"dangerous teaching" may have served some purpose.—We are, etc.,

R. M. A. McCLELLAND.
J. G. LAWSON.
The Maternity Hospital,
Cardiff.

SIR,—The admirable letters by Mr. William Hunter and Mr. Arnold Walker and Mr. A. J. Wrigley (27 June, p. 1705) concerning the management of cases of retained placenta treated at home by the obstetric "flying squad" will, we hope, be read by all practising obstetricians.

We feel that certain obstetricians are still far too ready to send a patient with third-stage complications into hospital rather than treat the patient in her own home. The usual excuse for this is the supposedly greater safety of administering a general anaesthetic in hospital, and it is relevant that very few present-day obstetric housemen or anaesthetic registrars are happy about giving open ether or chloroform under domiciliary conditions.

We have felt for some time that the anaesthetic section of the obstetric "flying squad" needed bringing up to date with modern equipment so that, if the junior anaesthetist's help has to be enlisted, he will feel as confident and as well equipped as if he were in his own hospital theatre. To this end, the Cheltenham obstetric "flying squad" has, in the last two years, been equipped with the following:

(1) One M.I.E. Enderby Portable Anaesthetic Apparatus Mark 2.

(2) One Smith-Clarke foot-operated suction apparatus.

(3) A comprehensive set of all the ancillary anaesthetic equipment and drugs likely to be needed, neatly packed into two zip-cases, each containing a check list and pack plan.

The entire equipment is compact, light, and portable, and when not in use is housed together with the emergency obstetric equipment in a locked compartment in the Obstetric Hospital ready to be loaded into an ambulance. When the equipment returns to base it is fully checked by the duty obstetric sister and completely recharged for the next emergency. The anaesthetic equipment is also checked once weekly by the duty anaesthetist, but is invariably found to be in good working order.

This letter is prompted by the great interest shown in this apparatus by doctors and midwives visiting the hospital, and we ourselves have found no snags whatsoever in using this apparatus in conditions varying from remote farmhouses to top-floor Regency flats.

We should add that we consider that the anaesthetist has also a valuable part to play in dealing with (admittedly rare) cases of eclampsia when the "flying squad" is called to the patient's home to administer rectal bromethol (Avertin), prior to the patient's being removed to hospital. Considerable skill is often needed to maintain an adequate airway in such patients to avoid inhalation of vomit; and we like to feel that suction apparatus, oxygen, and facilities for endotracheal intubation are available when required.—We are, etc.,

D. H. K. SOLTAU.
K. L. OWEN.
Cheltenham Maternity Hospital,
Cheltenham, Glos.

Fatal Poliomyelitis after Homoeopathic Vaccine

SIR,—Your two correspondents in Rome (20 June, p. 1635) do not give detail of treatment received by the case referred to, but draw unwarranted conclusions from a report that a single case died from poliomyelitis three years after dosage. In view of the reference made in the press on Sunday 21 June may I ask you to grant me space to give the following clarification.

These tablets were produced by my firm at the express request of a number of doctors experienced in the use of similar types of preparation, during the time of acute shortage of injectable Salk vaccine, and the purpose was mostly twofold: for those patients who declined injection, and as an antidote for unfortunate side-effects. In any event we have never made any claims for this preparation.

The name and label POLIOMYELITIS ORAL VACCINE TABLETS was requested by those physicians for use in their practices; the application and dosage was for them to decide in the light of their knowledge and experience, because these homoeopathic nosode preparations can be used clinically in various ways. With the advent of the Sabin oral vaccine the name was amended to POLIOMYELITIS NOSODE TABLETS, to avoid confusion.

The not inconsiderable amount of clinical experience demonstrating the decided effects which may be obtained by the use of very small doses of such medicaments, prepared according to the homoeopath's method, suggests that this preparation could be of value. Many other highly diluted bacterial and viral substances have been used for years by physicians applying homoeopathic nosode principles, as the published records show.

The fact that this particular preparation attracted some attention in 1958, and was then offered for trials which were not proceeded with, should not detract from its use if doctors wish to prescribe it.

Finally I do not consider it desirable for the pharmacist to press recommendations on to the medical profession, and consequently we do not follow to-day's energetic methods in this respect.—I am, etc.,

A. Nelson & Co. Ltd.,
London W.1.
D. W. EVERITT,
Director.

The Puerperium

SIR,—May I question two pieces of advice given in Professor G. G. Lennon and Dr. Michael Lennard's article on the puerperium (27 June, p. 1684)? They say:

(1) "Early treatment with penicillin (inj. penicillin 500,000 U.) and ice packs will often give dramatic relief and prevent formation of pus." In my experience the staphylococci found in mastitis and breast abscess cases are often penicillin-resistant, and mothers continue to come to hospital with obvious abscesses of the breast that have been given large doses of crystalline penicillin for several days without the slightest benefit. Precious time has clearly been wasted. Would it not be far better to recommend one of the newer penicillins—ampicillin or methicillin in full dosage, to which nearly all staphylococci are sensitive—together with either streptomycin, 0.5 g. twice a day, or chloramphenicol, 1 g. daily? Ordinary crystalline penicillin is not enough.

(2) "Normal breast-feeding should continue." But if breast milk is expressed from the affected side staphylococci can be cultured, often in enormous numbers. I can see no sense in allowing the baby to feed from the affected side. Several years ago I saw a woman with a breast abscess from the pus of which coagulase-positive staphylococci were cultured, insensitive to penicillin and tetracycline, but sensitive to streptomycin and chloromycetin. The baby had been admitted as there was no one to look after him at home. One week after the incision of the mother's breast abscess he began to vomit, and within three days he had obvious meningitis, proved by lumbar puncture. He was given full doses of streptomycin over 10 days and made an uninterrupted recovery.

Since staphylococci can so often be found in breast milk in early cases of mastitis, long before there is any question of breast abscess, it seems logical (*a*) to use this affected milk for cultures plus sensitivity tests, and (*b*) to prohibit feeding from the affected side until the infection is clinically over and cultures are negative.—I am, etc.,

London S.W.1. JOHN GIBBENS.

Housebound Husbands

SIR,—Your interesting leading article on "Housebound Housewives" (23 May, p. 1331) based on Dr. Roberts's[1] review of this not uncommon syndrome and the subsequent correspondence on the subject have failed, however, to recognize one important aspect—that the condition is also found in men. There is a danger in psychological medicine that pleasantly alliterative titles applied to certain entities may yet obscure certain important aetiological factors. In a review of 20 successive cases I recently made showing the symptom of "situation anxiety" (a term which I find preferable to "agorophobia"), five cases (25%) were men, and four of them were married.—I am, etc.,

Leeds 2. R. P. SNAITH.

REFERENCE
[1] Roberts, A. H., *Brit. J. Psychiat.*, **1964**, **110**, 191.

New Cremation Regulations

SIR,—I too have seen the proposed new cremation form to which Dr. W. H. Hayes refers in his letter (20 June, p. 1640). Like him I am appalled at the way it is intended to introduce this certificate. It would seem that somewhere in Whitehall there exists an organization which is responsible for the wording and format of the various certificates which are issued to us.

In the past year or so (*a*) the ophthalmic certificate O.S.C.1(Rev) has been altered; (*b*) the prescription form E.C.10 has been altered twice. In filling up forms the person signing them is usually asked to sign at the bottom right hand. The E.C.10 is now issued so that the place for signature appears at the left-hand side; (*c*) the death certificate has also been altered. The new certificate has various combinations of letters and words, the relevant ones being marked in some way; (*d*) the maternity claim form (E.C.24) has been changed twice. On one occasion we were even asked to destroy our