Confused Nomenclature

SIR,—Mr. Denis Browne's letter (August 16, p. 390) must not pass without comment.

There is no confusion in nomenclature. My cases were examples of severe spasmodic deformity due, presumably, to malposition *in utero*. The application of 25 to 30 successive divided plaster casts and very careful supervision secured complete success in the first 9 to 12 months of life. Improvement was a very gradual process, as might be expected. These infants would have had a severe "club-foot" with untreatable bony deformity had they not been corrected continuously from birth onwards.

My late chief, Mr. Robert Milne, orthopaedic surgeon to the London Hospital, successfully corrected cases of scoliosis by the Abbott's jacket method, and as his house-surgeon I was privileged to assist him and to learn from him. The principle is the same in both instances. Structure is adapted to function—law of Julius Wolff.

I deplore the existing warfare between the specialist and the general practitioner, but the G.P. must be allowed freedom to think for himself and to act as his training and reason direct.—I am, etc.,

Jersey, C.I. H. GORDON OLIVER.

Treatment of Sterility

SIR,—I feel that Dr. S. Bender (August 23, p. 409) in his excellent survey of the end-results of the work of the Liverpool Fertility Clinic does less than justice to his work in one particular instance—namely, the effect of the waiting-list.

After adoption, I have recently seen two cases of sterility of at least five years followed within a month or two by first pregnancy, and I believe the operative factor to be the same as that promoting pregnancy in cases on the waiting-list. As Dr. Bender says, the burden of infertility is transferred from the couple to the medical attendant, and, as a result of this, tension is relaxed, each act of intercourse is no longer a grim purposive attempt to establish a pregnancy, and so the tubal spasm, which I believe to be an important factor in the infertility of many of these patients, is released and pregnancy follows. I would suggest, therefore, that one of the most useful methods of treatment to be undertaken by a fertility clinic is to place the patients on the waiting-list for investigation after an interval of at least six to eight weeks, during which time I believe an appreciable number of pregnancies will be established.—I am, etc.,

Worcester. J. A. CHALMERS.

Dangers of Intrathecal Penicillin

SIR,—We feel that your Medico-Legal Correspondent's report (August 30, p. 518) of what is believed to be the first "myodil" fatality in Britain should not be allowed to pass without comment. Of the clinical data provided, we are impressed by the fact that an hour after an intrathecal injection of 200,000 units of penicillin the patient passed into status epilepticus and died two hours later. This syndrome can be produced by excessive intrathecal penicillin injections, and only within the last few weeks two similar cases have occurred in near-by hospitals. The first, a girl of 8 presenting with meningeal signs, was given 200,000 units of penicillin intrathecally and passed into status epilepticus a few hours later, followed by a prolonged stupor. She eventually recovered consciousness, but now has a residual hemiplegia with associated mental and moral deterioration. The second case was in a woman aged about 35, who presented with a meningeal picture and to whom 100,000 units of penicillin was administered intrathecally at the diagnostic lumbar puncture. About two hours later she started to have convulsions, which were eventually controlled by intramuscular paraldehyde, but for the next 36 hours she was stuporous and exhibited marked cerebral irritation before gaining normal consciousness. There were no sequelae in this case.

With the less purified forms of penicillin originally available, the dangers of intrathecal administration were well recognized; however, with the advent of the purer preparations it would seem necessary once again to emphasize its potential dangers. The almost limitless amounts of penicillin that may be injected intramuscularly or even intravenously without hazard are misleading, and our students are perhaps not sufficiently warned that the usual intrathecal dose should not exceed 10,000 to 20,000 units. We might also point out to them that, unless a cloudy fluid is obtained at diagnostic lumbar puncture, there is no indication for intrathecal therapy, and, furthermore, most cases of meningococcal meningitis will respond simply to sulphonamides by mouth.—We are, etc.,

VINCENT EDMUNDS.
London, N.W.10. R. J. PORTER.

Diet and Stamina

SIR,—May I furnish a footnote to the letter of Dr. A. Lewis (August 23, p. 445)? He writes: "One subgroup of vegetarians—the vegans—contrary to the prognostications of the nutritionists, managed to survive without any first-class protein whatever." I suppose animal protein is meant. Vegans eat no milk products, no eggs, no honey, and, of course, no other animal foods. The movement as such has been in existence for less than 10 years, but most of its members were previously vegetarian. They number several score and mostly belong to the middle classes.

Last year I saw as patients two members of about seven years' standing, a man and a woman, both aged just over 50. Both complained of pain in back and limbs, and informed me that members were accustomed to describe "the vegan back." Both had suffered from sore mouth, and from a form of onychia with blackening of the finger-nails. Both were aware of progressive ill-health and of failure to concentrate. Both were anaemic, the man markedly so.

The man was very thin and extremely stiff in all spine movements. Skiagrams demonstrated the changes of ankylosing spondylitis. His mouth was typical of riboflavin deficiency. He was a little depressed. The woman looked well nourished though slightly pale. She had signs and symptoms of subacute degeneration of the cord, and early spine changes suggestive of ankylosing spondylitis. She was alarmed at her reduced capacity for mental work, but bright and alert. Blood investigation done at the Royal Infirmary, Edinburgh, showed an anomalous type of anaemia in both cases. Both improved on a vegetarian diet to which eggs, milk, and butter were added: both patients refused to compromise any further with their principles. Both also received injections of vitamin B_{12}. They left Edinburgh feeling much improved.

They informed me that there had been several sudden deaths among members of the vegan group during the previous year or so. They expressed their intention of trying to make up the missing elements in their diet, notably perhaps iron and riboflavin, from non-animal sources. But their story does, I am afraid, justify the prognostications of the nutritionists.—I am, etc.,

Edinburgh. A. GUTHRIE BADENOCH.

Treatment of Recurrent Furunculosis

SIR,—I believe that the use of staphylococcus toxoid immunization is of very great value in the treatment of this condition. There are many who appear to think that an autogenous staphylococcal vaccine should be used. My experience, however, confirms the view expressed in Topley and Wilson's *Principles of Bacteriology and Immunity*, third edition, 1946, vol. 2, p. 1506, which reads: "There seems to be fairly general agreement now that toxoid is of considerably more value than vaccines of whole staphylococci. Furunculosis and staphylococcal skin lesions appear to be particularly benefited by toxoid treatment."

Many forms of treatment fall into undeserved disrepute because they are used incorrectly, and I am sure that the use of staphylococcus toxoid is an example. The course of immunization should, if at all possible, be commenced when the boils are quiescent. It is essential to start with a very small dose—for example, 0.1 ml. of the "weak" staphylo-