

tests for filariasis are valuable in one place and valueless in another). In general the health of the student body is better maintained by the availability of a readily accessible and thorough clinical service than by a sole reliance on screening tests at intervals.

Sternal Marrow Transfusion for Leukaemia

Q.—*Success has been claimed in the treatment of leukaemia with sternal marrow transfusion after previously destroying the patient's marrow with chemotherapeutic agents. Does this represent an advance in treatment?*

A.—Claims have been made for this technique of treating leukaemia, and also of treating malignant disease by destroying the sternal marrow with intensive chemotherapy and then infusing new bone-marrow from donors to replace the destroyed marrow. This has not proved to be a successful method of treating leukaemia, for various technical reasons, and the initial claims for this method have not been confirmed by others. I have had experience of transfusing marrow from one identical twin to another, which is the ideal and probably only satisfactory way of trying this technique, but the results were disappointing.

Pruritus and Gall-stones

Q.—*Is severe itching over the right side of the trunk sometimes associated with gall-stones?*

A.—Pruritus commonly occurs when there is deep and prolonged jaundice as a result of obstruction in the biliary tract. Because of this it is sometimes a symptom of gall-stones when these are causing jaundice. Pruritus may also occur in cirrhosis of the liver without jaundice. In such cases gall-stones would play no part in its production, and their removal would not be expected to relieve the itching. Instead, tests of liver function should be done, and the results might indicate the precise form of treatment required. Pruritus, apart from that due to local causes, is usually generalized, but even when confined to one side of the trunk every effort should be made to exclude such serious causes as Hodgkin's disease or generalized carcinomatosis.

Oral Contraceptives and Virilization

Q.—*I understand that some of the oral progestogens are more likely to cause androgenic effects than others. Could you please let me know which these are?*

A.—The oral contraceptive preparations now on the market are "conovid" (norethynodrel 5 mg. with ethinyl oestradiol-3-methyl ether 0.075 mg.), "conovid E" (norethynodrel 2.5 mg. with ethinyl oestradiol-3-methyl ether 0.15 mg.), and "anovlar" (norethisterone acetate 4 mg. with ethinyl oestradiol 0.05 mg.). No evidence of virilization of women using any of these preparations according to the correct instructions (1 tablet a day for 20 days beginning on the fifth day of the cycle) has yet appeared, and there seems to be no justification for regarding one preparation as more likely to cause virilization than another.

When pregnant women have been given hormones—to avert abortion—a small proportion of female babies have shown virilizing effects on the genital organs. This has been not infrequent where large doses of norethisterone have been used, though less frequent with norethynodrel. However, these effects seem to have little relevance to the use of the preparations as oral contraceptives, since, when properly used, pregnancy does not occur.

Cyanocobalamin and Psoriasis

Q.—*Has vitamin B₁₂ any place in the treatment of psoriasis?*

A.—Cyanocobalamin seems to influence favourably the course of psoriasis in some patients who are resistant to local treatment and especially those in whom the psoriasis is in seborrhoeic sites. Its use is empirical, though it is possible that the cobalt in the vitamin B₁₂ influences the process of keratinization.

NOTES AND COMMENTS

Neonatal Breast Engorgement.—Dr. R. W. SMITHELLS (Alder Hey Children's Hospital, Liverpool) writes: Your expert attributes neonatal breast engorgement to oestrogen withdrawal ("Any Questions?" March 24, p. 893). Breast hypertrophy is usually due to excessive amounts of oestrogens as in normal pregnancy and cirrhosis of the liver, and neonatal breast hypertrophy is usually attributed to the persistence of maternal oestrogens in the infant's circulation. Vaginal bleeding is occasionally seen in baby girls at the end of the first week, and this is attributed to oestrogen withdrawal. If the oestrogens have been withdrawn by this time it is difficult to see how they can be responsible for breast hypertrophy, which is rarely conspicuous before the second week and may persist for many months. I do not think your expert's explanation is correct, but I admit that I know of no more convincing alternative.

OUR EXPERT replies: I did not claim that the explanation offered was correct: I said that mastitis neonatorum was *thought to be* a withdrawal phenomenon, and this is a reasonable theory, even though the minutiae of the relationship of pituitary suppression and prolactin release at this age are unknown. Dr. Smithells is in error in thinking that breast engorgement is rarely conspicuous before the second week: it often first becomes evident on the third or fourth day of life. The duration of the swelling depends on its degree. Extensive engorgement will persist long after the oestrogens have disappeared. This is not incompatible with the theory that the original swelling was caused by the fall in the blood oestrogens.

Strapping Fractured Ribs.—Mr. H. D. W. POWELL (Accident and Orthopaedic Department, Amersham, Bucks) writes: May I comment on your expert's answer on strapping rib fractures ("Any Questions?" April 14, p. 1090), which I found disappointingly brief and uninformative? I doubt if the teaching on this matter has altered much since you published an article of mine on this subject.¹ My reason for saying this is that the majority of newly qualified residents still produce strapping as the method which they have been taught for the treatment of simple rib fractures. My reasons for not using strapping were then, and are now: (1) inefficiency and inadequacy; (2) discomfort; (3) laziness. To the patient the important symptom is pain, and strapping does not fully relieve this. A properly placed injection of a long-acting local anaesthetic does this most effectively. It is surely time we ceased teaching and practising an inefficient method of treatment when a really effective and simple method is available.

OUR EXPERT replies: The question was directly concerning the strapping of ribs and not, as it were, the advised treatment for fractured ribs. My advice was that strapping was not very effective and in that I would agree with Mr. Powell. There are occasions when, in fact, the patient finds it comfortable, but most times they are either unaffected or made worse. The use of a long-acting local anaesthetic is often effective, and I would entirely concur with Mr. Powell in this. Perhaps I was at fault not to mention this.

REFERENCE

¹ *Brit. med. J.*, 1955, 2, 829.

Correction.—In the article on "Antibacterial Activity of the Penicillins" by Dr. Mary Barber and Miss P. M. Waterworth (April 28, p. 1159), the brand name "falopen" of Duncan, Flockhart's long-acting tablet of benzylpenicillin was unfortunately misspelt "falopen."

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