

of insomnia, vomiting, tremors, muscle twitching, overt anxiety, anorexia, and ataxia. Eight patients showed a picture of hallucinosis with marked anxiety and tremors much resembling delirium tremens. Three patients developed grand mal seizures.

Both the effects and the withdrawal syndrome of meprobamate at both dose levels are statistically significant when compared with placebo in this study. We hope to publish the actual figures and further details as soon as possible. Meanwhile, we feel justified in concluding that meprobamate closely simulates the barbiturates. It would therefore seem wise to start the drug slowly and to discontinue it slowly in order to prevent the occurrence of withdrawal symptoms which might be mistaken by patients or physicians for psychoneurotic symptoms. The possibility of habituation to meprobamate should be kept in mind, and patients should be warned against excessive self-medication. A more refined study of this problem is now under way and will be reported when completed. In particular we are interested in the effects of administration of smaller doses of meprobamate for longer periods of time.—We are, etc.,

JOHN A. EWING.  
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#### REFERENCES

- <sup>1</sup> *Brit. med. J.*, 1956, 2, 1227.
- <sup>2</sup> Ewing, J. A., and Fullilove, R. E., *New Engl. J. Med.*, 1957, 257, 76.

### Drug Firm Representatives

SIR,—There seem to be two schools of thought among doctors regarding medical representatives. Many welcome the visits of a good representative. In recent years organic and physical chemistry has made immense strides, and has far outstripped the modest amount of chemistry in the medical curriculum. If a specialist be defined as one who knows more and more about less and less, the G.P. is inevitably coming to know less and less about more and more. Few doctors have time to study medical reports in the *British Medical Journal* and *Lancet*, and many have come to regard a good representative as a guide, philosopher, and friend who will keep them in touch with advances in chemotherapy.

There are, of course, good representatives and "not so good," and a competent receptionist will screen the sheep from the goats with a tactful, "I am afraid Dr. X is too busy to see you just now." The publicity methods of one or two firms may not commend themselves. Not all firms send out vast numbers of samples, preferring to provide a substantial quantity of a new drug for controlled clinical trial. It is a matter of controversy whether the distribution of samples and literature raises the cost of the product. In the advertising world it is accepted that advertising can, and often does, result in reduced costs by increasing demand and fostering large-scale production. It is a fact that the wholesale prices of practically all important new drugs have fallen as demand increases. The talk about "super salesmen" is somewhat off the mark. Representatives sell nothing, but try to interest the doctor in certain products. If they exaggerate or misrepresent the value of the drugs they are likely to do their firm a disservice. While we might wish for more restraint in some directions the conclusion is that representatives who know their job and have good products to offer can be of great help to the medical profession.—I am, etc.,

Horsham, Sussex.

F. F. MARCHBANK.

SIR,—I have followed this correspondence with great interest, as I regard the activity of these gentlemen as almost as great a problem as that of pharmaceutical literature. Following my article in the *Supplement* (July 13, 1957, p. 7), Mr. G. Raine (*Supplement*, July 27, 1957, p. 76) made an excellent suggestion of a composite committee (which in addition I feel should also have a representative from the College of General Practitioners) to administer my scheme and to act also as a means of recommending those products which are essentially ethical.

I most heartily agree with Dr. E. C. Atkinson (*Journal*, December 28, 1957, p. 1545) that the Ministry of Health should be made to do more in this respect and actively do battle with the super-salesman tactics that go on, rather than passively sit on committees, etc. If the Ministry were to administer my scheme or agree to a similar one suggested by Mr. Raine, what bliss life would be: only standard reference cards would come by post (which we could retain and file or discard in each case as we thought fit) and very little else—the pharmaceutical firms would almost certainly find that the other types of verbiage were no longer worth while. Gone would be the problem of coping with extravagant verbosity, of which the weight in the case of our partnership of two in the first six months of last year (throwing out all obvious duplicates of the same mailing) was 37 lb. 6½ oz. (17 kg.), consisting of 723 recorded mailing items advertising 926 pharmaceutical products.

The industry is only yielding slowly to our obvious need in this respect. If the Ministry of Health were to threaten them with nationalization, they might well all fall into line in respect of literature and salesmanship. It is to be greatly hoped that the medical profession (and in particular the B.M.A.) will continue this crusade (with, we hope, help from the Ministry of Health) to get the pharmaceutical industry to revise their present sales methods.—I am, etc.,

London, W.12.

JOHN D. W. WHITNEY.

### Epistaxis

SIR,—Dr. R. Thomas deserves the support of all general practitioners in his plea (*Journal*, December 14, p. 1435) for the treatment of epistaxis in the patient's home. May I add some suggestions? Since it is helpful to know exactly how much blood has been lost, the responsible relative is advised to let all blood drop into a bowl. The bowl is best placed on a table, the patient being seated and provided with suitable reading material for psychological reasons. If the patient is in bed the bowl will serve well, and prevent a gruesome soiling of the bedclothes. Instructions are given that no blood must be thrown away, and no antiseptic fluid placed in the bowl. In assessing the amount of blood lost, allowance is made for admixture of saliva.

Proper packing of a bleeding nostril is a fine surgical feat and gives great satisfaction when successful. The alternative method, using a rubber finger-stall held to a catheter by a rubber band, is also effective. The rubber band can be slipped off the catheter on to the neck of the inflated finger-stall. A strip of adhesive plaster will then keep the balloon in place. The sphygmomanometer pump may also be used to inflate the finger-stall. Other advice which is worth mentioning is that clots hanging from the nose should be cut off at the nostril with scissors. The nose should not be blown during the attack. Drinks are given through a straw, thus avoiding the necessity to lift the head from the bowl. Cold packs well wrung out are useful and do not soil furniture by splashing and dripping.—I am, etc.,

Hornchurch, Essex.

I. H. J. BOURNE.

### Treatment of Cervical Erosion

SIR,—I have read with interest Dr. R. G. Emerson's clear and detailed review entitled "Cold Conization with Spencer's Trachelotome for Cervical Erosion" (*Journal*, November 30, 1957, p. 1284), which analyses the results of 35 operations. In view of the many severe complications described, I do not consider the results favour this method.

I should like to describe a very simple method of treatment which was employed at the gynaecological department of the University of Warsaw before the last world war, with excellent results. This consisted in inserting as large a Fergusson's speculum into the vagina as possible, and instilling 10 ml. of a 0.5% solution of silver nitrate into its lumen. By gentle manipulation of the speculum it was then possible to paint every aspect of the vaginal walls, using a swab of sterile cotton held in uterine forceps. Very often erosion was associated with inflammation of the