SIR,—Surely Dr. F. Kellermann (Feb. 2, p. 182) misses the real point. The caption "Stethoscope *versus* X rays" is a misleading one. It should be "X rays *versus* Stethoscope." I think it can be confidently stated that there is not a single "defender of the stethoscope" who does not believe in the high value of *x* rays in the diagnosis of pulmonary disease. But the reverse does not apparently hold true—i.e., there *are* "enthusiastic defenders" of *x*-ray diagnosis who *do not believe in the value of auscultation*. Otherwise what is one to infer from such statements as those made at the recent debate of the Royal Society of Medicine? The "defenders of the stethoscope" claim no more than that *x*-ray examination should not be regarded as a complete substitute for the well-tried clinical methods of examination—which include, of course, a good deal besides auscultation. Surely the right view is that *x* rays should be only one link (and a highly important one) in the chain of evidence sought for in arriving at a diagnosis of chest disease. *X*-ray examination is not infallible; witness the letter immediately following that of Dr. Kellermann, from Dr. Frankland West, which could be corroborated by many similar cases; and infallibility absolute is not even claimed by those who, notwithstanding, condemn the stethoscope as obsolete. Moreover, clinical evidence will often give more information as to activity or non-activity of pulmonary disease than is to be got from *x*-ray examination alone. The importance of this controversy lies partly in the fact that some of the statements made at the Royal Society of Medicine debate came from members of the teaching staffs of one or other of our own great London hospitals and might therefore be accepted as authoritative by junior members of the profession.—I am, etc.,

Southborough, Tunbridge Wells. E. WEATHERHEAD.

Familial Methaemoglobinaemia

SIR,—Two cases of this condition were reported by Deeny, Murdock, and Rogan (*Journal*, June 12, 1943, p. 721).

A female infant aged 8½ months was seen on March 2, 1944. Dr. M. L. Poston, of Urmston, reported that she showed extreme cyanosis early in the morning, and especially in cold weather. She was commonly very blue and cold in the morning, and the cyanosis was worse when she had been out in the pram for five or ten minutes. The skin surfaces were "stone cold," and the cheeks were exceptionally tinged with blue. The blueness was not more noticeable when the baby cried. The mother's grandfather had a tendency to the fingers "going dead"; her brother had "blue hands" in his teens; and the mother herself had a slight bluish tinge in her cheeks, but did not look unhealthy.

On examination there was no cardiac bruit, but an *x*-ray showed that there was a little enlargement to the right side. These findings suggested a diagnosis of congenital familial methaemoglobinaemia, and the child was given vitamin C, 50 mg. daily.

In April, 1944, Dr. Poston wrote that the baby had reacted very well to the treatment, the blueness having disappeared. In Dec., 1945, the cyanosis recurred in a milder form but was abolished by the same treatment. The patient has since left the district and passed from observation.—I am, etc.,

Manchester. C. PAGET LAPAGE.

Jittery Legs

SIR,—I was very interested in the annotation entitled "Jittery Legs" (Jan. 19, p. 95). I myself have come across several cases of this complaint, under a diversity of titles from "fidgety feet" or "pains in the feet" in the South, to "happy feet" on Tyneside. Possibly the reason for the sparsity of literature on the subject is that the symptoms are often attributed to a neurosis, in spite of the fact that the patients concerned are usually not of the "neurotic type."

The patients complain of jittery legs, but if questioned nearly always admit that the "fidgets" begin in the *feet*; in some people, indeed, the trouble never extends beyond the feet. The patients are, I have noticed, almost always subject to chilblains, and their feet are usually cold when examined in the surgery; however, the "fidgets" come on only when the feet are warmed. Hence they will avoid a hot-water bottle, or will deliberately sleep with their feet out of bed. Further, they have noticed that if they raise the foot of the bed the symptoms are alleviated (for, since the condition is so distressing, there is nothing they will not attempt, by "trial and error," in an effort to alleviate their symptoms). Finally, walking about, or rubbing the feet, will relieve them. Every patient suffering from this complaint whom I have questioned admits that the onset and severity of the symptoms are proportional to their degree of tiredness.

Do not the above observations—the syndrome occurring in patients suffering from chilblains and habitually cold extremities brought on by tiredness and warming of the feet, and alleviated by exercise, massage, and raising of the limbs—indicate that the disorder is primarily circulatory in origin, the poor venous return causing metabolites to accumulate in the periphery, due to pooling of the blood in the dilated capillaries?—I am, etc.,

Newcastle-upon-Tyne General Hospital. AUDREY ROBERTS.

SIR,—Your annotation (Jan. 19, p. 95) on Ekbom's syndrome of fidgets in the legs will help to fill a gap in neurological literature. I am well acquainted with one typical case—that of a professional man who from the age of about 16 suffered from these sensations. He was forced to move his legs for relief. The sensations or fidgets were sometimes accompanied by wave-like tightening up of the muscles of thigh and calf. They occurred chiefly at night, when they wakened the patient from deep sleep. In earlier life, up to about 45, the trouble was not serious and only involved walking about the bedroom for five to ten minutes. After this age, however, it got much worse, the fidgets coming on just as he was dropping off to sleep and continuing for the greater part of the night. Sleep was broken, the patient being forced to perambulate his room for hours at a stretch. The only remedies which gave relief were tea, coffee, and hot baths. Sedatives, such as bromide, chloral, or barbiturates, aggravated the condition, while psychological discussions did no good. The only constant physical sign was a rather low blood pressure. Finally he had to give up his employment owing to lack of sleep. At this point he was advised to stop smoking as an experiment, although he was not a heavy smoker (about twelve cigarettes a day). Reduction of his daily allowance to three cigarettes was followed by great improvement, while backslidings caused return of the symptoms. He now smokes not more than one cigarette a day, and is able to resume work and lead a normal life, sleeping soundly on most nights and only occasionally suffering from fidgets.

May I, pedantically, deprecate the word "jitters."—I am, etc.,

"F.S., M.D."

SIR,—The sensible letter from a doctor's wife (Feb. 2, p. 183) induces two comments, the latter somewhat overdue. Though the step may appear entirely to lack either clinical or pathological backing, a trial of vigorous anti-anaemia therapy will sometimes clear up an obscure and distressing symptom in a woman; fresh in my mind where this happy result accrued was one of loss of taste in a youngish married woman.

The subject of chilblains afforded "Doctor's Wife" an opening for a sly but well-merited dig at her husband's profession. In "Any Questions?" a few months ago (Nov. 3, 1945, p. 633) your expert told us that there were no scientific grounds for the giving of nicotinic acid in this common and misery-making complaint. Be that as it may, my experience has convinced me of its practical value in some long-standing cases which had previously failed to respond to more classical remedies.—I am, etc.,

London, W.13. FRANK CROSBIE.

The Metric System

SIR,—To your efforts regarding the introduction of the metric system into your *Journal* may I add the following, as I feel I can speak with some authority, having been trained in both the apothecaries' and the metric systems. By inserting metric equivalents parenthetically after each old-style dose, weight, and measure this is carried out sufficiently so far as it is intended to enable the medical man abroad to read the *Journal* in terms of the system familiar to him. I strongly feel, however, that this practice will fail in making the metric system a popular one with the British practitioner.

In giving absolute equivalents you introduce unfamiliar dosages in the metric system. These dosages are not in com-