

**Unpleasant Sensations and Thundery Weather**

**Q.**—*I should be grateful for information regarding the cause of those unpleasant vasomotor effects from which some people suffer in thundery weather or whenever the atmospheric pressure varies widely within short periods of time. The ones particularly for which advice would be appreciated are headache, nausea, dizziness, and the peculiar sinking feelings in the lower abdomen.*

**A.**—It is considered most unlikely that the unpleasant sensations described are directly due to barometric pressure changes. If the latter were sudden and marked it is possible that there would be some ear discomfort in the presence of a blocked eustachian tube, but there would be no more than slight deafness.

One cause of the symptoms described may be the great increase in relative humidity which occurs when the barometric pressure falls suddenly. This will greatly interfere with body heat loss, and the resultant vasomotor adjustments may be uncomfortable and disturbing, particularly in those with cardiac insufficiency, vasomotor instability, or excessive awareness of such changes. Finally, we are still very close to the primitive man who was no doubt frightened by the natural phenomena which often inaugurate violent storms. A conscious or subconscious fear of thunder and lightning, which is very common indeed, may also initiate these abnormal sensations, particularly the nausea and sinking feelings in the abdomen.

**Laryngeal Vertigo**

**Q.**—*What is laryngeal vertigo? Is there any treatment for this condition?*

**A.**—It was formerly thought that laryngeal vertigo was a disease in its own right, like Ménière's disease, but this is not so. It occurs as a rule in middle-aged men who are subject to a spasmodic type of cough. The episode may be provoked by eating or drinking, or by inhaling an irritant such as tobacco. Usually there is a fit of coughing, with spasm of the glottis, so that the combination of violent respiratory movements and complete closure of the glottis causes a violent variation in the cerebral circulation and momentary syncope. A detailed description of the physiological mechanisms in these cases has been given recently by Professor E. P. Sharpey-Schafer.<sup>1</sup>

Any causal condition in the respiratory tract should be treated, and care exercised in the choice of food and drink, if these are precipitating factors. Smoking should be forbidden.

## REFERENCE

<sup>1</sup> *British Medical Journal*, 1953, 2, 860.

**Iron Carbonyl**

**Q.**—*What are the toxic hazards of iron carbonyl? It is supplied as a liquid and added to the oil fuel used for certain diesel engines. Are any special precautions necessary in handling it?*

**A.**—Little information is available on the practical question raised here. All carbonyls split into the metal and carbon monoxide when sufficiently heated, and when mixed as vapour with air may even explode. The penta iron carbonyl which is referred to is regarded as being somewhat less toxic than nickel carbonyl and no cases of industrial poisoning have been reported.

Upon inhalation of the vapour, these carbonyls are thought to decompose with the liberation of carbon monoxide and a fine deposit of the metal over the surfaces of the alveoli. The immediate symptoms are likely to be those of dizziness, headaches, and difficulty in breathing, while some 12 hours later pulmonary oedema may develop.

Steps should be taken to see that the concentration of the vapour in the air is kept in the neighbourhood of 1 p.p.m., and fire risk must not be overlooked.

**Childbirth and Cataract**

**Q.**—*I have a patient, a young woman, who is shortly to be married. She is very worried because both her mother and her mother's sister developed severe cataracts after the birth of their first child. Both were about 30 years of age and apparently had completely normal pregnancies and confinements. There is no other relevant family history. Is post-natal cataract well known, and is there a special risk of my patient suffering from it if she has children?*

**A.**—Childbirth does not directly cause cataract. It is difficult to make any realistic comment upon the cataract which is said to have afflicted the patient's mother and aunt after the birth of their first children without having precise information about its type. If the cataracts were of the familial type, then the patient in question might well be implicated, irrespective of any pregnancy.

**NOTES AND COMMENTS**

**Facial Disfigurement after Dental Extractions.**—Mr. N. J. AINSWORTH (London, W.1) writes: I think that the question on facial disfigurement after dental extractions ("Any Questions?" December 19, 1953, p. 1388) was misunderstood by your expert. The vertical lines referred to were surely not the nasolabial groove but the fine furrows running vertically down to the vermilion edge of the lips. These are due to loss of skin elasticity and muscle tone: they are never seen in the young even with full or no dentures, and are only exaggerated in the elderly by inadequate restoration of contours by the dentist. "Plumping" is useless, and the only mitigation possible is the placing of the tips of the artificial upper incisors as far forward as natural appearance permits. Some sacrifice of function is permissible to obtain the lip eversion required, and stability is surprisingly little interfered with.

**Prickly Heat.**—SURGEON COMMANDER ALAN ROBINSON, R.N. (London, S.W.19), writes: In an answer to a question on the aetiology, diagnostic features, and treatment of prickly heat ("Any Questions?" January 2, p. 54) no reference was made to the use of a detergent in treatment. Between 1948 and 1950 we obtained, in Singapore, almost invariable cure of prickly heat by substituting cetrimide for soap. The effect was usually dramatic, and I have not known it to fail. Another treatment was to rub on gingelly oil (oil of sesame) before the bath, so that the oil could penetrate and soften the skin. This was quite successful, but not so efficient as the detergent.

OUR EXPERT writes: So many remedies have been enthusiastically claimed to be of value in prickly heat but have later been shown to be ineffective that caution is advisable regarding such claims. The treatments here mentioned have gained no wide degree of acceptance and time alone will show whether they are of real merit.

**Correction.**—In the leading article on cerebral arteriography (*Journal*, January 9, p. 85) the following sentence in the fifth paragraph should have appeared as printed here: "It is this effect on the blood-brain barrier or vascular spasm which probably causes the transient hemipareses which may complicate arteriography."

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