made of unsuitable material, particularly nylon. This is made especially serious by the fact that permanent damage may be done in the relatively short period of time of a few hours.—I am, etc.,

Inverurie, Aberdeenshire. ALAN BREMNER.

Psoriasis and Arthritis

SIR,—Dr. S. C. Gold in his letter (7 December, p. 1473) has completely missed the point of my letter (16 November, p. 1267). The association of psoriasis and arthritis has been acknowledged for many years, and I did not question this, but objected to labelling patients with psoriasis who did not have arthritis as cases of psoriasiform arthritis. I am also unhappy about such terms as anarthritic rheumatoid arthritis coined by a member of the department of clinical biochemistry at Oxford (23 February, p. 513).

Dr. Gold, intervening in a discussion on precision of words and terms, should be more careful with his own phraseology. Consider the sentence "He was 50 years old and had suffered three years of psoriatic arthritis ten years previously."—I am, etc.,

London W.1. M. H. PAPPWORTH.

Ruptured Ectopic Pregnancy

SIR,—I wish to refer to the well-presented paper on tubal ectopic pregnancy by Dr. C. P. Douglas (5 October, p. 838). While agreeing with the substance of his paper in general, a few points which arise are worthy of discussion.

One has found "proof puncture" of the pouch of Douglas to be an extremely valuable and seldom misleading procedure in confirming the diagnosis, thus considerably narrowing the margin of error. It can be performed with a syringe and intramuscular needle, after thoroughly cleansing the vulva and vagina, under sedation with pethidine 100 mg. or morphine gr. ¼ (16 mg.). It is important to aspirate throughout while withdrawing the needle. When sprayed on to a piece of gauze, the presence of flecks of clot makes it certain that the blood obtained is not a "false tap," implying aspiration of intraperitoneal clot formation. Moreover, the blood obtained from a positive proof puncture does not clot, being the residue left after intraperitoneal clot formation and defibrination.

Blood transfusion is usually necessary and can be given rapidly in recently ruptured tubal pregnancies. When, however, the bleeding has occurred over several days, great caution must be exercised in the rate and amount of blood transfused. Deaths from this group of cases are due to undue load on a myocardium subjected to chronic anaemia, with cardiac failure and pulmonary oedema as a result. It is safer to under-transfuse these patients.

It has been mentioned by many writers that the patient's condition improves immediately the ruptured tube is clamped. A more likely explanation for this improvement would be the removal of blood clot or its dislodgment, with consequent relief of stretching of the peritoneum.—I am, etc.,

Nairobi, Kenya. D. WAGHMARAE.

Antibiotics and Chronic Bronchitis

SIR,—Referring to the very interesting discussion on "Antibiotics and Chronic Bronchitis" by Professors L. P. Garrod and J. G. Scadding and Dr. G. I. Watson (7 December, p. 1453), I was surprised that the dangers of chemoprophylaxis mentioned by Professor E. Jawetz in his article "Antibiotics Revisited" (19 October, p. 951) were given so little attention by them. Does this mean they consider the risk of sterilization of the normal flora of the respiratory tract and gut being followed by infection with drug-resistant organisms is relatively rare and unimportant, and that it calls for no after-treatment to restore the normal flora of the intestines—e.g., by giving a suitable preparation of *Lactobacillus acidophilus* ?—I am, etc.,

Gosport, Hants. G. W. FLEMING.

Disappearing Catheter

SIR,—I was interested to read the letter of Mr. J. M. Moore (7 December, p. 1472). Having used the Guest type of cannula for nine years and later having switched over to the "braunula" type, I would like to state that I have had the same difficulty in inserting the braunula type of cannula, due to increased friction between plastic and skin as compared to that between metal and skin.

I personally have got over this difficulty by puncturing the skin through a "blob" of sterile "K-Y" jelly. Perhaps braunula users might like to try this method.—I am, etc.,

Yeovil Hospital, Yeovil, Somerset. A. N. KOTWALL.

Effervescent Suppositories

SIR,—On 25 November (it should have been 1 April) a pharmaceutical representative produced in my surgery the latest medical wonder, the effervescent suppository.

One of these magic bullets was alleged to release about 300 ml. of CO_2, thereby loosening up all those scybala—a dramatic picture.

I bothered to assess this claim by means of a simple displacement test (an inverted water-filled bottle immersed, containing the suppository, in a sink full of water), and found the gas yield per suppository to be 15–20 ml., an extremely modest fall of wind! For how long must we G.P.s be plagued with such nonsense ?—I am, etc.,

Lowestoft, Suffolk. JOHN F. STEPHEN.

"Battered Babies"

SIR,—Messrs. D. Ll. Griffiths and F. J. Moynihan have given a very lucid account and illustration of the "battered baby" syndrome (21 December 1963, p. 1558), a condition which has interested a number of people for quite a long time.

The aetiological interest arises from a line of argument which goes something like this.

In any casualty department a number of children will be found suffering from the effects of injury to the long bones. These effects may be associated with a demonstrable spiral or greenstick fracture of the shaft; or with a demonstrable injury of an epiphysis; or there may be no radiological evidence at the first examination of any bone injury. In many cases an epiphysial disturbance can occur without any demonstrable displacement, particularly if the epiphysis has not yet started to ossify. In any given series of patients shaft injuries will predominate, with fewer demonstrable epiphysial injuries. When callus occurs in relation to the epiphysial injuries it is usually restricted in amount and extent.

In the "battered baby" syndrome epiphysial injuries predominate and shaft injuries are uncommon. This applies to the individual cases with multiple injuries, and also to a series of cases with varying numbers of injuries. Furthermore, the amount of callus (which presumably indicates sub-periosteal haemorrhage) is far greater in the "battered baby" syndrome than is ever found in the ordinary run of casualty injuries, whether or not they have been treated by immobilization.

The parents of these "battered" babies say that they bruise easily. This is possibly due to attempts to cover up known traumatic incidents, but it is unquestionable that there are many people walking about who *do* bruise easily. We must all have met people in whom a minor brush against the side of a chair, table, banister, or step will produce an obvious bruise, while the same injury in another person will not.

Messrs. Griffiths and Moynihan leave unexplained the apparent predominance of epiphysial injuries and sub-periosteal haemorrhage in these "battered" babies. It may well be that these children have been battered, but they do not effectively disprove the suggestion that these babies may react to "routine" traumata in a way different from other infants. In other words, what may in one child produce a few bruises may in these "battered" babies produce epiphysial displacement and massive sub-periosteal haemorrhage. If this supposition is correct, then it means that only a minority of children who are "battered" do in fact present the "battered baby syndrome," because of their particular response to injury.

Is the problem of physical cruelty to children an iceberg, in which the "battered" baby syndrome represents just that part which we can see ?—I am, etc.,

ANTHONY A. VICKERS.

X-ray Department, Royal Infirmary, Worcester.

Addiction to Chlorodyne

SIR,—In contrast with Dr. Michael F. Conlon's lonely addicts (9 November 1963, p. 1117), I have recently treated a lady, aged 57, whose mother, husband, and elder son were also addicted to chlorodyne. The younger son wrote to me about the patient, "Both her mother and husband resorted to excessive drinking of chlorodyne during any ill-health or periods of depression. Being habit-forming, the habit of taking same has never been broken, and rate increased plus quantity with increased worry."

The patient had taken small amounts for 20 years, increasing to a bottle a day when her husband became ill three years ago. After his death in March 1963 her daily intake rose by an unknown amount. She became bedridden a month before admission, and was supplied thereafter by the addicted elder son with whom she lived. This son is married, with one child. He has so far refused medical attention to the extent of bolting his door against a visiting social worker.

On admission the patient was pyrexial (99.8° F. (37.7° C.) and drowsy, with fluctuant clouding of consciousness, disorientation, and impairment of memory. She was thin, ataxic, hypotonic, and weak. There was marked tremor of the