Correspondence

Letters to the Editor should not exceed 500 words.

Unheard Voices

SIR,—In your leading article, Unheard Voices (7 February, p. 316), you very properly draw attention to evidence of discontent among consultants, particularly the younger ones. You imply, however, in common with other correspondents, that such discontent and frustration are confined to non-teaching hospitals, and that all is therefore rosy in the teaching institutions.

I would have thought that it must be painfully obvious that this is far from true. In my own city I know of at least seven consultants who have left, or are about to leave, posts in the teaching hospitals in order to emigrate to North America. By any standards they are all first-rate clinicians whose loss Britain can ill afford.

One need not enlarge on the reasons for their departure, but I would reiterate that these reasons are unfortunately just as valid in the teaching as in the non-teaching hospitals. Unless this point is realized there is the very real danger that those responsible for the administration of the hospital service may seek the simple expedient of diverting resources from one part of the service to another, instead of seeking Treasury support for the whole.—I am, etc.,

ANDREW G. GRAHAM.

Glasgow.

SIR,—Congratulations on your series "Unheard Voices." This is real journalism. Your story of the consultant physician (14 February, p. 421) is shocking.

I cannot understand the profession allowing such an intolerable work-load to be borne by one of its members.—I am, etc.,

C. G. ELLIOTT.

Lewes, Sussex.

Hypocalcaemia and Breast-feeding

SIR,—Over the last two years there have been more than a dozen cases of convulsions in infants due to hypocalcaemia admitted to this hospital. All have been in infants between 7 and 14 days old, born normally at full-term with birth weights between 6lb. 15 oz. (3·2 kg.) and 9 lb. 5 oz. (4·2 kg.). Each of the babies had been fed from birth until admission on one or other of the well-known and generally accepted powdered milks. The severity of each case and its course following admission to hospital varied somewhat. Other possible causes of convulsions in infants of this age were eliminated.

The serum calcium levels on admission varied from 4·8 mg./100 ml. to 6·9 mg./100 ml. and returned to normal levels a week or so after starting treatment. The serum phosphate levels varied between 6·2 mg./100 ml. and 9·4 mg./100 ml.

The advantages and disadvantages of breast feeding are well documented in all the standard textbooks. Breast-feeding is unfortunately out of fashion. Nevertheless one feels that if the avoidance of possible hypocalcaemic convulsions was added to the list of advantages—loudly—there would perhaps be a greater effort made with many babies by the mothers, midwives, and doctors to establish breast-feeding for at least the first few weeeks of life.—I am, etc.,

DEREK J. PEARCE.

City General Hospital, Stoke on Trent.

Ergometrine

SIR,—Dr. O. G. Brooke and Dr. B. F. Robinson (17 January, p. 139) have demonstrated that ergometrine raises the central venous pressure (C.V.P.) and reduces peripheral venous compliance in healthy volunteers, effects attributed to venous constriction. They suggest that the reduced compliance of the venous reservoir may be an important factor in precipitating pulmonary oedema in patients with impaired cardiac function.

While accepting their findings in a group of healthy and presumably non-pregnant volunteers, the role of ergometrine in precipitating pulmonary oedema after delivery in patients with heart disease merits further consideration. Several major haemodynamic changes occur in the third stage of labour. In addition to the effects of ergometrine on the veins and the arteries there is the variable but often substantial blood loss occurring at delivery. The following average blood losses have been recorded: spontaneous vertex delivery with episiotomy, 300 ml.,[1] forceps delivery, 500 ml.,[2] caesarean section, almost 1,000 ml.[1] Haemorrhage, of course, tends to lower the C.V.P. Uterine retraction, as Drs. Brooke and Robinson mention, expels blood from the uterus into the general circulation. Delivery of the child reduces the pressure of the uterus on the inferior vena cava and facilitates venous return from the lower part of the body. The last two factors tend to raise the C.V.P. The C.V.P. in the third stage of labour will be the algebraic sum of these and perhaps other factors.

In an unpublished series of 44 patients Dr. K. Miller and I measured the C.V.P. at two-minute intervals during the second and third stage of labour. Five of these patients had grade 4 heart disease and two had grade 2 heart disease (N.Y. Heart Association