Correspondence

Occupational Diseases of the Lens and Retina

SIR,—It was on Nov. 13, 1902, nearly forty-seven years ago, that Dr. William Robinson read his paper on "Bottle-finishers' Cataract" at a meeting of the Northumberland and Durham Medical Society in Newcastle-upon-Tyne. The paper, with an illustration, was published in the journal of the Society the following year. I remember the occasion so well, and was disturbed that this original communication should have received such a lukewarm reception. William Robinson was then a practitioner-surgeon in Sunderland on the staff of the Eye Infirmary of that town, as well as the General Hospital, and was remarkable in that he had obtained his F.R.C.S.(Eng.) while in general practice in what was then a remote country township in Durham. Shortly afterwards he migrated to Sunderland.—I am, etc.,

Taplow, Bucks. G. GREY TURNER.

Pain in Childbirth

SIR,—The publication of the report of the Medical Women's Federation on pain in childbirth (*Journal*, Feb. 26, p. 333) comes at an opportune time. The important point that I want to emphasize is the large number of such cases where chloroform was used, when 194 out of the 222 medical mothers who received it "found it perfect." Chloroform has been in general use in maternity work for 100 years. I can vouch personally for its use for 50 years—(1) when in charge of a large hospital maternity district; (2) in a large single-handed maternity general practice; (3) when in charge for years of the teaching of anaesthesia in the same hospital; (4) when the maternity ward was opened; (5) as a specialist giving many such anaesthetics in ordinary and abnormal cases for many obstetricians in their private work in and around London; and (6) finally in the country for a large scattered rural practice.

Personally, I have not met any difficulties. I was co-opted on the Committee of the Royal College of Obstetricians and Gynaecologists after I had given the College a registered fool-proof Junker which, in the hands of unqualified people, was considered by the Committee as "reasonably safe." This safety Junker was registered, as the measurements had to be carefully complied with, and Mr. Charles King did this at my request before presentation to the R.C.O.G. for trial.

Recently Dr. John Gillies, of Edinburgh, wrote a paper for *Anaesthesia* giving most interesting figures of the use of $CHCl_3$ in Scotland. Experimentally I saw in the U.S.A., in 1923, auricular and ventricular fibrillation produced in tracheotomized dogs with their hearts exposed, and was much impressed with the large amount of $CHCl_3$ needed to produce it. I was not impressed with McKesson's N_2O anaesthesia, even when given by himself. Why, then, was $CHCl_3$ condemned by the R.C.O.G. for use in a fool-proof machine? Simply on evidence of delayed $CHCl_3$ poisoning in three inexcusable cases, and in one fatal case, when 120 minims (7 ml.) of $CHCl_3$ was given in a single dose on a mask! (6 glass capsules = 2 drachms.) Analgesia is not fully understood, far too large doses are used, and it is possible to control the dose and limit the time of inhalation mechanically.

At the Annual Meeting of the B.M.A. at Cambridge last July, when I was President of the Section of Anaesthetics, we held a most successful combined meeting with the gynaecologists on analgesia. I was able to keep the discussion an open one. I was pleased to hear many people admitting the use of $CHCl_3$, which is more than they did at Oxford in 1936, although I knew they were constantly using it. Then it was only when my old friend Beckwith Whitehouse (who was in the chair) called upon me towards the end of the meeting, and by previous arrangement, that $CHCl_3$ was even mentioned.

Trilene is still *sub judice*, but the preliminary communications read at Cambridge by the two research scholars of the Association of Anaesthetists working at Guy's gave promise of useful information to come.

This is a plea for the better understanding of $CHCl_3$ analgesia and its teaching to the untrained, with proper safeguards.—I am, etc.,

Petworth, Sussex. Z. MENNELL.

SIR,—As a midwife, may I comment on the report of the Medical Women's Federation as printed in the *Journal* of Feb. 26 (p. 333)?

(1) The very high proportion of specialist obstetricians booked for deliveries (i.e., 318 out of 425) is obviously not representative of the country as a whole. This would not matter if the result of booking this type of accoucheur had not produced an abnormal number of forceps deliveries for apparently unknown causes. (It is tempting to suggest possible reasons.)

(2) These instrumental deliveries surely affect the number and types of anaesthetics administered. The handling of an apparently normal case resulting in a forceps delivery could equally affect the mother's desire for "more anaesthetic."

(3) I doubt if such detailed accurate information can be obtained ten years after the event.

(4) 69% of perineal tears among the primiparae is dismissed as "the situation . . . is on the whole satisfactory." I can imagine no midwife considering such a total so complacently.

My conclusion is that a far more useful result, combining detailed knowledge of drugs used and the conduct of the labour with a more widespread and normal engagement of accoucheurs, could be obtained if a similar questionary could be sent to all married midwives who have had children within the last five years.—I am, etc.,

London, N.6. N. C. GILBERT.

SIR,—As you say in your leading article (Feb. 26, p. 356) some disquieting facts emerge from the report of the Medical Women's Federation on the relief of pain in childbirth, published in the same issue at p. 333. These medical women presumably selected their medical attendants for their confinements with especial discrimination, and over two-thirds of them were attended by obstetric specialists. And yet the report shows that they had a forceps rate as high as 27% for first births, perineal repair was required in no less than 43% of normal deliveries, and there is still an astonishing addiction to chloroform as an anaesthetic. Are these the same obstetric specialists who are trying to persuade us that the general practitioner is not fitted to undertake normal midwifery?—I am, etc.,

Wivenhoe, Essex. WALTER RADCLIFFE.

Painless Childbirth—A Suggestion

SIR,—Nearly thirty years ago, owing to a succession of fatalities under anaesthesia, reported to a Board of which I was a member, I commenced a tentative investigation in search of a safe anaesthetic. Various unsaturated hydrocarbons, chloro-derivatives, and ethers were tested on myself, those not commercially obtainable being prepared by me in the department. The investigation had unfortunately to be abandoned, and opportunity to continue it was not found before my retiral. Of the substances tried, propylene pleased me most: 15% in 35% oxygen produced loss of consciousness; 12% did not; 34% caused intoxication in one minute and loss of consciousness in three minutes. No ill-effects were experienced. The lower homologue, ethylene, required 60% concentration with 40% oxygen to produce unconsciousness; only 35% of the less saturated acetylene was necessary; both were more effective than 80% nitrous oxide with 20% oxygen. It is necessary to emphasize that the propylene must be pure. Inhalation of the next higher homologue (a mixture of two butylenes), prepared without sufficient care, produced serious effects. The unsaturated hydrocarbon series stopped at the butylene stage, for one of the many isomers of amylene, the next homologous series, had been used (under the name pental) for some time previously as an inhalation anaesthetic, and apparently without decided untoward actions. Theoretically, it should be more toxic than propylene. Work on the polymethylenes was contemplated, but their preparation in a pure form was beyond the resources of the department. One of them, cyclopropane, has since been introduced into practice. Propylene has similar properties to it, but it will, I think,