

It seems likely that, if this simple method were used as the first treatment to combat the shock, few other measures would be required.—I am, etc.,

Rothley, Leicester.

A. M. FERENS BATTY.

Finally, this letter is not written to belittle in any way the remarkable properties of penicillin or the hope that it gives for the future treatment of venereal disease.—I am, etc.,

Streatham, S.W.16.

F. L. LYDON.

Removal of the Wrong Eye

SIR,—Dr. H. M. Traquair (Sept. 1, p. 300) writes to inquire whether the removal of the wrong eye is to be regarded as a "hypothetical possibility rather than as an actual fact," and goes on to say that he has never heard of a case. I have personal knowledge of one such case, for I knew the surgeon well and the hospital where it occurred, and, indeed, all the subsequent story of the bitter remorse of the surgeon and the efforts taken to alleviate, so far as possible, the terrible blow to the unfortunate patient, who was totally blinded.

The possibility of such an accident is always present when there is no external evidence of disease in the affected eye such as may be the case in an intraocular tumour. I always practised and always taught students to practise, as a routine measure, the simple expedient of plainly marking the brow above the eye to be excised before the anaesthetic was started.

I know of another case, though I had no personal acquaintance with it, where the surgeon had just started to remove the wrong eye, but was stopped before any serious harm had occurred, by his assistant, who expressed a doubt on the matter. A hasty reference to the notes showed that the assistant was right, and a stitch or two in the conjunctiva, which I assume required a little explanation, sufficed to avert a major tragedy.

Dr. Traquair finds it difficult to imagine that a tragedy of this nature could occur without its being recorded in print; but surely it is scarcely a matter for surprise. The surgeon would obviously refrain from advertising his carelessness in the medical press, and most assuredly would adopt every means in his power to prevent the case appearing in a public court.—I am, etc.,

London, W.1.

ARNOLD LAWSON.

Penicillin: Need for Control

SIR,—Supplies of penicillin will soon be available in unlimited quantities, and I feel it is timely to ask as a venereologist if the dangers of the uncontrolled issue of this preparation have been considered. The salutary lessons of the "just a couple of tablets" cure of gonorrhoea during the days of the sulphur series seem to have been forgotten in our new enthusiasm for the "just a couple of injections" in the present penicillin era, if one can judge not only from the reports in the non-medical press but also, unfortunately, from the large number of uncritical reports published in our own journals. Let it be remembered that now syphilis is included, and "cure" is being claimed long before any real assessment of cure is possible. Let me therefore stress the following points.

1. While penicillin undoubtedly kills the gonococcus and *Sp. pallida*, the diseases caused by these organisms in the human body bring about vast pathological and humoral changes which of necessity introduce factors which interfere with the lethal properties of the preparation.

2. Dosage is at present empirical, and failures are admitted even by the most enthusiastic. It is interesting if one compares the percentage cure rate in gonorrhoea claimed in the early days of sulphonamides with those now claimed for penicillin.

3. It follows from 1 and 2 that patient evaluation of results over many years, paying more attention to our failures than presenting glowing percentage cure tables, is necessary if we are to disseminate real knowledge and counteract in the lay mind the pernicious effects of articles on "wonder drugs" in the non-medical press.

4. Venereal disease by its very nature tends to become the happy hunting-ground for uncontrolled therapists if an added element of secrecy is thereby obtained. Can we imagine the chaos with the arrival of "tabs, penicillin"?

5. Unlike the sulphur drugs and arsenic, penicillin being non-toxic can be used with impunity.

Enough has been said to indicate the necessity of pressing for control now before penicillin supplies are released, and I leave it to others to point out the dangers that will certainly follow the improper use of penicillin in other specialties.

Posture during Acute Rheumatic Fever

SIR,—Many textbooks on medical treatment declare that during the acute stage of rheumatic fever with cardiac involvement the patient is best nursed lying in bed without pillows, and that these should only be gradually added when there are signs of improvement. This method, however, seems to me to be a mistake, and even to embarrass the heart in the very way it tries hopefully but incorrectly to avoid.

We all know that a patient with cardiac failure will adopt the sitting posture in preference to lying down, before signs of dependent oedema or ascites have yet developed. Experimentally, this subjective feeling of orthopnoea has been shown to have partly a haemodynamic explanation, and many workers (e.g., "Cardiac Output in Man by a Direct Fick Method," John McMichael and E. P. Sharpey-Schafer, *British Heart Journal*, 1944, 6, No. 1, p. 34) give figures showing that the cardiac output may be increased by as much as 33% in changing from the erect to the supine position. Therefore in grave cases of cardiac distress it would be much more appropriate to nurse the patient sitting up in bed, in order to give the heart the least possible burden, rather than lie him down, increase the heart's work, and so harass it.

I would like humbly to suggest that the time-honoured, though unfortunately inaccurate, method of nursing these patients without pillows be reconsidered and a more rational approach made to a small but nevertheless significant measure in the therapy of a widespread and distressing malady.—I am, etc.,

Hampstead, N.W.6.

LEON RADCLIFFE.

Poisoning by Accidental Drinking of Trichlorethylene

SIR,—Two cases of poisoning by accidental swallowing of trichlorethylene were described in your pages on Aug. 18. May I add a record of another case in which the quantity swallowed (1/2 oz.) was the same, but the effects less severe. Perhaps this was owing to delayed absorption by the stomach, the poison having been taken at 10.15 a.m., immediately after a large breakfast, on April 15, 1945. I saw Miss X, aged 15, an hour later. Her relations had tried, but failed, to make her vomit. I washed out her stomach, and she aided in this manoeuvre by vomiting copiously. She was then complaining of dizziness, and numbness of hands and feet. The knee-jerks and biceps-jerks were equal and normal, but she could not hold anything firmly. At 11.30 a.m. she complained she could not hear very well; and at this time she also had incontinence of faeces and began to cry for her mother. She did not lose consciousness, but appeared dazed. She had complete amnesia of the interval 11.30 a.m. to 2 p.m. on that day. During the next 24 hours her appetite was poor, but after that she was perfectly fit. A blood count taken on April 18 showed no abnormality.—I am, etc.,

NORA NAISH.

Pasteurization of Milk

SIR,—It would seem from a perusal of the recent correspondence on this subject that most members of our profession still regard good health as being due to the absence of pathogenic bacteria, and all the evidence, both recent and remote, that good health is due to a way of life is ignored. That vigorous health can usually be obtained by following certain simple natural laws is forgotten by all but a notable few. Such things as cleanliness, or the quality of the animals we eat or which provide us with milk, are matters that only cranks bother about. And so we have the present situation in which the general public is told that, although part of its diet consists of sewage, it does not matter in the least so long as that sewage is pasteurized!

In fact, as the guardians of the people's health, we are now advocating the spending of millions of pounds on apparatus for this purpose of sterilization. "Then," we say in effect, "you may eat any filth you like, whether the produce of a cesspool or the fluids which have come from the disease-ridden body of a tuberculous cow, and provided you pasteurize it first