

former "corrected" figure in cases of anaemia may even be negative, values up to *minus* 10% having been noted, indicative of subnormal plasma rouleaux-forming property.

In our experience with cases of rheumatoid arthritis, results with the wide-bore tube method correspond more closely with the clinical condition of the patients. In particular, in doubtful cases in which early rheumatoid disease is suspected, but where there is no joint swelling or other positive evidence, the wide-bore tube test, through its greater sensitivity, has confirmed the suspicion, while the Westergren test has yielded only normal results. The correctness of the early diagnosis has been confirmed by the subsequent development of the disease.

The Wintrobe results shown for Cases 1, 2, and 3 in Goldberg and Conway's series and the vagaries described in the text, especially concerning Case 2, are much more highly diagnostic than mere sedimentation readings would have been, however truly they might have been obtained. Our experience with several similar blood samples indicates that oxalated blood would have shown a fall of erythrocytes, at least to some extent, in wide tubes, followed probably by gelation of the supernatant plasma owing to the presence of a cryoglobulin.

Observations of sedimentation phenomena, comparable with those of Goldberg and Conway, have been published by Flemberg and Lehmann (1944), and by Barr, Reader, and Wheeler (1950). Anomalous sedimentation may frequently be the first indication of gross abnormality in plasma proteins, as indeed was noted casually by Goldberg and Conway in their first three cases, but should be avoided in seeking a basis for assessment of a sedimentation technique. The discrepancies noted in the remaining three cases of Goldberg and Conway are, in our opinion, attributable to inadequate diameter of the tubes used for the undiluted blood tests.

The purpose of this comment is to suggest that the value of the E.S.R. test may be something more than a mere determination of the E.S.R. value. We would welcome the observations of others concerning the behaviour of undiluted blood samples in wide-bore tubes.—We are, etc.,

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#### REFERENCES

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Collins, D. H., Gibson, H. J., Race, J., and Salt, H. B. (1939). *Ann. rheum. Dis.*, 1, 333.  
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SIR,—I would like to confirm Drs. A. Goldberg and Hugh Conway's findings on the reliability of the "modified Westergren" test (August 9, p. 315), which we have used for over 10 years, but I cannot agree with their statement on the absence of inhibition of auto-agglutination with solid oxalate anticoagulant. Our experience is exactly the opposite: whereas citrate has no inhibitory influence, oxalate will inhibit the cold agglutination of, for example, haemolytic anaemias completely. We have demonstrated this repeatedly in specimens sent for blood grouping, and it would also explain Goldberg and Conway's findings much better than their own theory.

The observation that there is no inhibition if the oxalated blood is diluted with citrate solution is interesting, and the question arises if this is due to the citrate or simply due to the dilution.

The effect of dilution is never mentioned in papers on E.S.R.s, and in cases which do not contain auto-agglutinins it is probably the main reason for differences between the Westergren and Wintrobe test, the latter usually being slightly higher.

It is a debatable point if the exclusion of the influence of auto-agglutination on the E.S.R. is a disadvantage. We are doing our best to exclude the influence of anaemia. The Wintrobe test also excludes auto-agglutination. If we knew what we were testing, this could only be commended.—I am, etc.,

Burnley.

G. BEHR.

#### Social Trends and Home Confinements

SIR,—Professor Dugald Baird (August 16, p. 391) is so anxious to prove that "hospital confinement is safer" than at home (which I am not aware that anyone has questioned, though many might) that not only did he misrepresent my first letter which occasioned his, but he has repeated the error in spite of my second letter which categorically refuted it. This passion to prove wrong something which I did not say is reprehensible, particularly in a professor who is seeking to influence public policy; but deliberately to repeat the mis-statement, as he does in the first words of his second letter, must be nearly unique in a scientific journal. It would almost seem that he is trying to distract attention from the other important points I raised and make people believe that the safest is necessarily the best. But this is far from being so, for, as I pointed out, economic, family, and long-term social considerations are involved, as well as the best use of trained personnel.

Professor Baird seems to make light of economic factors when he writes, "It looks as though he (Dr. Cookson) considers that the return for such a service would be rather small," yet later on he professes his belief "that the standard of health, nutrition, and living conditions of mothers have a relatively greater influence on the stillbirth rate" than midwifery. It is quite easy to visualize such an expensive health service that it would depress the standard of living more than it would benefit the people. This is, in fact, one of our present dangers, and to try to provide hospitals for all confinements would probably achieve it.

Eight years ago you published a letter from me (July 8, 1944, p. 58) about our cat and her kittens and asking whether some of our then difficulties with breast-feeding might not be due to our rapid and unnatural separation of the mother from her infant. A few days later one of our leading gynaecologists told me that he thought that my supposition was quite correct, but went on to explain that so much time, building, organization, and energy had been put into the existing system that it was virtually impossible to say straight out that it was wrong. So instead we have seen the slow outmoding of the elongated dinner wagon, on which babies were trundled into the ward to be fed for a specified time, in favour of cots at the end of the bed, and later still at the side so as to be nearer the mother. In time we may even see mothers allowed to keep their babies in bed a bit longer for the comfort and satisfaction of them both. Some of us may even live to see the day when the obstetricians will actually encourage mothers to have their babies at home, and the State be wise enough to see that the present difficulties in such a course are removed. Through the wisdom and energy of Professor Alan Moncrieff and others we are already witnessing the application of this principle in mothers being invited to attend their children who have to be in hospital.

All this means that doctors, like other scientists, must be willing to learn from nature, the great source-book of all science; and the closer we approach to natural conditions the more likely we are to be on the right tack. But this does not mean that doctors must just "let nature take its course." We can relieve pain and stress, we can spare and support failing organs, we can anticipate, reverse, or remove pathological processes; but we should do all this with the ideal of the normal before us, and well aware that if we seek to wrest nature to our purpose we are likely to provoke unexpected and unwanted reactions. Any State system of midwifery, or anything else that neglects these principles, is foredoomed to eventual failure, however bright its immediate success may seem, and for babies to be born away from home is not natural, even though for some it may at present be safer.—I am, etc.,

Winsford, Cheshire.

W. N. LEAK.

SIR,—It has been interesting to see the interpretation placed by a specialist obstetrician on the figures which I quoted (July 19, p. 159) for domiciliary and hospital confinements; but the Aunt Sally which Professor Dugald Baird (August 16, p. 391) so enthusiastically demolishes has been erected by himself, for it is clear that the figures do not compare the relative safety of similar cases at home and in hospital. I have no intention to argue that home is safer, but I do believe that for some patients, and some homes, the