of working is "based on the principle of minimal contact with skin irritants," and then he goes on to say that enormous numbers of his patients suffering from minor injuries are being treated with local applications of recognized skin sensitizers—acriflavine, proflavine, and penicillin. I was astonished to read that Collier had not found a single case of sensitization dermatitis among 149,680 patients so treated. Surely this must be an exceptional finding, as dermatitis medicamentosa due to these agents is very common indeed —for example, Dr. H. R. Vickers's 87 cases among 250 steel workers (*Journal*, January 25, p. 199).

Medicaments such as penicillin cream applied to minor injuries will certainly "cure" them, but probably no more rapidly than Mother Nature working alone. Sensitizers applied to the skin do not necessarily produce any immediate primary irritant effect on the skin, but the first stage of an allergic process may be thus established. Then at some later date when the sensitizer is used again for some other condition the process is completed, and an acute sensitization eruption develops. This can be of great severity and spread with alarming rapidity. At this stage past trivial injuries and their treatment are readily forgotten or dismissed as being of no importance. If Dr. Collier, who obviously keeps very meticulous records, could follow-up his ex-patients who have perhaps left his factory, or who have attended their N.H.S. doctors or hospitals, he might find that many of them have indeed suffered from sensitization dermatitis. This would occur as a complication of some disease for which an unsuspecting practitioner had prescribed the agent to which the patient had become sensitized (owing to his treatment at the aero-engine first-aid post).

I cannot emphasize too strongly that indiscriminate local treatment of trivial injuries with potential sensitizers is a practice to be deprecated.—I am, etc.,

London, W.1 BENTLEY PHILLIPS.

REFERENCE

1 Phillips, B., *Practitioner*, 1954, 172, 531.

Toxic Effects of Meprobamate

SIR,—Dr. John A. Ewing and Mr. Thomas M. Haizlip (*Journal*, January 18, p. 160) have proved that meprobamate is a drug of addiction and that withdrawal symptoms similar to those occurring in barbiturate addiction occur in meprobamate addiction. Unfortunately, fits and confusional psychoses are unpleasant and to some degree may endanger life. From the work on barbiturate addiction one could foresee that such withdrawal symptoms as fits and psychoses would occur in meprobamate addiction. As Dr. Ewing and Mr. Haizlip carried out their investigations on chronic psychiatric patients, one would like to know if the risks of this investigation were explained to these patients, and if those patients were able to appreciate these risks.—I am, etc.,

Edinburgh, 10. FRANK FISH.

*** We showed this letter to Dr. Ewing and Mr. Haizlip, whose reply follows.—ED., *B.M.J.*

SIR,—We have seen Dr. Fish's letter concerning our meprobamate study, and wish to reply as follows. Our letter (*Journal*, January 18, p. 160) stated clearly that only "chronic but *co-operative* psychiatric patients" were used. Patients who did not wish to participate in the study were not included. As for explaining the risks involved, how could we do so when they were not known? These patients had previously been medicated with other tranquillizers, and our study in the first place was only a continuation of this accepted method of treatment. Under the careful medical conditions employed, the actual risk to our patients was minimal and not so great as in other psychiatric treatments such as prolonged narcosis, insulin coma therapy, or E.C.T.

Meprobamate has been used in enormous quantities. For example, in Japan it is sold over the counter without prescription—3.5 million dollars' worth in 1957.[1] When we were planning this work the literature available to us, including some experimental studies with humans, stated that physical dependence and severe withdrawal symptoms did not occur. We regret that we did not have the benefit of Dr. Fish's foresight that "such withdrawal symptoms as fits and psychoses would occur in meprobamate addiction." Unfortunately he has not published this information so far as we know.

Our study replaces a mere surmise with objective facts. We believe the symptoms described were the result of meprobamate withdrawal. Such an association, even though statistically significant, does not completely demonstrate a cause-and-effect relationship. Certainly, therefore, further studies will be done and we feel that our own results indicate now the need to explain the element of risk to future subjects.—We are, etc.,

JOHN A. EWING.

North Carolina, U.S.A. THOMAS M. HAIZLIP.

REFERENCE

1 *Time*, February 17, p. 44.

The Misnamed Stethoscope

SIR,—Dr. F. R. Langmaid (*Journal*, October 19, 1957, p. 943) thinks the stethoscope "misnamed." The Ancient Greek root σκοπεῖν means "to examine" (Liddell and Scott, *Greek-English Lexicon*). But it has been rendered in various ways, as in Luke xi. 35, "take heed"; Rom. xvi. 17, "mark"; 2 Cor. iv. 18, "look at"; Gal. vi. 1, "overtake"; and Phil. ii. 4, "look on," and iii. 17, "mark" (Authorized Version). Furthermore, although the word "stethophone" has been used twice (*Oxford English Dictionary*, vol. 9, 1919, p. 933), this word has not ousted that originated by Laennec. —I am, etc.,

Surfers' Paradise, Queensland. N. W. MARKWELL.

Obscure Abdominal Pain

SIR,—Mr. F. R. Brown (*Journal*, February 22, p. 462) is surely rather harsh on Dr. R. T. D. FitzGerald (*Journal*, January 4, p. 42) when he criticizes what he describes as the latter's surprising diagnostic mistakes. I feel sure that no doctor needs to be reminded of what he was taught about the localization of a pain of visceral origin. Nevertheless all clinicians of experience must have observed variations in the distribution of strictly visceral pain. Perhaps Mr. Brown would like to explain why the initial pain of acute appendicitis is sometimes localized high in the epigastrium or even (despite his remarks about Dr. FitzGerald's case) in the right iliac fossa. And pray, why ever should not pain in the left hypochondrium sometimes be due to indigestion?—I am, etc.,

London, W.1. R. S. MURLEY.

Seat Belts for the Motorist

SIR,—In your issue of January 4 (p. 41) Mr. L. W. Lauste asks whether a study of the mechanism of injury in motor-car accidents has been made in this country. An investigation of this kind has been in progress at the Road Research Laboratory of the Department of Scientific and Industrial Research for the past year. A team of investigators visits the scene of accidents in the neighbourhood and collects on-the-spot information concerning the mechanical and physical aspects of the accident. Medical data are also being obtained, through the co-operation of the Medical Research Council, from the local hospitals, so that the complete picture may be pieced together. Evidence on the probable value of seat belts and on many features of accidents is thus being slowly assembled.

Your correspondent may also be interested in a recent publication from this laboratory, *Research on Injuries Sustained in Road Accidents*,[1] which summarizes American work on motor-car crash injuries.—I am, etc.,

Harmondsworth, Midd'esex. W. H. GLANVILLE,
Director,
Road Research Laboratory, D.S.I.R.

REFERENCE

1 Road Research Technical Paper, No. 37, 1956. H.M.S.O., London.