

the fact that these children are so often fed on sweetened condensed milk, the high carbohydrate content of which predisposes to boils and septic skin conditions. The second factor is the custom of shaving the head in young children, particularly the area above the back of the neck and the ears. This shaving often results in some trauma to the skin, and it is through these lesions that septic foci are developed, with resulting enlargement of the glands. These later form boils and may have a serious debilitating effect. A third important factor is the parents' reluctance to bathe children when they are sick. Very often the Chinese child is not washed for weeks on end because he has had some malaise. Another contributory factor is the habit of keeping babies hanging from the roof in a folded sarong by way of a cradle, or in some other confined position which restricts movement and which also prevents any movement of air. The babies, particularly if they are ill, become hot and sweaty. This condition is also often aggravated by a rather tight and hard collar round the neck of the coat worn by the child. Sometimes these garments are hard enough to abrade the soft skin of a young baby. In areas where the work of maternity and child health centres has been started and people have accepted the advice of the health nurses with regard to food, clothing, and ventilation for the babies, and the use of scissors instead of a razor for cutting the hair, these boils are extremely rare.

Panniculitis and Osteoarthritis

Q.—Do the tender fatty pads so often found in the lower limbs in association with osteoarthritis of the knee-joints bear any relationship to adiposis dolorosa? What is known of the cause of these pads, and what treatment is recommended? Would "D.O.C.A." tend to aggravate the condition due to increased salt and water retention? I would be glad of some references on the subject.

A.—Very little attention has been paid to the part played by fatty tissue in pathological conditions. This matter was considered in a recent Hunterian lecture (Copeman, W. S. C., *British Medical Journal*, 1949, 2, 191), however, which should be consulted. The author stated his view that the tender fat pads mentioned differ only in degree from those present in cases of adiposis dolorosa, and that the mechanism of pain in both conditions is similar—being due to abnormal distension of the fat-pads by intracellular oedema, which is presumably of endocrine origin. No case of treatment of these pads by means of "D.O.C.A." has been recorded, but the presumption is that sodium chloride would be retained in the body and the condition would be exacerbated. A more hopeful line of treatment would presumably be by means of androgens. Dehydration by any means is advocated. This will include such measures as weight reduction and a salt-free diet, urea after meals, fluid restriction, and mercurial diuretics. Further work on the subject of panniculitis and adiposis dolorosa is badly needed.

Television Hazards

Q.—In your issue of March 4 I notice that according to Dr. Donald Hunter (p. 506) the potential hazards in the luminizing industry are "irradiation by alpha particles and beta and gamma rays." Beta rays are, I presume, beta particles, which are the same things as electrons. It occurs to me that many persons are sitting in the evening facing an "electron gun" when viewing a television programme. Have any ill-effects been ascribed to the discharge of beta particles from a television tube, or does the nature of the tube prevent the particles from escaping and impinging on the viewer?

A.—The electrons of a cathode-ray tube would be stopped by the glass, but in being stopped they must generate x rays, which would be "soft." The dosage rate is unlikely to be significant, but is being investigated experimentally by the Radio Manufacturers' Association, primarily in relation to projection tubes which operate at a higher level of intensity. It may be noted that many thousands of radar operators looked for thousands of hours at cathode-ray tubes during the war without known ill effects from this cause.

Leucotomy in the Elderly

Q.—Can frontal leucotomy be undertaken at any age, and does it usually mean that the patient can live at home without supervision? A man aged 78, in above average physical condition, developed a severe obsessional neurosis three months ago; there is a history of about four minor obsessional attacks previously. There has been no response to E.C.T., and the general level of the condition is such that the patient continues to need institutional care. Should prefrontal leucotomy be considered now, and, if so, what are the operative risks?

A.—Prefrontal leucotomy can be performed safely in elderly patients. From the technical viewpoint it is not a major surgical procedure, and in good hands the operation carries a mortality of only 2 or 3%. The natural tendency to withhold this method of treatment even in cases of psychosis is based upon the alteration of the patient's personality to which it gives rise. This takes the form of a loss of depth of character, and in this change there may be made out a bleaching of emotional responses and impairment of judgment, initiative, and self-control. This alteration in personality is, however, not such as to prevent the patient living outside an institution, and the patient in question should require no more supervision than any other individual of his age. The prospect of discharge from hospital after the operation depends upon the nature of the mental disease for which it is performed. Melancholia and obsessional states are usually influenced favourably, but in schizophrenia, especially of long standing, the results from the point of view of return to life outside an institution are less good. In the case in question the operative risk is slight and certainly justified. However, since the duration of the neurosis is but three months it might be well to persevere with more conservative therapy for a further period of three months.

Weight-lifting and Cardiac Hypertrophy

Q.—Is weight-lifting apt to lead to cardiac hypertrophy with possible ill effects in later life? A young man of 20 has been practising three times a week for a couple of hours, lifting, while lying down, 240 lb. (157 kg.); apparently he does six lifts ten times. He looks tired and pale, but clinically there appears to be no abnormality. What advice should be given him, and are any further investigations necessary?

A.—There is no evidence that weight-lifting causes cardiac hypertrophy or other ill effects. No further investigations are necessary. If the patient complains of fatigue it might be suggested that he take up some other form of recreation on which to dissipate his excess of energy.

NOTES AND COMMENTS

Inflammable Toys.—The British Fire Services' Association is disturbed about the possible danger that may arise from the possession by children of inflammable toys—for example, made out of celluloid or out of inflammable plastic material. It is not easy to collect evidence on the risk of such toys, and we therefore appeal to any general practitioner with experience of accidents and fatalities arising from such risk to pass on the information to the secretary of the British Fire Services' Association, 86, London Road, Leicester.

Correction.—Commenting on the new Medical Bill in the *Journal* of April 1 (p. 776), we erroneously implied that the G.M.C. has no machinery for preventing frivolous charges from coming before the Discipline Committee. In fact, a standing committee exists for that purpose.

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