

examination showed soft irregular mottling in the affected areas of the lungs. Mendelson warned that the emptying time of the stomach was greatly prolonged in labour, and suggested that the acute reaction in non-obstructive cases was due to the irritant action of the inhaled gastric hydrochloric acid.

This complication, and its importance as a cause of maternal mortality and morbidity, has been the subject of several papers since Mendelson's contribution, notably by Parker<sup>2</sup> in this country and by Lock and Greiss<sup>4</sup> in the U.S.A., while a short critical summary of the condition and its prevention and cure appeared in 1957.<sup>5</sup>

## REFERENCES

- Mendelson, C. L., *Amer. J. Obstet. Gynec.*, 1946, 52, 191.
- Parker, R. B., *Brit. med. J.*, 1954, 2, 65.
- *Ibid.*, 1956, 2, 16.
- Lock, F. R., and Greiss, F. C., jun., *Amer. J. Obstet. Gynec.*, 1955, 70, 861.
- Bender, S., *British Encyclopedia of Medical Practice: Medical Progress*, 1957. Butterworth, London.

## Testing for Antibiotic Sensitivity

**Q.**—*A patient is sensitive to tetracycline. Is there any safe way in which his sensitivity to other antibiotics not of the tetracycline group, such as erythromycin, novobiocin, streptomycin, and chloramphenicol, could be tested?*

**A.**—There is no effective method of testing for sensitivity to the antibiotics mentioned because a patient sensitive to one drug may quickly become sensitive to other drugs. Various methods of investigation for specific types of drug sensitivity may be performed, but even these tests have limited use, since negative tests do not exclude sensitivity. Erythromycin has caused very little drug sensitivity.

## Blood Cyanocobalamin

**Q.**—*Can the estimation of blood cyanocobalamin be used as a routine method in the diagnosis of pernicious anaemia? When subacute combined degeneration precedes the usual blood changes is this estimation diagnostic? How easy is the estimation and how quickly can one get a report?*

**A.**—Low levels of blood cyanocobalamin are not diagnostic of pernicious anaemia or of subacute combined degeneration of the cord. Levels below 100  $\mu\text{g}$ . are also found after total gastrectomy, in some malabsorption syndromes, dietary deficiency, and even in some non-anaemic pregnant women. However, when the clinical features suggest subacute combined degeneration of the cord, a low serum cyanocobalamin level may be strong supportive evidence of this neurological diagnosis. A normal serum cyanocobalamin level usually excludes the possibility of untreated subacute combined degeneration.

The estimation of blood cyanocobalamin is usually performed by a sensitive microbiological assay using *Euglena gracilis*, *L. leichmanii*, or *E. coli* as test-organisms. It is not an easy technique and requires considerable experience. A laboratory using this method routinely usually assays batches of sera at weekly intervals, the assay itself taking about one week. Although a valuable investigation, serum cyanocobalamin assay cannot replace sternal marrow biopsy as a quick reliable method for the diagnosis of anaemias.

## Supraventricular Tachycardia

**Q.**—*Is psychiatric treatment of value in preventing long-standing attacks of supraventricular tachycardia which appear to be precipitated by gradually accumulated tension rather than sudden, unexpected stress? Quinidine prophylactically has proved disappointing.*

**A.**—To my knowledge, psychiatric therapy is not of value in preventing attacks of supraventricular tachycardia when these are due to ectopic foci in the conducting system of the heart. When the attacks are caused by emotional tension and anxiety and are due to a sinus tachycardia, then obviously the relief of anxiety would help them. Such relief might be obtained from a sympathetic talk with an understanding clinician, and psychiatric treatment might,

therefore, not be necessary, although it is impossible to say without further knowledge of the situation.

It is perhaps worth remembering that attacks of sinus tachycardia may be associated with an organic disorder such as thyrotoxicosis. Underlying organic disease must clearly be excluded. The nature of the attacks should, if possible, be elucidated with an E.C.G. tracing taken during an attack, and if anxiety and emotional tension are features then obviously reassurance and explanation would form an essential part of the treatment, whatever the underlying organic disease. Quinidine is not infrequently a disappointing prophylactic in attacks of true paroxysmal tachycardia.

## NOTES AND COMMENTS

**Draining Subungual Haematoma.**—Dr. J. P. W. HUGHES (London, S.W.1) writes: May I add just a brief note to the excellent reply to this question ("Any Questions?" November 26, p. 1616)? The "instrument" most readily to hand is a wire paper-clip with one end bent to a right-angle and heated to redness. It can be held comfortably by the operator between finger and thumb.

OUR EXPERT replies: Instruments heated to a great heat have two main disadvantages. Firstly, methods of heating small objects are no longer present in many departments because the adoption of the "clinitest" methods of testing urine has meant the removal of spirit lamps and Bunsen burners. With central supply for dressings and instruments many are even reducing the other sources of heat also. Secondly, paper-clips, needles, and other instruments have to be held in the hand while they are being heated and while the patient is near by. This is a test for the nerves of both the nurse and the patient, and in inexperienced hands more than one attempt may have to be made. It is for these reasons that a cautery is probably most useful in a hospital. It heats in a moment, and may be turned on and off at will without any difficulty.

**Looking at the Sun.**—Dr. JAMES A. F. FLYNN (Sydney, Australia) writes: In the *Journal* of September 17 ("Any Questions?" p. 878) the safe method of watching an eclipse was described. While thus observing an eclipse, I have found that (1) it is better to have the lower cardboard or surface white rather than black; this renders the image a brighter one, the shadow of the higher cardboard affording sufficient contrast; (2) a hole made with a pencil—i.e., about 0.3 in. (7.5 mm.) in diameter is superior to a pin-hole; by letting through more light it allows the image to be projected on a white surface about 10 ft. (3 m.) away, thus giving a larger image—about one inch (2.5 cm.) in diameter. Of course, the observer is facing away from the sun as he watches the projected image.

**Transporting Cripples Up Stairs.**—Dr. J. E. SWINBURNE-JONES (Blackpool) writes: As an alternative to the method your expert recommends for transporting cripples up stairs ("Any Questions?" November 19, p. 1538), may I suggest that a hand-rail be erected midway between the wall and the banister? This would provide ample leverage for raising the body from step to step, provided the shoulders and hands are reasonably free from pain.

**Correction.**—Mr. B. N. Bailey has asked us to state that Dr. J. A. Chappel and Dr. N. V. Morgan were co-authors with him of the paper "Hyperglycaemia in Burns" published in the *British Medical Journal* of December 17, 1960 (p. 1783).

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