thereafter remained depressed, withdrawn, and at times almost stuporose, so that he came to be regarded as demented, though his blood pressure was normal. He has now been normal in manner, speech, and mood for the past two months, enjoying for the first time the freedom of parole.

These cases emphasize the universally good prognosis in uncomplicated simple depressed states no matter how long some of them tend to continue, with the added dangers of being considered incurable and denial of further E.C.T.—I am, etc.,

Sheffield, 6. F. T. THORPE.

Unheralded Pulmonary Embolism

SIR,—I was interested in the paper on unheralded pulmonary embolism by Drs. H. Cohen and J. J. Daly (*Journal*, November 23, p. 1209). It is recognized that the pulmonary embolism in the majority of cases starts with phlebitis in the legs. In the legs are two venous systems—the superficial one, easy to examine, and the deep one. The latter can be easily examined by oscillometry. This simple method applied daily would clearly show, by the deviation of the oscillometric needle, the existence before or after operation of deep venous thrombosis in the legs. Pachon's oscillometer, in my opinion, is the best. Incidentally, oscillometry is the only simple clinical method of defining the mean or effective blood pressure, which is more important than the systolic or diastolic ones.—I am, etc.,

London, N.W.11. N. PINES.

Dislocation of Jaw

SIR,—Dr. M. S. Sanders's letter on the subject of dislocation of the jaw (*Journal*, November 23, p. 1240) reminds me of an amusing occurrence many years ago, when I was a house-surgeon.

Two girls presented themselves at the casualty department of the hospital with the following history. One of them had dislocated her jaw in the act of yawning. She had gone with her friend to a general practitioner who lived opposite the hospital and who had promptly reduced the dislocation for her. On leaving his surgery they had both had a fit of the giggles and the victim had laughed so heartily that the jaw was again dislocated. Feeling rather foolish, and not having the nerve to go back to the doctor, she came across the road to the hospital for her second reduction.—I am, etc.,

Gt. Yarmouth. IVOR W. HOCKLEY.

Intermittent Claudication

SIR,—I read Dr. R. L. Richards's timely and informative article (*Journal*, November 9, p. 1091), in which he discusses the prognosis of intermittent claudication, with great interest. He followed up 60 patients with uncomplicated intermittent claudication over a five-year period and found the mortality rate was 28.3%. After reading the article, I have analysed the case records of 92 patients attending my peripheral vascular disease clinic for a similar period and have found that the mortality rate was 16.2%. My material was similar, as can be judged by comparing his figures with mine, which are bracketed. Dr. Richards stated that "the duration of the claudication before the patients were seen varied from a few days to five years [two weeks to six years]. There were 55 men and 5 women [87 men and 5 women] in the series. Their ages ranged from 24 to 69 [29 to 79], with a mean of 52.9 years [63.3 years]." I have excluded all cases suffering from gangrene unless this developed shortly before death.

During the analysis of the case records, it soon became obvious that it was difficult to find out the precise cause of death. Many who died in hospital did not have a post-mortem examination and 45 had not attended the clinic during the past six months. I wrote to the family doctor concerned asking for information about these patients, and from the additional information I was able to assess the mortality rate. I must disagree with Dr. Richards's remark that "it is probable that fluctuations in the severity of the claudication represented the natural history of the disease rather than the effects of medical treatment."

When last seen in my clinic, out of the 92 patients, 51 were taking spasmocyclone ("cyclospasmol"); 19 were taking spasmocyclone plus nicotinyl alcohol tartrate ("ronicol") plus alpha-tocopherol (vitamin E), 11 were taking spasmocyclone plus nicotinyl alcohol tartrate, and the remaining 11 were on nicotinyl alcohol tartrate alone. The therapeutic value was assessed in the same manner as in my previous paper[1] and the results are listed below.

	Moderately Improved	Slightly Improved	Failed
Spasmocyclone	30	10	11
Spasmocyclone plus nicotinyl alcohol tartrate plus alpha-tocopherol	10	4	5
Nicotinyl alcohol tartrate	5	2	4
Spasmocyclone plus nicotinyl alcohol tartrate	5	4	5

It must be emphasized that these figures represent the number of patients who were considered to be receiving the best drug or combination of drugs. Many had previously received other drugs with less benefit. In a controlled clinical trial I[1] have already described the value of spasmocyclone in the treatment of intermittent claudication, and these figures support the conclusions reached in this article that it is one of the most useful drugs we have for the treatment of severe peripheral vascular disease of the limbs.—I am, etc.,

Birmingham, 18. R. O. GILLHESPY.

REFERENCE

[1] Gillhespy, R. O., *Angiology*, 1956, 7, 27.

Maternal Anaesthetic Deaths

SIR,—Dr. D. Stirling Eddie (*Journal*, November 30, p. 1306) is sadly in error in regard to his facts. It is clear that he has not read the report[1] to which I referred (*Journal*, November 9, p. 1115). If he will do so he will see that it is stated that, of the 49 deaths, only 2 occurred in the patient's own home. In 5 the patient was in a nursing-home or maternity home, and the remaining 42 were in hospital. If we must have percentages, that would make it, approximately, hospital fatalities 84%, maternity or nursing-home 10%, and home fatalities 4% (not 14% as Dr. Eddie assumed).

Dr. Parker[2] in his authoritative article on maternal deaths from aspiration asphyxia showed that, in the period 1943 to 1952, all the Birmingham deaths from this cause occurred in hospital. In 3,048 forceps deliveries in the patient's home there were no deaths, whereas in 2,200 deliveries in the Birmingham Maternity Hospital there were 4 deaths from asphyxia. Can anyone pretend that these figures are fortuitous and without considerable significance? Their real importance, however, lies in the indications which they provide, and the conclusions which can be drawn, as to the causes of these tragic fatalities occurring in young women who are usually perfectly fit, and at a time when one of the happiest moments of their lives seems just within their grasp. Surely anything we can do towards eliminating or even reducing the incidence of these catastrophes is very well worth while.

I believe that the greater safety in forceps delivery at home depends on three factors which, in order of importance, are: (1) there are still a great number of general practitioners who use the lateral position with its infinitely greater safety; (2) simpler, open methods of anaesthesia are mostly used in the home; (3) even with the patient in the lithotomy position she cannot be fixed in the potential death trap ensured by the rigid lithotomy supports used in hospitals and in some maternity homes, and she can therefore be rolled over fairly quickly should vomiting occur.

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