LETTERS, NOTES, ETC.

Masturbation in Women

Dr. C. J. LODGE PATCH writes from Shrewsbury: I congratulate my colleague on her reply to a general practitioner on the above subject (Sept. 11, p. 349); but the patients to whom she refers are seeking relief because "they feel they are abnormal." Four questions were asked, and they do not seem to be answered dogmatically and unequivocally enough to bring the required relief. (1) *How widespread is this practice?* It is almost universal. Certainly more than 90% of normal women have masturbated at some time or another in their lives. It is commoner in women than in men for a variety of reasons, one being that the habit can be acquired and carried out "innocently." Havelock Ellis quotes the case of a lady of title, the president of a society for the suppression of vice, who discovered to her horror that she had been masturbating all her life without knowing what she had been doing! A practice so widespread can hardly be regarded as abnormal, and an appreciation of this fact should help to relieve the anxiety of the patient. (2) *Can it cause physical harm?* The physician should inquire what his patient does to obtain relief for her state of tension. If she employs the usual methods of titillating the clitoris or labia minora, or of rubbing the edges of the latter together in some way, he can conscientiously assure her that no physical injury will result. Certainly no more than from sexual intercourse. If she introduces foreign bodies into the vagina or (in rare cases) into the urethra, there is a risk of physical injury. It is important to ask what method the patient uses, and not whether she uses an artificial substitute for the male organ. The latter form of interrogation may suggest ideas which would not otherwise occur to the patient. If she has already adopted the latter technique, it will not be difficult to persuade her to discontinue it in favour of less injurious methods of producing the same result—orgasm and a relief of tension. (3) *Can it make normal intercourse less satisfactory?* A patient asks this question because she has already discovered, or has been told by a dissatisfied friend, that masturbation is preferable to marital intercourse. Comparisons are odious, but the underlying assumption is that she obtains complete sexual relief through masturbation, whereas she is left unsatisfied after conjugal union. She will be relieved to know that the fault may lie not with herself but with her husband. It is he (when he returns from over-seas) who may need the advice of a psychiatrist or physician. He may be thoughtless and selfish; he may have neglected the preliminary caresses which are so necessary for a woman before she can obtain complete gratification from the man she loves; or (the most common cause of marital dissatisfaction and nervous disturbance) he may, in good faith, practice coitus interruptus or "withdrawal." (4) *How can they be helped to overcome the habit?* A word of caution is necessary in answering this question. Masturbation is a sedative, and a comparatively harmless sedative, to the normal woman, provided it is practised within reasonable limits. Immediate cessation will certainly increase her sexual tension, and may precipitate nervous symptoms: an illustration of the cure being worse than the disease. If the habit is to be "overcome" it must be done gradually. A frank discussion of the first three questions in language which the patient can understand, and the measures suggested towards the end of the reply on page 349 (to which this letter is merely a supplement) should be sufficient for all normal individuals. In conclusion, I would like to endorse the opinion of my sister psychiatrist, that it is usually the neurotic who seeks advice; and that the neurosis is due not to physical but to mental traumata—feelings of guilt and anxiety, a sense of inferiority, etc.

Parodontal Disease

Mr. R. V. TAIT, L.D.S. (Rickmansworth) writes: With reference to the question about bleeding gums (Oct. 23, p. 534), I should like to say that bleeding from the gums may be a symptom of gingivitis but is not necessarily a symptom of pyorrhoea alveolaris. Unfortunately there is much looseness in the terminology applied to parodontal diseases, and any case of marginal gingivitis where a purulent discharge can be expressed around the teeth is often described as pyorrhoea. The term "pyorrhoea alveolaris" implies a lesion of the alveolar bone. While a marginal gingivitis of long standing may result in progressive destruction of the alveolus, there are other cases in which the bone loss cannot be traced to any local cause but appears to be a bone dystrophy of obscure origin. It is this latter variety that can be described accurately as pyorrhoea alveolaris, and this is also the variety of parodontal disease for which no satisfactory treatment is known other than extraction of the teeth. In these cases, although pockets may be deep with a marked discharge of pus, marginal gingivitis and bleeding are sometimes remarkably absent. It should be emphasized that parodontal disease arising as a marginal gingivitis from local causes may be treated successfully even when it has caused bone resorption to a marked degree. Many teeth that might be conserved are being extracted because of a misdiagnosis of pyorrhoea alveolaris, when there is really no more than a chronic gingivitis. Gingivitis may arise from a variety of causes, most of which act as direct irritants to the gum margin. General lack of oral cleanliness, deposits of calculus upon the teeth, ill-designed dentures, or faulty restorative work are among the most frequent causes, but irregularities of occlusion of the teeth play an important part. Treatment essentially falls within the province of the dental surgeon, entailing the correction of local factors exciting the inflammation and the elimination of all pockets, but the success of treatment depends upon the thoroughness with which the patient carries out a simple but precise daily routine of oral hygiene. Mouth washes and vitamin preparations, as are frequently prescribed by physicians, seldom alleviate symptoms, and do nothing to produce a cure because they fail to eradicate the cause.

Action on Uterus of Antispasmodic Drug

Dr. M. GHOSH (Burton-on-Trent) writes: The following case has convinced me of the antispasmodic action of trasentin on the uterus, which may prove of value in various obstetrical and gynaecological conditions. A nullipara aged 40, with irregular menstrual history, was examined by me at an early stage of pregnancy. She gave a history of three previous pregnancies, ending by abortion between 16 and 20 weeks. I attended her in one about 6 years ago. I put her on a regime of vitamin E, thyroid, and luteal hormone. During what I estimated as the 16th week of pregnancy she had backache, which gradually got worse, and had spasmodic intermittent pain over her lower abdomen, accompanied by visible and palpable uterine contractions. Injection of 1/4 gr. morphine gave some relief of pain but little change in the uterine contractions. After about 12 hours one ampoule of trasentin was injected intramuscularly and two tablets given orally. The relief of pain and spasm was obvious. Another injection was given in 12 hours, and four more tablets orally. Now there was no pain or contraction. Although there were no pain or uterine contractions one injection and 6 tablets were given daily for 3 days. The pregnancy has proceeded uneventfully to full term. She is waiting the onset of labour any day.

Tropical Bubo

Dr. R. N. HALL (Kano, Nigeria) writes: I was interested in Brig. Stammers's article (May 29, p. 660). We treat large numbers of these cases and find that intravenous injections of Ducrey's bacillus vaccine are by far the best. The injections are given on alternate days, starting with 250 million bacilli and increasing the dose according to the reaction. Most cases need only three injections. When we are short of vaccine we use intravenous boiled skimmed milk, and have found it more satisfactory than anthiomaline or T.A.B. vaccine. We have not been able to find Ducrey's bacillus in the pus from the buboes. Any surgical intervention or local application, other than aspiration, is unnecessary and inadvisable.

Chemotherapy in Intestinal Infections

Capt. I. S. DALTON, I.M.S., writes: I notice that Dr. Austin Clay ("Sulphonamide Chemotherapy of Intestinal Infections," July 10, p. 35) used 2 drachms of sodium sulphate night and morning for his third group of patients. Is not this drug much more effective when given two-hourly or four-hourly? Might not this method of administration have influenced the progress of these patients unfavourably? Twenty days seems rather a long time for cure in cases of "a mild character."

Treatment of Sciatica

Dr. B. H. SHAW writes from Totnes: I was surprised to note in Sir Arthur Hurst's article on "The Treatment of Sciatica" (Dec. 18) that no reference is made to local inductothermy, which I have found very successful even in cases of quite definite traumatic origin. I was under the impression that it was commonly prescribed where the apparatus was available.

Oedema of Ankles in Hot Climate

Dr. W. WATSON NEWTON writes: On a voyage round Africa as S.M.O. of a troopship I suffered from a simple form of oedema of ankles which was so pronounced and persistent that it was with relief I found there was no albumin in my urine. Off the West Coast for 10 days or so of tropical heat I had no signs and it was only after a week or more of profuse sweating in the Red Sea area that the oedema appeared. My idea is that the condition is due to a change of the saline contents of the blood plasma caused by saline loss through sweating, and appears in the ankles as the most dependent parts of the body, where fluids would most likely gravitate. The oedema was always much improved by the night's rest, and disappeared as soon as we reached a cooler climate.

Correction

The last sentence of Dr. Wilfred Harris's letter on "The Treatment of Facial Palsy" (Dec. 25, p. 828) contained an unfortunate misprint. It should have ended "unless the nerve is *decompressed* or grafted."