

must now pay more attention to the pulmonary physiology of the *human* neonate.—We are, etc.,

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## REFERENCES

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### Quinidine and Muscle Weakness

SIR,—Reversible muscle weakness after quinidine, as reported by Dr. P. L. Colville (*Journal*, January 31, p. 281) in a child that suffered from attacks of paroxysmal tachycardia, corresponds to effects of quinidine which can be produced in the experimental animal. In a cat weighing 2 kg., 30 mg. injected into a femoral artery caused a slight and slow decline of the response of the ipsilateral gastrocnemius to direct stimulation, while neuromuscular transmission was depressed for ten minutes only when tested by stimulation through the motor nerve. The twitches in the other leg were not affected although the amount of quinidine which reached the general circulation was sufficient to lower the blood pressure level. Only after much larger doses or after repeated injections of the alkaloid occurred marked depression of the response to direct stimulation and complete neuromuscular block which lasted for several hours.

The Wolff-Parkinson-White syndrome shown by the case under review is in young people not usually connected with apparent heart disease.<sup>1</sup> In Dr. Colville's patient, however, diffuse cardiac enlargement was present. If this finding was associated with defects of the peripheral circulation—e.g., deficient oxygenation—such an impediment might sensitize skeletal muscle to the depressive effect of quinidine.—I am, etc.,

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### Carpal Tunnel Syndrome

SIR,—I have recently seen six cases of carpal tunnel syndrome. The last two occurred in pregnant women, giving symptoms within the first three months of pregnancy. It struck me that in these cases in pregnancy the cause may be due to salt and fluid retention. Treatment with chlorothiazide, a maximum of two pints of fluid daily, and no added salt at the table, has in both cases abolished all the symptoms of aching and paraesthesia. I have discussed these cases with an orthopaedic surgeon who has operated on over 300 cases of carpal tunnel syndrome, and he believes the cases in pregnancy are due to salt and water retention.

One can also abolish the symptoms with the above regime in some cases which are not associated with pregnancy, but it would appear sensible to operate on these early on.—I am, etc.,

Bushey Heath, Herts.

P. J. GULY.

### Telling the Cancer Patient

SIR,—If Professor H. C. McLaren (*Journal*, April 18, p. 1039) is certain that his patient with carcinoma of the ovary does not suspect the true diagnosis he may be justified in trying to deceive her. The trouble is that the present "hush-hush" and conspiracy of silence concerning cancer has brought about a position in which more and more people utterly distrust their doctor if there is any suspicion of cancer in the case. I know this to be a fact because they write to me, and I have to make excuses for the medical profession. Cases of true cancerphobia, of which fortunately there are only a few (each year one or two commit suicide), are often caused by the attitude of the medical profession. Admittedly in some cases it is difficult to decide whether to tell a particular patient, but the present principle of always telling the relatives everything but the patient nothing is in my opinion quite wrong for the following reasons:

(1) It is very doubtful if a patient who is becoming more and more ill can continue to be deceived. He or she may pretend to be in order to please relatives or the doctor.

(2) When the patient does realize the truth he believes that the doctor is at fault because he did not diagnose it earlier when he first became ill.

(3) When a patient, a relative of the deceased, in later years thinks he has cancer the doctor will find it difficult to convince him otherwise, as he knows the late relative was deceived by his doctor.

(4) I am convinced that most patients prefer to know the truth, however unpleasant, rather than be left with uncertainty. The Manchester figures (*Journal*, March 21, p. 779) suggest this very strongly.

(5) If the public never hear of a case that has been "cured" (and they never will from Professor McLaren), naturally they will not go to a doctor if they think their condition may be due to a malignant disease.

(6) Most patients who know they have been operated on for cancer believe that they have been "cured," a belief which must be kept up to the very end.

Many doctors funk telling a patient, and Bonney's "great blessing" is for the doctor not the patient. Once cancer education has succeeded in "making cancer ordinary" (see the Manchester report) half these problems will disappear.—I am, etc.,

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SIR,—Surely the answer is always to answer truthfully all questions of patients. If they do not want to know, they are unlikely to ask; if they do ask, they have the right to a truthful answer. If a doctor does not always tell the truth, no one may know which is the lie.—I am, etc.,

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G. C. MILNER.

### Spinal Analgesia in Obstetrics

SIR,—Mr. R. T. Sears's account (*Journal*, March 21, p. 755) of his experiences with spinal analgesia raises certain points which it would seem necessary to emphasize.

Until the beginning of World War II, the obstetrician was in many instances dependent for anaesthesia in any operative procedure either upon the services of what