

they had lost during the war, while at the same time inviting them voluntarily to give up further privileges as an act of patriotism. I am not in the least concerned about the rights and wrongs of the various political ideals, but in medicine we have given up a great deal of our freedom during the war, voluntarily and patriotically, and while we may, and I hope will, be prepared to continue to do so for the public good, it would be, to my mind, contrary to all the ideas of fair play if this patriotic abnegation were exploited for party purposes, and it is for this reason that we must watch our liberties lest, while fighting the enemy, we are stabbed in the back by those who put party before all.—I am, etc.,

Hove.

H. J. McCURRICH.

SIR,—There is an aspect of the interim report of the Medical Planning Commission which does not seem to have received the attention it deserves. It appears in several places, but is most clearly expressed in paragraph 60, which says:

"It is recognized that it will be necessary to amend the existing law in order to permit medical practitioners to act as members of local authorities while participating in the medical services outlined in these proposals."

A general principle running through the whole constitutional structure of this country is here expressed in the law relating to local authorities. It is a law which not only prevents corruption but also prevents interference with the private lives and liberties of the subject, and it is surely unlikely that such a law can be altered as easily as the paragraph quoted would suggest. Also, there is no reason why an exception should be made for the medical profession, and claims for similar representation would soon be heard coming from other professions such as engineering, surveying, and even from the trades. It must equally well be realized that if the law cannot be altered there can be no medical representation.

The point appears again in paragraph 58 by including in the Regional Councils "an adequate representation of the medical profession." If the Regional Councils are to constitute a new series of bodies independent of local authorities, a series of fresh laws would have to be enacted to cover them. Again, it is unlikely that Parliament would create a new law transgressing a principle almost as fundamental as that of the Habeas Corpus Act in protecting the liberties for which we are fighting by preventing the setting up of a dictatorship.

The position should be made clear by an authoritative statement from persons with high legal and political qualifications before any further castles are built upon a foundation of political sand. If some such statement could be made as that "there could be no medical representation in control of a State Medical Service that included the whole or a substantial proportion of the profession," then medical opinion might be much more unanimous on many controversial issues mentioned in the interim report. My own opinion, for what it is worth, is that a Regional Council containing interested medical representation would soon lose all power and become advisory in character.—I am, etc.,

London, S.E.3.

J. E. STOKES.

Treatment of Haemophilia

SIR,—The paper by Messrs. C. L. Endicott, J. H. Mitchell, and G. Qvist (July 11, p. 34) shows so great an unfamiliarity with the modern treatment of haemophilia that we hope that it does not represent the views of the average dental surgeon. Calcium and citrous fruits certainly have no part in that treatment, but it is quite wrong to advise the dental practitioner to "direct his efforts at controlling haemorrhage to local application of demonstrably effective agents rather than to speed up the coagulation processes by systemic medication." The value of fresh blood transfusion in haemophilia has been known ever since blood transfusion became popular, and more recently the value of plasma and derivatives thereof has become appreciated. Johnson's results with lyophile plasma are particularly striking. When a haemophiliac needs dental treatment—and many of them do—he should be admitted to a hospital under a medical man who understands the disease. It is essential not to underestimate the threat of haemophilia before the operation or to overestimate it afterwards. Provided the patient has good veins for transfusion he should not die from a bleeding tooth socket. In the case reported the bleeding

was a slow capillary ooze. Experience suggests that replacement of the blood lost would not have necessitated transfusion more often than every other day. Yet because of excessive concern over the local lesion, a relatively harmless external bleeding was converted into a fatal internal bleeding for the anatomical reasons which the authors have so clearly demonstrated.

Local treatment was discussed in detail by one of us in 1935.² It was pointed out that "closing the skin over bleeding-points which cannot be controlled is bound to lead to an extensive haematoma." Nothing but harm can come from over-zealous local treatment. A dressing soaked in Russell's viper venom combined with firm pressure applied for 5 minutes will usually stop bleeding for 2 to 24 hours. In our last two cases Parfentjev's³ thrombin was even more successful. The intervals between bleeding become gradually longer till the haemorrhage ceases. Those familiar with haemophilia know only too well asphyxia produced by haemorrhage into the floor of the mouth, and infiltration into the planes of the neck is one of the most dreaded complications. To sew the gum over a bleeding socket is to invite this complication. It is our hope that the facts so clearly presented in Endicott, Mitchell, and Qvist's paper will effectively discourage measures of this kind in the future.—We are, etc.,

R. G. MACFARLANE.
L. J. WITTS.

Oxford.

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- ¹ *J. Amer. med. Ass.*, 1942, **118**, 799.
- ² *St. Barr's Hosp. Rep.*, 1935, **68**, 228.
- ³ *Amer. J. med. Sci.*, 1941, **202**, 578.

SIR,—One of the comments to the article in your issue of July 11 (p. 35) contains the following: "It is doubtful if in the present state of knowledge it is possible to take adequate pre-operative measures to control haemorrhage in haemophilia." I wish to make a direct challenge to this statement.

In 1936 I discovered a remedy for haemophilia which was announced to the profession in the *Lancet* of Nov. 14 in that year. The discovery was then in its first stages. Continued research has enabled me to produce a substance which will lower clotting-times in haemophiliacs and in normal persons, and will arrest bleeding, whether internal or external. In my book *Haemophilia and Egg-white Derivatives*, and in the *Lancet* paper referred to, I gave details of over 60 teeth extractions in haemophilia, and on page 3 of the book I pointed out the dangers of local interference. My work has been verified clinically by other doctors and by clotting-time determinations, and so recently as five weeks ago a pathologist used my anti-haemorrhage material on a patient who had a spreading haemorrhage into the neck and was unable to swallow solids. The pathologist wrote: "When I gave him 2 c.cm. of your preparation intravenously yesterday I was astonished at his improvement; to-day he got up and was able to eat."

In my opinion, teeth extraction in haemophilia is a simple and safe operation if my material is used. It can be given prophylactically as well as against actual attacks.—I am, etc.,

Sheffield.

W. A. TIMPERLEY.

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Narco-analysis in Treatment of War Neuroses

SIR,—I was very interested in Major J. F. Wilde's article (July 4, p. 4) describing his results from the use of this method in 50 cases. During the past 15 months I have had experience of the treatment of 200 such cases and cannot share his enthusiasm.

I have always been impressed by the fact that nearly always no further information was obtained by using the drug than was already available from ordinary conversation, provided one departed from the more formal type of interview and met the patient half way. If, after listening to the patient's description of his symptoms and excluding organic disease by every possible means, the doctor explains that he is not really a sick man but an unhappy one suffering from some thwarted desires, which the doctor sympathizes with and would like to help with if he can regard the doctor as his friend, the patient will almost always respond with an emotional reaction, usually