

times shows perversion of appetite before she has any suspicion that she is pregnant.

There is no specific remedy for pica during pregnancy, nor is any treatment necessary unless the taste is for something which is obviously harmful.

Threadworms and Ammoniated Mercury Ointment

Q.—*In the treatment of threadworms I have applied ammoniated mercury ointment (N.F., 1952) to the perianal region and been dismayed to see threadworms actively wriggling across the anointed area. Is this ointment ovicidal, since it is not vermucidal? Is an alternative vermucidal ointment available?*

A.—The ointment is used for two purposes: in an effort to kill worms as they deposit their eggs on the perianal skin, and to immobilize eggs and prevent their being disseminated into the clothing and elsewhere. The questioner possibly comes to the conclusion that the ointment is not vermucidal on evidence which is too slender, in that it is not stated for how long the worm was observed to live after wriggling across the anointed area. No alternative vermucidal ointment has as yet been shown to be of value.

White Cell Count in Appendicitis

Q.—*What is the value of the white cell count in cases of acute appendicitis? Is it true to say that a rising white count indicates deterioration and that a falling white count shows resolution?*

A.—The white cell count is of limited value in the diagnosis of appendicitis. The experienced surgeon usually places little reliance on this investigation, and the inexperienced is not uncommonly seriously misled by it. In nine out of ten cases a diagnosis of appendicitis can be confidently made by clinical means, and in those cases where there are difficulties in diagnosis they are unlikely to be resolved by the white cell count. To take but one example, acute non-specific mesenteric adenitis is clinically similar to appendicitis and commonly gives rise to a leucocytosis of 15,000 or 20,000 with 80% neutrophils.

A rising white cell count is by no means indicative of deterioration and may be seen in a patient who is forming an abscess and whose general condition is improving. On the other hand, in the patient who starts with a leucocytosis, a falling white cell count usually means resolution.

In conclusion, it should be remembered that many a patient with a gangrenous appendix has a normal or but slightly raised white cell count, and in the aged or the very young the count may be especially misleading.

Chlorbutol and the Nose

Q.—*What is the action of chlorbutol on the nasal mucosa, and its value in the treatment of nasal disease?*

A.—Chlorbutol is a mild sedative and analgesic, and has local analgesic properties. It is also a fungicide. A 1% solution in mineral oil has formed the basis of many popular nasal sprays, though in recent years both chlorbutol and mineral oil have declined in popularity as nasal medicaments. It is used in the nose for its antiseptic, sedative, and analgesic properties; though it is possible that in acute rhinitis the nasal mucosa is further irritated by the volatile preparations, such as menthol and camphor, which are so frequently incorporated with oily solutions of chlorbutol for nasal use.

Deafness from Streptomycin

Q.—*What is the prognosis in the deafness caused by streptomycin therapy? For how long may improvement be expected? Is a hearing-aid useful in these cases?*

A.—Prolonged treatment with streptomycin, particularly if the di-hydro compound is used, may result in deafness. The original calcium compound of streptomycin was found to be vestibulo-toxic, but only in very large doses or over a prolonged period was it cochleo-toxic. In order to avoid this undesirable property the di-hydro compound was developed, but unfortunately this has a selective affinity for the

cochlear apparatus. As a rule, it has this effect only if more than 1 gramme daily is given over a period of at least three weeks. Any improvement in hearing following deafness due to streptomycin therapy usually takes place within a few weeks of the withdrawal of the drug. After six months it is most unlikely that any further improvement will occur. The amount of help that can be expected from a hearing-aid will, of course, depend upon the quantity and quality of the hearing which remains. Where the hearing has been seriously affected, there often seems to be some recruitment, which means that the patient will not readily tolerate amplification, and so a hearing-aid may not be of great help. Nevertheless, it should be tried in combination with speech reading, for which special lessons will be needed.

Splenectomy for Leukaemia

Q.—*Is splenectomy ever indicated as a palliative measure in cases of leukaemia? If so, does it have any effect in prolonging life?*

A.—Although splenectomy has been explored for the treatment of leukaemia it has no therapeutic value and does not even serve as a palliative measure. The reason for its trial was probably the extremely satisfactory response in this disease to low-dose splenic radiation. Irradiation of the spleen remains, therefore, the standard treatment for this disease, although various chemotherapeutic agents are now also used, some of equal but certainly of no greater value.

NOTES AND COMMENTS

"Stripping" for Varicose Veins.—Mr. R. ROWDEN FOOTE (London, W.1) writes: In the controversy as to the value of the stripping of varicose veins ("Any Questions?" December 12, 1953, p. 1334), your expert, when criticizing the method, asks, "... How often does deep thrombosis actually occur...?" This is something which we are fortunately able to tell him. Among the very numerous reports the following are typical: Linton¹ had one case of deep vein thrombosis in a series of 500 patients. Fenney² obtained an 86% excellent result in a series of 150 limbs without complication. In a series of 250 limbs I have had one case of severe deep vein thrombosis, which reacted to anticoagulant therapy with full recovery. The method cannot be blamed in this case, however, since the instructions regarding immediate mobilization of the limb post-operatively had not been carried out. Finally, Warren, of West Roxbury, in a personal letter tells me that he has had one mild case of deep vein thrombosis in a series of 300 limbs, while using a technique in the main similar to my own. A careful technique is all-important, and I have brought out these points in a film of this method which I made in 1952.³ Sclerosants at the time of operation are more likely to produce deep vein thrombosis than the stripping technique. The performance of local ligations merely spoils the field for the eradication of the varices by stripping.

REFERENCES

- ¹ *Min. Med.*, 1949, 32, 38.
- ² *Ann. Surg.*, 1951, 133, 386.
- ³ *Lancet*, 1953, 1, 858.

Correction.—In our leading article about erythromycin (January 30, p. 261) we mentioned two of its manufacturers—Eli Lilly & Co., Ltd., and Abbott Laboratories Ltd. Upjohn of England Ltd. also market this antibiotic.

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