to be detected in the heart, then one need not restrict activity; probably exercise would improve the patient. It would be worth while knowing whether the blood pressure varied with the rate of the heart. It might be well to try full doses of strychnine, or some stimulant of the sympathetic such as ephedrine or amphetamine.

Treatment of Eclampsia

Q.—*What is the modern treatment of eclampsia, occurring before the onset of, and during, labour?*

A.—The modern treatment of eclampsia is based largely on the views of Stroganoff. It is believed that the danger of the condition depends on the number of fits, and that external stimuli are important in the causation of fits. The treatment, therefore, consists in placing the patient in a quiet, darkened room, reducing external stimuli to the minimum, and giving sedatives to lower the sensitivity of the central nervous system. Paraldehyde is preferred as a sedative in many clinics and is given per rectum in a dose of 6 drachms, repeated in 4 hours and again in 6 hours. If the patient is restless, morphine with atropine may be given in addition, but large doses of morphine should be avoided. Expectant treatment is advised in most cases of eclampsia occurring before labour, though pregnancy should be terminated within a day or two after the fits are controlled.

When eclampsia occurs during the course of labour the membrane should be ruptured when the cervix is half dilated. When the cervix is fully dilated forceps delivery should be employed. Any obstetric abnormality should receive the appropriate treatment. Caesarean section may occasionally be the treatment of choice, especially after the fits have been controlled in a case where the child is alive and viable. Caesarean section may also be needed in cases of severe eclampsia where medical treatment fails to control the fits.

The above is only an outline of the principle of the modern treatment of eclampsia. For a more detailed answer, and for special methods of treatment, the questioner is referred to *Antenatal and Postnatal Care*, by Prof. F. J. Browne (5th edition, Churchill, London, 1944, pp. 377 *et seq.*).

Pruritus and Glycosuria

Q.—*A woman of 33 has suffered from severe pruritus vulvae for over five years. In January and April, 1945, urine examination gave +++ result for sugar. Within the last six months she has lost about 10 lb., feels nervous and shaky, easily exhausted, and has great craving for sweets and bread. Urine now free; blood-sugar-tolerance curve: fasting 83 mg., half an hour after glucose 160 mg., 1½ hours after glucose 100 mg., two hours after glucose 87 mg. (capillary blood findings). Is it likely that an undue amount of sugar is present in the tissues of the vulva and gives rise to irritation? If so, should insulin be used in small doses to assist the synthesis of glycogen in liver and muscle and to reduce the amount of sugar in the tissues? The restriction of carbohydrates in the diet is difficult because of her craving for them and the loss of weight.*

A.—This question is difficult to answer satisfactorily and some further information is needed about the diet. The sugar tolerance is normal and consequently excludes the diagnosis of diabetes mellitus. It is possible that the present diet is very low in carbohydrate and that the patient has a mild diabetes which has recovered with dietetic treatment. If so the pruritus should have disappeared, and it does not seem likely that it is in any way connected with glycosuria. There is no evidence to suggest that there is any difference between the sugar content of the vulval tissues and that of the blood. If the diet contains less than 150 grammes of carbohydrate it should be increased to 200 or 250 grammes, as the patient is losing weight. If glycosuria returns and a high blood sugar is confirmed, insulin should be given in adequate amounts. It is suggested that another cause for the pruritus should be sought.

Tenderness of Muscles

Q.—*For more than three years a patient has suffered from tenderness of the voluntary muscles. At times the slightest pressure on a muscle gives intense pain. Sometimes there is aching, but usually there is pain only on pressure. A slight pinch produces agony. His general health is good. What might be the cause?*

A.—It is difficult to refer these symptoms to any recognizable lesion of the neuromuscular system. It is assumed that care has been taken to exclude peripheral neuritis and also occupational disease; puzzling symptoms are sometimes produced by chemicals used in industry. It is equally difficult to attribute the symptoms to neurasthenia, for, although they might be affiliated with the "rheumatism" and "fibrositis" of neurasthenia, the other symptoms of that disorder are apparently absent. The systematized pattern of the complaint suggests an underlying physical or biochemical abnormality. Biopsy of muscles is easily performed and might provide information of value in this patient. An *x*-ray examination of the muscles for parasites, calcification of ligaments, etc., might also be helpful. The blood chemistry should be investigated, particularly the blood sugar, serum calcium, and erythrocyte sedimentation rate. If none of these investigations gives a clue to the cause, symptomatic treatment with the vitamin B complex should be tried, including large doses of B_1. Wide-field irradiation with ultra-violet or infra-red rays might also give relief.

LETTERS, NOTES, ETC.

Venereology

Brigadier T. E. Osmond, Honorary Consultant in Venereology to the Army, writes: As I was mainly responsible for the introduction of the word "venereologist" into "Army medical jargon" I feel it incumbent on me to answer the letter of Lieut.-Col. Henry Richards (Sept. 22, p. 414). It must be admitted that the word is a hybrid, but "English contains thousands of hybrid words, of which the vast majority are unobjectionable" (Fowler: *Modern English Usage*, p. 241). In any case "venereologist" is preferable to "dermatologist," which it supplanted. But the difficulty lies deeper; the term "venereal disease" officially refers to syphilis, gonorrhoea, and soft chancre, yet many patients suffering from these diseases may be exculpated from "venery." For many years doctors have been searching for a more suitable word than "venereal" but without success. Parenthetically an "-ologist" is a person who makes a study of a subject but is not necessarily an "expert practitioner" in it. Criticism, to be of value, should be constructive: Col. Richards's seems to be destructive. Having forgotten much of the classics which I learned at school I consulted a friend who is an eminent classical scholar. He admitted that he found the problem difficult, but tentatively suggested "aedoeologist," from the Greek αἰδοῖα, or "aphrodisiologist" from ἀφροδίσιος; either word can mean pudenda. Admittedly neither word contains any reference to disease, but nor do ophthalmologist or laryngologist. It is to be feared that neither of the words suggested will prove acceptable, but can Col. Richards or any of your readers suggest a better?

Digestive Disorders and Swallowed Sputum

Dr. P. A. Galpin (Plaistow) writes: With reference to the question and answer on digestive disorders and swallowed sputum (Sept. 8, p. 341), from the reply given is one to assume that there is no risk to patients suffering from chronic sinusitis or bronchiectasis in swallowing muco-pus, and that one can trust the gastric secretions to deal with any infection? From my own experience I have noted many children suffering from post-nasal catarrh, who have not learned to spit, frequently have nausea or abdominal pain. In my opinion this has been due to swallowing muco-pus, and I have therefore endeavoured to persuade the parents to train the children to avoid swallowing muco-pus—in other words, to learn to spit. Two or three questions come to one's mind. Which is the factor in gastric secretion which has bactericidal properties? Is it hydrochloric acid? If this is so then patients with hypochlorhydria are at a definite disadvantage, and it would seem to me that patients debilitated after acute catarrhal conditions following measles or whooping-cough may be producing gastric juice deficient in bactericidal power. The surgeon has great faith in the bactericidal power of the peritoneum, but he does not willingly allow abscesses, whether acute or chronic, to spill over in the peritoneum.

Neutralizing Gastric HCl

Mr. E. H. Johnson and Mr. J. Duncan write: The treatment of peptic ulcer as described in your "Any Questions?" page of your issue of Sept. 1 mentions the importance of maintaining a stomach acidity in the region of *p*H 3.5 in order to promote healing of the ulcer by the inactivation of the pepsin. The maintenance of this continued neutrality can be accomplished by adequate dosage of aluminium hydroxide. Aluminium hydroxide alone of the common antacids possesses the property of neutralizing the gastric hydrochloric acid to a maximum *p*H of 3.5 to 4.0; excess dosage after the initial neutralization serves to maintain this favourable condition by the neutralization of further secretion. This important property of aluminium hydroxide was indicated in a recent paper upon the "Chemical Testing of Antacids" given by us at the British Pharmaceutical Conference held on July 18, 1945.

Early Treatment of Bell's Palsy

Dr. J. L. Thomas (Brynmawr) writes: The article by Mr. H. P. and Dr. Cecily Pickerill on the above subject (Oct. 6, p. 457) recalls with interest that, about fifty years ago, while in colliery practice in Glamorganshire, I had a case of Bell's palsy (catarrhal) in a young miner who was a promising public singer. While assiduously, but ineffectively, treating the case electrically, by good fortune I read of Robert Jones—always a friend of weak muscles—using in such a case mechanical means to draw the sound side of the face towards the paralysed one. I resolved to imitate his treatment by using strips of plaster, and after one month the result was highly successful—and very cheering.

Corrigendum

By a slip of the pen the title of Wing. Cmdr. Kenneth Bergin's letter (Oct. 13, p. 508) was made to refer to the Army; the heading should have read: "Psychiatry in the R.A.F."

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