Rediscovery of thoughts, teachings, and facts is by necessity more frequent as medicine and biology become more complex. It is to be hoped that the *World Abstracts* will be effective to cut down such occurrences to a minimum.—I am, etc.,

V. C. MEDVEI.

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Gynaecomastia

SIR,—I was very interested to see that Dr. Stephen D. Sturton (Feb. 15. p. 269) calls attention to the enlargement of the breasts so often seen in male lepers. The condition was described in a book on tropical fevers by Dr. Kauntze, *C.M.G.*, and myself, published in 1931 by Ballière, Tindall and Cox, and a photograph of a leper in Kenya Colony with this condition can be seen in the text.—I am, etc.,

Pinner, Middx. N. P. JEWELL.

Trilene in Labour

SIR,—Mr. D. M. Stern (Feb. 1, p. 199) has stressed the dangers of using trilene for caesarean section. Many hospitals and clinics are unfortunately still not equipped with machines available for use with cyclopropane, partly because there are not sufficient fully trained anaesthetists to administer it and partly because old-established methods die hard, by which I mean the gas-oxygen-ether sequence. As there is often a cardiac or pulmonary indication for the use of cyclopropane in this operation, I consider that authorities should make it their duty to install such an apparatus and a suitable anaesthetist to administer it.

Preliminary narcosis with morphine and hyoscine is admittedly inadvisable, and therefore where cyclopropane is unavailable I suggest that the following technique should be adopted. Atropine is the only premedicant. A "sleep" dose of pentothal is administered with the patient on the table and the needle left in the vein. Gas, oxygen, and trilene is then induced, and only minimal doses of pentothal administered intermittently until the baby is born. Tachypnoea and cyanosis are avoided, and more pentothal can be given after the baby is born to reduce respiratory excursion and allow the operation to proceed unhurried and unhindered.

Should tachypnoea prove troublesome or the dose of pentothal seem excessive resort can be gently made to vinesthene or even ether. Cyclopropane is undoubtedly the method of choice, but in its absence the above technique in my experience has proved safe and reliable in a large series of successful caesarean sections. The secret of success would appear to be the judicious and controlled use of a combination of pentothal with gas, oxygen, and trilene.—I am, etc.,

Bristol. W. M. MAIDLOW.

SIR,—Having seen Mr. D. M. Stern's letter (Feb. 1, p. 199) dealing with trilene anaesthesia for caesarean section, I have tabulated some of Dr. F. F. Waddy's anaesthetics, the notes of which cover all such cases performed at the General Hospital, Northampton, which were anaesthetized by him, and operated upon by Mr. R. Watson between Nov. 30, 1942, and Dec. 16, 1943—about thirteen months. From these figures it is not possible to agree with Mr. Stern's assertion that trilene with nitrous-oxide anaesthesia is harmful—let alone dangerous—to either the mother or to the infant, in this type of case.

Maternal age range 19 to 47; average maternal age 32; maternal mortality 0; infant mortality 3 (5.3%); one stillbirth, one asphyxia, one unknown. In this series, 57 caesarean sections were performed. There was one twin pregnancy, and one stillbirth in which the foetal heart could not be heard prior to the operation. The state of infant at birth was good in 26 (44.8%); satisfactory in 10 (17.2%); fair in 3 (5.2%); white asphyxia in 10 (17.2%); blue asphyxia in 4 (6.9%); stillborn in 1 (1.7%); and unclassified in 4 (6.9%) cases. The classification of the infants has been left to that one of the three sisters-in-charge present at the operation. However, it is worthy of note that of the above 58 infants 54 were stated to be normal within ten minutes of delivery. Further, about 40% of these patients were suffering from conditions that were prejudicial to anaesthesia. These were divided as follows: Toxaemias 6 (10.5%) (of the total); A.P.H. 9 (15.8%); heart conditions 5 (8.8%); chronic bronchitis 2 (3.5%); bronchiectasis 1 (1.7%); and spinal tuberculosis 1 (1.7%).

The state of the infant at birth in these cases was:

Mother	Infant						
	Good	Satis.	Fair	White	Blue	Died	Unknown
Toxaemias ..	2	2	0	1	1	0	0
A.P.H.	3	1	1	3	0	1	0
Heart	2	2	0	0	0	0	1
Others	1	0	1	0	0	1	0

It can be said that not one of the mothers showed any symptom that would point to trilene with nitrous-oxide being a dangerous anaesthetic for caesarean section. Their condition was recorded as good in 48; fair in 7; and unrecorded in 2 cases. Thirty-two mothers had some anaesthetic sequelae with headache in 3; nausea in 18; excess nausea in 1; vomiting once in 23 (none vomited more than once); and restlessness in 12 cases. One mother had post-operative bleeding—and she had had an A.P.H.—and she made a perfect recovery after a blood transfusion the amount of which is not, unfortunately, stated in the records. The premedication given to these patients was nearly always atropine 1/100 gr. (0.65 mg.) and strophanthin 1/200 gr. (0.32 mg.).

In direct answer to Mr. Stern's assertions I can say that in this small number of cases there was no maternal death; no evidence of damage to either the nervous system or to the liver; and that not only was there no sign of damage to the conduction system of the heart, but that in the five heart cases operated upon not one was made any worse by the anaesthetic or the operation. Since the above dates, the majority of cases at this hospital have been dealt with in the same manner with similar results, but the records are not so readily available.—I am, etc.,

Northampton. J. STRUAN-MARSHALL.

Ruptured Aneurysm of Right Auricle

SIR,—The following condition is, as far as I know, extremely rare. I am reporting it so that it will go into record.

A healthy man suddenly dropped dead in the middle of a minor fight with another man. The body was brought for post-mortem examination. On opening the chest the pericardium was found to be full of blood. This came from a ruptured aneurysm of the right auricle. The whole heart was removed and examined. In addition to the aneurysm of the right auricle there was dilatation of an already thinned ventricular myocardium. The valves and aorta showed no sign of atheroma, syphilis, or rheumatism. There was no fibrosis in the myocardium. The auricular myocardium had atrophied and in the thin aneurysm area there were only shreds of muscle over endocardium with abundant spaces of the latter not covered by muscle. The liver was enlarged to about three times its normal size. The man was about 30 years old.

I am not sure if ruptured aneurysm of the right auricle has ever been reported before. The specimen is now in the museum of the Kitchener School of Medicine, Khartum.—I am, etc.,

Juba, Sudan. H. ABDALLA.

Shortage of Nurses

SIR,—Your review of Dr. James Barclay's book *Why No Nurses?* prompts me to write this letter. I have for many years looked after our nurses when sick, lectured to nurses, served on hospital nursing committees, and have been for some ten years an examiner in anatomy and physiology to the General Nursing Council. The position as regards nursing is very serious already and, unless something revolutionary is done, is bound to get much worse.

It seems supremely unlikely that any of those at present organizing the nursing profession have the vision to do anything revolutionary. They still have the vocational complex plus plus plus. Now I am not going to suggest that matron's discipline should be relaxed. A nurse's work is very arduous: she is exposed to extra risks of ill-health, and she cannot be allowed to go racketing about half the night. However, there are still some obvious means of improving things. (1) Nurses on the whole are not getting the 48-hour week or 96-hour fortnight. (2) It is mortifying for a qualified staff nurse

to find she is being paid at the same rate as a ward maid. (3) The care of nurses is left far too much to matrons. The hospital committee should supervise the matron's work by appointing at least one member of the medical staff and a lay member of the board and governors, who should meet the representatives of the nurses at least quarterly and hear their complaints and suggestions. (4) Matrons should *never* be allowed to remain in one hospital more than five years.

These measures should lead to a gradual improvement, but drastic steps must be taken to rapidly increase recruitment. It is universally admitted that the hiatus between the school-leaving age and the age that a girl can start nursing loses thousands of recruits yearly. A girl who is earning a good wage and has regular hours and freedom after work is not likely to take up nursing and its restrictions. Only the very keen and the relatively unemployable will become recruits. Apropos of the latter it would be incredible, if one had not suffered it for years, how large a percentage of the candidates for the Preliminary Examination ought never to have been accepted as probationers. Their chances of ever qualifying are nil, and they are only fit for the most menial jobs. One cannot blame the matrons who accept them; it is that or nothing. One cannot blame their tutors; they are unteachable.

Now there is an obvious remedy. It is an expensive one, but nurses are *essential*. I would insist that from the earliest school-days girls are interested in nursing; one or two hours a week they dress up in nursing uniform with a red cross, and are given bandaging lessons with dolls and lessons in bed-making, etc. As they get older they would have lectures explaining to them how being nurses would teach them personal hygiene, cooking for the sick, preventive medicine, the care of their children, etc. In their pre-leaving years they would be examined. Successful candidates leaving school at 15 would become paid pupils of the State and attend special schools. They would pass examinations each year and be eliminated and passed on for another year.

Before they reached their eighteenth year they would have passed their Preliminary Examination and would enter on their hospital duties proper completely untrammelled by the subjects of anatomy, physiology, and hygiene, and would be able to concentrate at once on real nursing. I submit that on these lines the nursing profession would be reborn and over-subscribed.—I am, etc.,

Great Yarmouth, Norfolk. LEONARD LEY.

Sarcoma in Intra-abdominal Testis with Torsion of Pedicle

SIR,—I was interested to read the report of Drs. A. H. Bennett and W. G. Shaw (Feb. 15, p. 256) of a case of ectopia testis with seminomatous change and torsion. The coincidence of the triple pathology must be very rare. I am therefore prompted to record an almost exactly similar case that I encountered in 1931 in Singapore. Unfortunately my notes of the case were lost owing to the Japanese occupation of the country, but the facts, briefly, were these.

A young adult male was admitted with abdominal pain of sudden onset, and no testis was present in the right side of the scrotum. Laparotomy showed a haemorrhagic peritoneal exudate and a dark plum-coloured globular tumour the size of a fist with tightly twisted narrow pedicle arising from the right side of the pelvis. It looked exactly like a twisted ovarian cyst. Excision. Recovery. Later history unknown.

The pathologist's report in this case stated that the tumour was a sarcoma in an intra-abdominal testis with torsion of the pedicle.—I am, etc.,

London, S.W.1. E. C. CHITTY.

Persistent Anaemia in a Breast-fed Infant with Erythroblastosis Foetalis

SIR,—It is worth while underlining Dr. Rosemary Davies's case report published in your issue of Jan. 25 (p. 138). I will be absolutely brief in deference to your inevitable shortage of space, but the point in question is by no means well known. Eighteen months ago I also saw a child, born jaundiced, with erythroblastosis foetalis. Transfusions had to be continued owing to persistent fall in the red cell count until at the age of two months the breast milk was tested and found to contain anti-Rh agglutinins. Cessation of breast-feeding brought the haemolysis and the need for further transfusions, seven having been given, to an abrupt end.—I am, etc.,

Edgware, Middx. F. HARWOOD STEVENSON.

Obituary

G. O. LAMBERT, M.D., F.R.C.P.

Dr. Gordon Ormsby Lambert, of Reading, died at the age of 69 at Bucklebury, Berks, on Jan. 26 after a short illness. He had had an active and distinguished career and had only recently retired from practice. Educated at Lancing and at St. John's College, Cambridge, where he took his B.A. degree in 1898, he completed his medical training at Charing Cross Hospital, qualifying M.B., B.Ch. in 1901. After holding various house appointments at his own and at other hospitals he came to Reading early in the present century, and proceeded M.D. in 1906. He was appointed medical registrar to the Royal Berkshire Hospital in 1913, assistant physician in 1914, and physician in 1923. In 1942, after being senior physician for many years, he was elected F.R.C.P. The same year he retired from the active staff of the hospital, though still holding the post of cardiologist, and was made a consulting physician. His private practice, however, he continued until his recent retirement. Dr. Lambert's services were much in demand in the district as a consultant in medicine, of which he had a very wide knowledge. He was a good diagnostician and most conscientious over his work, which he took very seriously; no one could have surpassed him in the thoroughness of his examinations. He rarely missed anything. Some may have thought that occasionally his treatment was rather overabundant in its many details, but it was based on scientific reasoning and he was in no wise biased against surgical assistance, if he thought it necessary or even remotely helpful. He had a most unselfish character and was always kind and considerate. Dr. Lambert contributed a number of articles to the medical press, chiefly on cardiac conditions, in which he was particularly interested. He was at one time joint editor of the Royal Berkshire Hospital Reports. Philosophy also attracted him; he was the author of a booklet recently published, entitled *Happiness in a Modern World*. He was twice president of the Reading Pathological Society and had been a member of the British Medical Association since 1912. He was president of the Reading Division in 1931-2. In addition to his professional work he at one time took some part in local politics, and was for four years a member of the town council. It is sad to think that after so long a time spent in the service of others Dr. Lambert should not have been spared to enjoy the quiet country life that he had looked forward to and had only just begun to taste.—W.B.S.

JOHN WALLACE, O.B.E., M.B., C.M.

By the death of Dr. John Wallace on Feb. 13, Weston-super-Mare has lost its oldest medical practitioner. Dr. Wallace was born in Fife in December, 1856, and although in his ninety-first year he was such an exceptionally vigorous man that he was able to continue his practice and other interests until a few days before his death. While he was a first-year student at Edinburgh University his father died suddenly and young Wallace had to return home to manage the family farms. He remained engaged in farming and stock-breeding and raising until 1885, and to learn business methods he served a year in the office of a chartered accountant in Edinburgh. In 1886 he married and with his wife spent two years in Italy, Germany, and France studying forestry and dairy farming.

It was not until he was 30 that he decided to take up again the study of medicine. He was probably influenced in this decision by his younger brother—afterwards Sir David Wallace and a well-known surgeon in Edinburgh—who had already qualified. He returned to Edinburgh University, graduated M.B., C.M. in 1892 and obtained the B.Sc. (Public Health) in the following year. After a period as assistant to Sir Henry Littlejohn, the medical officer of health for Edinburgh, further study at Berne, and some mental hospital experience, Dr. Wallace settled in medical practice in Weston-super-Mare in 1896, over fifty years ago. Here he quickly became a trusted family physician, but so great was his tireless energy and versatility that he successfully developed many other interests.