

Abstracts

Surgical Induction of Labour in the Home. D. CRADDOCK, M.B., CH.B., D.OBST.R.C.O.G., *The Practitioner* (November 1959) 183, 624.

Cases of mild toxæmia of pregnancy not responding to treatment, and occasional cases of postmaturity, can safely be induced surgically in the home by low rupture of the membranes.

Criteria are laid down for the selection of cases and a personal series of 25 consecutive cases is discussed. The technique of induction is described in detail. Anaesthesia is rarely necessary.

If induction is performed in the morning, labour usually ensues within four hours and delivery usually occurs the same day. The ease of induction in the home is felt to be due in part to the friendly atmosphere.

In spite of the ease of induction and speed of delivery in selected cases, elective induction of labour is not recommended.

Author's summary

Phenylbutazone in the treatment of Dysmenorrhoea. R. L. MACQUEEN, M.R.C.S., L.R.C.P., *The Practitioner* (June 1960) 184, 787.

Phenylbutazone ('butazolidin') was given in doses of 100 mg. thrice daily for two days to ten patients with painful menstruation. There were no serious side-effects, and all the patients reported that this was the best treatment they had ever had for the trouble. A large scale trial is recommended.

To Cough or not to Cough? D. S. MACHSHEN, M.B., B.S. *The Practitioner* (November 1959) 183, 634.

Dr Machshen argues that it is illogical to attempt to treat a cough with mixed expectorants and sedatives, and suggests that a better approach would be to give expectorants in the morning and sedatives at night. He condemns those proprietary and pharmacopoeial remedies which offer combinations of drugs which aim to perform these contradictory actions together.