

Herpes Gestationis

Q.—*I have this week seen a case of herpes gestationis. History: First pregnancy—appearance of typical rash at fourth month; despite treatment crops of vesicles persisted to the end of the pregnancy and then cleared up spontaneously. Second pregnancy—as above. Third pregnancy, now five months gone—herpes appeared at fourth month and is running the usual course. (1) Will you please suggest treatment? She did not have serum last time; would you recommend this, as everything else was tried without success? (2) What is the explanation of this syndrome?*

A.—Herpes gestationis is distinguished from other cases of dermatitis herpetiformis only by the fact that it occurs during pregnancy. The cause of dermatitis herpetiformis is unknown, and the virus theory of its origin is as yet unproved. It is not known why pregnancy should have this influence in some cases.

It is very doubtful whether serum or autohaemotherapy really affects the disease, and the treatment of the pregnant patient should be the same as for dermatitis herpetiformis in general. Most cases will eventually yield to the administration of arsenic or sulphapyridine, and it would be as well in this case to make sure that adequate dosage was given before the treatment was abandoned. Local treatment is purely symptomatic, for the relief of irritation and the prevention of secondary sepsis.

Carbon Dioxide Slush

Q.—*How is carbon dioxide acetone slush prepared? How is it used in the treatment of naevi?*

A.—For the preparation of carbon dioxide slush, acetone and carbon dioxide snow are required. The latter is most conveniently made in the consulting-room with a "Sparklet" apparatus; the carbon dioxide ice used in a refrigerating plant is not satisfactory. The powdered snow is placed in a gallipot and a few drops of acetone added. The mixture is stirred with a glass or wooden rod so as to make slush of suitable consistence. It is then best applied to the skin with a camel-hair brush or a thin wisp of cotton-wool.

Carbon dioxide slush has its chief use in the treatment of superficial haemangiomas. It is easier to apply to a large or irregularly shaped area than solid carbon dioxide, but it has a more superficial effect because pressure cannot be applied as it can with a pencil of snow. Most of the haemangiomas which respond to carbon dioxide freezing extend to a moderate depth and are better treated with solid snow. On the other hand, the more superficial lesions are less responsive to treatment, so that slush has a rather limited use.

Fluorescent Lighting

Q.—*In an engineer's drawing-office the draughtsmen require a very good light. Is there any medical reason why a fluorescent lamp should not be brought down from the ceiling to within a couple of feet (60 cm.) of the table?*

A.—There is no medical reason why a fluorescent lamp should not be mounted as low as 2 ft. above a draughtsman's table, provided the draughtsman cannot ordinarily see the lamp itself and so be subjected to glare. Many of these lamps are used as low as this for illuminating bench work in factories, but they are fitted with trough reflectors which allow the light to reach the working area but screen the bright lamps from the workers' view.

Post-herpetic Neuralgia

Q.—*What is the best treatment of post-herpetic neuralgia (T 6 on the left side)? I have a case in which there has been no response to analgesics, aneurin, mixed vitamin-B preparations, short-wave diathermy, or deep x-ray.*

A.—Treatment of established post-herpetic neuralgia, especially in an elderly patient, is frequently unrewarding. There are usually two elements in the condition: paraes-

thesiae consisting of numbness, tingling, sensations of "crawling," etc., which are a constant source of discomfort rather than a major disability and which do not generally respond to any form of treatment; the second element of severe pain is on the whole less common, and when present may be intractable to treatment but occasionally is relieved by a posterior rhizotomy of several roots or antero-lateral chordotomy.

NOTES AND COMMENTS

Gadgets for the Armless.—ANOTHER EXPERT writes: I have a simpler gadget for holding a telephone to the ear which your questioner ("Any Questions?" December 8, 1951, p. 1413) may find useful. It is made from a slab of hard rubber 2 cm. thick and measures 8 cm. across its longest diameter. The accompanying photograph shows its shape. It fits on to the handle of the



telephone, which rests comfortably on the shoulder against the ear and near the mouth. Not only the armless may find this useful. Personally, I find two hands are not enough, and with this gadget, after a little practice, two hands are left free for writing, etc. Provided it is placed about the middle of the handle of the telephone, it is comfortable to use, and at the same time does not affect the position of the receiver on its stand.

Correction.—An unfortunate error occurred in our report (January 12, p. 102) of the contribution by Dr. D. K. Briggs (American Hospital of Paris, Neuilly-sur-Seine) to the meeting of the General Practice Section of the Royal Society of Medicine, held on December 19. Lines 3 and 4 of the report of his remarks (p. 103) should read: "... treatment was determined on considerations less purely scientific than those obtaining in research centres."

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