Letters to the Editor

THE CHRISTMAS GIFT

SIR,—As the time for the distribution draws near, once more I would like to remind your readers of our Christmas Gifts fund. Will those who have not yet sent in their contributions please do so as soon as possible. It is my earnest hope that the response to my appeal may be a particularly generous one this year, as it would be such a real act of kindness if we were in a position to give £3 to each of our old people instead of the usual £2.

Please address contributions to the hon. treasurer, Royal Medical Benevolent Fund, 1, Balliol House, Manor Fields, London, S.W.15, marked "Christmas Gifts."

THOS. BARLOW,
President, RMBF.

REPORTING DEATHS TO CORONERS

OBLIGATIONS OF REGISTERED MEDICAL PRACTITIONERS

SIR,—Owing to uncertainty as to the obligations of medical practitioners to report deaths to coroners, the Medical Defence Union and the London and Counties Medical Protection Society have received a number of inquiries from their members as to the legal position. The above-named societies accordingly obtained the opinion of Mr. Roland Burrows, KC, of which the following is a summary authorised by him :—

1. There is no legally enforceable duty resting on a practitioner, acting as such, to report any death to a coroner.
2. The coroner has no power to require a practitioner to report any death to him.
3. It is the duty of the registrar of deaths to report deaths in certain circumstances to the coroner.
4. A practitioner must not do anything to obstruct the coroner in the discharge of his office.
5. A practitioner may make a post-mortem examination with the consent of the deceased's relatives, whether or not he knows the cause of death, unless by so doing he knowingly hinders the coroner in carrying out his duties ; but, as soon as it comes to the knowledge of a practitioner that the coroner has been informed from any source touching the death, on no account should any examination of the body be made without instruction from the coroner.

We have stated above the legal duties of practitioners, but they, like other members of the community, have social, public and moral obligations not enforceable by law to assist coroners. It is important that practitioners and coroners should collaborate harmoniously for the public good, and it is hoped that every practitioner will refer to the coroner any death respecting which he feels any doubt.

A copy of Mr. Burrows's opinion, upon which the above is based, can be obtained by members on application to the Secretary of the Medical Defence Union (49, Bedford Square, London, W.C.1), or of the London and Counties Medical Protection Society (Victory House, Leicester Square, London, W.C.2).

JAMES FENTON,
President, Medical Defence Union.

CUTHBERT WALLACE,
President, London and Counties Medical Protection Society.

STERILITY AND IMPAIRED FERTILITY

SIR,—The only point at issue between your correspondents is the relative importance of voluntary and of involuntary sterility as causes of the decline in the population. The writers of the first letter after a preliminary and confessedly limited investigation of the subject have reached the conclusion that involuntary sterility is a more important factor in the decline than was previously supposed, whereas the writers of the second letter are inclined to disagree with them. All signatories are, however, in agreement that every aspect of this important subject must be fully investigated. It is certainly true that no authoritative pronouncement on this question can be made until much more evidence becomes available and that valuable data would be derived from census inquiries. It was with the object of calling wider attention to the need for a complete and searching investigation of the causes—economic, biological and pathological—of the decline in the population that the earlier of the two letters was written. We are therefore grateful for the support given by the signatories of the second letter to the need for this investigation even though they are of the opinion that the economic causes are of greater importance than the factor of involuntary sterility.

KENNETH WALKER
Chairman of the Subfertility Conference.

British Social Hygiene Council,
London, W.1.

PATULIN IN THE COMMON COLD

SIR,—With regard to the papers published in your last issue by Prof. H. Raistrick and his collaborators on the use of patulin in the treatment of the common cold, we wish to record that a laboratory and clinical investigation has been carried out under the auspices of the Director of Pathology, the War Office, on a sample of the substance which was received by courtesy of Professor Raistrick in March, 1943.

We were able to confirm in general the bacteriostatic activity and the lethal dosage for mice found by Surgeon Commander W. A. Hopkins and described in his paper.

A preliminary trial of the use of patulin in the treatment of the common cold was carried out in March, 1943, at a primary training wing, but the results were not convincing. A further trial was begun in August, 1943, at a different primary training wing, and in this trial the method of application was modified to conform with that used by Surgeon Commander Hopkins. One hundred cases were treated during August and September, and alternate cases received patulin and the control solution of phosphate buffer saline. The series was carefully analysed, and the treated and the control groups were found to be closely comparable as regards symptoms, average duration of the cold before treatment, and bacterial flora of the nasal secretion. All cases were afebrile. The proportion of cases which showed clinical improvement was substantially the same in both groups, as was the number of patients who considered that treatment had caused their colds to improve.

We had to conclude that patulin had no demonstrable effect on the course of this series of colds as compared with the natural evolution of the disease. A full report is being prepared and will be submitted to the Director of Pathology, the War Office, in due course.

C. H. STUART-HARRIS.
A. E. FRANCIS.
J. M. STANSFELD.

MYASTHENIA GRAVIS

SIR,—In attempting to explain the improvement in myasthenia gravis which may follow extirpation of the thymus gland, Laurent (*Lancet*, Oct. 23, p. 525) postulates latent tetany following accidental removal of the parathyroids. While the chance removal of the lower parathyroid bodies may remain a practical issue, it seems questionable whether total parathyroidectomy can occur fortuitously in the course of thymectomy on account of the high situation of the upper parathyroids and the not uncommon presence of accessory tissue. Unless extirpation is complete, the remaining parathyroid tissue will undergo a compensatory hypertrophy until a state of secretory balance is once more attained and any effect produced by the operation would be lost. Concerning the value of latent tetany in overcoming the myasthenic complex, the possibility of a heightened excitability of the motor apparatus achieving some measure of success in counteracting the functional myoneural disability may appear feasible in theory, but against this it should be remembered that the clinical manifestations of tetany are often ephemeral even in face of the strictest excision of parathyroid tissue which can be accomplished experimentally. In spite of a persistently low serum calcium, the motor hyperexcitabilty subsides and the symptoms of tetany disappear. Hence any improvement in the myasthenia if due to this cause would probably be short-lived.

In assessing the mechanism and basis of treatment of myasthenia gravis, two circumstances should be considered. First, that myasthenia is a symptom and not a disease. Its presence forms an indication usually of a facilitation of the choline esterase process at the