using chlorpromazine with caution.

The reason for this communication is to record the use of chlorpromazine in a few cases of intractable vomiting in whooping-cough. Few conditions can be more frustrating to treat, and frequently alarming to observe, in general practice. The results when chlorpromazine is used are dramatically gratifying, both to patient and parents. Its use for the condition, so far as I am aware, does not appear in the literature of the drug. My first case, in a child aged 3 years, required 10 mg. to control a situation that had led to ketosis and dehydration. The youngest case, aged 7 months, responded to 5 mg. My instructions to parents are to repeat the dose twice daily if required. Repeated doses to prevent recurrences have been only exceptionally required. In this clinical situation, and with the dose described, nothing but benefit to the patient has resulted, and with no insidious sequelae.—I am, etc.,

London, S.E.13.

HOWARD REEVE.

Advertising by Post

SIR,—Like many of your readers I was at one time plagued by unsolicited and unwanted trade advertisements. I have largely overcome the problem, but it was a long battle. I started by sending to each firm in turn a brief but bold request asking for my name and all my addresses, past and present, to be removed from the mailing lists (except for any list devoted to my particular specialty—namely, radiological diagnosis). My postage expenses were high, particularly as it was soon apparent that in many cases my requests were not being heeded. Perhaps the manufacturers have a similar problem, that of receiving unsolicited and unwanted correspondence, and maybe my letters were going straight into the waste-paper basket. Be that as it may, I did obtain a response in these cases by returning the literature in its original envelope with the flap stuck, addressed back to the sender, and without any stamp. I saw no reason why I should be put to postage expenditure in respect of literature which I had never requested in the first place.

Mr. James H. Clayton (*Journal*, April 2, p. 854) states that "many manufacturers are constantly adopting more original techniques of getting their information over to the doctor in the hope that such will be amongst the favoured proportion singled out for detailed study." One of these methods is to use plain envelopes. These may be sealed at ordinary postal rates. They are more difficult to sort out from one's own mail. I have even had advertisements in envelopes marked "Personal" and containing only the trade circulars. This I regard as an impertinence, and I would have no hesitation at all in asking for a visit from the manufacturers' representative so that I may tell him in person that I do not wish to hear from his firm. At present more than nine-tenths of the mail which I receive is mail which interests me personally, and it does get read properly. There is therefore very little risk of important personal letters getting mixed up in a large pile of highly coloured glossy literature destined for the waste-paper basket.—I am, etc.,

Worcester.

ANTHONY A. VICKERS.

SIR,—While I agree with Dr. Claud C. M. Watson (*Journal*, April 2, p. 854) that the representatives of the manufacturers are always most polite, I cannot agree that they are unnecessary. In the course of years I have learnt a good deal from these representatives and only wish that they came more often.