

Intramuscular or Subcutaneous Injections

Q.—Intramuscular injections can be a nuisance to both doctor and patient. What is the objection to giving liver extract or penicillin subcutaneously? Relative slowness of absorption would often seem to be an advantage. The same applies to oily solution of progesterone and oestradiol. One firm recommends that progesterone be given intramuscularly, and oestradiol "intramuscularly or subcutaneously." It is agreed that certain drugs are best given by special routes for speed of action or other reason, but does not the matter too often depend on the whim of the manufacturer?

A.—Intramuscular injections are less painful than subcutaneous injections. This applies especially to all injections of volume greater than 1 ml., because more bulk causes pain. Again, many substances are irritant—for example, penicillin, emetine, etc.—and are well tolerated only if given intramuscularly. Finally, oily solutions or suspensions are very slowly and irregularly absorbed from subcutaneous depots and are liable to give rise to abscess formation.

Exposure to Lead

Q.—In a lead-smelting works a number of men developed a moderate punctate basophilia of between 3,000 and 5,000 cells per million. They were given work outside the factory, but a year later their high basophil counts persist. Does this imply that they must still be absorbing lead?

A.—Punctate basophilia may persist for some time after exposure to lead has ceased, but it is important to ascertain if, in the case instanced, a source of lead exposure still exists. The possibility will be remembered, too, of the liberation into the blood stream of lead which has been stored in the body. Punctate basophilia (the size of the particles is worthy of note) is, of course, only a part of the picture, and a clinical examination of the group of men (and their fellow-workers) with a consideration of the blood condition as a whole should decide the question of whether lead absorption is continuing or not.

Treatment of Psoriasis

Q.—Can you give me any information about the Goeckerman treatment for psoriasis?

A.—Goeckerman's name has been attached to a treatment of psoriasis in which a tar paste such as the following is applied at night and is cleaned off with oil in the morning and the patient is subsequently exposed to ultraviolet light in erythema dosage:

R					
Crude coal tar ..	..	..	..	gr. 20 (1.3 g.)	
Zinc oxide ..	..	..	..	gr. 120 (8 g.)	
Soft paraffin ..	..	..	..	ad 1 oz. (30 g.)	

Make into a paste.

Lupus Vulgaris

Q.—Is it safe for a young child to live in the same house as an elderly woman covered with dry red scaly lupus?

A.—The danger of the spread of infection from lupus vulgaris is slight, but it is possible through an open wound of the skin, even though this is small. It would therefore be advisable for the child to refrain from direct contact with the patient. It is important that anything used in washing and bathing by an infected person should be kept separate.

Disseminated Sclerosis

Q.—In a case of advanced disseminated sclerosis what measures may be adopted to alleviate the severe and painful flexion contractures of knee and elbow?

A.—Among medicinal agents worth trying are the barbiturate sedatives. Recently injections of curare have been used with slight temporary improvement at times. Some cases are relieved by light splints or by immobilization in plaster. Surgical attempts at relief have included tenotomy, Stoffel's operation, and even posterior rhizotomy. It must be confessed that flexor spasms often prove most obstinate despite all the foregoing measures. Thirty years or more ago preparations of conium were in vogue for this symptom, but the drug has passed out of fashion, and recent retrials have not been at all encouraging.

NOTES AND COMMENTS

Judicial Hanging.—Dr. S. W. ALLWORTHY (Belfast) writes: The notes by Col. N. J. C. Rutherford (Aug. 16, p. 282) and Lieut.-Col. F. A. Barker (Aug. 30, p. 358) on procedure in Indian jails reminds me of the following historical note by the late Prof. J. K. Ingram, F.T.C.D., on hanging in England. "Hanging was a mode of execution in use among the Anglo-Saxons. Indeed in *Beowulf*—which its able editor, Kemble, believed to be a modernized form of a poem which the invaders of Britain had brought with them from their Continental homes—the gallows (galga) figures as an old-established institution of the Teutonic races of Northern Europe. But it is very difficult to get any definite information as to the history of hanging in England. It seems, however, quite certain that the idea of immediately extinguishing the life of the culprit by a sufficient fall never presented itself to our ancestors; their only notion was that of suspending him by the neck for what might seem an adequate time to ensure (?) strangulation. It is noticed by Blackstone as a somewhat singular fact that the only warrant the sheriff has for a capital execution is the signature of the judge to the calendar or list of all the prisoners' names, with their respective judgments in the margin: formerly, in the days of Latin and abbreviation, 'sus per coll' for 'suspendatur per collum'. Originally, however, he states there was a formal precept to the sheriff under the hand of the judge, but in none of the law books have I found a copy or exact description of this precept. I do not even find how long the sentence to be 'hanged by the neck till you are dead' has been in use. 'It is clear,' says Blackstone, 'that, if upon judgment to be hanged by the neck till he is dead, the criminal be not thoroughly killed but revives, the sheriff must hang him again for the former hanging was no execution of the sentence.' But strangely enough we find in the *Vision of Piers Plowman* a passage which seems to show that the opposite of this either was, or was believed to be, the established rule in his time:

"It is nought used on earthe
To hangen a felon
Ofter than ones,
Though he were a tretour."

The Rev. Samuel Houghton, F.R.S., M.D.(Dubl.), D.C.L.(Oxon.) in his famous book on *Animal Mechanics* published in 1873, in a digression on the art of hanging gave his own experiences and mathematical calculations with regard to the "long drop" and instantaneous death which he advocated. He says: "According to the original form of death punishment for treason in England, the hanging was used as an anaesthetic, preparatory to the disemboweling (or drawing) that always preceded the quartering of the criminal, and the present slow process of hanging, practised by Calcraft and others in England and Scotland, which consists in dropping the patient through two or three feet and allowing him to hang until dead, is the faithful representation of the original process of hanging which was intended to fulfil a purpose quite different and distinct from that of the speedy execution of the criminal. It seems to me unworthy of the present state of science to continue a mode of execution which as at present used is extremely clumsy, and also painful to the criminal. Instead of the 'short drop' used we ought to employ the 'long drop' which causes instantaneous death."

Infantile Eczema.—Dr. C. W. F. MCKEAN (London, W.1) writes: True atopic infantile eczema should be distinguished from seborrhoeic dermatitis in infants (Sept. 6, p. 403). The latter is the far commoner condition. Soap and water should perhaps be avoided in the acutely red stage, when normal saline may be used for cleansing, if necessary, but olive and arachis oil are definitely contraindicated, and will always worsen or prevent the cure of seborrhoeic conditions. Indeed, oils should be used with caution in all skin diseases.

Correction.—The courses of instruction for the Diploma in Tropical Medicine and Hygiene at the Liverpool School of Tropical Medicine for the years 1947-8 start at the end of August and the beginning of January, not as stated in our issue of Sept. 6, p. 390.

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