

used more frequently than vulcanite ones. Biopsies have been taken of the gums without providing any solution to the problem, and extensive gingivectomies undertaken in the hope of eradicating hypothetical sepsis have proved unsuccessful. The age of the patients naturally suggests that the endocrine changes of the menopause may be causative, and oestrogens are invariably given a trial, but usually are without benefit. In the belief that the condition may be due to a vitamin deficiency, nicotinic acid and vitamin-B complex have been tried in almost every case, and allergy has been invoked as an explanation, but antihistamine drugs are without effect. The possibility that some heavy metal such as mercury is being excreted by the salivary glands should not be overlooked. Diabetics and those suffering from pernicious anaemia occasionally complain of this symptom, and when this is so specific treatment usually leads to their complete relief. Naturally a psycho-neurosis has been invoked to explain most of the cases, and this may be so in some of them, but the truth is we know little about the condition and the treatment is empirical.

Post-mortem Removal of Eyes

Q.—*I should welcome advice on the post-mortem removal of eyes for later corneal grafting. (a) Am I right in believing that the consent of the executors is necessary, apart from the expressed wish of the deceased? (b) Is any eye with a healthy cornea suitable? (c) Must the eyes be removed within two hours of death to be of any use? (d) Into what solution should they be put? (e) To whom and where are the eyes to be sent? (f) Are there any special details of technique for this operation?*

A.—The answers to these questions are as follows:

(a) The consent of the executors is not necessary, but the eyes may not be removed if the surviving spouse or any surviving relative objects.

(b) The answer to this is yes, except where there is melanoma of the iris, glioma of the retina, or syphilis.

(c) Successful grafts have been obtained from eyes removed within 10 hours of death, but the sooner the eyes are removed the better the grafts are for optical purposes.

(d) The eyes should be placed in liquid paraffin in a sterile wide-mouthed stoppered jar, and kept in a refrigerator at 4° C.

(e) Eyes should be sent to the ophthalmic surgeon of the nearest centre at which corneal graft surgery is practised.

(f) There are no special details of technique in this operation except that the eyeball must not be opened. The standard technique of enucleation is used.

Treatment of Bed-wetting

Q.—*Is hypnosis useful in the treatment of bed-wetting?*

A.—Hypnosis, according to those who have practised it, is often useful in the treatment of bed-wetting. It is, of course, a symptomatic treatment, and should be applied only when the case has been investigated, an opinion reached about the causes of the bed-wetting, and a decision made that hypnosis is suitable.

Dyspeptic Constables and Others

Q.—*Can you give me any information on the incidence of peptic ulcers in policemen? A constable has advanced a claim that his ordinary duties have been a major factor in the development of a gastric ulcer, and I shall be glad of advice.*

A.—According to Ihre and Müller (*Acta med. scand.*, 1943, 116, 33) the proportion of policemen among male ulcer patients in Stockholm is the same as the proportion among all other male patients with medical illnesses—in each case 1%. No special study of policemen was made in the recent investigation into occupational factors in the aetiology of gastric and duodenal ulcers undertaken in this country (*Spec. Rep. Ser. med. Res. Coun. (Lond.)*, No. 276, 1951). The conclusion that "less variation of incidence

has been found than might have been expected, if conditions of work played an important role in the genesis of the disease" may, however, be relevant. This is perhaps particularly so since the ulcer in the case referred to in the question is a gastric ulcer. Anxiety about work appeared to be unduly common in subjects with duodenal ulcer, but not in subjects with gastric ulcer. No evidence could be obtained that shift work or irregular meals played an important part in the causation of either type of ulcer. The most striking finding with regard to gastric ulcer was its greater prevalence among the poorer social classes and decreasing incidence as economic status improved. This would not, presumably, be considered evidence that the conditions of a policeman's life conduced to the development of gastric ulcers. A review of the literature on occupational factors in peptic ulcers is included in the M.R.C. publication.

NOTES AND COMMENTS

Corneal Herpes.—Dr. C. HEATH and Dr. F. A. WHITLOCK (Truro) write: Your expert states that none of the new antibiotics has proved effective against the herpes group of infections ("Any Questions?" December 6, 1952, p. 1270). Surely it is recognized that the virus of herpes simplex is sensitive to aureomycin?^{1, 2, 3} It is true that, once established beneath the corneal epithelium, the infection may prove inaccessible to surface applications, but in suitable cases it may be controlled. Recently a child of eight months gravely ill with Kaposi's varicelliform eruption—a condition usually regarded as the result of herpes simplex infection superimposed on an infantile eczema⁴—was found to have widespread dendritic ulceration of both corneas. After treatment with aureomycin by mouth and oculent, aureomycin, and atropin, to the eyes, the child made a complete recovery, the corneas healing without developing other forms of herpetic keratitis and without scarring. It seems most unlikely that this would have occurred without benefit of aureomycin.

REFERENCES

1. Baer, R. L., and Miller, O. B. (1949). *J. invest. Derm.*, 13, 5.
2. Bereston, E. S. (1949). *Ibid.*, 13, 13.
3. McConachie, J. A., and Anderson, T. E. (1951). *Brit. J. Derm.*, 63, 307.
4. Ruchman, I., Dodd, K., and Welsh, A. L. (1947). *Arch. Derm. Syph.*, 56, 846.

OUR EXPERT writes: There is no critical evidence that aureomycin has any effect on the herpes virus. This is borne out by an immense literature, and is generally accepted by virus experts, though it is true that there are a number of clinical reports to the contrary. Experimentally all that has been claimed for the newer antibiotics has been that they may have some prophylactic or inhibiting action on the virus. Experimental studies on the eye have led to essentially the same negative conclusion (Geller and Thygeson, *Amer. J. Ophthalm.*, 1951, 34, 165; Hallett *et al.*, *Arch. Ophthalm. (Chicago)*, 1951, 46, 33). The case reported by your correspondents is interesting, but, like all isolated case reports, is open to more than one interpretation. My own clinical experience with herpes infections of the eye treated with the newer antibiotics has been distinctly disappointing.

Correction.—In a paragraph headed "Methorphan Scheduled" (January 3, p. 52) attention was drawn to an Order in Council relating to 3-methoxy-N-methylmorphinan. It was wrongly implied, however, that this substance was the same as methorphan. Methorphan is 3-hydroxy-N-methylmorphinan and it has been scheduled since July, 1951.

"Any Questions?" **Book: Second Series.**—This is now available, price 7s. 6d. (postage 6d. extra), from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Aitology, Westcent, London.* ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

Authors desiring REPRINTS should communicate with the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1, on receipt of proofs. Authors overseas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

ADVERTISEMENTS should be addressed to the Advertisement Manager, B.M.A. House, Tavistock Square, London, W.C.1 (hours 9 a.m. to 5 p.m.). TELEPHONE: EUSTON 4499. TELEGRAMS: *Britimedads, Westcent, London.*

MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the Association. TELEPHONE: EUSTON 4499. TELEGRAMS: *Medisecra, Westcent, London.*

B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.