

to keep a stock of poisons and the drugs would need to be ordered beforehand on a medical prescription. In private practice the doctor would use drugs from his own stock; he is not legally obliged to record their administration, but it would be advisable for him to do so in his case notes.

Intradermal Test for Jaundice

Q.—*I understand that a test was used during the epidemics of infective hepatitis among the troops for the early detection of jaundice which involved the raising of an intradermal wheal. Could you let me have details about this test?*

A.—This test was introduced by O. Klein (*Klin. Wschr.*, 1931, 10, 2032) to facilitate the recognition of jaundice in the pre-icteric stage of infective hepatitis. A bleb is raised on the flexor surface of the forearm by the intradermal injection of 0.2 ml. of a solution of histamine acid phosphate containing 1 mg. per ml. In the normal subject the wheal has a white centre. In the pre-icteric stage of hepatitis the hyperaemic edge of the wheal is yellow within one minute: this is rapidly followed by uniform colouring of the whole wheal. J. D. S. Cameron (*Quart. J. Med.*, 1943, 12, 139) reported that this test is often positive two to three days before visible icterus is noted.

People on Whom Watches will Not Keep Time

Q.—*Is there anything in the idea that there are some people on whom watches will not go? If so, I am one. Of the many watches I have had, none has ever yet kept decent time.*

A.—Atomic physicists, ophthalmologists, and others who work with large electro-magnets may have trouble with their watches. So may those who combine the frequent use of vibratory weapons, such as motor-bicycles, with an unsuitable clockwork mechanism. Watches removed at night may become inaccurate from temperature differences or because habit places them always in the same position causing selective wear. It is just conceivable that the frequency of the pulse beat in the wrist might synchronize with the hair-spring mechanism and disturb it.

There is no evidence supporting the popular belief that "personal magnetism" or "electricity" may interfere with a watch. Inquiry suggests that this supposed phenomenon is usually supported by second-hand data. Those who make the claim for themselves probably fall into one of the following groups:

- (1) Excitable persons who are more violent than they know.
- (2) Gullible persons who are poor observers.
- (3) Parsimonious persons who buy cheap watches.

Accuracy of Pregnancy Tests

Q.—*What is now accepted as the percentage error with Aschheim-Zondek, Hogben, and Friedman tests, and is it applicable to both positive and negative findings?*

A.—The percentage error with the Aschheim-Zondek and Hogben tests has been reported on by Landgrebe and Hobson (*British Medical Journal*, 1949, 2, 17). They found that with the former test 99% accuracy was obtained in 12,567 cases in their own laboratory, there being doubtful results in 0.18%. False negative results occurred in 0.72% and false positive in 0.08% of cases. From a study of the literature they found a mean figure of 97.9% accuracy in 26,163 cases reported by 43 authors and 97.2% accuracy in a further series of 5,455 cases reported by 13 authors; in this latter series the false negatives constituted 0.72% and the false positives 1.2% of cases. With the Hogben test, their own figures were 99.65% accuracy in 5,666 cases, with no doubtful results, 0.32% false negatives, and 0.03% false positives. These figures were compared with 98.9% accuracy for 7,707 cases reported by 14 other authors, the false

negatives being 1.1% in this series and the false positives non-existent. Comparable figures, based on so many cases, do not appear to exist for the Friedman test, but an accuracy of about 98% has been accepted by most workers, again with a slight excess of false negatives over false positives. It should be emphasized that with all pregnancy diagnosis tests scrupulous attention to technical details is essential if the high degree of accuracy mentioned above is to be obtained.

Syncope and Fatal Wasp Stings

Q.—*At a recent inquest on a woman who died after a wasp sting the cause of death was declared to be "syncope." What precisely does this term mean, and is it properly used in the example cited?*

A.—Syncope is defined as "fainting" and is attributed to cerebral anaemia. In medical jurisprudence, however, it has assumed the meaning of a "sudden cessation of the action of the heart," and hence a sudden death due to cardiac arrest such as occurs in vagal inhibition. Although it is possible for a wasp sting, under the correct conditions of surprise or hypersensitivity and acting as a painful stimulus, to cause vagal inhibition, death from such stings is usually due to an acute allergic reaction. This, although rapid, is not instantaneous and is usually accompanied by some oedema of the glottis and bronchospasm. There appears to be an individual idiosyncrasy in fatal cases, and most single fatal stings are situated on a mucosal surface such as the lip or tongue.

Stains from Medicinal Dyes

Q.—*Is there any way of removing the stain left by a mixture of gentian violet, brilliant green, and spirit, used for the treatment of paronychia? The stain persists until the nail has grown out.*

A.—The stain should be treated with a solution of sodium hypochlorite, such as "eusol," Dakin's solution, or one of the proprietary hypochlorite bleaches, which should be allowed to act for several minutes. A dilute solution of hydrochloric acid should then be applied for a few minutes followed by thorough washing. If the stain is very dense several treatments may be necessary.

Recurrent Iritis

Q.—*What are the likely causes and treatment of recurrent unilateral iritis in a man of 30? He has had 14 attacks, each lasting two or three weeks, in as many years.*

A.—The usual causes of iritis should be eliminated: they include endogenous infection from a septic focus in the teeth, tonsils, sinuses, etc., syphilis, gonorrhoea, and tuberculosis. The history of this case is very suggestive of gonorrhoeal infection, such cases often requiring prostatic massage. Atropine should be used locally in 1% strength, either as drops or as an ointment.

NOTES AND COMMENTS

Correction.—In the Refresher Course article, "Fractures in the Aged" (June 7, p. 1240), it was stated that dienostrol was "similar to stilboestrol but stronger." This is incorrect: stilboestrol is about four times as powerful as dienostrol (see *National Formulary* 1952, p. 27).

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