as relative position in the family, family predispositions, and both maternal and paternal histories seem to have a bearing, it is advisable to take considerable trouble over it. This last appears to me more to help the parents in understanding the child and, although it may appear time-consuming, does not need repetition if recorded, and after a little practice can be condensed a little.

Although one cannot plot the attacks and get a pure mathematical curve, a rough plotting of attacks and severity seems to indicate the presence of a number of factors producing a peak at each attack; also as the "syndrome" is brought under control (or "grown out of") then the frequency decreases and also the severity—a very useful pointer to effectiveness of therapy. As well as aspirin and phenobarbitone (or chloral), I have found atropine (tinct. belladonnae) most helpful, as well as citrate. The evaluation of this aspect of treatment is extremely difficult, as so much depends on the initial removal of anxiety in the household. As Dr. Kempton points out, trigger causes are common, and attention should not be diverted by these from the main issues. Diet between attacks seems to be as important in the prevention as anything; if the *relative* protein intake is raised the actual amounts will often look after themselves, but fats will be better tolerated if this is kept in mind.—I am, etc.,

Clapham, Lancs. J. A. FARRER.

SIR,—I read the article by Dr. J. J. Kempton on the periodic syndrome (*Journal*, January 14, p. 83) with great interest, and am prompted to mention a condition with which I was afflicted for most of my childhood years.

Every time the weather changed suddenly from warm to cold, or so it seemed, I would be laid low with an attack of vomiting. Such an attack would come without any prodromal symptoms, and would usually begin by my awakening about 1 a.m. violently retching. Once vomiting began, it would continue for many hours, regularly every half-hour for five or ten minutes on each occasion, until nothing but pure bile remained to come up. Eventually the vomiting would cease when my abdominal muscles were tender with fatigue, but I knew better than to take anything by mouth except sugar dissolved in cold water for another 12 hours, in case such provoked further vomiting. The attacks continued for many years, summer and winter, in spite of strenuous efforts to avoid catching "stomach chills," but later the pattern gradually changed, the vomiting became less persistent, and diarrhoea, sometimes with abdominal colic, would follow 12 hours later and continue for 24 hours or so unless treated with kaolin. At about 16 years of age I ceased to take these "chills," but the last few were notable for the curious prodromal symptom of foul-tasting eructations some six hours before vomiting began. The taste was like one I would expect from dyspepsia after a meal of fried eggs, but much stronger and more unpleasant. The other symptoms Dr. Kempton mentions (pyrexia, abdominal pain, headache) were usually absent. I must admit that the personality description was fairly typical, and I also suffered from travel sickness until about 7 years of age. I am never now troubled with headaches, however.—I am, etc.,

Paisley. J. H. MITCHELL.

## Chronic Perionychia

SIR,—In reply to Dr. G. Whitwell's letter (*Journal*, January 14, p. 113) on perionychia, nail-folds which have a complete circumference occur in the dog and cat. A circular swelling of the nail-bed in the dog causes a condition that bears some similarity to perionychia in man.

Treatment is empirical, and we apply, with excellent results, tinct. chloramphenicol. and bandaging of the foot to prevent the continual damage inflicted by licking. This bandage is left on for a period of four days. There is no nail-fold as such in the sheep or bovine. Foot-rot in sheep is very common and contagious, and tinct. chloramphenicol. applied with a brush is a most spectacular and effective treatment. "Foul" in the bovine affects the interdigital space, and is clinically cured within 48 hours by the subcutaneous injection of 150 ml. of 33⅓% solution of sulphadimidine.—I am, etc.,

Coventry. R. W. J. KNIGHT.

## Vitamin A in Hyperkeratosis of Heel

SIR,—Mr. R. E. Tottenham (*Journal*, January 7, p. 46) gives an account of the cure of a case of hyperkeratosis of the heel with vitamin A. Recently I saw a patient who complained of impaired twilight vision for many years, hyperkeratosis of the edges of both heels, and grossly ridged, concave thin nails: his skin was otherwise normal, there were no Bitot's spots, he was in good health, and his diet was excellent. On 24,000 I.U. of vitamin A daily his vision has become normal, his heels nearly so, and his nails greatly improved.—I am, etc.,

London, W.1. FRANKLIN BICKNELL.

## Intra-arterial Thiopentone

SIR,—The practice of placing the bevel of the needle facing downwards, advocated by Dr. Brian D. Johnson (*Journal*, January 14, p. 111), is one that I have followed for some years when giving intravenous injections. I would like to draw attention to a further safeguard against accidental intra-arterial or subcutaneous injections of drugs which this position of the needle allows. By elevating the anterior wall of the vein upon the indwelling needle at the time of injection, the vein is lifted clear of underlying structures, and any subcutaneous extravasation of fluid will become immediately apparent as a superficial swelling over the point of the needle. Only by employing the downward-facing position of the bevel can this advantage be gained, as the reverse position will result in occlusion of the needle's orifice by the anterior wall of the vein.—I am, etc.,

London, W.2. HARRY L. THORNTON.

## Ban on Heroin

SIR,—Dr. C. W. Walker (*Journal*, January 21, p. 170) writes, in discussing the ban on heroin, "I hope you will remember that the Government represents the people who are our patients, and that we are the servants of our patients and not their masters." This, Sir, with its implication that we must obey the dictates of a government and not our consciences as doctors in matters affecting the treatment of our patients (and if the statement does not mean this, then it is meaningless) is, I suggest, a thoroughly pernicious doctrine. I cannot believe that it was written other than thoughtlessly, for if accepted it justifies the atrocities which were carried out by some doctors in Nazi Germany. It is a doctrine that we as doctors can never support.

Dr. Walker goes on to remind us that his freedom to shoot anyone he dislikes is restricted for the good of society and suggests that the same principle might apply to the manufacture of heroin. There is, of course, not the slightest similarity between the two cases. The first is a freedom that has never been enjoyed in any civilized community; it is contrary to any code of ethics. How can that freedom possibly be likened to the freedom to administer or to manufacture, under proper control, a drug such as heroin?

He is, of course, quite right when he says that it is necessary to restrict some freedoms in order to gain others more important. But it is of vital importance, particularly in these days when the State controls so much of all our lives, that no freedom should be given up unless it is proved to the hilt, first, that it is essential to restrict it, and, secondly, that no method other than restriction could achieve the same result. Our views on the case for the ban on heroin should be arrived at by considering whether those two proofs have been given.—I am, etc.,

Manchester. BASIL LEE.