

tion with pallor was clearly due to some change in the central nervous system, and the instant return of respiration, together with the bright colour, when the child's head was allowed to fall forward would strongly point to fall of blood pressure being an active factor.—I am, etc.,

London, N.W.1, Nov. 15th.

MAURICE CRAIG.

AVERTIN ANAESTHESIA.

SIR,—The correspondence in your columns between Sir Francis Shipway and Dr. Parsons on the subject of avertin has interested me from the surgical standpoint, as I have been constantly using this drug for two and a half years in my surgical practice. I saw its use in Berlin three years ago, and, so far as I know, its properties as a general anaesthetic, especially for "routine work," were never claimed. Dr. Parsons states: "If avertin has to be given along with other anaesthetics the principal object of its use for routine work has disappeared," and that "if it has to be given in conjunction with another anaesthetic it ceases to be of primary importance." If Dr. Parsons holds this view, he is in danger of being criticized as showing a lack of knowledge of its clinical properties. Avertin is a powerful amnesic, and as such we are rid by a very safe means, at the start, of psychic shock, a very important factor to surgeon and patient alike. The second, and equally important, factor is that by its use other drugs necessary to complete anaesthesia can be used in amnesic dosage, which avoids their inevitable toxic effects following major operations in which they are used alone.

Avertin combined with other drugs which are anaesthetics but which, superimposed in amnesic doses, give a complete surgical anaesthesia, is the ideal for the surgeon. With gas and oxygen, as I saw it used by Sir Francis Shipway at Guy's Hospital, it was a boon to the surgeon and a real delight to the onlookers. With very light ether (amnesic dosage), infiltration anaesthesia, or spinal anaesthesia for major operations in the vicinity of the diaphragm, its use is a godsend. In my own surgical practice during the past two and a half years I have used avertin in combination with other drugs which are not in themselves anaesthetics, but rather amnesics, and I have witnessed a big fall in my mortality rate. This speaks for itself.—I am, etc.,

Bradford, Nov. 10th.

BASIL HUGHES.

INDICATIONS FOR PERFORMING WILDE'S INCISION.

SIR,—I have to thank Mr. Layton for his reply to my letter on the above subject, published in your issue of October 11th.

As he begins by deserting his quondam leader, Sir William Wilde, whose procedure, an incision at least an inch in length through the periosteum, was the original subject of discussion, I might leave the matter at that quite satisfactory point. Further, Mr. Layton remarks that we should probably find ourselves in agreement after half an hour's talk on matters of detail—that is, in dealing with any individual case. This, if correct, would be all that I am concerned with, for good surgery consists in dealing in the best possible way with the patient in hand. I shall look forward to such a talk some day to reconcile our differences, but meanwhile the following are the most important points.

Mr. Layton considers that unless one of two very serious symptoms—rigidity of the neck and rigors—is present, it is unnecessary to do an immediate mastoid operation. Now these are both late symptoms, and in the hospital which I have the honour to serve are very rare, and practically only occur in cases sent in already suffering from mastoid disease. This is because at the first suspicion of bone disease the case is seen by an otologist, who operates if he considers the bone is actually involved. These late cases are so rare in our practice that they "do not materially alter the general proposition." Each of these should have been operated on long before. The patient would then have been better able to stand the operation.

My colleague Mr. William Wilson wrote in the Monsall Hospital 1926 report, reviewing several years' experience:

"In no case have I opened the mastoid without finding gross septic infection. It seems to me that the only way to improve our results is by earlier operation. The danger of operation seems to be practically negligible." Further experience has confirmed this opinion, which has my complete concurrence. Very severe and even fatal cases arise in which neither of Mr. Layton's "indications" is present.

The argument that unless we advise fever hospital authorities to send for us only in cases which present one of these two symptoms, lest they do not send at all, is to assess their degree of intelligence very low. Most enlightened authorities avail themselves of the special knowledge and skill of an otologist to help them in those surgical emergencies which are his special province. Other authorities should be encouraged to follow their example. Finally, to delay operation on the mastoid till indications of a spread beyond the mastoid are present is not to be in advance of the times, but to be well behind them.—I am, etc.,

Manchester, Nov. 15th.

E. S. BURT HAMILTON.

RAYNAUD'S DISEASE.

SIR,—Dr. Broadbent's memorandum on Raynaud's disease (November 8th, p. 778) would have had its interest increased still further had he given not only the systolic, but also the basic, blood pressure. In the *Journal* for August 23rd of this year I pointed out in my article on Raynaud's disease that the basic pressure was raised, and as a result the blood found a difficulty in entering the vasa vasorum for the supply of the muscular fibres of the arterial wall. The patient referred to by Dr. Broadbent had a low systolic pressure, so that a slight raising of the basic pressure would have a disturbing influence on the ratio of the two pressures, and bring about the same result as obtains when both pressures are raised considerably.

The point is important, as I have found that the use of parathyroid has a beneficial result in a large proportion of all cases where the basic pressure is raised. This is especially so in cases of rheumatic fever which occur in children whose food has contained too little lime. Such children have unstable constitutions, and their blood pressures are quickly driven upwards by the introduction of poison into their blood. These children, however, respond readily to treatment in the form of lime, together with parathyroid. In the October number of the *Medical Review of Reviews* I point out that in chorea the basic pressure is raised, and as a consequence the walls of the cerebral arteries are so affected as to supply the brain with blood in a somewhat erratic fashion, thus giving rise to the irregular movements. It is in these cases, however, that the giving of calcium and parathyroid is found to be so beneficial by reducing the basic blood pressure.—I am, etc.,

Swansea, Nov. 11th.

G. ARBOUR STEPHENS.

MEDICAL RECIPROCITY WITH FRANCE.

SIR,—In the period before the war, when it was necessary for France to guard herself from the invasion by Russians, Poles, and others, who were anxious to practise as medical men, the conditions for admission became very stringent. It was, moreover, practically impossible to discriminate between British medical men and those of other countries in the treatment meted out. To-day things have changed. The susceptibilities of Russia no longer need to be considered. It would be quite possible for France to treat directly with England, and for the two countries to arrange new terms of medical reciprocity satisfactory to both.

At present it is necessary for a British medical man to pass the examinations for the Bachelor of Arts and of Science, which are preliminary to a medical student's career in France, then all the medical examinations, keep all the terms of residence, and secure from the Minister of Public Instruction a permit to practise in France. As against this, a French medical man may practise in England if he passes only the final examination of the Conjoint Board. The Frenchman's task is easy, the Englishman's impossible. There is no reciprocity in it at all.

At the moment very few English practitioners are left in France. Yet they are wanted in Paris, on the Riviera.