ficers, alarmed at the grotesque appearance of an acute ailment in their trusty warriors, excused them from duty and often packed them off to hospital — much to the delight of the sufferers.

Soldiers far from hearth and home have repeatedly exploited the limitless possibilities for malingering. In these instances, by nicking the inside of the cheek with a razor blade, pinching the nose, shutting the mouth and expelling a few quick forced breaths, they created a new tropical disease.

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Reference

1. Box HK: *Oxygen Insufflation in Periodontal Diseases,* CC Thomas, Springfield, Ill, 1955, p 88

To the editor: The article by Clement and Lommell brings to mind two cases I have seen in which the cause of cervicofacial emphysema was other than dental surgery. In the Middle East during World War II a young serviceman was admitted to the psychiatric unit with cervicofacial emphysema. I would not have thought this remarkable, but shortly afterwards a second person from the same unit was admitted. As these servicemen were homosexual partners, one would have thought there was a connection, but where?

Eventually the truth came out. The emphysema was self-induced: the men used the pricker of a Primus stove to prick the buccal mucosa, held the nose, and then, with the mouth closed, blew hard. They hoped to get a medical discharge, but it was on grounds of homosexuality that they left the service.

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The Heimlich maneuver

To the editor: The Heimlich maneuver, first publicized in 1974, has been reported to be very effective in expelling boluses by pressurizing the lungs to an average of 31 mm Hg.[1] However, as judged from the unabated mortality, competent assistance of this type is seldom available to victims. The successive mortality rates for choking (suffocation from ingestion of food or an object) from 1971 through 1976 in the United States were 2877, 2830, 3013, 2991, 3106 and (estimated) 2900.[2]

I believe that research methods must be developed to determine the effectiveness of such unproven methods as back-slapping and the self-applied Heimlich maneuver in the hope that an effective and easy-to-remember technique will result. Opening the mouth widely and forcing the tongue out might be found to allow a sufficient opening so that a victim could continue to breathe or even expel an obstruction. Also to be considered is that, in normal males, maximum forced expiration produces an average pulmonary pressure of 114 mm Hg,[3] a pressure more than three times that produced by the Heimlich maneuver. Because a million lives will be at stake over the next 20 years, this subject demands a more systematic approach than it has been given in the past.

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1. HEIMLICH HJ: Food asphyxiation (C). *Can Med Assoc J* 112: 1383, 1975
2. National Safety Council: *Accident Facts,* Chicago, 1975-77
3. RAHN H, OTIS AB, CHADWICK LE, et al: The pressure volume diagram of the thorax and lung. *Am J Physiol* 146: 161, 1946

Cesarean section: what is an acceptable rate? (correction)

F. Toll, manager of the management information section of the Manitoba Health Services Commission, has brought the attention of the Journal and Dr. T.F. Baskett to some discrepancies in the data cited in his editorial (118: 1019, 1978). The second sentence of the second paragraph, with italics indicating the corrected figures, should read: "In Manitoba the overall rate had doubled since 1971, reaching 9.8% in 1976, and varied from 12.7% to 16.2% (average *14.2%*) in teaching hospitals, 6.1% to 13.1% (average *9.6%*) in community hospitals served by specialists in obstetrics and other fields, and 0% to 15.4% (average *5.5%*) in rural hospitals . . .". — Ed.