

pneumococci and staphylococci are more susceptible to chlortetracycline than to tetracycline or oxytetracycline, and *Pseudomonas pyocyanea* is usually more susceptible to oxytetracycline than to the other two. There are also differences in the levels attained in the blood and the degree of penetration into the cerebrospinal fluid which somewhat favour tetracycline. Thirdly, there are said to be differences in liability to cause side-effects which again favour tetracycline. The questioner does not mention demethylchlortetracycline: this has in general a higher antibacterial activity than any of the other three and is more slowly excreted, with the result that adequate concentrations can be maintained in the blood with smaller or less frequent doses. The fifth day is about the time when superinfection with *Candida albicans* may first become manifest during treatment with a tetracycline. If it is known that the course is unlikely to exceed five days, it seems scarcely worth while to administer nystatin as well from the beginning: it can always be given later should any symptoms of *Candida* infection develop.

#### Prolonged Use of Amphetamines

**Q.**—A middle-aged woman has been taking dexamphetamine sulphate and amylobarbitone combined, in the form of "drinamyl" tablets, one twice daily, for a year. Would it be harmful for her to continue on this dosage indefinitely, or should she be put on some preparation without amphetamine?

**A.**—A recent leading article in the *Journal*<sup>1</sup> stated that preparations containing small doses of the amphetamines with a barbiturate have a place in the treatment of the milder forms of depression, though a tendency to addiction is a worrying feature. True addiction to the amphetamines probably does not occur, but there is no doubt that patients do become both tolerant and habituated to them. With this exception, there would appear to be no particular reason why this preparation should not be continued indefinitely. Cumulative side-effects from the long-term use of dexamphetamine in therapeutic doses are rare.<sup>2</sup> Leake<sup>3</sup> comments that clinical experience has abundantly confirmed laboratory studies that the amphetamines are relatively safe and that dexamphetamine is the one with the greatest safety margin. He quotes instances in which dexamphetamine has been given in therapeutic doses for as long as nine years without any ill effect. It should be appreciated, however, that when used in this way—i.e., in a small dose continuously—dexamphetamine is being used more as a psychological crutch than for any pharmacological effect, which is probably no greater than that of an additional cup of strong tea or coffee.

#### REFERENCES

- <sup>1</sup> *Brit. med. J.*, 1960, 1, 178.
- <sup>2</sup> *Ibid.*, 1955, 1, 679.
- <sup>3</sup> Leake, C. D., *The Amphetamines*, 1959. Charles C. Thomas, Springfield, Ill.

#### Nylon Hairbrushes

**Q.**—Is the use of nylon hairbrushes harmful to the hair?

**A.**—Dr. Agnes Savill drew attention<sup>1</sup> to the effect of nylon brushes on the hair. Brushing with nylon brushes can have the effect of pulling some hairs out by the roots and of breaking others and fraying their ends. Since Dr. Savill drew attention to this condition most dermatologists have seen cases both in men and women where loss of hair has followed the vigorous use of a nylon brush. Sometimes, as a result of the loss of hair, the brush is plied even more vigorously for its supposed beneficial effect, but only to aggravate the condition. Once the nylon brush is discarded and the old-fashioned bristle brush used in its place, the hair may be expected to grow again.

#### REFERENCE

- <sup>1</sup> Savill, A., *Brit. J. Derm.*, 1958, 70, 296.

## NOTES AND COMMENTS

**Inheritance of Albinism.**—Dr. I. F. ANDERSON (Johannesburg) writes: In the "Any Questions?" section of the *Journal* (April 15, p. 1121) the inheritance of albinism is discussed. The bold statement is made that this recessive condition is not associated with any diminution of intelligence. It has been my impression, and I see that Fraser Roberts agrees,<sup>1</sup> that albinos manifest with mental deficiency somewhat more commonly than the general population. This probably somewhat remote association is worth bearing in mind when giving "genetic" advice to parents.

OUR EXPERT replies: I am grateful for Dr. Anderson's comment, which I find is a fairly widespread impression, but one which my own experience has not supported. It would not be surprising if there was an association sometimes of a gene producing mental abnormality with that for albinism. Dr. Fraser Roberts<sup>1</sup> gives no reference to support his statement that albinos manifest mental deficiency more commonly than the general population. Sorsby<sup>2</sup> does not mention the relationship, but Cockayne<sup>3</sup> quotes a number of instances of imbecility among the siblings of albinos. I have not been able so far to find any statistical evidence of the relationship of albinos and mental retardation, nor do albinos seem to find their way into institutions for the mentally subnormal more than very rarely. I wonder whether this impression has perhaps been caused by the educational retardation resulting from poor eyesight and deafness in some albinos.

#### REFERENCES

- <sup>1</sup> Fraser Roberts, J. A., *An Introduction to Medical Genetics*, 1960. Oxford University Press, London.
- <sup>2</sup> Sorsby, A., *Clinical Genetics*, 1953. Butterworth, London.
- <sup>3</sup> Cockayne, E. A., *Inherited Abnormalities of the Skin and Its Appendages*, 1933. Oxford University Press, London.

**Anaesthesia for Manual Removal of Placenta.**—Dr. A. MACKENZIE (Department of Anaesthetics, Royal Victoria Infirmary, Newcastle upon Tyne) writes: I find the last paragraph of your reply to the query about anaesthesia for manual removal of placenta ("Any Questions?" May 20, p. 1477) rather difficult to understand. If my interpretation of it is correct, however, it seems to me that the administration of morphine gr.  $\frac{1}{4}$  (16 mg.) intravenously to a patient in severe haemorrhagic shock could be a very hazardous proceeding, particularly in the absence of adequate resuscitative equipment, which is implied. There are two great advantages of using the intravenous route in these circumstances: first, the certainty of absorption; and, secondly, the ability, given time and adequate dilution of dosage, to administer *enough* rather than a set dose which must be a guess. Having encountered respiratory and circulatory depression of sufficient degree to warrant artificial respiration and active resuscitation after the intravenous administration of pethidine 100 mg. during labour to an otherwise fit patient, I am prompted to make this point.

**Corrections.**—In his article "Neonatal Tetanus in Sierra Leone" (June 17, p. 1721) Dr. J. L. Wilkinson, referring (p. 1723) to approximate dosage of chlorpromazine given, should have written "approximately 22 mg./kg. (10 mg./lb.) to start with, declining to 11 mg./kg. (5 mg./lb.) daily later, in divided doses."

In the "To-day's Drugs" comment on long-acting sulphonamides (September 9, p. 704) once-daily dosage was suggested. For sulphaphenazole ("orisulf") this should have been twice-daily dosage (*Supplement to the Extra Pharmacopoeia*, 1961).

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