

finding their inability to compete with their fellow men would develop a disillusioned, disappointed, aggrieved character at variance with the world. By retaining a man in the Services with his pay and allowances and educating him generally after the A.B.C.A. manner, finding his trade, modernizing him in it by suitable instructors before his release, he will enter the world with a greater confidence in himself and on equal footing as to ability with those more fortunate.

There are two likely factors to upset this Utopia: (i) alcohol, (ii) failure to rouse the initiative, or desire, to work. The first can be overcome by a gradual decrease, either by a system of coupons or by rationing, and making the camp institutes or canteens more attractive, sociable, and comfortable than the outside public-houses. The second is the hardest thing to deal with and will need wiser brains than mine to suggest a method, but it will be a very real state, and there might be a fair number of such cases.—I am, etc.,

C. H. CHAVASSE,
Major, R.A.M.C.

First Aid according to St. John's

SIR,—Like many other doctors who teach and examine in first aid, I have been extremely disappointed that there has been no new edition of the St. John first-aid book since 1939. I wonder how many doctors who have themselves to render first aid to a fractured humerus find three little bits of wood and fasten them round the broken bone? or two pieces of wood for a fracture near the elbow-joint? Is not a simple St. John sling sufficient first-aid treatment for a broken collar-bone? Why should we expect to arrest arterial haemorrhage from the palm of the hand by compressing the radial and ulnar arteries when it is known that the interosseous artery continues to supply blood when the two former arteries are compressed? Are all the bandages really necessary which are prescribed for a fractured femur? Why is a bandage tied round the chest for a broken rib? Surely the idea is to immobilize the broken side only, and a bandage, if it is tied tight enough, will immobilize both sides. How can one prevent the onset of poisoning by hypnotics by attempting to keep the patient awake and by slapping his face? How can one hope to use alcohol as an antidote for prussic-acid poisoning when that poison acts in about 20 seconds? Why are "first-aiders" required to treat the bites from rabid dogs when there is no rabies in this country? Why is so much emphasis placed on tourniquets when we know from experience in air raids that a tourniquet is very rarely necessary?

The first-aid examination has to be conducted within very rigid limits, in that the examiner has to ask the candidates specified questions, the candidate being expected to reply on the same lines as are found in the book, and has to repeat all this out-of-date treatment for the benefit of the examiner. Moreover, the lecturers in first aid are frightened to advocate the correct treatment if it conflicts with that in the book, for fear that the ensuing examiner should expect the candidate to reply exactly according to the book. In fact, one is really tempted to ask whether the St. John first-aid book was written when the Knights of St. John of Jerusalem were fighting the Saracens!—I am, etc.,

Colchester.

M. E. LAMPARD.

Babies in Glass Cages

SIR,—Dr. Clifford Allen underestimates the danger arising out of cross-infections in hospitalized babies. It is an old saying that babies become ill *ex alimentatione* and die *ex infectione*. The prevention of infections is the main aim in the construction of babies' wards. As compared with the paramount importance of infection the problem of "loneliness" is a minor one. The majority of patients in babies' wards are not yet at a sociable age, and those who already show interest in their surroundings find more distraction in the toys, in the work of the nurse and the medical staff than in the sick companions of their room, whom they cannot often even see. Dr. Allen supports his point of view on the authority of Pirquet. Having worked for 21 years at a children's hospital in Vienna may I be allowed to make some remarks with regard to this point. The importance of infections was fully realized

by Escherich and Pirquet in the construction of cubicles for contagious diseases. Ten years ago, when Dr. Allen visited Vienna, Pirquet was dead, and it is my belief that Dr. Allen would have obtained different information if he had had the opportunity of interviewing Pirquet personally. The principle of glass cubicles—for which unfortunately the appalling term, "glass cages" has been used by two writers—has been approached in Vienna in the Reichsanstalt für Mutter- und Säuglingsfürsorge. Prof. Parsons's plans, according to which the Babies' Block at the Children's Hospital, Birmingham, was constructed, represents a further advance and an improvement on these ideas.—I am, etc.,

Birmingham.

H. S. BAAR.

Postgraduate Courses for Service Doctors

SIR,—I wish to join in the plea for postgraduate courses for Service medical officers after the war. As individuals, we are fortunate in being members of a profession, but as doctors among doctors we shall occupy, at the end of hostilities, a very humble position technically. There is an opportunity here for the Government, universities, and teaching hospitals to put into practice the good will and concern for our welfare which are so evident in the speeches and publications of their representatives. In addition, it will help the realization of the ideal of "positive health" by convincing the temporary Service medical officer that the effects of belonging to an age group too young to have specialized have not passed unnoticed by the authorities, and, by giving him some assistance in rescuing himself from a life of medical mediocrity, it will enable him to face his civilian task in a manner which will benefit his patients and his fellow men.—I am, etc.,

DAVID G. SMITH, M.B., CH.B.,
Squadron Leader, R.A.F.

Treatment of Cerebral Malaria

SIR,—As malaria is being much discussed at the present time the following observation may be of general interest.

I have recently observed four cases of cerebral malaria while medical officer of the Northern District of British Honduras, which is a hyperendemic zone of *P. falciparum*. They were all of the violent maniac type, in which it is essential to control the mania before treatment can be adequately given. My experience of such cases is small, and the usual procedure recommended is morphine and/or chloroform to control the mania, which I have tried but found far from satisfactory.

The first case in this group was an adult male Mayan Indian, very violent and quite uncontrollable with my available staff. His temperature was 104° F. and blood smear showed heavy *falciparum* infection. He was obviously very ill. I therefore called upon all my available restraining powers and managed to give him an intravenous injection of sodium pentothal in the same dosage as for a surgical patient. He immediately passed into a deep comfortable sleep. I then gave 10 gr. quinine bihydrochloride intravenously and 10 m adrenaline subcutaneously. The result was that the patient slept soundly for 8 hours, instead of the expected 1 to 1½ on such a dose. On awakening he was perfectly normal. His temperature dropped, and with a course of quinine 10 gr. t.d.s. and atebirin 0.1 g. t.d.s. for 5 days he had no relapse.

I was very struck with this and gave pentothal immediately to the next case to be admitted, with similar results; this blood smear was negative. I repeated this treatment on two more cases whose blood smears were positive. The last one, a boy of 16 years, did not react so well, but the manic stage passed to a comatose stage which lasted for 3½ days, with slow but eventual recovery; in this case I did repeated lumbar puncture, with intravenous quinine daily for 5 days.

The explanation is probably that there is some dilatation of the cerebral vessels concomitant with a fall in blood pressure brought about by the pentothal, which, with the adrenaline, probably enables the quinine to act more quickly and directly on the parasites. The anaesthetic properties of the sodium pentothal are probably prolonged by the pathologically oedematous state of the brain. Whatever the rationale of this procedure the transformation of the flushed maniac to a state of profound and peaceful sleep, followed by a normal