

increasing from two and a half to ten minutes, and the distance diminishing from thirty to six inches. The lesion slowly but steadily improved, and on December 9th treatment was discontinued.

January 17th, 1928.—The eruption has completely disappeared, and the scar is so fine that it is hardly perceptible. Closer inspection reveals a small scale on the edge of the pinna.

I should add that no lotions, ointments, or dressings were applied to the affected area, and that only two general radiations were administered, the patient having refused any more because of the subsequent irritation of the skin. Probably the entire absence of local applications of ointments or lotions made the light therapy more effective; at any rate, one must agree with Dr. Heald that "a curious difference in clinical results" calls for more investigation.—I am, etc.,

Sunderland, Feb. 21st.

NOEL F. ROWSTRON.

INJECTION TREATMENT OF VARICOSE VEINS.

SIR,—In South Africa, where, as a nation, we are particularly free from syphilis, we have a great opportunity to observe the condition of varicosity of veins as it arises in the European and native races; some of the latter are heavily and widely infected, whereas some are not infected at all. Among the non-infected no varicose veins are found, but among infected persons—especially in hereditary cases—instances of varicosity occur.

The standard treatment, either by operation or by producing thrombosis, must in itself appear a crude temporary measure unless it cures the cause of the complaint, which, from a pathological point, is the same as aneurysm—in fact, it is inferred from the textbook statements.

I came to use "606" in the treatment of the varicose condition because I had to treat a patient who thought he had syphilis in a mild form; the Wassermann reaction of his blood was slightly positive. Knowing that he had varicose veins in both legs I injected a vein; to my astonishment, a few days later I found that the varicose condition had entirely disappeared. Since then I have always treated all varicose conditions and especially the accompanying hard ulcers so common among the poor, by arsenical compound injections, with the happiest results, as the ulcers heal up in about a fortnight without any special treatment except the concomitant mercury pills (Hutchinson's formula).

No one now suggests that arsenical compound preparations form thromboses in the veins, since the same vein can be used for months for the injection, showing that it has not become occluded in the course of treatment. The great objection, in my opinion, to the use of other drugs which do not attack the cause of the disease, but produce thrombosis, is the risk of embolism. Moreover, the principle of thrombosis is wrong, inasmuch as it throws a greater burden on the yet uncured veins. I am confident that the use of the arsenical compounds will become standard in all varicose conditions; I can especially recommend it for that intractable condition of varicose ulcer. In the case of a sleepwalker, aged 24 years, I used the same treatment after finding from the family history that his mother and two elder brothers died before the age of 38 from apoplexy. The effect of the first injection was complete cessation of the sleepwalking. He had in all three injections; incidentally, his piles were cured as well as a Circe's girdle of veins due to obstruction of the veins of the liver. I saw him in 1916 when he was suffering from chronic syphilitic rheumatism.—I am, etc.,

Uppington, South Africa.

W. M. BORCHERDS.

SIR,—It may not be out of place to give some reasons why thrombosis need not be considered as a possible factor against the use of injections for varicose veins.

If 20 per cent. strontium bromide is injected into a varicose vein and a metal disc is placed over the site of the needle mark an immediate radioscopia will show that not a particle of the opaque substance goes above the metal disc, but on the contrary falls distally from it—that is to say, against what would be the normal venous flow in a healthy vein. By this same method the theory

of Trendelenburg, or the reversal of the blood stream in varicose veins, is proved to be correct. This, therefore, is one reason why a blood clot has no tendency to get into the general circulation (Yentzer). The first effect on the veins of an injection of certain substances is a chemical inflammation and destruction of the endothelial cells, with subsequent sclerosis of the vessel walls. The clot which forms after the endothelium has been destroyed is firmly adherent to the vessel wall.

The risks attending thrombosis and emboli are practically nil. There is far more danger from errors in technique. It must be borne in mind that great care and attention to asepsis are necessary when injecting the fluid into the vein. Not a drop must be allowed to get into the surrounding tissues, since great pain, and even a slough, may be caused, just as with injections of arsenic or mercury. The injections well done are painless, except for a cramp that spreads along the leg. It lasts only for a short time, and is of good omen with regard to the ultimate success of the treatment. It is only right to emphasize the fact that unless great care is taken in giving these injections complications may occur which would tend to discredit this form of treatment in the eyes of the practitioner and the public. When well done no form of treatment for this condition gives such rapid, lasting, and gratifying results. It is a boon to all classes, since they need not curtail their work nor their pleasure. The thrombus in ligatured vessels and in veins treated by injections does not become detached unless it is infected.—I am, etc.,

London, S.W.7. T. HENRY TREVES BARBER, M.D., B.Sc.

THE FUTURE OF OBSTETRICS.

SIR,—I was delighted to read the comments of Dr. G. W. Theobald of Bangkok (February 18th, p. 284) on my letter published in your issue of December 10th, 1927 (p. 1117), and I agree with much he has said.

The medical practitioner of to-day is far too often passed into the world of medicine with a scanty knowledge of obstetrics, and it is for the centres of teaching to supply that deficiency. I quite agree that so long as a midwifery case is progressing it should be left to Nature. I consider an enema a matter of course, but a catheter as a routine practice is an abomination; morphine, scopolamine, and tincture of opium are dangerous expedients that too often mask symptoms which are leading up to difficulties. These difficulties have to be dealt with after much unnecessary delay, indicating a want of perception of the causes of that delay.

Dr. Theobald suggests that strict asepsis is unattainable. I argue that asepsis is the chief and only point to be arrived at, and should be applied in midwifery in exactly the same way as it is in surgery. Where should we be but for the advance in this respect in surgery, and why should we fail in the attempt to bring midwifery up to the same standard? After forty years' practice, and having attended over 4,000 confinements, I claim that forceps, dilators, and turning can be aseptically applied in midwifery under reasonable conditions, and I have no regrets on the subject.

Midwifery in private practice is not the same as institutional treatment, and I consider that cases in institutions are often left far too long for the good of the patient; this would not be tolerated in private practice. It is often asserted that private practitioners have no time or patience to give a case decent opportunity to progress slowly, but it is not the truth; a general practitioner is as conscientious as anybody else, and it is high time that these offensive assertions were dropped and that fair play was allowed him. Axis-traction forceps, being scientific instruments, are invaluable in whatever position the head may be; ordinary forceps are out of date. I contend that when the head has come to the outlet of the pelvis—otherwise on the perineum—the time has come rather to take the forceps off than to put them on.

I have read and digested most of the papers Dr. Theobald mentions, and expressed my views in the *BRITISH MEDICAL JOURNAL* of January 22nd, 1927 (p. 164).—I am, etc.,

Wallington, Surrey, Feb. 21st.

A. Z. C. CRESSY.