

age; and (c) whose financial condition is such as to make it impossible or difficult to obtain an education at Epsom College without the help of the scholarship. A vacancy has also arisen for a Sir Walter Buchanan scholarship of about £38 a year. It is primarily intended for the sons of deceased or prematurely invalidated officers of the Indian Medical Service, but, failing any such candidates, it may be granted to the sons of legally qualified medical men of pure British parentage in necessitous circumstances who have practised medicine for at least five years in India. Forms of application for both scholarships may be had from the secretary, Mr. J. Bernard Lamb, 49, Bedford Square, W.C.1. All applications must be forwarded by the morning of December 4th.

Central Midwives Board.

The Central Midwives Board for England and Wales met on November 7th. A special penal meeting was held, followed by the ordinary monthly meeting. Business dealt with by the standing committee included a letter from the Colonial Office, enclosing a copy of a dispatch from the Governor of the Gold Coast, asking for recognition of a Midwives Board for the Gold Coast as competent to supervise examinations and to confer certificates, and of the Maternity Hospital, Accra, as a teaching school for midwifery. It was resolved to inform the Colonial Office:

1. That the establishment of a Midwives Board in the Gold Coast is not a matter for the Central Midwives Board. Should it be desired to establish a Board in that colony, the Central Midwives Board suggests that the procedure adopted by the various States in Australia and New Zealand might be considered by the Gold Coast authorities. The Central Midwives Board has no power to recognize a Board in the Gold Coast which would have the power to hold examinations on behalf of the Central Midwives Board and to issue its certificates.

2. That the present practice of the Board is not to approve training at institutions outside the British Isles; as it is of opinion that such training institutions cannot be considered to be satisfactory, inasmuch as they are outside the Board's jurisdiction, and the Board has no power to inspect them, and the circumstances of training outside the British Isles necessarily differ widely from those affecting pupils who are trained in the method of working under the Midwives Act.

Consideration was given to the question whether three years' general training undergone at the Lindlahr Sanatorium, Chicago, and the Norrköping Hospital, Norrköping, Sweden, entitled candidates to enter for examination on a reduced period of midwifery training. It was agreed that the Board should not approve, for the purpose of admission to examination on a reduced period of midwifery training, general training taken in a hospital outside the British Empire.

Correspondence.

ROYAL MEDICAL BENEVOLENT FUND CHRISTMAS GIFTS.

SIR,—It has been the practice of the Royal Medical Benevolent Fund for many years to give a Christmas gift to each annuitant and some of the most necessitous of the grantees. Both the annuitants, who are over 60 years of age, and the grantees are deprived of those little amenities of life which the more fortunate of us enjoy.

Many of our beneficiaries are alone in the world, as their friends and relations have passed over, and consequently they will not receive any gift or extra comfort this Christmas. Last year the Fund gave to each 30s.; this meant an expenditure of £500. Many of your readers will wish that the recipients of this gift in former years should not be deprived of it this year. But unless I am favoured by a generous response to this appeal our funds will not allow of this gracious and friendly act.

Will every reader of this letter please consider if he or she cannot send to the Honorary Treasurer, Royal Medical Benevolent Fund, 11, Chandos Street, London, W.1, a Christmas donation. I shall be grateful, whether the donation be large or small.—I am, etc.,

THOMAS BARLOW,
President.

November 15th.

THE TREATMENT OF HYPERPIESIA.

SIR,—In Dr. Douthwaite's address on the treatment of hyperpiesia (*British Medical Journal*, November 9th, p. 844), he states that he had never found iodides of help in cases unassociated with syphilis, and that enormous doses are required, while the digestive disturbances produced are most objectionable.

I think it is possible Dr. Douthwaite may have observed, but has forgotten, the remarkable and rapid action of small doses of iodides in the hyperpiesia of chronic or neglected hyperthyroidism in the fourth or fifth decade of life. This condition is sometimes associated with anginal symptoms, which also promptly subside and vanish. There is, in my experience, no more certain remedy, but were large doses to be used in these circumstances exacerbation, and not relief, of symptoms, would no less certainly ensue. In another respect the advantage of small doses of iodides and the failure of large doses is well known also in the treatment of certain phases of bronchitis cases.

Dr. Douthwaite also says, "Thyroid extract is seldom helpful except in the obese menopausal patient." To this statement the qualification should be added that in these circumstances thyroid extract may raise the blood pressure and produce angina pectoris. Means has already pointed this out, and it will be readily understood that as thyroid hormone stimulates metabolic activity, increases the heart work, and often does raise the blood pressure, extreme care must be employed in the dosage for cases of menopausal hyperpiesia. Patients suffering from menopausal hypothyroidism without hyperpiesia are, in my opinion, better subjects for thyroid treatment, and better still are those in whom the blood pressure is below the average normal. Suitable dosage gradually improves the heart muscle, the blood flow, the blood pressure, and metabolism. Dangerously toxic doses do reduce blood pressure, but the practice of giving such doses has been condemned.

Although any dietetic or other suitable plan which reduces obesity will tend to diminish hyperpiesia, I am not convinced that hyperpiesia is ever an indication for the use of thyroid extract, or that the treatment of the obese hyperpiesic by this means is without danger.

From observations made by myself I conclude that the action of thyroid extract is to raise the systolic pressure, while the diastolic pressure may also rise, remain steady, or fall. The invariable effect is an increased pulse pressure.—I am, etc.,

Edinburgh, Nov. 12th.

JOHN EASON.

PHYSICAL TREATMENT OF RHEUMATISM: THE ANALOGY OF RADIUM.

SIR,—The statement of the Radium Commission published in your issue of November 16th (p. 911) concludes with a necessary warning.

"*Skilled handling essential.* What is required at the moment is work, intensive work, on the many problems which present themselves, combined with careful documentation of the methods used and registration of the results obtained. This calls for the close co-operation of physicists, clinicians, radiologists, and pathologists."

The warning might well be extended. What is treatment by radium but one of the many methods by which the disordered human body is brought into effective contact with the energies of nature? I suggest that a rule of practice that is true for one member might well be applied to the entire family. All thoughtful observers know that these primeval energies are essential to life, and in many conditions of disease invaluable in medicine. But those who know them best know too well that they may hurt or heal.

One of the consequences of the increased attention that is now being paid to rheumatic diseases is an epidemic of advertisements vaunting this and that form of external treatment. In many of these methods, which are of considerable value, heat or light plays the predominant part. Those who have worked most with these agencies in rheumatism will agree that, as with radium, so with heat and light, a close investigation of their action in different forms of disease and a documentation of methods and results are greatly needed, and that knowledge so

obtained is the prerequisite of good practice. How could it be otherwise?

My view of physical treatment is in close accord with that of leading authorities in Europe and America, who deplore the present low standard of treatment in all countries. The ignorance and carelessness in the use by many non-medical persons of physical remedies of all kinds—heat and movement in air and water, electricity and light—and the lack of special teaching and qualification for medical men who desire to employ them, have placed a great branch of therapeutics in an unsatisfactory position. There is everywhere an undesirable conflict of views. The "natural" methods of treatment, as they are sometimes called, encounter scepticism from the medical profession, whilst they are welcomed with undiminished faith by the public who have recourse to them. The physical physician, whilst lamenting the lack of precise knowledge, is inclined to give his vote for the patient.

The new movement in many countries for the study and treatment of rheumatic diseases furnishes an opportunity for placing physical treatment on a more authentic footing. Those who have been closely identified with this movement are profoundly impressed with the physical element in the causation and treatment of these diseases, and are resolved that so far as their influence extends the physical treatment of rheumatism for the people at large shall be properly organized and placed in the hands of medical men who are trained in its use. I have elsewhere expressed my own view that heat, properly dosed and spaced and localized in its application, is a master treatment of many of the conditions which are called "rheumatic," but only in skilled hands. For this reason I welcome the warning of the Commission in a nearly related field of treatment: "It cannot too strongly be emphasized that in unskilled hands (that is, in hands not fully trained in the best standards of technique) radium may be highly dangerous." I submit that the same warning applies to all physical remedies, whether given singly or in combination, in the treatment of rheumatism, substituting for the last words "ineffective or injurious."—I am, etc.,

R. FORTESCUE FOX,
Chairman of the Ligue internationale contre le
Rhumatisme.

London, Nov. 16th.

THE CONSTITUTIONAL FACTOR IN EPILEPSY.

SIR,—With regard to the constitutional factor in epilepsy Dr. Kinnier Wilson¹ said, "Twenty-one years of practice and hospital experience have long since convinced me that the hereditary factor is persistently overrated, and the personal or constitutional factor underrated." This is exactly what for years I have been trying to say in respect of asthma, and, though with much less experience of it, I can say the same for epilepsy. Dr. Ryle² criticizes Dr. Kinnier Wilson's statement, both as to the manner of expression and as to the fact.

As to the manner of expression. It is a burlesque use of language to make "constitution" a synonym for "heredity." What right have geneticists to rob a good word which connotes more than heredity? Constitution depends on heredity, nurture, and infection, and the immunity or sensitization resulting therefrom. If the geneticists doubt this let them read Richet. As to the fact. Dr. Ryle says, "It is impossible to exclude epilepsy from among the constitutional disorders." Agreed; but a hereditary factor holds of all diseases, 100 per cent. of them. The point is the weight to be allowed for the hereditary factor, not only in a given disease, but in a given case. In human beings the factors nature and nurture are so inextricably mixed that it is difficult to assess them. That geneticists are apt to forget this is shown in Dr. Ryle's next sentence: "Dr. Kinnier Wilson's epileptic twins supply one of the strongest arguments in favour of the influence of the germ-plasm." Who would deny that? But does he forget that they had the same granny—two, if he likes—and that the dear old lady would in her impartiality be likely to stuff as many chocolates into Tweedledum as into Tweedledee?—that both would be

brought up in the same way by the mother, and probably a vicious way, as the fits indicated?

Many years ago I was asked to treat a boy for fits. Dieting and a regular mercurial stopped them. A year or two later I was asked to treat his younger brother for the same thing; same treatment, same result. Both are now healthy men; no "hereditary" history. I can adduce other similar cases without family history of epilepsy. Possibly the heredity told in favour of fits rather than of some other manifestation of evil nurture, but that is all that can be said. If we take the two factors, nature and nurture, alone and allow 10 for the total weight, then in the case of asthma nature would always get less and nurture more than 5; and if we add infection and its consequences as a third factor, then nature 2, nurture 5, infection 3, would probably be near the truth, but the figures would vary with the case, and something similar might be said of epilepsy.—I am, etc.,

Glasgow, Nov. 16th.

JAMES ADAM.

POTENTIAL EPILEPSY.

SIR,—I seem to have come across lately more "fainting attacks" than usual. In a great many of these cases, in my surgery, in public buildings, at vaccinations, etc., which I have met, there is pallor, a short loss of consciousness, and twitching of the limbs, face, and eyes. If epilepsy can be called the habit of discharge exhibited by neural mechanisms, that habit must have a beginning, often in a child with dyspepsia, and generally when the blood tension is lowered. I am afraid that we do not follow up the histories of these cases which show such minor nervous disorders. But it is possible to consider the wisdom of classing such cases as potential epilepsies, to give them a course of bromides, and warn the relatives to be on the look-out for further phenomena. I have always assumed that the bromides quieten the excitability of the cerebral cells, and have been frequently distressed at the lack of perseverance epileptic patients show in continuing their treatment long enough.

There seems a tendency to-day to substitute newer drugs, notably luminal, for the bromides, but my experience in practice, and from a study of responsible collections of results, suggests that this experimental medication is not warranted except by those who have the opportunity of treating epileptics in large numbers.—I am, etc.,

H. M. RAVEN, M.R.C.S., L.R.C.P.

Broadstairs, Nov. 12th.

RELIEF OF PAIN IN LABOUR.

SIR,—I should like to support Dr. Curnow Plummer's remarks in the fourth paragraph of his letter on the relief of pain in labour (November 16th, p. 933). I am convinced that it is the memory of the first terrible experience of labour which makes the young married woman say "never again," and even take all means in her knowledge and power to avoid the continuance of pregnancy. This seems one of the strongest arguments in favour of easing the pain of labour in primiparae. It is unnecessary to stress the immediate and remote pathological results of abortion, particularly if actively procured.

Might I suggest that in avertin we have an analgesic which goes a long way to help in this matter. The technique is simple. My patients are usually admitted to hospital in labour, and after an enema has been given I allow a primipara to have several strong contractions, in order that she may appreciate the relief which she is to get. Then a quarter grain of morphine is given, and the patient usually becomes drowsy and the contractions weak; but they are still strong enough to make the cervix dilate. Later, strong contractions return, with a tendency to bearing down, and examination per rectum will easily show that the head is coming down and the os is two thirds dilated. Not until this stage is reached do I give avertin. I give rather less than 0.1 c.cm. per kilo of body weight, which has to be guessed in the case of a patient admitted in labour. I wait until the passing of a strong, long pain, and immediately insert a small catheter per rectum. The administration is usually complicated by the onset of a pain about half-way through, but strong

¹ *British Medical Journal*, October 26th, p. 745.

² *Ibid.*, November 2nd, p. 830.