

nerve tissues are insensitive to radiation and unlikely to be damaged under ordinary therapeutic conditions. In the absence of evidence of visceral or osseous damage, persistent severe pain after radiotherapy usually means that neoplasm is present—somewhere. In such cases the measures available for relief of pain are: analgesics (a mixture containing aspirin, phenacetin, and caffeine with 20 minims (1.2 ml.) of "nepenthe" is often very helpful); epidural alcohol injections; and cordotomy.

Domiciliary Treatment of Hodgkin's Disease

Q.—*Is the treatment of Hodgkin's disease by chemotherapy practicable in the home? If so, how exactly should treatment be given and controlled?*

A.—Patients with Hodgkin's disease are generally better admitted to hospital for treatment by chemotherapy. This facilitates the necessary haematological controls, which would be all the more necessary if the patient were treated at home. If facilities were available for blood counts at at least weekly intervals it would be practicable to treat a patient at home. The differential white count and platelet count must be satisfactory, and the possibility of latent damage to the haemopoietic system by previous chemotherapy or x-ray therapy must be borne in mind.

Nitrogen mustard may be given by two intravenous injections on consecutive days of 0.2 mg./kg. at each injection, care being taken to ensure that the fluid does not leak into the surrounding tissue. Alternatively triethylene melamine (T.E.M.) might be given in a dose of 0.25 mg./kg. in enteric-coated tablets, the dose being divided over a period of three days. From both these forms of treatment the maximum fall in the blood count and platelet count occurs in two to three weeks. Severe leucopenia at this stage may necessitate the administration of antibiotics, and any haemorrhagic manifestation will require the admission of the patient to hospital and possibly blood transfusion. It would also be very necessary, should the patient require further hospital treatment by x rays or chemotherapy, that the full details of the treatment administered should be available.

Hodgkin's disease in its early localized form is better treated by localized deep x-ray therapy than by chemotherapy.

Acupuncture

Q.—*How is acupuncture performed? What are the indications for its use? A patient of mine with a perpetually blocked nose has had remarkable relief since acupuncture was performed in France recently.*

A.—Acupuncture is based on the ancient Chinese theory of Yin and Yang, and it has a vogue in France comparable to that enjoyed by the serum treatments of Bogomoletz and Bardach. It is performed by pricking with a needle a point situated a few centimetres above the internal malleolus and just behind the posterior border of the tibia, as according to the theory the "lines of force" of the liver, spleen, and kidneys intersect at this point. Considerable success has been reported in the treatment of diverse conditions such as insomnia, general debility, and enuresis. It is also performed locally for Dupuytren's contracture and keloid formation. There would appear to be no rational basis for its use.

Vision for Reading a Car's Number

Q.—*What vision on Snellen's Test Type corresponds to the ability to read a motor-car number plate at 25 yards (23 metres)?*

A.—Ability to read a motor-car number plate at a distance of 25 yards corresponds to something between 6/12 and 6/18 on the Snellen's Test Type. In other words, an eye capable of reading 6/12 on the Snellen's Type should easily be able to read a number plate at 25 yards, but a patient with only 6/18 vision would have some difficulty in doing so.

NOTES AND COMMENTS

Physiological Clocks.—Dr. MACDONALD CRITCHLEY (London, W.1) writes: The answer given as to the role of the nervous system in estimating the passage of time ("Any Questions?" June 13, p. 1344) could be expanded. The sense of time is a relative sensory experience which is markedly influenced by many factors, as, for example, various affective disorders. Subjective experience of severe physical pain obviously plays a role in retarding the sense of the passage of time. On the other hand, events, whether real or imagined, may become speeded up in an illusory fashion. The compulsive panoramic reminiscence of agonal states may be quoted as an instance of the latter condition. But the questioner is probably more interested in the problem whether an upset in the temporal sense can be associated with focal brain disease. With lesions of the middle third of the brain (temporo-parietal region) the patient may have a very inaccurate conception of the hour, or of the temporal order of events. Clinical experience is as yet insufficient to show whether disease of the dominant or of the subordinate hemisphere is of greater significance in this connexion. As Ehrenwald has pointed out, it is necessary to distinguish between a primitive time sense and a gnostic time conception, the latter faculty entailing a comprehension of chronological order. Spatial disorders are often linked with temporal defects, especially where circumscribed cerebral lesions are concerned. Clinically, one can distinguish the following defects: (1) inability to judge the passage of time; (2) difficulty in guessing the approximate hour of the day without recourse to clues; (3) gross disorientation in time; (4) altered temporal associations with habitual activities; and (5) illusory acceleration of the passage of time (the *Zeitraffer* phenomenon of German neurologists). The term "Leonhard's syndrome" can aptly be applied to the association of temporal disorientation, dyscalculia, dysgraphia, and constitutional apraxia, as occurs with left-sided lesions of the brain.

Holiday T.A.B.—Lieutenant B. W. HILL, R.A.M.C., writes: I note with interest the reply to the query about holiday T.A.B. in "Any Questions?" (June 6, p. 1289). It stated that the dose of the phenolized vaccine is double that of the alcoholized type, and that the interval between injections should be seven to fourteen days. The Army regulations differ from this. They state that the two primary injections should be given at a month's interval, with a booster after six months, and an annual booster thereafter while the individual remains at risk. Further, the dose of the two types of vaccine is the same, being 0.25 ml. and 0.5 ml. for the first two and 0.25 ml. for further ones.

OUR EXPERT writes: The ordinary dosage of T.A.B. vaccine as recommended by the makers and the 1951 *Addendum to the British Pharmacopoeia* is as stated; that is, 0.5 ml. and 1 ml., given at an interval of 7 to 28 days. The Army phenolized vaccine is made up at double strength, which would therefore reduce the volume by half; that is, 0.25 ml. and 0.5 ml. The interval between the first and second doses should not be less than seven days, but I know of no evidence that a better antibody response is obtained after an interval of one month than after an interval of two weeks, although with diphtheria and tetanus toxoids the longer interval is associated with a better antitoxin response. The frequency of the booster dose will obviously depend on the degree of risk to the individual concerned.

Correction.—The sentence in the letter by Mr. J. P. Jackson on "The Judet Operation" which read: "It is likely that many of the cases of fracture following the Judet operation will subsequently become osteoarthritic and painful owing to the incongruity of the surfaces" (June 27, p. 1450) should have been: "It is likely, however, that many cases of fracture treated by the Judet operation will subsequently become osteoarthritic and painful owing to the not quite perfect fit of the prosthesis."

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