De Morgan's Spots

Sir,—Capt. A. R. Murison and his fellow investigators on the above subject (May 10, p. 634) remark that the literature on these "ruby spots is extremely meagre." May I suggest that the reason is that most of those who have taken any interest in the subject and have looked for these spots in various morbid conditions have come to the conclusion, as I have, that almost every adult person, regardless of the state of his health, has one or (mostly) more of the spots on his body. I feel sure that Sampson Handley and all other surgeons attach no importance to their presence in regard to the diagnosis of cancer. Doctors who examine patients with degenerative cardiovascular conditions have doubtless found them constantly present, and so with psychiatric and other specialists. Personally I have found one or more present in every adult and even some children in whom I have taken the trouble to look for them. An adult without any must indeed be a rara avis.

For a more exhaustive statistical study of the subject I would propose that in every adult case the whole of the body (not merely the greater portion) should be examined. If patients and others were assured that there was absolutely nothing to fear from their presence, they could be left to examine most of their own skin, and in this way a fairly reliable statistic, with relatively little trouble, could be reached. I wish some archaeologically minded doctor, in his spare time, would take the trouble to search the old treatises on the detection of witches in order to ascertain what the professional "witch-finders" thought of the presence of ruby spots.—I am, etc.,


F. PARKES WEBER.

Physical Health of Children attending Day Nurseries

Sir,—I was interested to read Dr. Margaret E. McLaughlin's account (May 3, p. 591, and May 10, p. 631) of the physical health of children attending day nurseries, especially with reference to their measles epidemics. During the months of February, March, and April of this year there was an outbreak of measles in my district. Most of these cases originated at the day nursery; in all I had seventy cases. At the beginning of the outbreak the children were attending the nursery up to the appearance of the rash, and only during the latter end of the outbreak were they sent home when the cough and rhinitis were present.

I should like to make a few comments on the complications of measles. I had three cases of bronchopneumonia, occurring at the latter end of the first week and beginning of the second week after the rash appeared, which responded favourably to sulphanilamide. I also had about half a dozen cases of otitis media, occurring in the second and third weeks, three of which had to have a paracentesis tympani done. The rest resolved at the early stage with sulphanilamide. Finally I had six cases of conjunctivitis, occurring in the first week. These were the result of treatment by the mothers, who washed the eyes with various solutions from milk to boracic lotion. It is interesting to note that in this district washing the eyes out with milk is a common and accepted practice.—I am, etc.,

Sheffield.

I. GOTTLIEB.

Sir,—The difficulty about articles such as those by Dr. Margaret E. McLaughlin in the Journal of May 3 (p. 591) and May 10 (p. 631) is that others are liable to draw more definite conclusions from them than do the authors, who are aware of at least some of their limitations. You state in your leading article on the subject that her results are "clear-cut and striking." They are certainly striking, but it is not so clear whether they are clear-cut. One of the most striking things about them is that the only accurately measurable criterion which she used in her conclusion of group of patients with a group living at home—namely, the weight—gave results favouring the nursery group. The remainder of her material was based entirely on subjective impressions, which are so often misleading.

It would appear also that she did not even have the advantage in making the comparison of not knowing to which group a child belonged. It is now generally recognized that for any scientific purpose in work of this kind it is essential that the examiner should not know to which group an individual belongs, otherwise the result may reveal an unconscious bias.

It is clear from what Dr. McLaughlin herself says that her two groups were derived from different classes of the community, doubtless with different religious and social levels. In this one can judge from her article, she does not allow for the fact that infectious diseases, which she found more frequently in the nursery group, are more readily diagnosed by trained nursery staff than by parents. It is a matter of general agreement that such remarks as "general condition good, satisfactory, or very little, little, etc.," are very little worth taking, and different observers differ widely in their impressions, and even the same observer will report very differently on the same group examined after an interval. This criticism applies to all the criteria of health, except weight, used in this investigation.

Desirable though it may be, therefore, accurately to assess the effect on health of the nursery environment, and important though it is to minimize infection in our new nurseries, the present investigation does not afford the opportunity for such a more assured assessment and must not be used as the basis for an illogical campaign against nursery provision.—I am, etc.,

Orippington, Kent.

BRIAN H. KIRMAN.

Acid Drinks and Sulphonamide Therapy

Sir,—Dr. Petronella Potter (May 10, p. 654) raises an important opinion in regard to the administration of "acid drinks" during sulphonamide therapy when it appears bound to cause a great deal of unnecessary harm and will actually incur the very danger of renal complications which she is so keen to obviate. Apparently it is still not realized that the organic acids used in these drinks—e.g., tartaric and citric—are those which are metabolized in the body into carbon dioxide and water, and that any basic elements disposed of as fluid—e.g., sodium or potassium—is freed to form an alkaline solution. For example, imperial drink contains 0.08% free citric acid and 0.46% potassium tartarate, and I think it is possible to cause an alkalaemia on sufficiency of this drink alone.

I would like briefly to recapitulate the value of giving these acid drinks: (1) By their flavouring value they greatly help the patient to assimilate large quantities of water. (2) The acid flavour stimulates salivation and therefore helps to keep the mouth clean—a very important consideration in febrile patients. (3) They aid alkalisation. (4) They have caloric value because of the contained sugar. Therefore the statement that "all fruit drinks" (and presumably acid fruits) must be forbidden has been mistakenly applied, and it should be known that these drinks are still valuable as an aid in the nursing and treatment of febrile patients.—I am, etc.,

NEPET.

LEON RADCLIFFE.

Groundnuts in East Africa

Sir,—The Journal of March 8 has just arrived, and I must commend on the leading article entitled "Groundnuts in East Africa" (p. 301). No credit was given to the United East Africa Company, Limited, who submitted the original plans to the Secretary of State for the Colonies and Minister of Food substantially the same as have been adopted, and, according to the official Tanganyika Territory Government pamphlet, The Groundnut Scheme, the proposals "had been worked out in

WIDNES, LANCs.

R. A. GREGORY.
some detail." The proposals as submitted were “considered of sufficient importance and promise to require a thorough investigation on the spot,” and this led to the immediate dispatch of an official mission. This puts in their right aspect what has been called “this long-sighted scheme of the present Government” who, though showing, most commendable sales in putting the scheme into practice, is suffering. (3) What treatment has been given and with what result. (4) Why it is considered necessary for applicant to leave the United Kingdom for further treatment. (5) Why Aix-les-Bains has been selected. (6) Duration of stay recommended.

I ask you to publish these bare facts as I should like to hear the opinions of my medical colleagues. It would appear that a medical principle of some importance is involved in such a demand, which the Association might consider and take action with the department responsible. As far as the patient is concerned, she is naturally indignant that her age and details of her general health should be in this way made known to the bank officials.—I am, etc.,


MORTON SMART.

Basic Salary

Sir,—Those of us who have now a well-established practice can do no doubt with equanimity the prospect of a salary based on capitation fees. As one who has in the past fallen into most of the traps which beset the unwary (or the trusting) in general practice, I think this attitude is just the acme of selfishness. Have these protagonists of a capitation fee produced anything demonstrable as a solution to the problem? What a soul-destroying business it can be?—unless of course they happen to have been made in the image of Midas.

These generous souls (made in the same mould no doubt as Dr. J. A. Jamieson (March 29, p. 425) are the ones who talk so loftily at B.M.A. meetings about their principles. Let them be compelled to scrape together a living from this kind of practice and they will perhaps learn the burning truth of Mr. Micawber’s elementary economies.—I am, etc.,

Hove, Sussex.

G. L. DAVIES.

Infant Deaths

Sir,—The article by Dr. J. Tudor Lewis (Dec. 14, 1946, p. 893) and subsequent correspondence (Dec. 28, p. 1006, and Jan. 18, p. 114) draw attention once more to the all-important subject of infant deaths. I have just picked up 3½ months’ issues of the B.M.J., and I write at sea, some thousands of miles from home, so it is likely that other letters will have appeared long before mine reaches England; I would, however, like to make some observations.

Dr. Lewis’s first point is the question of liaison between hospital and home. In my opinion the “family doctor,” if such a person is to exist in the future, is the ideal and possibly the only satisfactory liaison officer. If he does not actually deliver the first child, perhaps the home, or the home nurse, or the hospital could when ever possible take an active part in supervising and advising her on her own health and the care of her baby before she is sent, or has permission to go, home. He is the person in one position to judge her ability and to assess her domestic difficulties. Dr. Lewis’s article appears to be written entirely from a “public health” or “State medical point of view—private practice and choice of doctor have ceased to exist.

I agree entirely with the comments of Drs. I. M. Harkness and J. B. Cochrane (Jan. 18, p. 114) on the discharge of the five cases noted. What terribly tragic and pathetic reading is provided by the record of Dr. Lewis’s seven cases! All in my opinion were discharged from hospital far too soon. Even to good homes with more than average facilities it is asking too much for an enfeebled anaemic woman to undertake household duties and the care of an undersized puny infant 10 days after confinement. The two children in Case I after one “triplet” had died, and weighing only 4 lb. 2 oz. (1.87 kg.) at birth, were kept in hospital only four weeks and two days. The remaining children were discharged after unsatisfactory conditions after only 10, 15, 10, 10, 9, and 9 days in hospital. It is possible that in these cases and others possibly inadequately trained periods either to stabilize the babies or to let the mothers recuperate. And what exactly is meant by “poor mothering”? Poor mothercraft can scarcely be blamed for the enlarged congenital heart in Case 2. Dr. Lewis’s fourth clause under “Conditions Affecting the Mother” is Maternal insufficiency; poor mothercraft and homecraft; lack of parental responsibility.” How much of this so-called “poor mothercraft,” I wonder, is due to alienation or frustration of “mother instinct” by the inefficient teaching of modern scientific rule-of-clock methods?

I have not the least idea how babies are wrapped or managed by any of the hospitals under Dr. Lewis’s eye, but I would like to refer to my two letters concerning infant deaths in your issues of April 14 and June 2, 1945 (pp. 529, 784). Is it possible that when a baby is leaving an institution the parting instruction to “keep him warm and on no account allow him to catch cold” may be the sentence of death to be executed by the relatively strong hands of the anaemic, anxious, and untrained mother? It is possible, perhaps, that the mother is doing her best to carry out instructions and possibly is nursing up her infant with its arms secured against the body, thorax compressed, and the feeble spark of life all but extinguished. I have seen no correspondence confirming the suggestion expressed in my two letters. No doubt the point made is too obvious. It is still argued that wrapping babies with their hands in their gowns does not restrict their breathing. It only needs to be tried without even fastening the shawl. With arms in that position it is impossible to fully inflate the lungs; then atelectasis, pulmonary congestion, bronchitis, bronchopneumonia, and the onset of every other respiratory infection are familiar. I also think that digestive troubles, difficulties with feeding, and marasmus are further complications of this method of wrapping. All are conditions from which young babies so frequently die. I am told that babies are swaddled in the manner about which I have written at one of our great teaching hospitals. Can it be that these experts leave some freedom of movement and do not over-tighten the wrap, but that the pupils who have seen no ill-effects follow have not grasped the real technique and do not realize how much force is used when winding round and tucking in the wrappers of their rigid and tidy little parcels? The necessity for this free movement allowing full expansion of the chest should be demonstrated and very emphatically insisted upon when instructing the inexperienced mother, who will have the subsequent care of the baby in her own hands. Fortunately most mothers are very gentle and afraid of handling their tiny offspring so that they are less liable to swaddle them with homicidal firmness.

The special care of weakly premature babies is now well understood by the modern nurse, and these for a time at least will probably escape tight wrapping. Possibly overheating in electric incubators is a very real danger unless a reliable