

### General Analgesia

SIR.—Anyone can satisfy himself that there is a definite blunting of the pain sensation in Guedel's first stage of anaesthesia with nitrous oxide and air or nitrous oxide and oxygen (see letter by J. McAuley, December 7, p. 809). In the presence of another medical man nitrous oxide and oxygen in about equal proportions can be self-administered through a nasal mask. After about a minute it will be found that no pain is felt from a pin-prick. There is a slight impairment of the powers of thought, and articulation requires a slight conscious effort and has a tendency to be guttural. There is a feeling of exhilaration. Clinically one finds that the analgesia is only partial. It is in most cases essential for successful use in practice either that the patient will co-operate sensibly with the anaesthetist or that the patient has been given some such premedication as omnopon 1/3 grain and scopolamine 1/150 grain.

I have used this analgesia for such purposes as quieting children for removal of a plaster from a compound fracture, rendering tolerable an inefficient local anaesthetic for cystoscopy, drilling of a tooth cavity, relieving restlessness during spinal anaesthesia, relieving mental anxiety during operations under local anaesthesia. This amount of analgesia can be easily achieved by flowing nitrous oxide direct from a cylinder on to or over the patient's face, but the best results are obtained by using an intermittent-flow nitrous oxide and oxygen apparatus.

Patients in this condition talk sensibly and react to slight pain by screwing up their face without moving or protesting. They react to severe pain much as an unanaesthetized person would. Descent into the stage of delirium is indicated by rambling replies to conversation, marked guttural type of phonation, and squinting or abnormal movements of the eyes.—I am, etc.,

Colchester, Dec. 7.

D. R. T. CLENDON.

### Hydrogen-ion Concentration in Rheumatic Fever

SIR.—In connexion with the suggestion of Drs. Scott Thomson and James Innes (November 30, p. 733) that haemolytic streptococci may cause heart lesions, it may be interesting to note that in all cases of rheumatic fever the pH is increased. Does this increase precede or follow the introduction of the streptococci?—I am, etc.,

Dec. 3.

G. ARBOUR STEPHENS.

### Detoxication of Lead by Apples

SIR.—In connexion with the leading article on the above subject (December 14, p. 835) it is interesting to note that cider was definitely proved to have been the cause of the "Devonshire colic" which was endemic in that county during the first half of the eighteenth century. Sir George Baker proved that the symptoms were due to the large amount of lead which was used in the construction of the cider vats and presses. His paper was read before the Royal College of Physicians in 1767.—I am, etc.,

Totnes, Devon, Dec. 14.

F. W. MORTON PALMER.

### Diet and Health

SIR.—Nowadays much is heard about the functions of the various vitamins, and stress is being laid on the importance of what are called "protective" foods. There is, however, a tendency to overlook the well-known fact that certain human communities, both past and present, have enjoyed excellent health though living under defective hygienic conditions, and this has been attained on various restricted diets which conform but little to the standard now insisted upon by dietary authorities.

Steps may be taken to supplement our staple foods with vitamins, with or without certain other essentials, but if there still persists any deficiency of a necessary vital element then genuine good health is unattainable. That such a deficiency in our ordinary foods does exist is clearly demonstrated by the marked prevalence of goitrous manifestations in the community at large, the basic cause of which is an absolute of relative iodine defect which can be very simply remedied, the

necessary quantity being excessively minute. This fact is now becoming recognized in certain Continental quarters, where they are beginning to realize that the value of an iodine supplement is not restricted merely to the elimination of goitre, which is just a significant visible signal.

Correct feeding is the key to preventive medicine, as it will tend to eliminate endocrine disorders, to normalize resistance to infections, and to control those processes responsible for constitutional affections in general. We are accustomed to study diseases separately, but a new era in medicine will dawn when we begin to look upon health as a whole and disease as a whole, which was the great conception of Hippocrates.—I am, etc.,

Cardiff, Dec. 9.

W. MITCHELL STEVENS.

### Economy in Drugs for Skin Diseases

SIR.—Could not much more be effected by a general economy in use than by restriction of specific products the absence of some of which will cause some difficulty, if not lead to yet further waste on account of unsuitability.

At the beginning of this war I had my dispenser make me cylinders of sealing wax of various sizes representing the volumes of an ounce, half an ounce, down to half a drachm of ointment. With these before me on my desk I find I am now prescribing a couple of drachms where in the old days I should automatically have ordered an ounce. Recently I was unlucky enough to develop interdigital ringworm of both feet. One drachm of ointment sufficed to treat the lesion twice a day for three weeks. I also found that 5 grains of Whitfield's ointment would easily cover both hands. An ounce, therefore, should last three months; the average hospital patient will nevertheless get through this quantity in a week. The employment of a nurse trained to instruct patients in the use of local remedies would probably earn her keep for the hospital, quite apart from the saving of national resources and improved therapeutic results.—I am, etc.,

Hove, Dec. 7.

J. H. TWISTON DAVIES.

## The Services

### HONORARY PHYSICIAN TO THE KING

Surgeon Rear-Admiral C. V. Griffiths, D.S.O., R.N., has been appointed an Honorary Physician to the King in the place of Surgeon Rear-Admiral T. Creaser, R.N., who has retired.

### CASUALTIES IN THE MEDICAL SERVICES

#### ROYAL NAVY

Temporary Surgeon Lieut. WILLIAM WADSWORTH WILDMAN, R.N.V.R., was killed in H.M.S. *Berwick* during the action referred to in an Admiralty *communiqué* issued on November 28. He was educated at the University of Edinburgh and the University of Paris and graduated M.B., Ch.B. in 1931. Four years later he took the D.P.H. of the University of London. He had held the posts of resident medical officer and house-surgeon at the French Hospital in London; resident medical officer at the Weir Hospital, Balham, and at the City of Leicester Isolation Hospital and Sanatorium; and assistant medical officer of health and school medical officer of the West Bromwich County Borough. At the outbreak of war he was assistant county medical officer of the Norfolk County Council and medical officer of health of the Downham Market Urban and Rural Districts and the Marshland Rural District. He joined the British Medical Association in 1932 and was a Fellow of the Society of Medical Officers of Health. He contributed an article on the aetiology of impetigo contagiosa in children to the *Medical Officer* in 1937.

#### ROYAL ARMY MEDICAL CORPS

##### Wounded

Major Robert Elliot Davie, M.C.

##### Prisoners of War

Lieut.-Colonel William Edmund Alexander Buchanan, T.D.  
Temporary Major Angus Harold Weston.  
Acting Major John Dow Finlayson.  
Acting Major Hubert Reinerus Fosbery.  
Captain John Patrick Fox.  
Lieut. Gordon Milne Anderson.  
Lieut. John Walker Sinclair Irwin.  
Lieut. Peter Ewart Romney Tattersall.