produce the required result. Such a goitre as that described in a patient aged 41 obviously needs to be kept under observation, but in the absence of signs and symptoms no operative treatment would appear to be indicated at present.

Terpenes as Industrial Hazards

Q.—*I am medical adviser to a chemical factory producing insecticides. It is proposed to subject pinene, terpene, and camphene to chlorination by exposure to chlorine gas, and I have been consulted about the potential danger of absorption through the skin to workers or customers. The product would be used as an insecticide spray. I would be glad of any information.*

A.—The substances named are constituents or derivatives of turpentine oils, and consist of the essential or volatile oils of numerous plants. Camphene, a colourless crystalline terpene, is prepared from pinene hydrochloride by treating with alcoholic potash. The irritant action of terpenes on the skin is well known. Chlorinated camphene is highly effective against the codling moth and Mexican bean beetle and also against human body lice. In the latter case, human research subjects wore arm and leg coverings which had been treated with chlorinated camphene in concentrations of 0.0025% in an inert base, and under which lice were also placed. All the lice were killed, but apparently no damage was suffered by the human volunteers with this low concentration. No toxicological study has as yet been published regarding the effects of chlorinated terpenes on the human subject, though their insecticidal effect is well established. There may be a toxic risk in the manufacture and handling of the concentrated material, and it would be wise to exercise precautions until experiment has shown that there is no danger, especially since highly chlorinated phenols, diphenyl, and naphthalene are known to have certain toxic properties. For the effects of chlorinated camphene on insect pests the recent papers by Stearns and others (*J. econ. Ent.*, 1947, **40**, and 1948, **41**) should be consulted.

Infertility

Q.—*What is the explanation of the following case of infertility? The husband's post-coital urethral smear shows normal active spermatozoa. In the wife's vaginal-vault specimen one hour after coitus all spermatozoa are dead and show swollen heads. There is no leucorrhoea, and the hysterosalpingogram is normal.*

A.—The important factor is the condition of the spermatozoa after they have invaded the cervical mucus plug. Provided the test is made at about the time of ovulation, the cervical mucus should be well populated by active spermatozoa for many hours following coitus. If spermatozoa are few or immobile, the failure may be caused by factors in the cervical mucus, but is more likely to be due to initial seminal deficiencies. It is not possible to judge seminal efficiency merely by finding active spermatozoa: their quantity, longevity, mobility, and the proportion of abnormal sperms are the diagnostic features. The inquirer might refer to *Problems of Fertility in General Practice*, by Margaret Jackson *et al.* (1948, Cassell).

Tonic Effect of Neoarsphenamine

Q.—*Has neoarsphenamine any virilizing effect or does it act as a tonic when given to a healthy individual?*

A.—The writer knows of no evidence that neoarsphenamine increases virility, but it is a common observation that it has a marked tonic effect on patients suffering from syphilis. Whether this is due to a direct effect of the drug on the patient or to its antisyphilitic therapeutic effect is not clear, since the drug is rarely used, except in comparatively low dosage, in conditions other than syphilis.

Oxyuriasis

Q.—*Would suppositories of gentian violet be efficacious in the treatment of oxyuriasis? My impression is that none of the regular treatments in this country is specific.*

A.—In cases of infection with *Enterobius vermicularis* several members of the same family are usually infected, this communal infection being maintained by the ingestion of infective eggs, both by direct transfer from hand to mouth and by scatter in dust. The larval worms, together with the adults of both sexes, occur in the small intestine, but the females, when gravid, make their way to the rectum and from there pass through the anus to lay their eggs on the perianal skin, a proportion of the "spent" worms regaining the rectum. Treatment with suppositories containing gentian violet would thus affect directly only the gravid females in the rectum and not those higher up in the colon. Though gentian violet may be absorbed by the rectal mucosa and excreted in the gall-bladder, as is suggested by the destruction of liver flukes after oral administration, it seems unlikely that a high concentration in the gut would be attained.

NOTES AND COMMENTS

Leukoplakia and Kraurosis Vulvae.—MR. STANLEY WAY (Newcastle-upon-Tyne) writes: Dr. Elizabeth Hunt (March 5, p. 422) attempts to defend her untenable thesis concerning the value of excision of the leukoplakic vulval skin as a prophylaxis against cancer, and again repeats her erroneous claim that when cancer occurs in association with leukoplakia only the mucous surfaces are involved with tumour, and she calls to her aid two rather ancient references. Even though Blair Bell states that cancer has never been observed in extragenital lesions, I hardly think that this supports Dr. Hunt's thesis, for I do not think that Blair Bell would include the skin of the labium majus as extragenital; in fact in the earlier editions of his textbook (1910 and 1917) he states (p. 411 in both editions) that leukoplakia is pre-malignant and may spread from the vulva to the skin of the neighbouring structures. Dr. Hunt has not correctly followed the statement I made concerning my recent personal experiences. Indeed, on reading again my letter I feel that some ambiguity may arise from my wording, and I would like to repeat my figures more simply: total cases, 20; tumours involving mucous surface only, 2; tumours involving both surfaces, 6; tumours involving skin surfaces only, 12.

Because Dr. Hunt has never seen cancer associated with leukoplakia arising on the skin of the vulva, that does not appear to me a valid reason for her to adopt an ostrich-like attitude and deny its existence. Since writing my first letter I have operated on two further patients who showed small cancers limited to the outer surface of the labium, both of which were associated with leukoplakia. Dr. Hunt hopes that few people will have undergone what she describes as the "ordeal" of Taussig. She will no doubt be horrified to learn that I regularly carry out this operation, not only as a prophylactic against cancer but also to relieve women from the intolerable symptoms of leukoplakia; and I shall continue to do it until some effective alternative as a cure for leukoplakia is forthcoming. As a gynaecologist, I often see these women after the dermatologist has failed to cure them, and the only "ordeal" which many of the patients go through is that of going from dermatologist to dermatologist, from ointment to ointment, and from *x*-ray tube to *x*-ray tube, until in the end they either go mad or develop cancer. Finally, I would suggest that Dr. Hunt joins with me in persuading the Sections of Pathology, Dermatology, and Gynaecology of the Royal Society of Medicine to set up a committee to thrash out this vexed problem of terminology which is causing so much confusion at the present moment.

Family Planning Association.—The general secretary states that the address of the Family Planning Association's Seminological Centre is now 64, Sloane Street, London, S.W.1. Extension of the facilities previously provided (for the investigation and treatment of male subfertility) will include a laboratory for the diagnosis of early pregnancy. The results of the pregnancy test will normally be available within 24 hours of receipt of the specimen of urine. Practitioners wanting to avail themselves of these services or to refer patients are invited to write to the director of the laboratories at the above address. Introductory forms for patients will be sent on request.

Correction.—In the paper entitled "Medical Fitness for Air Travel," by Sir Harold Whittingham, Dr. A. Buchanan Barbour, and Wing Commander J. C. Macgown (April 9, p. 603), the words "into each site" should be deleted from the sentence, "Pneumo-peritoneal refill cases should not have more than 2,000 ml. of air introduced into each site." The same words should be deleted from column 2 of the Table at the cross-heading "Pneumoperitoneum" (**11**, viii).

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