Third Stage of Labour

SIR,—Placental separation is a leisurely process and I cannot agree that it is usually complete very soon after the birth of the baby. Mr. D. G. Bonham (28 December, p. 1620) recommends that no woman should be allowed a normal third stage but that ergometrine should always be given with the crowning of the head. The spasm thus induced interferes with the normal mechanism of separation and predisposes to retention of the placenta. He would have us counter these evils by early cord traction. Thus he claims a reduction in the primary post-partum haemorrhage (P.P.H.) rate at a cost only of a rather smaller rise in the manual removal rate. So *Homo sapiens* knows best. Mother Nature should take a refresher course at U.C.H.

Primary P.P.H. is defined as a loss of 568 ml. of "blood" during the first 24 hours. Any pupil midwife knows that the measured loss includes widely varying and often substantial amounts of liquor, urine, and lotion. In this survey the total also includes a guess at "a figure" for the volumes spilt or soaked up during this period and estimated therefore by several different people. I suggest that conclusions based on such data have little meaning, even if generously laced with statistical symbols. However, it seems likely that blood loss can be reduced in this way if desired and at a price. Mr. Bonham assumes that the smaller the primary blood loss the better, despite the sudden and variable reduction of the vascular bed at delivery. He ignores the fact that normal women vary widely, and what may be a significant loss to one may be trifling to another. He finds that apart from some increase in the manual-removal rate no serious complications have arisen as a result of his methods. He and his staff are to be congratulated on their skill. Cord traction is easy and safe for removal of the descended placenta, but I have encountered the following serious complications from its use with a placenta in utero: (1) Acute inversion of the uterus. A personal achievement.[1] Mills has reported two other cases.[2] (2) A flying-squad call to a shocked patient without much blood loss but the placenta in utero and the cord avulsed. (3) Retention of a placental fragment with severe late P.P.H. One of these patients, delivered in hospital, a para 22 with 21 normal confinements at home, proceeded to septicaemia, deep vein thrombosis, and pulmonary embolism. She recovered after ligation of one common iliac vein and three months in hospital. She is resolved to have her babies at home in future.

I suggest that we should be prepared and alert to use the new drugs and procedures when and if an indication arises, and that (1) ergometrine be avoided before the birth of the baby and only used before completion of the third stage in cases with significant bleeding, as syntometrine if desired; (2) "pitocin" or "syntocinon" be given with the crowning of the head in cases with a history of P.P.H. or other special circumstances; (3) cord traction be tried for removal of the undescended placenta only when bleeding indicates immediate action, or if after 30 minutes the natural process has not occurred; (4) early resort be made to manual removal should cord traction prove ineffective.

Apart from these conditions I submit that no oxytocics whatever should be given until after labour is completed, when syntometrine may be the quickest and best preparation currently available. In my experience, with this approach serious bleeding from an atonic uterus only arises in those rare cases when oxytocics inexplicably fail to act.—I am, etc.,

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1 Patterson, R. H., *Brit. med. J.*, 1963, 1, 1414.
2 Mills, W., ibid., 1963, 1, 1672.

Dental Anaesthetics

SIR,—Dr. G. H. Stuart is to be congratulated for his sensible observations on this problem (25 January, p. 238), but I must take issue with him on one point. He states that only after the service to dental surgeons becomes reliable, elegant, and safe will there be firm ground from which to begin the effort to increase the fees. It must be pointed out that these fees are the same to-day in nominal money values as they were in 1948, which means that in terms of real money values they are two-thirds approximately of what they were in 1948. I am sure that Dr. Stuart would agree that the service given to-day for these reduced fees is certainly no worse than it was in 1948 and is probably better. If so, we are surely justified in demanding that the fees should be increased to the 1948 level in terms of real money values forthwith as a matter of elementary justice. It should not be beyond the wit of man to devise a method of doing this without penalizing the dental profession in any way.—I am, etc.,

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Vitamin B_{12} in Renal Failure

SIR,—It was recently pointed out in these columns (23 February 1963, p. 535) that one of the causes of high serum-vitamin-B_{12} concentrations is renal failure. Part of the evidence on which this statement is based was given in a paper by two of us[1] in which it was shown that a proportion of patients with renal failure had high serum-vitamin-B_{12} concentrations as estimated with *Lactobacillus leichmanii*. In this paper it was emphasized that one possible explanation for the results was that some substance that stimulated the growth of the essay organisms, but was not in fact vitamin B_{12}, might be retained in the blood in renal failure. We have now made further observations which may be of interest in this connexion. Firstly, urea in blood concentrations of up to 1,000 mg. per 100 ml. has no effect on the growth of *Lactobacillus leichmannii*, so that this compound cannot have been responsible for the results. Secondly, in a series of 26 cases of renal failure in which serum vitamin B_{12} was estimated with *Euglena gracilis* (z strain) by a method similar to that of Hutner *et al.*[2] four high values were found (1,070, 1,200, 1,700, and 1,900 $\mu\mu$g./ml.). All these were above the extreme upper limit of the range found in 58 control subjects (150–960 $\mu\mu$g./ml.). The fact that high values are found in renal failure using two entirely different assay organisms makes it extremely unlikely that these are due to some compound other than one of the vitamin-B_{12} group.—We are, etc.,

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1 Matthews, D. M., and Beckett, A. G., *J. clin. Path.*, 1962, 15, 456.
2 Hutner, S. H., Bach, M. K., and Ross, G. I. M., *J. Protozool.*, 1956, 3, 101.

Jargon

SIR,—A space-occupying lesion (see letter from Dr. J. A. Browne, 25 January, p. 245) displaces or replaces normal tissue. Absence or destruction of normal tissue can constitute a lesion which is not "space-occupying"—for example, a gastric ulcer, a traumatic amputation of a digit, localized emphysema in a lobe of a lung. The phrase "space-occupying" is most useful since it does not imply any premature assumption about the pathological nature of a solid lesion.—I am, etc.,

London W.1. R. E. EBAN.

Points from Letters

Perinatal Mortality

Dr. K. L. PARMAR, Dr. E. A. BARNETT, and Dr. G. A. BOND (Basildon, Essex) write: Though the publication of Perinatal Mortality Survey has opened the eyes of the medical profession practising obstetrics, it does not reflect on the quality of the obstetrics practised by all the people concerned. A good G.P. obstetrician is a strong pillar of modern obstetrics. In spite of the suggestion of the Cranbrook Committee, in no city do 70% of the confinements take place in hospitals. Even to find a bed for a primigravida or a fifth-gravida is difficult in most hospitals.

Mental Retardation

Dr. GORDON DUTTON (South Ockenden, Essex) writes: Dr. G. DE M. RUDOLF (25 January, p. 243) has suggested in his letter that the terms "idiot," "imbecile," and "feeble-minded" are diagnoses. This is an additional handicap that has burdened the mental defective for many years. They are not diagnostic, merely expressions in quasi-legal terms of the degree of mental retardation present. It is only by more precise "clinical" diagnosis that we can hope to advance in this difficult branch of medicine.

Lung Cancer

Dr. F. A. EVANS (Shaftesbury, Dorset) writes: In all the correspondence on this subject there is one possible causative or aggravating agent I do not recollect having seen mentioned. Dwellers and workers in the centres of our large towns inhale all day long a fine dust thrown up off the roads by the incessant motor traffic, which must be composed largely of rubber, granite, and tar. If this is so, would it not help to account for the increase in lung cancer in recent years corresponding to increase in motor traffic, and also for the difference of incidence between the urban and rural population?