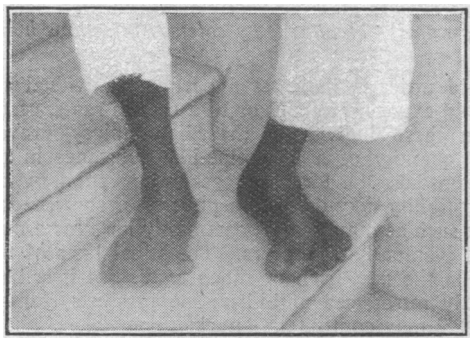
# Letters and Notes

### Twelve Toes

Dr. ARDESHIR K. TURNER (Bombay) writes: I am tempted to bring this case of "nature's freak" before the medical practitioners of England and other countries. The photo is that of a Hindu



labourer (household worker) aged 25. He has two big toes on both his feet and can walk without the least difficulty or pain. His hands and fingers are all right. He is a bachelor. None of his relations shows this abnormality.

### Prognosis of Hypertension

Dr. W. WEISS (London, N.W.6) writes: I read Dr. V. C. Medvei's letter (Feb. 15, p. 269) on the "Prognosis of Hypertension" and learned that apparently great conflict has arisen with regard to the fact that the blood pressure in old people is above the arithmetical average. . . . A blood pressure to be regarded "high" in middle age may be "low" in old age. It is not the reading of the blood pressure as such which has to be taken into account when a prognosis is to be made; the problem is, how does the motor, the heart, react to the blood pressure level? The heart certainly will often have to work harder when a blood pressure rises, and it makes no difference to the organ whether the blood pressure rises in younger days (hypertension) or whether the rise occurs (physiological) in older days—the heart will be urged to work harder. And so at best it depends entirely on the vitality or muscle power of the heart muscle whether the old patient will have to be recognized as a "hypertonic" or not.

### Hospital Bureaucracy

Mr. G. H. CAIGER, F.R.C.S. (S. Africa), writes: The African servant of a friend of mine fell off a bicycle returning from a garden on the outskirts of the town. When he had not returned before dark the mistress learned from the police that the boy had been admitted to the local Government hospital with a fractured forearm (lower third of the right radius). This occurred on a Thursday. She rang up and also visited the hospital to find out and see how the boy was. Someone in the "phone inquiries" seemed to think it very funny her asking about a patient and could be heard laughing and repeatedly saying "poor Willie X." As if once was not enough this was repeated again the next day on making inquiries, but the mistress's humour was by this time flagging somewhat. No radiographical examination had been made before the week-end, and on the Monday the mistress was informed that the "doctor" (H.S.) had been away for the week-end. Being a trained nurse she repaired to the hospital to see if things could be expedited, and soon succeeded in demolishing the myth that the doctor had been away, and got an admission that he had been there all the week-end. On the following day, Tuesday, five days after admission, she was informed on inquiry that the *x* ray showed the bone in good position and it was not necessary to set the fracture. Till now only the temporary splint had been left on, the arm remaining painful. They could not say when he would be fit to discharge. Unhappy about the whole position and planning to leave on holiday on the Thursday, she suddenly in her extremity remembered a friend of her husband's in charge of a missionary hospital for Africans, and she repaired to him for advice. He is an American and so put his hand in his pocket from long usage, produced his car keys, and said, "Take my car, drive down to the hospital, get the boy discharged, bring the *x* rays and the boy to me." The boy was admitted, the fracture set under an anaesthetic and the arm put in plaster, and the boy was sent out that afternoon. The final result has been 100%, and the boy has full use of the arm. It is easy to tell this little tale, which, although it concerns an African, may as easily apply to others before long. In my opinion it illustrates the difference between the bureaucratic-ridden institution and the hospital as those who know what it should be and can be would like to see it. Soon those who know the best traditions will not be there, or submerged beneath a sea of bureaucracy, and they fear, their patients with them. This, as I see it, is the central fear of many that the belief in "drive, organization, and will power" does not build real systems of healing and endangers the finer spiritual qualities without which the best cannot be achieved or maintained.

### Shadows under the Eyes

Dr. HUGH A. L. O. LATTA (Liverpool) writes: Sharing Dr. Bernard Sweetman's interest (Feb. 15, p. 283), the one constant factor in those I have observed seems to have been emotional inhibition. It is most noticeable in young people with finer, softer skins and more resilient subcutaneous tissues, and three groups as examples come to mind: (1) Children prevented from free expression in play; (2) young people from 15 to 25 denied free social intercourse by too strict an upbringing; (3) students not taking sufficient physical and mental relaxation while swotting for examinations. Assuming the relative overworking of inhibitory impulses from the prefrontal gyrus makes increased blood drainage via the tributaries of the anterior cerebral veins, one can postulate that some of these will be shunted via the anastomotic veins adjoining the anterior cerebrals to the ophthalmic veins. The relative subcutaneous venous engorgement at the inner angle of the eye and on both eyelids is easily visible, but attention is focused on the area just beneath the eye where the contrast with the skin of the cheek is so marked. The dramatized "hollow eyes" of grief, anguish, and villainy seem to be the sign in its most pronounced form.

Dr. JOHN CAHILL (Middlesbrough) writes: Referring to Dr. Bernard Sweetman's inquiry (Feb. 15, p. 283) as to the causes, other than gross organic disease, of shadows under the eyes, it appears that such shadows in the young are most frequently associated with fatigue in a nervous child.

### Cracked Nipple

Dr. D. REID TWEEDIE (Sungei Siput, Perak, Malaya) writes: Having failed with all the usual nostrums to disperse a painful crack in the nipple of a nursing mother I tried the effect of applying after feeds a drop of a strong solution of penicillin (20,000 units to 1 ml.), and was astonished and pleased to find that the crack granulated up and disappeared in about 72 hours.

### Penicillin for Colds

Dr. J. A. ROOTH (Brighton) writes: In reply to your correspondent (March 1) who asks if penicillin has been tried for colds, I have tried it on myself and family with great success. The technique is simple: I use the ointment in a tube with a small nozzle and squeeze a small amount into each nostril, massage the nose slightly, and then sniff up the ointment. The effect was most encouraging: the sneezing and running of the eyes and nose stopped immediately and the extension of the coryza to the bronchial tubes was arrested. This treatment should be investigated.

### Disclaimer

Dr. R. CUDDEFORD (Cross-in-Hand, Sussex) writes: I am the doctor mentioned in an article on a three-pound baby in the *Sussex and County Herald* dated Feb. 14, 1947. I was not aware that this was printed in a public newspaper until it was pointed out to me. I am in no way responsible for the publicity, which is apparently the effort of the grateful parents.

### Correction

In the reply to a question about "dilantin" (Feb. 15, p. 283) we should have made it clear that "dilantin" is the proprietary name in America for sodium diphenylhydantoinate, introduced nine years ago by Parke, Davis and Co., following the work by Merritt and Putnam to which reference was made (*Science*, 1937, **85**, 525). In this country "dilantin" became "epanutin," and the drug is sold by other firms as phenytoin soluble and as sodium diphenylhydantoinate.

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