

had he been given the usual treatment with quinine. In the early days of atebirin musonate—just after the Ceylon epidemic—I gave it to a European estate manager with a mild attack of subtertian malaria. He nearly died after the second injection. I may have been unfortunate in my experience with both these preparations, but as a general practitioner I cannot afford to experiment with human lives, and I have never used atebirin in the primary treatment of malaria, in any form, since. I have stuck to my old friend quinine, and have never been let down.

I agree that quinine was misused in the past as a prophylactic agent; but one must remember that it was the only drug then known to be fairly efficient as a prophylactic—"suppressive," as we properly call it these days. The West Coast of Africa appeared to be the area where it was most misused. The Europeans there handed round a bottle containing 5 gr. quinine tablets with the first whisky-and-soda of the evening and fondly imagined that the combination warded off malaria. It is not surprising that there was not only a high incidence of overt malaria but also of blackwater fever. The subtertian parasite was breeding and simmering in the people's systems, just under the fever threshold, and with a small indiscretion, such as a late sitting at the club, a wetting in the tropical rain, or even a bathe in the cold sea (and the sea was sometimes uncommonly cold), the fever would blaze out in all its ferocity, with the all too frequent sequelae of cerebral malaria or blackwater fever. I agree entirely that, with our newer prophylactic agents such as mepacrine and proguanil, quinine should never be given as a "suppressive"; and no doubt its use in this way has now been discontinued even on the West Coast, with a resultant diminution in blackwater fever.

To suggest, however, that quinine should be given up entirely in favour of the newer synthetic drugs—some of them still only under trial and their worth not adequately assessed, for that assessment will take years—seems to me to be an example of extreme festination; and I, for one, am not prepared to discard my old, tried, and effective remedy until I am certain that the new ones are more effective in action.—I am, etc.,

Nairobi.

I. G. CAMERON.

Social Trends and Home Confinements

SIR,—In your account of the Royal Sanitary Institute Congress (May 10, p. 1021) you state that "the general practitioner's point of view was put forward by Dr. A. Talbot Rogers"; but many general practitioners, especially the older ones, will hope that he was wrong in his forecast that within a generation domiciliary midwifery will disappear. I should be the last to minimize the domestic and medical difficulties of domiciliary midwifery, but on balance its benefits so outweigh them that many think it is high time that more consideration was given to reversing the "social trends" that "make hospital delivery more and more attractive." These social trends are mostly economic and within the power of any well-informed government to control.

By and large, domiciliary midwifery with a competent midwife and doctor is safer and more economical—financially and in man and woman power—than institutional. The new baby fits into the family much better when born at home, and no fears are aroused among the other children that every time the mother goes away she may appear with a new baby who will upset the cherished routine. I write, of course, as a mere man, but I shall never forget the thrill that even I felt when I found our daughter being nearly smothered within an hour of her arrival by her 2-year-old brother piling all his choicest toys on her cot as a present to her; nor how, three years later, he sidled up to me as soon as he knew he had a baby brother and said confidently, "Isn't it lovely, Daddy? Now we have three men in the house"—giving us, I suppose, a chance of standing up to the two "women." This may not be medicine, but it is the very stuff of happy family life and the foundation of a stable society. I pity all fathers and mothers who are denied the joys of babies born at home and have to observe the strict and unnatural precautions that have to be taken in hospital if infant lives are not to be endangered by infection, etc.

At present hospital confinements are heavily subsidized by the State, and a vast elaborate and expensive vested interest is being extravagantly fostered. Safer midwifery, happier parents, and happier homes could be secured at

much less cost if only we had the sense to see that "social trends" are what we make ourselves and not some mysterious influence that we all have to obey. And when these "trends" are patently dysgenic doctors anyhow should oppose them—and expose them, too.—I am, etc.,

Winsford, Cheshire.

W. N. LEAK.

Poisonous Chemicals in Agriculture

SIR,—The arrangements made by the Ministry of Health for blood tests in people handling dinitro compounds and organo-phosphorus compounds are set out in the *Journal* (May 10, p. 1024). However, we should like to point out that the estimation of dinitro compounds and of cholinesterase activity can be made on 0.1 ml. blood. The use of finger-tip or ear-lobe puncture in preference to venepuncture is obviously of great practical importance in carrying out routine tests on workmen, particularly when these tests require to be done at least at weekly intervals. Harvey (*Lancet*, 1952, 1, 796) has described the technique for the estimation of dinitro compounds in small amounts of blood, and Aldridge and Davies (*British Medical Journal*, May 3, p. 945) the method for the estimation of cholinesterase activity.

We should like to direct the attention of all concerned in the collection and testing of blood for these groups of substances to these two papers.—We are, etc.,

DONALD HUNTER.

P. LESLEY BIDSTRUP.

London, E.1.

POINTS FROM LETTERS

Women and Sex

Dr. W. J. HASTINGS SAYERS (Rochford) writes: I noted with interest the increased percentage of medical women who have taken part in the series of letters on family planning as compared with the complete absence of medical women's opinions after Dr. Joan Malleon's article on female sexual disorders (December 22, 1951, p. 1480). Perhaps the male psychiatrists who entered the "fray" then could enlighten us on the reason why a subject of such individuality should be received by the contempt of indifference of those who must have ideas on the subject differing from those of the author, when a subject of importance to both sexes seems to have aroused the greatest enthusiasm from the female members of the profession.

Significance of Marrow Changes after A.C.T.H.

Miss DIANA M. WIGLEY (Royal Free Hospital, W.C.1) writes: In the article on the effect of repeated injections of A.C.T.H. upon the bone marrow, by Drs. G. Hudson and G. Herdan and Professor J. M. Yoffey (May 10, p. 999), the writers state that "six hours after a single injection of A.C.T.H. there was an increase in the marrow lymphocytes which almost reached significance level." Surely to say that something is *almost* statistically significant is meaningless? The tests which are applied are designed to show whether or not the figures could have occurred by chance. If the figures are found not to be significant, then they could have occurred by chance no matter how near they approach the level of significance.

Prolonged Respiratory Paralysis after Succinylcholine

Dr. DAVID A. SHERMAN (Basingstoke) writes: In my experience with the use of succinylcholine as a relaxant to aid endotracheal intubation I have had three cases of total apnoea lasting 25–45 minutes. It must be admitted that two of these experiences were with the same patient at different operations. All cases were given 10–15 ml. thiopentone plus 40–50 mg. succinylcholine for induction purposes, and nothing else except pure oxygen until spontaneous respiration was re-established.

Correction.—In a letter in last week's *Journal* (n. 1083) Drs. Oral B. Crawford and Allen Bailey referred to "comments on Dr. P. R. Bromage's letter (February 9, p. 328) concerning a fatality following the use of 'xvlocaine.'" There was in fact no reference to a fatality in Dr. Bromage's letter.