

Carcinoma of Bronchus and Pulmonary Tuberculosis

SIR,—I was very interested to read Dr. A. Sakula's article (*Journal*, March 26, p. 759) on this subject. He is quite right in stating that this combined condition is not uncommon. During the years 1951–4 I have seen nine cases, all male, occurring in Birkenhead and Wallasey—a total population of 244,000—in which the adult male pulmonary cases on the tuberculosis register at the end of the four years in question were: 1951, 985; 1952, 937; 1953, 1,027; 1954, 1,115; and the cases of carcinoma occurring in the lung in men were: 1951, 43; 1952, 50; 1953, 49; 1954, 54. I realize that the total number of cases involved cannot possibly be statistically significant, but I feel that these background figures are worth recording.

In addition to these cases, I have seen two other cases during this period in which it was quite likely that the same two conditions coexisted, but the proof is not sufficient to record them as definite. All but one of the cases have been proved histologically or by post-mortem examination, and in the other the x-ray and clinical evidence was such as to make the diagnosis certain. Two cases did not show any tubercle bacilli in the sputum, but the laryngeal biopsy in one and the tuberculous epididymo-orchitis in the other indicated that the infiltration in the lungs was definitely tuberculous. I have not the exact details of the smoking habits of all the patients, but they all certainly smoked, and at least four of them were heavy smokers. The site of the carcinoma did not appear to be related in any way to the site of the tuberculosis. In six cases the carcinoma appeared to supervene on established pulmonary tuberculosis, while in three others the two conditions appeared to occur more or less simultaneously.

As we go on keeping our patients with active pulmonary tuberculosis alive, so, I think, we must be on the constant look out for a carcinoma supervening on the pulmonary tuberculosis, though many cases seem to be the sort in which it is unlikely there will be much in the way of successful treatment, partly because of their age and partly because of the rather extensive nature of the tuberculosis. If one of my cases had been diagnosed earlier, he might possibly have been treatable by pneumonectomy, and so I think it is important that we should bear the combined diagnosis in mind should a case of pulmonary tuberculosis fail to respond to treatment within the first three months. The other important point is that any small rounded nodule appearing in routine serial x-ray follow-up of patients with pulmonary tuberculosis should be regarded as a potential carcinoma, and, should the local chest condition permit it, early resection should be seriously considered.

I should like to acknowledge the help of the pathologists who carried out the post-mortem and histological examinations; of Mr. Ronald Edwards, who carried out the bronchoscopies; and of Dr. Fulton, medical director of the Liverpool Radium Institute, who supplied the figures for the incidence of carcinoma of the lung in the area.—I am, etc.,

Liverpool, 1.

DAVID L. CALDWELL.

Natural Childbirth

SIR,—Although at one time I was an ardent follower of Dr. Dick Read I came to feel that for a function that was meant to be "natural" elaborate instruction and exercises in class twice a week and alone twice a day seemed unnecessary. I developed a routine in practice that seemed satisfactory. At the first visit I gave a little explanatory talk on pregnancy and labour accompanied by diagrams on the blotter, and explained a simple exercise for the abdominal muscles (this is more diligently practised if it is explained that it will help the figure return to normal after the baby arrives). At about 36 weeks I gave a slightly more detailed description of labour and the gas and air machine. I tried to be present very early in labour to show the woman how to put into practice what I had told her about relaxing. I then visited her frequently to keep up

her morale, and towards the end of the first stage stayed. Relaxation achieved in this way is just as good as that much practised beforehand, and apprehension is less. After labour I gave further exercises for the abdominal muscles and for the perineum. I have never used exercises designed to increase pelvic capacity during pregnancy. They may add to the prevalent low backache due to sacro-iliac strain.

It is a mistake to tell a primipara that labour should be painless. In animals, where it is all perfectly natural, first labours appear to be accompanied by considerable pain (cats and cows). With complete relaxation I fail to see why the end of the first stage should be painful, as your correspondents seem to think. I personally have never found it so, but I think the final stretching of the perineum as the head crowns with a first baby is nearly always painful. It is for this that the gas and air is invaluable. It need not cause lack of co-ordination with subsequent loss of control as stated by Mrs. Alison Duddington (*Journal*, April 16, p. 971). It will do this if it is not started till the woman is distressed and not in a mood to use it calmly. She should be taught to use it in the painless contractions at the beginning of the second stage; it will then prove invaluable both to the woman in relief from pain and to the attendant in increased co-operation from a calm patient at the end. When properly used it causes no clouding of consciousness.

One thing that is not fully realized is that this type of instruction can only be given to patients willing to receive it. The majority of women are much too shy of these matters to attend classes or even tolerate private instruction. They prefer to keep it all wrapped up in mystery and old wives' tales. The beginning of a first pregnancy is the wrong time to radically alter an outlook, and most women will not take kindly to a doctor who tramples on her prejudices at this time. Much might be done by health education to change the attitude of young people before they start on their families.—I am, etc.,

Wednesbury.

HAZEL B. BAKER.

SIR,—As another doctor's wife whose 3-weeks-old daughter was born in hospital, I should like to comment upon Mrs. Constance Lynn's letter (*Journal*, April 2, p. 851). While in the maternity ward I was struck by the great difference in behaviour and attitude of mind between the mothers who had attended classes and those who hadn't, and which affected at least the first part of their labour. I remember in particular one woman who confided in me her absolute dread of being wheeled to the labour ward—she lay in bed tense with fear and not through the pain of contractions. I thought then that if only she had attended the voluntary lectures and classes and visited the labour ward she would have realized there was nothing to be afraid of. Was it only coincidence, I wonder, that eventually she had a caesarean section, as labour was not progressing satisfactorily?

I am sure, however, that understanding the natural process of labour is as beneficial as exercises and relaxation. A woman is much more likely to remain co-operative—particularly towards the end of the first stage when relaxation is very hard—if she understands what is happening. As to my own application of exercises and relaxation, I did find the latter helpful, although I found it impossible to maintain complete relaxation towards the end of the first stage.—I am, etc.,

London, S.W.11.

RACHEL LITTLEWOOD.

Salk Vaccine

SIR,—The Salk anti-poliomyelitis vaccine is prepared from monkey tissue cultures. Is it certain that injection of this preparation will not produce rhesus antibodies when injected into susceptible human subjects, most especially those already sensitized?—I am, etc.,

London, S.W.1.

J. G. HUMBLE.