

disturbed psyche remains and can often be confirmed by a glance at the footwear—for example, sandals retained in position by a complicated system of straps and buckles. In the case of women, this diagnostic point does not hold good, for women will submit to horn-rimmed spectacles of fantastic shape and size, in orange, yellow, green, and blue, simply because these monstrosities are displayed for gain in the shop windows, alongside photographs of film stars wearing them.

I do not suggest there is much of real harm in all this, but it does undoubtedly represent a form of *addiction* (the more one indulges, the more one has to). Moreover, it is, though perhaps unwittingly, a slur upon the Great Architect of the human eye, who made this organ so wonderfully flexible as to be able to cope with so great a variation in candle-power from wine cellar to the silver sea. I think it is perhaps the duty of the family doctor to explain the position to the patient, even at the slight risk of finding three months later a transfer to another doctor in the executive committee area; unless, of course, the doctor himself is wearing dark glasses too.—I am, etc.,

Buxted, Sussex.

W. R. E. HARRISON.

### Smokers' Cough

SIR,—For the last 30 years I have smoked an average of 20 cigarettes a day without any apparent ill effects, except a cigarette cough due to tracheitis. At the beginning of this year, for reasons of economy, I started making my own cigarettes with rice-paper. To my surprise, my cough vanished and has not returned. Two of my friends have had a similar experience.

Self-rolled cigarettes made with rice-paper do not remain alight when laid down as do most machine-made cigarettes, which leads to the inference that the latter have some addition to the paper (? saltpetre) to keep it burning. If this is the case, may not this addition have some bearing on the increased susceptibility of cigarette-smokers to carcinoma of the lung? The fact that pipe-smokers are not so affected would fit this theory.—I am, etc.,

Beccles, Suffolk.

C. GRANTHAM-HILL.

### Advertisements in the Post-bag

SIR,—May a medical bookseller be permitted to say a few words in reply to Dr. Desmond MacManus (August 30, p. 514) apropos the advertisements in his daily post? First, there is the story about the man who made the finest mouse-traps in the world and wondered why nobody came to buy them. Surely Dr. MacManus does not wish to abolish medical advertising entirely, or would he prefer to see it concentrated in page after page of his professional journals? It would be a very dull world indeed if there were no advertising whatsoever. And what of the thousands of doctors living outside London, many miles from a large town, who are offered and can buy through the medium of the post the particular new drugs, equipment, and books which will keep them up to date? Regrettably there are, and probably always will be, certain firms who make exaggerated claims for their wares, but surely the answer in these cases is to make a request for one's name to be omitted from their mailing list.

Dr. MacManus asks two questions. The answer to the first one is that wartime controls on paper have been lifted, and, just as the size and value of this *Journal* have now been increased, so can the advertiser use more paper to promote the sale of, and give more information about, his products. To the second question, my reply is that a firm which spends most money in bringing its wares before the notice of the right people will reap the greatest benefit, always assuming of course it is a first-class article which is being offered for sale.

May I ask a question in turn? What induced Dr. MacManus to purchase the particular brand of cereal or marmalade which adorns his breakfast-table, or to buy that favourite brand of tobacco for his pipe?—I am, etc.,

London, W.1.

DOUGLAS LUKE.

### Acute Retention

SIR,—It appears to have escaped observation that the amphetamine-dextro-amphetamine sulphate group can be useful in the treatment of acute retention of urine in the male. I think that the urethral mucous membrane shares the decongestive effects of these vasoconstrictors noted in the nasal mucous membrane. I can quote two cases in which this treatment was successful. A male, aged 30, developed an over-distended bladder which he was unable to empty. Two tablets of amphetamine secured complete evacuation in 15 minutes. An elderly man with a hemiplegia and an enlarged prostate from time to time developed acute retention which again and again was relieved by amphetamine. A poor subject was thus spared operation or even catheterization. The amphetamine had the additional advantage of producing euphoria in a habitually melancholy individual.—I am, etc.,

Winchester.

C. J. PENNY.

### Urinary Retention and Pelvic Swellings

SIR,—We are all familiar with the clinical picture of acute urinary retention in association with the incarcerated retroverted gravid uterus. The absence of urinary symptoms with pelvic swellings which do not displace the cervix upwards is also a well-known fact. I was very impressed, therefore, when I was asked to see two patients in two successive weeks and both had had attacks of retention and in both there was a large uterine tumour but the external os was reasonably normal in position.

Reasoning from the assumption that retention in such cases results from a stretching of the urethra, I concluded that the tumour must be cervical in origin. Only in this way could I see a simple explanation of the stretching of the urethra from raising the level where the bladder is attached to the uterus.

At operation they both turned out to be typical cervical fibroids with small uterine bodies perched on top of large tumours about 5 in. (13 cm.) in diameter and with the uterine arteries coming in on each side above the level of the tumour.

I would therefore be very pleased to hear from other gynaecologists whether it is justifiable to conclude that a fibroid is a cervical one if retention occurs and the external os is in its normal place.—I am, etc.,

London, W.1

E. R. REES.

### Essentials in Diseases of the Chest

SIR,—In an extremely fair and generous review of my book, *Essentials in Diseases of the Chest* (August 30, p. 478), Professor J. Crofton states that "it would surely be wise to mention the possible emergence of drug-resistant tubercle bacilli in patients treated with streptomycin, and the means of preventing this by giving P.A.S. simultaneously."

I feel that I should, in the interests of accuracy, point out that I did in fact refer to this important point, which may inadvertently have escaped his notice, both on page 145 and again in a special paragraph on streptomycin resistance on page 148.—I am, etc.,

London, W.1.

PHILIP ELLMAN.

### Farnborough Air Disaster

SIR,—On behalf of the director of the Royal Aircraft Establishment, the officer in charge of experimental flying, and the staff of the medical department of the Royal Aircraft Establishment, I would like, through the medium of your columns, to thank those doctors and medical students who gave their help during the tragic air disaster at Farnborough on September 6. It will be possible to give individual thanks to hospitals and medical staff, and this will be done in due course.—I am, etc.,

Royal Aircraft Establishment,  
South Farnborough, Hants.

V. O. B. GARTSIDE.