

Absence of Axillary Hair in a Man

Q.—*An athletic young man of 18 suffers considerable embarrassment when changing with other men, as he has no axillary hair and a feminine distribution of his pubic hair. He does not need to shave. His genitalia are normally developed, and he has heterosexual interests. What are the likely causes of this condition, and what treatment is advised?*

A.—The usual cause of failure of growth of sexual hair is deficient secretion of testosterone by the interstitial tissue of the testes. On the other hand, it may sometimes be due to resistance of the hair follicles to the normal stimulation of testosterone. This latter cause is probable in the present case, since the patient's genitalia are normally developed. If this is so, there is no effective treatment. However, I suggest that a trial be made with testosterone propionate injected intramuscularly in doses of 50 mg. twice a week. Several months' treatment will be necessary. If injections prove to be inconvenient, methyl testosterone may be given by mouth in doses of 25 mg. daily.

Barrier Creams for Oily Materials

Q.—*What barrier creams are useful against oily materials in industry?*

A.—Various creams have been advocated as protection against oily materials in industry, but objective laboratory tests¹ have shown that they are penetrated, even when liberally applied, by cutting oils within three-quarters of an hour. The most effective type of cream consists of soap, inert filling powder, and water with small amounts of glycerin; such mixtures certainly facilitate removal of grease and dirt from the hands—for example, of car repairers. But daily application of soapy creams is probably undesirable on many skins. In general, hygienic measures such as good washing facilities and suitable cleansers are more likely to be valuable. The emollient cream of anhydrous lanolin (65 parts) and castor oil (35 parts) described in an earlier question² also assists washing and skin protection.

REFERENCES

- ¹ Cruickshank, C. N. D. (1948). *Brit. J. Industr. Med.*, 5, 204.
² *British Medical Journal*, 1952, 2, 1058.

Castellani's Paint and Myxoedema

Q.—*Is there any chance of the resorcinol in Castellani's paint (pig. magent., N.F.) being absorbed through the skin and having an anti-thyroid effect? The paint contains 8% resorcinol. I am using it for recurrent fungus infection of the skin, and treatment may well be prolonged, say, up to a year.*

A.—Resorcinol has been shown to be capable of producing myxoedema when applied to varicose ulcers of the leg. In the recorded cases the patients all had large open ulcers, and the ointment had been applied for a long time. It is, however, possible to affect thyroid function if resorcinol is applied to unbroken skin for a sufficiently long time. It seems unlikely that a fungus infection would affect a sufficiently large area of skin to cause a significant risk of myxoedema from the application of 8% resorcinol as a paint. Nevertheless, it would be advisable to keep the possibility in mind, and to note particularly any alteration in tolerance to cold, in the dryness of the skin, in the hair, or in the voice.

Prognosis of Orthostatic Albuminuria

Q.—*What is the long-term prognosis for a young man in whom, after full investigation in hospital, a diagnosis of orthostatic albuminuria has been made?*

A.—Orthostatic albuminuria is a benign condition; it may disappear spontaneously, and the long-term prognosis is excellent. It would be a wise precaution, however, to maintain contact with the patient for several years and check occasionally the amount of albumin in specimens passed at different times of the day.

NOTES AND COMMENTS

Oestrogens and Vasomotor Rhinitis.—Dr. J. PEPYS (London, S.E.1) writes: The observation of your correspondent on the beneficial effect of oestrogen treatment in a case of vasomotor rhinitis at the menopause ("Any Questions?" May 23, p. 1177) corresponds with that reported by Lucas and Pepys.¹ A very good response to oestrogen treatment was described in 39 women who developed rhinitis at or about the menopause, and a further eight similar cases have been seen by me since that time. These patients correspond in every way with other cases of typical allergic rhinitis, and present the same clinical history of sneezing, itching of the nose, nasal obstruction, and rhinorrhoea; the same nasal mucosal appearances; and the same response to oral administration of palliatives such as antihistaminic drugs or ephedrine. The nasal secretions frequently contain significant numbers of eosinophil cells, and skin testing and clinical trials support their histories, which suggested chiefly inhalant allergens. Treatment by oestrogens alone without any allergic treatment was effective in 33 cases, and six cases required both oestrogen and allergic treatment to obtain the best results. In these cases the response to oestrogens, either ethinyl oestradiol 0.05 mg. daily or stilboestrol 1 mg. daily, is rapid, often complete, and is contemporaneous with their administration. Cessation of treatment can lead to a recurrence of symptoms, which are rapidly controlled again on resumption. Treatment must be continued over a long period just as with the use of oestrogens for other menopausal symptoms, and the best time for tapering off the dosage varies from patient to patient. A similar response to oestrogen is occasionally found in female asthmatics at the menopause; in one case of severe intractable asthma a remarkably beneficial result was obtained. A possible explanation of this response to the oestrogen treatment is that the hormonal disturbance has lowered the clinical threshold and upset the "allergic equilibrium," thus enabling clinical manifestations to appear.

REFERENCE

J. Laryng., 1951, 65, 598.

Spontaneous Combustion of Alcoholics.—Professor B. BRENDAN HICKEY (Khartoum) writes: With reference to "Spontaneous Combustion of Alcoholics" in "Any Questions?" (*Journal*, April 4, p. 793) and the subsequent note by Dr. H. H. MacWilliam (*Journal*, April 18, p. 896), I should like to draw attention to a further account of the alleged occurrence in fiction. Captain Marryat in *Jacob Faithful* describes in a most dramatic fashion the death of Jacob's mother, a confirmed alcoholic who rarely ever left her bunk in a barge. Coming as this description does from so experienced an observer as Marryat, and coinciding so accurately with other descriptions, it is perhaps legitimate to conclude that combustion, spontaneous or otherwise, was seen not infrequently in obese alcoholics and occurred with the macabre features usually described.

[The account of this incident is to be found in Chapter 1 of *Jacob Faithful*. It reads as follows:

"Nothing was burning—not even the curtains to my mother's bed appeared to be singed. I was astonished—breathless with fear, with a trembling voice, I again called out 'Mother.' I remained more than a minute panting for breath, and then ventured to draw back the curtains of the bed—my mother was not there! but there appeared to be a black mass in the centre of the bed. I put my hand fearfully upon it—it was a sort of unctuous, pitchy cinder. . . .

"As the reader may be in some doubt as to the occasion of my mother's death, I must inform him that she perished in that very peculiar and dreadful manner, which does sometimes, although rarely, occur, to those who indulge in an immoderate use of spirituous liquors. Cases of this kind do indeed present themselves but once in a century, but the occurrence of them is but too well authenticated. She perished from what is termed *spontaneous combustion*, an inflammation of the gasses generated from the spirits absorbed into the system."

Correction.—The outbreak of food-poisoning caused by the *danysz* variety of *Salm. enteritidis* mentioned in the reply to a question on "Dangerous Mouse Poisons" (May 30, p. 1233) occurred in 1951, and not in 1950 as stated in the answer.

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