

Hypnotherapy for Refractive Errors

Q.—*I have recently been requested to give an opinion on the possibilities of hypnotherapy in the treatment of errors of refraction. I should appreciate your views.*

A.—Any patient *completely* under the spell of a hypnotist might be relieved from symptoms, even if he were the victim of a perforated duodenal ulcer. In the same limited sense we can agree that symptoms arising from refractive errors can be suspended by hypnosis. Hypnosis would not, however, change the refraction, and it is not a reputable method of treatment for optical defects.

Adrenochrome Monosemicarbazone in Dental Haemorrhage

Q.—*What is the value of "adrenoxyl" (adrenochrome monosemicarbazone) in preventing dental haemorrhage?*

A.—Several articles have been published by clinicians attributing haemostatic properties to adrenoxyl in dental surgery. Double blind experiments on patients and animal experiments have failed, however, to substantiate this, and indicate that it is probably of no value.

Purple Ring with Benedict's Test

Q.—*Sometimes with Benedict's test for glycosuria a very dark purple ring is formed at the surface of the solution while it is still cold. In such cases the solution has usually gone turbid and green when boiled, from which I have presumed that a small amount of sugar is present. What is the significance of the purple ring?*

A.—These colour reactions can be produced by a variety of chemical substances, and it is important to know the reaction of the urine in the cases referred to. If, as is likely, the urine was alkaline, then the most probable cause is proteinuria, which would account both for the purple ring and for the green turbidity on boiling.

Fat Balance in Fat Malabsorption in Children

Q.—*For estimating whether steatorrhoea is present in an adult the usual screening test employed in the first instance is that on an average diet of 50 to 150 g. of fat per day total faecal fat of more than 7 g. indicates malabsorption. What is the generally accepted way to assess a similar patient in the age-group birth to 5 years, especially in a case where milk products constitute most of the diet? If one can assess the total fat intake, is there a threshold above which the ratio of fat intake to faecal fat should not normally rise, and are estimations of the ratio of split to unsplit fat of any value? I am thinking particularly of cases in the first year of life in which the question of mild fibrocystic disease of the pancreas arises, and when simple analysis of duodenal juice suggests that tryptic activity is normal.*

A.—Different experts tend to hold different ideas on the best way of carrying out a fat balance on a child, but in general a balance of three to five days in which over 90% of the dietary fat is absorbed may be considered normal. The absorption in an adult is nearer 95%, but in smaller children and infants anything above 90% is probably acceptable as being within the normal limit. Certainly a total faecal fat excretion in any single day is of no value in indicating the possibility of malabsorption, and any method short of a detailed fat balance can lead to serious error. Estimations of the ratio of split to unsplit fat are of little value, and from the practical and diagnostic point of view of no value. A few people, after much experience, are able to give a very good appraisal of the possibilities of steatorrhoea by microscopic examination of the stools when there is a marked excess of fat globules or of undigested muscle fibres, but this test, in the absence of a very experienced expert, is also liable to lead to misdiagnosis.

Simple analysis of the duodenal juice, if an alkaline and yellow juice has been obtained, is a very reliable test in the diagnosis of cystic fibrosis of the pancreas, and if the tryptic activity under those conditions is normal the diagnosis of this condition has been almost excluded. A further test of simplicity is the finger sweat test, and if a further confirmation of the diagnosis is needed a complete sweat test with analysis of the content of sodium and chloride of the sweat is advisable.

Qualified Privilege of Medical Records

Q.—*A patient confided in the course of a normal medical examination and history taking that he was a homosexual. Might an entry of this important information on his N.H.S. medical record card possibly lead to legal proceedings against the patient or to an action for libel against the doctor?*

A.—It would be quite in order for a doctor to enter on a patient's record card that the patient "says he is a homosexual." The mere fact that the patient admits that he is a homosexual does not in itself indicate that he has committed a criminal offence. In any event, an entry recorded by a doctor on a patient's record card is covered by qualified privilege and would not be actionable unless it could be shown that the statement was actuated by malice.

NOTES AND COMMENTS

Nettle-sting for Rheumatism.—Mr. J. R. M. WHIGHAM (London S.W.1) writes: An acquaintance of mine went with his wife to France very recently on a hard-earned holiday. On the first day she developed what she described as "excruciating lumbago." She very reluctantly decided to return home. When the hotel proprietor was told of this he asked if he might be permitted to treat her. This he did by applying nettles as mentioned by your questioner ("Any Questions?" July 29, p. 323). The result—immediate and complete relief. Floreat grandmamma!

Corrections.—In Table I of the paper on methoserpidine by Dr. Mary Holt (August 12, p. 415), the word "failure" should have appeared instead of the word "fair" in the column headed "Response." In Table IV, the final entry in the last column—"Sense of unreality, 1, Nausea, 1"—applies to Read's series and not to the present series. In the second line of the final paragraph of the discussion, the word hypertensive was printed instead of hypotensive.

In our report of the address commemorating the centenary of the birth of Sir Almroth Wright (*Journal*, August 19, p. 516) we wrongly described the speaker, Brigadier L. R. S. MacFarlane, as professor of pathology at the Royal Army Medical College, Millbank. Brigadier MacFarlane no longer holds this chair, being now director of pathology at the War Office. The present professor of pathology at the Royal Army Medical College is Colonel H. C. Jeffrey.

The price of "skefron" is 8s. 6d. for a 5 fl. oz. container, not 10s. 5d. as shown in "To-day's Drugs" (August 12, p. 451).

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