

Any Questions ?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Antibiotics and Buccal Ulceration

Q.—What place have antibiotics in the treatment of stomatitis and buccal ulceration? If indicated, how should they be administered?

A.—The answer, as to so many such questions, is that treatment depends on the cause. Antibiotics are worse than useless in *Candida* (*Monilia*) infection, and may indeed produce it. Penicillin is a specific for Vincent's infection. If there is some underlying condition (agranulocytosis or other blood disease and perhaps others less serious and less easily identified) antibacterial treatment of any kind, since it does not deal with the ultimate cause, may be unsuccessful. If the condition appears to be primary and not due to any resistant species such as *Candida albicans*, penicillin may be tried: none of the newer antibiotics has any special advantage for this purpose. When given in large doses parenterally (not less than 500,000 units daily of sodium penicillin: procaine penicillin does not produce sufficiently high blood levels) penicillin is excreted in the saliva, and this is perhaps the best way of giving it. Alternatively penicillin pastilles made with gelatin may be continuously sucked or penicillin chewing-gum used. Penicillin tablets (saccharose base) are unsatisfactory for prolonged use, and can in fact themselves produce a stomatitis.

Crepe Rubber Soles

Q.—There is a current opinion among orthopaedic staff that the wearing of crepe rubber soles causes pains in the feet. Are there any facts ascertained concerning rubber footwear and the welfare of the feet?

A.—It is a prevalent belief that crepe rubber soles are not suitable for children's feet. In fact, there seems to have been no investigation of this question at all. Certainly there can be no harmful effect on normal feet. In feet that are grossly abnormal there might be some complaint of pain, though I do not believe any harm would come from wearing such shoes. The reason that pain might occur is that a crepe sole does not give any rigid support to the foot. However, it is uncommon for children with foot abnormalities to complain of anything but minor pain. In short, I would say that crepe soles are quite suitable for shoes worn by children.

Alopecia Totalis

Q.—A patient of mine, a man aged 43, has had total alopecia since childhood. He lost all his hair at the age of about 10; no illness is known to have been the cause of it. His hair then grew again and disappeared again each year until he was about 18 years old, since when he has been without hair on head or body. Every spring a few downy hairs appear on his face and scalp, but by mid-summer they have gone again. He is a reticent type of person, sensitive about his baldness. He wears a wig, but can you suggest any treatment for his condition?

A.—Reports from the United States indicate that alopecia totalis may recover completely after systemic treatment with cortisone or A.C.T.H. It seems, however, that the baldness is likely to return very quickly once treatment is stopped, but perhaps this is not always so. The local application of cortisone and A.C.T.H. to the skin seems to be of no effect, but it may be hoped that hydrocortisone may prove successful in treating this condition. As yet, supplies of hydrocortisone in this country are not sufficient for the treatment

of alopecia totalis, and its value is still uncertain. In any case, it is doubtful whether the disorder merits the hazards and expense of systemic steroid therapy. However, no other treatment is likely to be successful.

Obliteration of Tattoo Marks

Q.—I have recently been consulted by a patient who is anxious to have some tattoo marks removed from his arm. They consist of three small initials, and have only been there for a few weeks. Is it possible to bleach them in any way or to lessen the intensity of the pigment? Apparently he is prepared to put up with a considerable amount of inconvenience.

A.—The removal of tattoo marks, except by surgical excision and closure of the wound by a skin-graft or by suture, is not very satisfactory.

The only other method which has been seriously attempted is to use a tattooing machine to drive an escharotic, such as tannic acid, into the skin over the tattoo mark. This causes necrosis of the skin and healing by scar tissue. It therefore leaves an outline of the previous tattoo mark as a scar. It does, however, achieve the removal of the coloured dyes.

Anaemia in Pregnancy

Q.—I should be grateful for information on the treatment of the pregnant woman whose routine haemoglobin estimation at a local authority antenatal clinic is about 60% to 80%.

A.—Although it has recently been disputed, the general view is that the physiological hydraemia of pregnancy results in an apparent anaemia and that a haemoglobin reading of 80% (11.0 g. per 100 ml.) or more is normal for the latter part of pregnancy. If anaemia is present, and if it is the result of an iron deficiency, treatment should be by modification of the diet and, if need be, by the oral administration of iron in the form of ferrous sulphate, ferrous carbonate, ferrous gluconate, iron and ammonium citrate, or proprietary preparations of colloidal iron. While it is true that one or other of these preparations may cause constipation or diarrhoea in certain women, this can only be determined by giving each a trial.

Failure of hypochromic anaemia to respond to oral iron therapy is sometimes explained by achlorhydria, which is not uncommon during pregnancy, so hydrochloric acid may be administered in addition to iron. If this fails, there is a clear indication for reference of the patient from a district antenatal clinic to the nearest hospital where full investigation can be carried out to establish the type of anaemia present, and where further treatment can be arranged or advised according to the findings.

Oversexed Women

Q.—Is there any reliable medical treatment—for example, hormones or sedatives—to lessen the sexual urge in women?

A.—It is worth trying the effect of ethisterone, 5 mg. three times a day. This is an expensive remedy, but it has been known to have the desired effect. Alternatively, small doses of bromide or phenobarbitone thrice daily are effective in some women, as is shown by the fact that some epileptic females cannot reach orgasm as long as they continue with sedation. Sensible advice about behaviour, masturbation, and the avoidance of alcohol would doubtless also help. With regard to masturbation, many children are brought up to believe that any self-relief is an unforgivable sin, and the punishment for it will be diseases of the sexual organs or damage to childbearing capacities. In fact, there seems no reason to consider masturbation as anything but normal in the celibate adult. Of Kinsey's figures from about 5,000 males 96% had masturbated and some 62% of his series of women. There seems to be no valid reason for fearing that a habit will become established: in normal people masturbation is only resorted to in the absence of more satisfactory outlets: certainly for many relief obtained in this

way would seem preferable to making a whole-time effort to repress desire as some young people have to do. A little kindly reassurance from the doctor may bring great relief along these lines. Admittedly the question is a complex one, but such advice would probably be given by most present-day psychiatrists.

Dental Anaesthesia for Children

Q.—*I am often asked by our local dentists to administer a domiciliary anaesthetic to children (3 years and upwards) for the extraction of a varying number of teeth, from two to a total clearance. It is seldom that one can avoid an open fire, especially in winter. What is the best anaesthetic agent to use? On a recent refresher course for general practitioners which I attended hands were raised in horror at the mere suggestion of chloroform, but no alternative (except ethyl chloride and ether) could be suggested. What is your expert's advice?*

A.—The choice of dental anaesthetic for infants and young children varies from single-dose ethyl chloride or divinyl ether for the simplest extraction, to endotracheal anaesthesia with nitrous oxide and oxygen with an adjuvant for the longest operations. The latter would be quite unsuitable in domiciliary practice. Nasal nitrous oxide and oxygen alone is a difficult anaesthetic to give to the very young without some premedication, and on the whole is not advised for the occasional anaesthetist. Ether, ethyl chloride, and divinyl ether are all inflammable and explosive, particularly so in the presence of oxygen or nitrous oxide. They should not be administered in the presence of an open fire. Chloroform is inadmissible because of its special pharmacological dangers, now too well documented to need repetition and out of all proportion to the nature of this operation.

The practical outcome is that unless the anaesthetic can be administered in a room without an open fire or for that matter any other source of ignition, it should not be administered at all. A larger question is whether dental extractions under general anaesthesia should be performed in a patient's home. If the reasons for doing so seem sufficient, any fire should be extinguished and any source of ignition removed from the room before the anaesthetic is administered. Quite apart from the explosion risk, the difficulty of avoiding and treating the by no means rare anaesthetic hazards of overdose, inhalation of vomit, and respiratory obstruction in a private house is very great. The death of a child in these circumstances would be difficult to excuse merely on grounds of expediency.

Paradichlorobenzene

Q.—*A patient sleeps in a room with little ventilation and with wardrobes and drawers so generously treated with paradichlorobenzene that the atmosphere seems constantly charged with it. Is this dangerous, or might it account for vague symptoms otherwise reasonably attributable to advancing years, or for a mild irritating cough?*

A.—Paradichlorobenzene is not usually considered to be a particularly toxic substance, though it is a narcotic and a liver poison. Inhalation of vapour is said to lead to headache, dizziness, and vomiting in sensitive people. I have been able to find only one reference in the literature to occupational poisoning among those handling the material. Wallgren¹ has recently reported poisoning in eight workers producing it. The symptoms were loss of appetite and weight and irritation of the eyes and throat. There were also increased reflexes, fine finger tremors, and some degree of methaemoglobinaemia. More serious, however, is a single report² of two women both excessively exposed at home who developed cataract after an attack of jaundice a year previously. The significance of these observations might be questioned in view of the widespread use of paradichlorobenzene, but in any case a reduction of the hazard should be relatively easy to achieve.

REFERENCES

- ¹ *Zbl. ArbMed. ArbSchutz.*, 1953, 3, 14.
- ² Berliner, M. L., *Arch. Ophthalm.*, 1939, 22, 1023.

Magnesium

Q.—*What is known about the magnesium requirements of man? Does deficiency or excess of this element lead to any ill-effects and, if so, what?*

A.—The usual dietary intake of magnesium is 0.2 to 0.6 g. (15–50 mEq) daily. The minimal requirement of magnesium in man is not known with any accuracy. In animals, deprivation of magnesium has been shown to cause tetany associated with low serum levels of magnesium. In man, the absence of a normal diet during prolonged parenteral feeding has been shown to lead to low serum levels of magnesium; the tremor in delirium tremens has been attributed to magnesium deficiency induced by anorexia, and low values of serum magnesium have been associated with it. Although magnesium is present in a considerable amount in cells, the effects of a cellular deficiency of magnesium in man are not known. High serum levels of magnesium can lead to stupor and coma. Magnesium in the diet could scarcely be adequate to produce this effect, but the giving of magnesium salts to patients with renal failure may elevate the serum level and so accentuate drowsiness.

NOTES AND COMMENTS

Lepers in Revolt.—Dr. M. G. CORCOS (Trinidad, B.W.I.) writes: "In your number of January 15, on p. 175, under 'Medical News' appears the paragraph headed 'Lepers in Revolt,' in which you correctly quote newspaper reports concerning myself. The incident did in fact occur, and has been followed by a considerable amount of publicity in both the world press and in the local press, most of it unfortunately highly favourable to me. I would be very grateful, therefore, if in fairness to me you could see your way to publishing the following disclaimer:

"Subsequently to January 7, 1955, a number of articles, letters, and reports have been appearing in the lay press, some purporting to give my views and practices in the treatment of leprosy patients and in leprosy control, and some including statements by patients and other persons lauding me, my views, and my actions. Please note that none of the articles, letters, and reports purporting to give my views and practices has been or will be published with my written, spoken, or implied consent. Many of the views and practices are not necessarily my own, and are in any case held and practised by a large number of medical practitioners, nurses, and medical auxiliaries throughout the world, as well as by various bodies interested in leprosy and leprosy control, including the World Health Organization. The laudatory statements, articles, letters, and reports by patients and others have been, and will be, in no way solicited by me, and have been, and will be, published without my written, spoken, or implied consent."

Burns from Petroleum Bitumen and Paraffin Wax.—Arising from the reply to the question on the treatment of pitch and tar burns ("Any Questions?" November 27, 1954, p. 1306), it has been asked whether the same treatment would be applicable to burns from petroleum bitumen and paraffin wax. OUR EXPERT replies that the treatment described is equally suitable for these types of burn.

Technique of Artificial Insemination.—Dr. JOAN MALLESON (London, N.W.1) writes: There is a slight error in the reference to the use of the insemination syringe ("Any Questions?" January 29, p. 301). Any apparatus such as this, dealing with sperms, should be washed in plain water and dried in air. A sediment of soap is most detrimental to sperm life. The syringe and glass vessel also need warming, in the axilla, to blood heat, for cold glass is a shock to spermatozoa. Full details of the use of the syringe have been published.¹

REFERENCE

- ¹ *Practitioner*, 1952, 169, 161.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Aitology, Westcent, London*. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Authors desiring REPRINTS should communicate with the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1, on receipt of proofs. ADVERTISEMENTS should be addressed to the Advertisement Manager, B.M.A. House, Tavistock Square, London, W.C.1 (hours 9 a.m. to 5 p.m.). TELEPHONE: EUSTON 4499. TELEGRAMS: *Brimedads, Westcent, London*. MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the Association, TELEPHONE: EUSTON 4499. TELEGRAMS: *Medisecra, Westcent, London*. B.M.A. SCOTTISH OFFICE: 7, Drumshugh Gardens, Edinburgh.