

**Portable Pharmacy**

SIR,—I have a portable pharmacy comprising a mahogany brassbound box about 7 in. (17.5 cm.) square with a drawer at the base which contains pestle and mortar and a tortoiseshell case with two folding-handled knives about 1½ in. (3.7 cm.) long. The top half of the box holds ten bottles for powders and liquids. This is contained in a leather case and was probably carried round to the patient's house and the medicine made up by the doctor on the spot.

I am anxious to find out the date when these were used and when they went out of use. If any of your readers can help me I shall be very grateful.—I am, etc.,

Eastbourne.

P. W. MATHEW.

**Hodgkin's Society**

SIR,—Having read Professor D. W. Smithers's excellent article on Hodgkin's disease (29 April, p. 263), I thought readers might be interested in the following story which I learnt about Hodgkin when I was in Israel at Easter.

Hodgkin died in the old city of Jaffa, and was buried there in the European Cemetery. Dr. Isaak, who is the chief surgeon at the Municipal Hospital in Jaffa, had the city searched systematically two years ago for this European Cemetery, which had disappeared. Eventually a walled enclosure was found which was completely overgrown with very tall grass and bracken, which when cleared revealed Hodgkin's tombstone.

Dr. Isaak formed a Hodgkin's Society in Jaffa, and thought it would be a nice idea to start a London Branch. Should anyone be interested in this, perhaps they would get in touch with me.—I am, etc.,

1 and 4 Bury Street,  
London E.C.3.

R. P. GOULDEN.

**Compulsory Treatment of Addicts**

SIR,—I am sick and tired of writing to papers about this, and they must have got about as sick of me. I am all the more pleased that Dr. M. M. Glatt, of St. Bernard's Hospital (13 May, p. 444), and Dr. N. C. Lendon, of Cambridge (13 May, p. 444), have lent me their valuable support.

All that the new law is going to do is to put us in exactly the same position as the Americans, and we know how little success they have had. I was glad to see that a confirmed "pusher" was recently sentenced to 10 years' imprisonment. I do not know if this one long-term penalty will deter the rest, but I cannot but think a few such penalties would have an influence on at least the professional pusher, who is doing it for money and money alone. It seems to me exactly the same principle as burglary. If there are no fences there are no stolen goods.

There would have to be, of course, due warning before drastic penalties were put into operation, and it is difficult to conceive that the small-time pusher would continue his beastly trade if he knew that 10 years' gaol awaited him. Similarly, without the street pedlar the drug importer in a big way would have no outlet for his wares. It looks as if

importing is already under way. Some of my addicts have told me that powdered heroin has for the first time appeared on the black market instead of the usual sixth of a grain tablets.

Dr. Lendon asks if we dare recommend the 20–40 years' imprisonment compulsory for pedlars in Ohio, which has almost eliminated drug addiction from that State. The answer would be yes—ferverently—from the unhappy relatives and parents of this increasing mob of social derelicts.

Why on earth cannot we imitate the Americans where they succeed instead of where they fail?—I am, etc.,

London W.1.

A. J. HAWES.

**Stretch Nylon Dermatitis**

SIR,—Within the past year dermatologists have become aware of contact dermatitis produced by polyurethane elastomer.<sup>1,2</sup> The usual presentation of this is a contact dermatitis to a brassière or suspender girdle containing this elastomer. I report here an interesting case which may have some bearing on this matter.

Recently a female patient presented at the outpatient clinic having a rash on feet and ankles with extension on to the legs. The rash was suggestive of a contact dermatitis, and the history-taking was most rewarding. One year previously the patient had developed a severe rash on her chest and back after wearing a new brassière. She was seen by her own family physician at this time and diagnosed as having a contact dermatitis to her brassière. Presumably it contained the polyurethane elastomer. The rash disappeared after discarding the offending garment. She remained well until approximately three weeks prior to attending on this occasion. At this time she purchased a pair of stretch nylons, and these she herself incriminated as the cause of her present rash. A patch test to these stretch nylons was carried out and proved positive. She discontinued their use and the rash cleared.

The possibility that this rash could be due to sensitivity to dye in the stockings was considered. The fact, however, that she can now wear ordinary coloured nylon stockings of the non-stretch variety without ill-effect seems to disprove the dye factor as a cause.

I feel that this is yet another presentation of a sensitivity to the polyurethane elastomer or related substance, which presumably has been used in the manufacture of these stretch nylon stockings.—I am, etc.,

AGNESE M. T. KELLY.

Royal Victoria Hospital,  
Belfast.

## REFERENCES

- Allenby, C. F., Crow, K. D., Kirton, V., and Munro-Ashman, D., *Brit. med. J.*, 1966, **1**, 674.
- Morley, W. N., *ibid.*, 1966, **1**, 982.

**Duty Pathologist**

SIR,—As a one-time resident clinical pathologist I sympathize with Dr. D. B. Walsh's anger at his treatment by his colleagues in the wards (13 May, p. 447).

It may be of some consolation to him to hear that experience of emergency duty if approached intelligently makes the practical section of the Primary examination of the College of Pathologists less formidable.—I am, etc.,

Birmingham 15.

JANICE WENT.

**West Indian "Stomach"**

SIR,—Analysing 100 cases of complaints about the "stomach" from the West Indian section of my patients, I find a different distribution from that of the English patients. Some 35% had "nervous abdomen" and were treated with relief by administering either dicyclomine with phenobarbitone, or clidinium bromide. Thirty-three had urinary tract trouble such as cystitis, pyelitis, and similar complaints. Hookworm was found in 15. One was a case of pneumonia, and this brings to mind the fact that we must remember that a West Indian "stomach" often begins just below the neck, and a complaint of stomach trouble can, in fact, be chest trouble. The other 15 were upper abdominal and could be considered as the usual forms of indigestion, including peptic ulcers, and gall bladder trouble. In view of this finding, clearly the most common cause of abdominal pain in the West Indian seems to be either urinary infection or nervous abdomen, the third commonest condition being the usual run of indigestions equally with hookworm.—I am, etc.,

Luton,  
Bedfordshire.

K. A. TAYLOR.

**Drug Experts**

SIR,—There has been some correspondence recently on persons most suitably qualified to pronounce themselves experts on drugs. It appears to be developing into an argument about whether such people should have medical or pharmaceutical qualifications, widening still further the split which separates us. The truth is that none of us is or ever can be expert on all aspects of drugs. This field is now so vast that if we are to be honest we will admit that there are many spheres of both pharmacology and therapeutics, not to mention pharmacy, in which we are very ignorant. We are confused by the multiplicity and complexity of drug names, whether they be official, proprietary, or scientific; we are bewildered by the spate of knowledge being gained daily about their "side-effects," toxicity, incompatibilities, and their indications.

Such a person does not grace our earth who possesses all this information, or even knows where to find it. Many scientists agree that it is sometimes quicker to conduct an experiment than to look up the answer in the literature. Surely the only course is to admit our ignorance and express freely to our colleagues our desire to help the sick and the suffering. When workers in all the many aspects of medicine strive selflessly towards this goal then we shall more happily move further, safer, and faster—to the benefit of the profession and the patients, and to the acclaim of the onlooker.—I am, etc.,

W. K. PRESTWICH.

Meanwood Park Hospital,  
Leeds 6.