

laboratory tests on this antibiotic, and on spiramycin.

One hundred recently isolated strains of *Staphylococcus aureus* were tested against these antibiotics, using impregnated paper disks containing 2 µg. lincomycin and 10 µg. spiramycin (supplied by Upjohn Ltd. and Mast Laboratories, respectively). The results of these tests are shown in the Table.

Resistance Pattern of 100 Strains of *Staph. aureus*

Sen	P	PT	PS	PST	PSTE	PSTN	PSTEN	L	Sp
2	3	3	2	10	8	16	56	0	0

P = penicillin. T = tetracycline. S = streptomycin.  
E = erythromycin. N = neomycin. L = Lincomycin.  
Sp = spiramycin. Sen = sensitive to all of the above antibiotics.

Sixty-four strains were resistant to erythromycin, but no cross-resistance between erythromycin, lincomycin, and spiramycin was found. This may be partially explained by the fact that 32/64 erythromycin-resistant strains belonged to the same phage type (75/77) which is prevalent in this hospital at this time.

Provided erythromycin and lincomycin are not administered simultaneously to patients with erythromycin-resistant strains of *Staph. aureus*, we feel, at this stage, that this antibiotic will be of value in hospitals where erythromycin-resistant strains are prevalent. Further work on this subject is proceeding.—We are, etc.,

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### Yes, Please ; I'd Like to Very Much

SIR,—The only fault one can find with Dr. S. R. Meadow's useful article (26 September, p. 813) on the question of mothers staying in hospital with their children is the title he gives it ["No, thanks ; I'd rather stay at home"]. I think your readers should look at it again with the title that heads this letter.

Consideration is given to the fact that the question put to the mothers (whether they would like to and be able to stay with the child) was a hypothetical one, but I would disagree that if the question became a reality the mothers who are waverers would come down on the side of staying at home. It is more likely that in the face of a genuine offer they would master their anxieties and make less of their home difficulties.

In his Table II Dr. Meadow shows that more than half of the mothers who have no other children would want to stay with the sick child. He also makes the point that the more children the mother has at home the less likely she is to accept the offer of a room in hospital. But one must clearly distinguish between less able and less willing ; where there are children at home it is probably wrong to suppose unwillingness rather than inability.

I hope the regional hospital boards will take note of the fact that nearly half the mothers of sick children under 5 and over 6 months wish to be accommodated in hospital with their child, but that facilities for them to do so are, so far, quite inadequate to this demand.

The *Sunday Times* and the *Observer* are not the only newspapers by any means who publish articles on the subject of mothers in hospital, for the most part strongly in favour of the idea. The higher proportion of *Sunday Times* and *Observer* readers in the group saying "Yes" is therefore only an indication of their general sophistication. Such people are more likely to strengthen their instinctive response to the offer of accommodation by a rational and practical approach.

An indication of the number of beds for mothers likely to be required in the future might perhaps be arrived at by a study of the sales trend of these two newspapers ! For should we not expect in time a greater proportion of better-read and more enlightened people and fewer of the disbelievers, whose remarks such as that "Children should learn to stick up for themselves" (regardless of age, presumably) express chiefly ignorance.

One more point: in this still controversial and very complex subject attention is directed almost exclusively to what is good for the child, forgetting that the mother's own need to remain with the child in hospital is important and that she benefits in many ways from doing so.—I am, etc.,

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### Umbilical Cord

SIR,—Probably as a result of the postal strike the August issues of the *Journal* are only now beginning to arrive here, so perhaps you will forgive a tardy entrance into this discussion. Having written and spoken to aspects of this subject almost, I had thought, *ad nauseam* during the past three years<sup>1-5</sup> (although, it seems, insufficiently to have engaged the attention of the author of your leader of 1 August, p. 264), I decided to sit out this round. However, I am prompted to lend support to the spirited letter from Mr. H. E. Reiss (22 August, p. 511).

I have reported from Aberdeen<sup>1,2</sup> that in a series of 608 vertex vaginal deliveries there were 203 cases (33.3%) of nuchal cord, and that the condition, when considered as an isolated factor, was associated with a markedly increased liability to neonatal depression (Apgar score). In the course of an investigation recently completed here I have noted nuchal cord to be present in 65 out of 265 cases (26.5%) of vertex vaginal deliveries, and that its occurrence was accompanied by a significant increase in the incidence and the severity of both neonatal depression (Apgar score) and asphyxia (acid-base studies).

My own work leads me to deal with series of relatively small numbers of deliveries, so that I do not obtain statistically valid information regarding perinatal mortality, but I am convinced that Mr. Reiss is correct in his general thesis. It has seemed to me to be fantastic that a condition which is potentially so harmful, and which is found in from one-quarter to one-third of all deliveries, should have received so little respectful attention from obstetricians and paediatricians. Typical of this attitude is the fact that the questionnaire of the Perinatal Mortality Survey did not even contain a reference to nuchal cord—the

most commonly occurring abnormality in obstetrics.

Certainly, I would say that cord around the neck is not of major importance as a cause of perinatal death. It is, however, by far the most common cause of perinatal asphyxia (excluding what may be termed "physiological birth asphyxia"), and is thus possibly an important predisposing factor to the non-fatal sequelae of asphyxia. May I say once more—even if *ad nauseam*—that no investigator who wishes to evaluate the factors which might contribute to the production of perinatal asphyxia can afford to ignore the influence of cord around the neck.—I am, etc.,

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### Stiletto-heel Injury

SIR,—The description in a recent issue of the *B.M.J.* (26 September, p. 801) of two cases of penetrating wounds of the skull caused by stiletto-heeled shoes reminded me of an exactly similar case which was seen in the department of neurosurgery at St. Bartholomew's Hospital in December 1961.

The patient was a storeman of 54, who was transferred to St. Bartholomew's two days after he had been struck on the head by a female member of his family in a domestic fracas. The blow, which was administered with a stiletto-heeled shoe, rendered the patient unconscious for a few minutes, but he was fully conscious again by the time he was admitted to his local hospital. There was no neurological abnormality on examination, and the only relevant finding was a laceration of the scalp 2.5 cm. long in the right posterior parietal region. X-ray showed a deeply depressed fragment of bone.

When transferred to St. Bartholomew's Hospital the patient was fully conscious, and a thorough neurological examination failed to reveal any abnormality. At operation the scalp wound was excised to reveal a skull defect about 0.75 cm. in diameter. A small craniectomy was performed, revealing an underlying L-shaped dural laceration. The depressed bone fragment was found at a depth of 2 cm. and was excised together with necrotic brain tissue, leaving a defect 2.5 cm. deep and 1.5 cm. wide. The patient made an uneventful recovery and was symptom free at the time of discharge: he was followed-up for 1½ years, during which time he remained well.

These cases are so similar that they almost merit the title of "The Stiletto-heel Syndrome," and doubtless other cases exist in hospital records up and down the country. If nothing else, they demonstrate that in the hands of an angry woman the modern shoe is just as dangerous as the traditional hat-pin or the steel-tipped umbrella.

I am grateful to Mr. R. Campbell Connolly for permission to describe this case.

—I am, etc.,

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