Paddington Green Children's Hospital

SIR,—Your readers are probably familiar with the decision of the board of governors of St. Mary's Hospital to convert Paddington Green Children's Hospital to adult use and for the reason which has been given for this action—namely, the excess of children's beds in the St. Mary's group over the number recommended in the Goodenough Report. They may also have read the Ministry of Health circular (R.H.B. (49) 132), which together with your annotation entitled "Changes in Use of Hospitals" (October 15, p. 857) encouraged many to believe that the board might reverse their decision. Unhappily, there is no sign of any change of heart.

I am therefore writing, as chairman of a committee which is composed mainly of members of the local public and which is non-political, to give publicity to this fact. It seems right that the profession should know exactly what is happening, because this is certainly no academic medical dispute. In Paddington and neighbouring boroughs a great wave of spontaneous public indignation has occurred and now finds expression through the Save the Children's Hospital Committee. Twenty thousand people, mostly local, have already signed a petition, and further evidence is found in the resolution passed by the Paddington Borough Council on November 1, after a special committee appointed by them had investigated the matter, deploring the decision of the St. Mary's board. It is apparent that the board of St. Mary's Hospital has failed completely to understand the depth of feeling which their action has aroused. Their explanation, that students must be properly taught, does not carry conviction. Hitherto there has been no suggestion that the doctors produced by St. Mary's are less capable than their colleagues.

My committee feels a need to work hard to bring about the final decision in the near future, since a hospital which is under threat of annihilation works under strain, and it is only a matter of time before signs of deterioration must appear through the unwillingness of serious workers—whether doctors, nurses, or others—to spend their energy on tasks which have no relation to a future.

Surely the proper course is to allow the Children's Hospital to continue the work which it has carried on with acknowledged success for 66 years, and to allow its teaching facilities to be transferred to another teaching hospital group less fortunately situated than St. Mary's.—I am, etc.,

MICHAEL HARMER,
Chairman, Save the Children's Hospital Committee.

London, N.W.1.

The G.P. and E.C.T.

SIR,—The experience mentioned by Dr. Donald M. O'Connor under the above heading (October 29, p. 984) has been unfortunate, but it may have been due in some instances to factors other than mere inefficacy of E.C.T. Many of our modern techniques (E.C.T., insulin coma, prolonged narcosis, leucotomy, etc.) do not so much cure the patient as render him more accessible and responsive. In other words they pave the way for other therapeutic methods, and if these are not applied the patient remains half-treated and incompletely recovered.

Some cases, after special physical treatments, require psychotherapeutic help, while many need weeks, even months, of intensive rehabilitation under good hospital conditions. Whether this takes the form of occupational therapy, physical training, and special games for one patient, of outdoor sport, general entertainments and competitive outlets for another, or of cultural activities, social functions, and club conditions for yet another, such rehabilitation is unlikely to be available except to in-patients, and it is in hospital that proper combinations of all the required activities can best be prescribed, organized, and carried out.

It is unfortunate that there has been a temptation to hail the newer physical treatments not only as applicable to too wide a range of conditions but also as complete and sufficient therapies in themselves, forgetting that mental stability and a resumption of normal life cannot always be achieved without the application of rehabilitating and resocializing methods before the patient returns to his home, so that if he leaves hospital without adequate treatment during his convalescence the risks of a relapse will naturally be all the greater.—I am, etc.,

Warrington, Lancs. J. ERNEST NICOLE.

Catalogue of Medical Films

SIR,—Two years ago, with the aid of a generous grant from the Royal Society of Medicine, the medical committee of the Scientific Film Association set up a "master file" of data on medical films. It includes details of production, distribution, and content, and a provisional grading of each film. It covers all the films in existence in this country up to 1946 and is being added to constantly. Covering over 800 films, it provides the most comprehensive collection of data about its medical films that any country in the world (with the possible exception of Canada) can show. From this master file was prepared the RSM-SFA catalogue of medical films. The first edition of 1,000 copies was exhausted in twelve months, a remarkable index to the widespread interest in medical films.

We are faced with the problem of deciding whether to reprint or to prepare a new edition. As the lay-out of the first edition was cramped by paper shortage, and as there are many new films to be included, we have decided in favour of a new edition. We are constantly getting requests from abroad as well as from this country, and we ask the hospitality of your columns for this explanation of why the catalogue will not be available for some months yet.—I am, etc.,

4, Great Russell Street, London, E.C.1.

KENNETH GOADBY,
Chairman, Medical Committee, Scientific Film Association.

POINTS FROM LETTERS

Retinal Arterial Occlusion in Migraine

Dr. LEO HAHN (Leicester) writes: I have been most interested in Dr. G. S. Graveson's article (October 15, p. 838), which provides an important contribution in support of the time-honoured vascular theory of the migraine attack. As long ago as 1923 I accepted the view that the migraine paroxysm is initiated by a cerebral angiospasm, and introduced the potent vasodilator drug papaverine into the treatment of migraine (*Dtsch. Z. Nervenheilk.*, 1923, **77**, 191). Forty milligrammes of papaverine hydrochloride, if given intravenously—very slowly in order to prevent a fall in blood pressure—early in the attack, rarely fails to arrest the paroxysm. Administered orally in much higher doses (100 mg. t.d.s.) for long periods, the drug is in most cases effective in reducing the frequency of attacks. The effectiveness of this treatment has been confirmed by several authors. . . . Dr. Graveson's cases illustrate very well that occasionally the cerebral disturbances characteristic of the aura and caused by the initial angiospasm may substitute the attack. Together with Dr. E. Kraupa I have reported a case of spasm of the central retinal artery producing the picture of "acute retinal ischaemia" with subsequent amaurosis in a girl 5 years of age (*Klin. Mbl. Augenheilk.*, 1921, **66**, 829). Papaverine treatment restored within a few weeks the retinal circulation and the visual acuity. It seems probable that the early administration of papaverine in cases as reported by Dr. Graveson could prevent the thrombotic vascular occlusion.

Migraine and Calcium Deficiency

Dr. N. M. STEPHEN (Saxmundham, Suffolk) writes: With reference to the article (October 15, p. 838) by Dr. G. S. Graveson calling attention to a condition of arterial spasm in migraine, I have the following observations to make. Acting on the assumption that migraine might be considered to be a vasomotor disorder involving changes in the vascular tone of the arteries of the meninges, I made an attempt in a series of severe cases of migraine to try the effects of calcium therapy. The form of calcium used was colloidal calcium with vitamin D. The results were surprisingly successful. Therefore I have concluded that migraine is due in part at least to a genuine calcium deficiency. The treatment was used empirically, and I had no facilities for carrying out estimations of the serum calcium in the patients treated. An interesting fact is that one of the patients stated that she had been free from attacks of migraine while she was pregnant. This might be explained by supposing that all supplies of calcium are mobilized during that period and are therefore more readily available. All the patients referred to had already experienced all the usual forms of treatment—i.e., aspirin, phenobarbitone, and ergotamine tablets. The time interval between the injections tends invariably to increase, and a space of two to three months may elapse before the next injection becomes necessary.