almost without exception these departments were barely able to cope with their present work-load. To deal with the extra examinations at present made by one mobile x-ray unit much additional x-ray equipment and staff would be required.

The mass radiography service should be kept under review to ensure that the best use is made of equipment and staff, but decisions as to its future must depend upon adequate consultation with those running the units and those responsible for the individual hospital radiographic departments in the area. It can only be by such consultation that an efficient chest x-ray service will be provided.—I am, etc.,

F. J. H. WALTERS,
Medical Director,
South-west Metropolitan Regional Hospital Board
Mass Radiography Service.
Surrey.

REFERENCE

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SIR,—In the correspondence about mass radiography (7 February, p. 365 and 21 February, p. 495) I have not seen it mentioned that there are certain people—I will not call them patients for they avoid putting themselves in the hands of a doctor—who will use the mass radiography service and nothing else. Never having seen a doctor for decades, they will drop in for a miniature x-ray on their own initiative every year or two.

If the regional hospital boards yield to the advice from the Department of Health "to phase the mass x-ray service gradually into the expanding ordinary hospital radiography service" (14 February, p. 441) I fear that these people will just not trouble to seek an x-ray as it will then involve contacting a doctor, which they dislike doing.—I am, etc.,

J. G. BANCROFT.

London E.C.1.

Glossopharyngeal Neuralgia

SIR,—Weisenburg¹ goes from strength to strength. From having "described the symptoms of irritation of the glossopharyngeal,"² he became the "first" to describe "glossopharyngeal neuralgia of 'symptomatic' type,"³ and now Dr. J. B. Foster (13 December, p. 667), omitting the words "of 'symptomatic' type" but otherwise repeating Bohm and Strang, makes him the "first" to describe glossopharyngeal neuralgia.

What did he describe? A patient who, having had trigeminal pain for four years and having developed third-, fourth- and sixth-nerve palsies, then began to have incessant glossopharyngeal pain.

Meanwhile Sicard and Robineau⁴ go downhill, though they reported three cases of "algie vélo-amygdalo-pharyngée unilatérale, . . . sans étiologie connue," which "n'était pas continue, mais . . . revenait à maintes reprises jour et nuit, tantôt spontanément, tantôt à l'occasion du moindre mouvement de déglutition, de parole ou de mastication." Alas, "They did not realize that the cases were true glossopharyngeal tic";² they treated the disease without describing it;³ and so Dr. Foster refrains from

mentioning them. I must be perverse to go on thinking that they have priority.—I am, etc.,

JOHN PENMAN.

London S.W.20.

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- 4 Sicard, R., and Robineau, V., *Revue Neurologique*, 1920, 27, 256.

Phenformin and Stanozolol in Blood Fibrinolytic Activity

SIR,—Our own findings¹ confirm the report of Dr. I. S. Menon and others (14 February, p. 428) that stanozolol (Stromba) and ethyloestrenol (Orabolin) when combined with phenformin have equipotent effects on fibrinolysis, and also incidentally on plasma fibrinogen and serum cholesterol levels. But, whereas phenformin plus ethyloestrenol reduced platelet stickiness by 50–80%,^{2,3} when stanozolol 10 mg. daily was substituted for ethyloestrenol for 6 months in 9 patients it failed completely in all to maintain this effect, which was restored when ethyloestrenol was restituted. For reasons given in our forthcoming paper, the differing effects of ethyloestrenol and stanozolol on platelet stickiness seem likely to be qualitative rather than quantitative (dose-related).

It is conceivable that the successful results obtained by Dr. Menon and his colleagues in cutaneous vasculitis and Behçet's syndrome^{4,5} were not due solely to the fibrinolytic effect of phenformin plus ethyloestrenol; reduction of platelet stickiness may have been partly or possibly even wholly responsible. On present evidence, therefore, stanozolol is not an acceptable alternative to ethyloestrenol in situations where decreased fibrinolytic activity and/or increased platelet stickiness may be encountered.—I am, etc.,

G. R. FEARNLEY.

Gloucestershire Royal Hospital,
Glos.

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- 4 Menon, I. S., Cunliffe, W. J., and Dewar, H. A., *Postgraduate Medical Journal*, 45, 1969, May Suppl. p. 62.
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Silver Nitrate "Foreign Body"

SIR,—That medicaments applied to the skin may cast radiographic shadows is well documented.¹ However, despite the extensive topical use of silver nitrate, we found only one reference to the opacification of a wart by silver nitrate.² The following case therefore, is of some interest.

A 42-year-old male underwent a Polya gastrectomy for a duodenal ulcer on 4 March 1969. The duodenal stump was drained via a stab incision in the right flank. He made an uneventful recovery and was discharged on the 13th postoperative day. The patient was readmitted on 3 April because of a wound infection. On examination, there was considerable

induration surrounding the drain site, which was covered with exuberant granulation tissue and pus. Kaolin poultices were applied to the indurated area, granulation tissue cauterized with a silver nitrate stick, and appropriate antibiotics administered. The patient, however, remained pyrexial. Radiological examination showed no evidence of a subphrenic abscess, but a small irregular opacity was noted on the right side of the abdomen (see Fig.). Its nature appeared uncertain, but it was noted that the scab covering the drain site had a similar shape. The scab was removed and radiographed (Fig. 1 inset) and shown to be responsible for the x-ray appearance. The pyrexia settled without any specific treatment and the patient was discharged well on 17 April.

A.P. x-ray of the abdomen showing the opacity in the right flank. (Inset) X-ray of the scab removed from the drain site.

After dissolving silver in hot, dilute nitric acid the crystals thus formed fuse readily, and are cast into sticks or pencils known as "lunar caustic."³ Silver nitrate stick is itself radio-opaque, but when it is in contact with the tissue two chemical interactions occur. Firstly, decomposition, with the deposition of black metallic silver, and secondly, precipitation of tissue proteins.⁴ Because of the precipitation property, it is used for the removal of warts and exuberant granulation tissue in surgical practice. The interesting feature of this case was the diagnosis of the exact nature of the opacity, since its position could not at once exclude the possibility of its being a swab or dressing retained in the drain sinus.

We wish to thank Mr. A. R. Anscombe and Dr. R. G. Reid for permission to publish details of this case.

—We are, etc.,

N. HIRA.
F. W. LEWIS.

Royal Infirmary, Manchester.

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- 3 Partington, J. R., *Text-book of Inorganic Chemistry*, p. 741. London, Macmillan, 1950.
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Post-vagotomy Diarrhoea

SIR,—Mr. R. H. Franklin's case report (14 February, p. 412) of a patient with sub-clinical coeliac disease which was exacerbated by gastric surgery is a further example of a rare but well-recognized complication of operations involving a gastric-jejunal