the water with sufficient clothing. This is presumably because the clothing retains the same water next to the body, thus holding a local volume of warmed water and reducing body heat lost. However, one fact that deserves closer examination is that many people died in the lifeboats of rescuing ships, after having survived long immersion, before a hot bath could be given to raise body temperature. This is presumably because of the increased cooling effect of evaporation from the body and wet clothing after removal from the sea, which will be greater than when the body was immersed in the water and had approached the equilibrium conditions described above. One obvious way of reducing the time between withdrawal of the body from the water and hot baths is to bring the rescuing ship very close to the stricken ship—the *Montcalm* was one or two

miles away from some of the lifeboats and this must have contributed to the loss of life. Also the time that the survivor is in the lifeboat could be used with advantage—clothes could be removed and the body rubbed vigorously. Another possibility worthy of experiment, perhaps, is not to remove the body from the sea, but to tow it slowly to the rescue ship.

The reduction in body cooling between being discovered and a hot bath is obviously vitally important in preventing death from hypothermia, and this is an area in which rescuing ships' crews should be instructed in the way that Dr. Keatinge calls for more instruction to passengers in standard passenger lifeboat drill.—We are, etc.,

SYBIL D. D. JONES.
L. BONVINI.

Tiverton, Devon.

New Apparatus for Chest Units

SIR,—Tracheostomy with positive-pressure respiration in the management of acute respiratory failure is now well-recognized practice. Although tracheostomy is a life-saving procedure, it is not without serious complications. Tracheal necrosis, tracheal stenosis, and aspiration bronchopneumonia are complications which follow the use of a single cuffed tube.

With this in mind, a double-cuffed tracheostomy tube has been devised (Fig. 1). In use each cuff is inflated alternately for a period of 30 minutes. This avoids prolonged localized pressure on the tracheal rings and maintains a constant block to the aspiration of pharyngeal secretions. It has been found very satisfactory in the management of crushed chests and multiple injuries. This tube is made for me by Portland Plastics Limited, Hythe, Kent.

In the management of crushed chest injuries the speedy and effective drainage of blood and air from pleural cavities is another essential step. This is achieved very effectively by using a self-tapping double-balloon catheter (Fig. 2). This catheter has a whistle tip, staggered eyes, and an initial length of 6 in. (15.2 cm.). The balloons afford stability and air seal, one being inside and the other outside the chest wall.

The catheter can easily be introduced through a stab wound in the chest wall, and

is usually inserted as far back as the mid-axillary line, preventing pooling of blood over the posterior thoracic wall. This catheter, which is available in a sterile pack, is made for me by J. G. Franklin & Sons Ltd.—I am, etc.,

Orthopaedic and Accident P. D. SALPEKAR.
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Preston Royal Infirmary.

FIG. 2.—Self-tapping chest catheter with double balloon.

FIG. 1.—Double-cuffed tracheostomy tube.

Prevention of Heart Disease

SIR,—Although there has been published in recent years a huge mass of material on ischaemic heart disease, relatively little has been said about prevention. One obvious reason for the seeming neglect is that as long as we remain in the dark about causation we cannot deal satisfactorily with prevention.

The paper by Dr. M. F. Oliver and Professor C. H. Stuart-Harris (20 November, p. 1203) is a worthy attempt to stimulate interest and action. When a few years ago I was bold enough to make a similar attempt at the Royal College of Physicians there seemed little enthusiasm—and my effort hardly enhanced it. One distinguished cardiologist said it was too soon to talk of preventing coronary heart disease—we didn't yet know enough for that. Perhaps now the time is nearly ripe.

From the multitude of studies one thing at least seems clear: atherosclerosis arises from a combination of causes. The problem is to learn their nature and assess their relative strength. Statisticians and clinicians have taught us much, and they are unlikely to add significantly to our knowledge. The work of epidemiologists, biochemists, and nutritionists offers much promise.

Oliver and Stuart-Harris call for the establishment of an organization for regular physical examinations, and it does appear that the long-term studies of large groups of people are valuable. Framingham is teaching us that. Family doctors everywhere can provide valuable data, but their efforts need co-ordination through such bodies as the colleges of general physicians. That sort of thing is already in train.

Health education has an important place, but it presents many difficulties. Simple rules are best; there is danger in complexity. "Orderly living" is perhaps too concise a piece of advice—and too vague—but it covers about all we know. Just what is "orderly" needs elaboration. So far it appears that obesity and sloth are the main hazards. "Eat less and exercise more": those are two things health authorities can well publicize.—I am, etc.,

Adelaide.

A. R. SOUTHWOOD.

Insanity of King George III

SIR,—An impression one receives from Dr. Ida Macalpine and Dr. R. Hunter's learned and convincing reassessment of King George III's illness (8 January, p. 65) is that it is somehow more respectable to undergo a spell of hallucinations, delusions, and rambling over-talkativeness when such a mental state is caused by porphyria than when the cause is a manic-depressive disorder. Why should this be so? Undoubtedly we are considerably influenced in our attitudes by the absence or presence of an established physical aetiological factor and by the relative possibility of a cure—this explains, for example, why consumption has lost its erstwhile disgrace. If we are rational the factor of hereditary predisposition should not influence our attitude, because this is involved in every type of illness to a lesser or greater degree. In porphyria, according to Goldberg and Rimington's figures,¹ only about 50% of the cases developed mental symptoms, and