

Secondly, the congestive phase of the breasts is too often neglected; the medical staff may be unaware that such exists, and the nursing staff knows only one treatment—i.e., supportive binding of the breasts. I feel certain Dr. Naish is right when she says complementary feeds, when necessary, should be given with a spoon and not the bottle; the extra trouble is well worth while.

Finally, I would like to make a plea that when test-weighing is done during the puerperium it should be done without the mother's knowledge if possible; I have been appalled by the anxiety and near hysteria shown by normally sensible women over these four-hourly reports.—I am, etc.,

London, N.W.6.

FREDA S. REED.

### Toxic Chemicals in Agriculture

SIR,—It is indeed gratifying that the B.M.A. has interested itself in this vital subject, but we cannot let pass without challenge the statement which appears in the first line of the memorandum (March 24, p. 639) recently circulated to members of the medical profession to the effect that the said insecticides and weed-killers are *essential* for the production of our crops. If this is indeed so, then Nature has slipped up very badly in failing to make them available to mankind before the twentieth century. Moreover, to make such an assertion is to set aside what may very well prove to be one of the most vital pieces of research of the present century—i.e., the work of Sir Albert Howard, who has demonstrated, to our satisfaction at any rate, that pest incidence in agriculture is a measure of the biological unbalance of the soil and that the remedy is to restore the correct balance with live humus.

Furthermore, while we are warned to be on the look-out for possible cases of poisoning among the relatively few workers who carry out the actual spraying operations, no word appears about the possible effects of the resultant food on the consumer. Again, if we are to accept the evidence provided by Sir Albert Howard and the closely related work of Sir Robert McCarrison, the fact that a crop is pest ridden is an indication of soil deficiency, which means that in turn the resultant product will be deficient in nutritional value. Is it not serious enough in itself that the public must tolerate deprived crops without adding the risk of poisoning the same?

We make the plea, Sir, for a much wider vigilance in this matter and a less ready acceptance of the inevitability of the use of diseased methods to deal with disease caused by human improvidence.—We are, etc.,

I. A. MACDOUGALL.  
K. VICKERY.

Bournemouth.

### Drug Eruptions

SIR,—In the Refresher Course article of April 14 (p. 809) there is omitted the most topical drug of all—*p*-aminosalicylic acid. This, in my experience, gives rise to a generalized small red papular eruption, together with several small erythematous patches on the face. The rash is associated with high temperature and vomiting. It disappears in a week after the use of antihistamines internally and calamine lotion externally.—I am, etc.,

Glasgow.

J. KELVIN.

### Baths for Maternity Patients

SIR,—The shortage of pupil midwives in maternity hospitals and institutions threatens to cause a major breakdown in the maternity services, and already has increased the burden on the existing staff. It is particularly important, therefore, that the consultant obstetricians review the practice in their wards, so that all unnecessary procedures in the nursing of patients are eliminated. The purpose of this letter is to draw attention to one matter which will ease the burden for the existing staff. It is that all normal patients, even though they have had an episiotomy or a perineal tear, should be allowed baths from the fourth day. This has been my practice for some years now; it has the supreme

advantage that perineal swabbing becomes unnecessary after the fourth day (it may be necessary to give the patient two baths on the fourth day, but thereafter one bath seems to be sufficient); the patients like it; any trifling infection that may be present is washed out of the way and the risk of cross infection in the hospital seems to be reduced; and from my experience the sisters and nurses are delighted. I do not recall seeing a patient who had suffered because of this practice, and I commend it to your readers.—I am, etc.,

Sheffield.

C. S. RUSSELL.

### Non-specific Cervicitis

SIR,—In commenting on Dr. Margaret Jackson's paper on cervicitis Dr. Jelinek (March 17, p. 585) states that he has "yet to learn in what way non-specific cervicitis of the type commonly seen in gynaecological departments differs pathologically from non-specific cervicitis in other departments." From experience in a sub-fertility clinic I can say that there is such a difference, the main one being that the cervicitis is usually symptomless. Patients in a gynaecological department usually complain of backache, heavy feeling in the abdomen, menorrhagia, dyspareunia, or leucorrhoea, whereas among sterility patients these symptoms are commonly absent and the patient may deny any excessive discharge even when, on examination with a speculum, the cervix, at all phases of the cycle, can be seen bathed in pus, though more usually the condition is not so extensive. In a series of 205 cases there were 108 cases of cervicitis, or 54%. It has been found in this clinic that some 10% of these cases harbour pathogenic bacteria, of which the most common are *B. coli* and haemolytic streptococci. A second series of 42 patients, all mothers and presumably fertile, who came for contraceptive advice, was used as a control, and in no case was any pathogen cultured.

It would seem, therefore, that the pathogens may be of significance in relation to the sterility, and in fact this is proved by the frequency with which conception occurs after treatment directed at the specific organism, and after cauterization.

In no case of the 205 cultured was a gonococcus isolated, and in fact in the whole series of cases the history of old infection with venereal disease has not been higher than the 4% quoted by Sutherland as being the accepted incidence of venereal disease in the total population.

I have to agree with Dr. Jackson, therefore, that there is a distinct difference between the cervicitis which brings a patient to a gynaecological department and the type of cervicitis discovered in a sterile woman, as the only symptom in the latter may be an interference with her biological function of becoming pregnant.—I am, etc.,

Manchester.

B. SANDLER.

### Applying Jelly to the Cervix

SIR,—For some time I have felt the need for a more efficient means by which a patient can apply local medication in the follow-up treatment of cervicitis and vaginitis. Reliance has been placed in the past upon the insertion of pessaries by an untrained hand, with the risk of additional infection. The pessaries are often not placed high enough to be effective, and with some pessaries leakage causes distress. These difficulties often drag out treatment for months. Medicated jellies applied by means of washable syringe-type applicators overcome some of these difficulties, but the cleansing of such applicators cannot safely be entrusted to unskilled or unreliable patients. Disposable applicators to be used once only solve these problems. Various such applicators supplied already charged with specific medications—e.g., sulphathiazole jelly or solid pessaries—have been used abroad (Siegler, *Amer. J. Obstet. Gynec.*, 1946, 52, 1).

I have had designed for me a disposable applicator illustrated here for use with a variety of medicated jellies or ointments as required. This applicator consists of an outer

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