

His use of the word "neurotic" would also appear to imply an extremely narrow concept of the meaning of the term, and practically to equate it with self-indulgent hypochondriacs. Since these mistaken ideas are all too prevalent among both doctors and members of the general public, and frequently lead to a complete misunderstanding of certain types of patient and to a degree of mishandling which on occasions amounts to little short of mental cruelty, it is most unfortunate that Professor Illingworth, whose opinions naturally carry great weight, should appear to support these misconceptions.—I am, etc.,

London, W. 9.

DORIS M. ODLUM.

SIR,—The article by Professor C. F. W. Illingworth on peptic ulcer (July 26, p. 206) includes the statement that "most psychiatrists now agree that formal psychotherapy has no place in the treatment of an established ulcer." Statements of this kind do not lend themselves to proof or disproof, but it would perhaps be fair to say that as an expression of opinion this appears to ignore completely the contributions of Drs. Stewart Wolf and H. G. Wolff, and Dr. Frank K. Abbot, from Cornell University Medical College and the New York Hospital. The effective combination of psychotherapy with medical or post-operative surgical treatment is also practised in Guy's Hospital, and in other hospitals in this country.

In the same paragraph there occurs also the all-too-common fallacy of confusing neurotic illness with malingering. This leads to a tendency to brand patients with a neurotic basis to their symptoms as essentially undeserving cases, and results in a prejudiced approach to the entire problem. It is only because of the authoritative nature of the series in which this article appears, and the undeniable eminence of its author, that I have felt bound to draw attention to these controversial and, in my opinion, subjectively biased observations.—I am, etc.,

London, S.E. 1.

D. STAFFORD-CLARK.

Danger from Cuffed Endotracheal Tubes

SIR,—Dr. G. A. Eason's letter (August 2, p. 283) impels me to draw attention to another danger, which seems not to be generally known, of this type of tube.

It may easily happen, when the tube is inflated in the trachea, that the lower end of the tube is drawn up into the cuff, so that the cuff obstructs the lower end of the tube and asphyxia results. The observations that I now make are based on the evidence at a recent inquest, and the very experienced anaesthetist who then gave evidence had not been aware of this particular risk or experienced it previously. There was also evidence that recently some manufacturers had been shortening that part of the tube beyond the cuff, and that this shortening would render more likely the overriding of the lower opening by the cuff in this way.

I write because it seems desirable that some publicity should be given to this particular risk and because, according to the evidence given at the inquest, if the position is appreciated and immediately recognized the obstruction can be immediately relieved by pushing the tube farther into the trachea—a manœuvre which will restore the tube to its proper position.—I am, etc.,

Leatherhead.

C. F. J. BARON.

Social Trends and Home Confinements

SIR,—I was prompted to write to you in the first instance (June 7, p. 1246) because of Dr. W. N. Leak's contention (May 24, p. 1135) that domiciliary midwifery is safer than institutional. In Aberdeen in 1946-7 (the last years in which many primiparae were confined at home) the stillbirth rate was 30% higher among domiciliary than among booked hospital primiparae, and more domiciliary deaths were due to asphyxia and birth trauma—complications which might have been avoided by different management of labour. It has been suggested that these findings are not typical of other areas, but Dr. Ivor Cookson's figures (July 19, p. 159)

show that during 1949-51 in a West Country area the stillbirth rate was 23% higher among domiciliary than among booked hospital primiparae.

Dr. Cookson points out that to save the two or three stillbirths involved would have meant the admission of 365 patients to hospital, at a cost of four extra hospital beds and cots. Although he does not actually say so, it looks as though he considers that the return for such a service would be rather small. As I indicated in my original letter, the planning of a maternity service so that national resources can be used to the best advantage for all is much too complicated a subject to be dealt with in a letter; but the available evidence shows that hospital confinement is safer.

The latter part of Dr. Cookson's letter illustrates the difficulty of making valid statistical comparisons between the results of domiciliary and hospital confinements, owing to selection factors. He shows that extreme prematurity was much greater in the domiciliary group and that this was an important factor in deciding the stillbirth rate, but does not say whether hospital figures were weighted by cases sent to hospital because they were likely to have a difficult labour. Another question which may cause confusion is what is meant by hospital confinement. In some instances it means that the family doctor, responsible for his patient throughout, delivers her in a small maternity hospital rather than at home. It would seem reasonable to assume that he could work more safely in a hospital specially built, equipped, and staffed for the purpose. In other cases it means that patients are under the care of specialists from the beginning of pregnancy, and that during labour a uniformly high standard of care is readily available, including the services of expert anaesthetists and, nowadays, of a resident paediatrician. It would be strange indeed if all this specialization and concentration on detail did not achieve something. The fact is, of course, that in all areas the "bad risk cases" are concentrated in such a hospital. Why, then, should we search around for statistics to show that hospital confinement suddenly becomes more dangerous than home confinement for the more "normal" case?

If Dr. Cookson has read any of my publications on stillbirth, he will know that I believe that the standard of health, nutrition, and living conditions of mothers have a relatively greater influence on the stillbirth rate than the standard of obstetrical technique during labour. Nevertheless, experienced obstetricians working under ideal conditions in hospital can save both maternal and infant lives which would otherwise be lost. There seems to be no room for doubt that in a well-equipped and well-staffed maternity hospital the "hazards of birth" are less than in domiciliary practice; in other words, that hospital confinement is safer.—I am, etc.,

Aberdeen.

DUGALD BAIRD.

Symptomatic Purpura during Isoniazid Therapy

SIR,—A toxic reaction to isoniazid is reported here in view of the widespread interest in this new antituberculosis drug.

A man aged 34 developed a tuberculous infection in the extra-pleural space following thoracoplasty, and was treated first with streptomycin and P.A.S. Isoniazid was added two weeks later in a dose of 50 mg. twice daily for the first week and thereafter of 50 mg. four times daily. After 28 days on this combined therapy he developed suddenly a severe and widespread purpuric rash involving the limbs and trunk. At the same time he complained of pain in his joints. There was no history of previous skin trouble or of allergy of any kind. The patient was not taking any other drug known to produce purpura.

For six days he ran a remittent pyrexia which reached a maximum of 101.2° F. (38.4° C.). The rash was typically purpuric in the initial stages, tending to coalesce after 48 hours. Both knee and elbow joints were swollen, reddened, and stiff, with increase in local heat. Within two days both wrists and the first metacarpophalangeal joints of each hand had become similarly affected. The fundi and mucous membranes showed no evidence of haemorrhage. The capillary resistance test was negative. There were no abnormal signs to be found in the other systems apart from the renal tract. The urine was heavily blood-stained (200-300 red