

affected by thyroid deficiency, and Dr. H. BICKEL (Birmingham) reported some promising new experimental work on the treatment of mentally defective children suffering from phenylketonuria. He has found that the physical and mental condition of these children can be greatly improved by putting them at an early age on a special diet low in phenylalanine. Professor J. ELKES (Birmingham) reported interesting work on the cholinesterases in the rat brain and on the effect of drugs on postnatal development. Professor R. W. GERARD (Chicago) and Sir RUDOLPH PETERS (Oxford) described new advances in our understanding of the metabolic changes in the brain associated with convulsive states.

The whole conference was characterized by the high standard of the papers and the liveliness of the discussions. It is to be hoped that the proceedings, which are to be published soon by the Academic Press Inc., will retain something of the glow of enthusiasm that marked one of the most successful conferences in this field ever held.

Correspondence

Scurvy

SIR,—Dr. H. R. C. Riches introduces his interesting clinical memorandum (*Journal*, July 31, p. 286) on scurvy with the statement: "Frank scurvy is now almost a clinical curiosity in this country." This may be true of England, but north of the Border we still regard scurvy as a fairly common disease.

In the nine-year period from February, 1939, to March, 1948, 58 cases of florid scurvy were admitted to the wards of one medical unit in Stobhill General Hospital, Glasgow. During this period the bed-state in the unit varied between 120 and 200. The clinical details of 40 of these cases have been checked from the case records. All but one of these patients had extensive subcutaneous haemorrhages in the legs and about 75% of them had gross anaemia. During the past six years, with a bed-state of about 120, 17 cases of scurvy have been admitted, making a total of 75 cases over a period of 15 years. All of these patients recovered.—I am, etc.,

Glasgow, W.2.

STANLEY ALSTEAD.

SIR,—It was interesting to read Dr. H. R. C. Riches's account of scurvy in a patient of 56, the result of deliberate dieting (*Journal*, July 31, p. 286), but to describe the condition as a rarity or a clinical curiosity in this country is surely an overstatement. It is by no means rare amongst males of the older age group. They are usually old age pensioners with no other means, who live alone or in hostels where sleeping quarters only are provided. They fend for themselves, and inquiry reveals that they subsist on a wholly inadequate diet, chiefly of carbohydrate, have no interest in fresh fruit, and find the purchase of fresh green vegetables beyond their means.

The common misdiagnosis is thrombophlebitis, the tender induration of the calf being mistaken for thrombosis of a vein, when in fact it is a haemorrhage into the muscles or subcutaneous tissues. But it may present as haematuria, when it is passed off as bleeding from prostatic veins, the patient being a male of the appropriate age. As is often the case, the condition would probably be diagnosed more frequently if it were kept in mind, and it is wise to inquire into the dietary habits of any elderly person presenting with haemorrhage into the legs (petechiae, purpura, or ecchymosis), or brawny induration and discoloration of the lower third of the legs, hot to the touch. Confirmatory evidence is frequently lacking, as follicular hyperkeratosis may be absent and the gums not spongy or bleeding, the patient being edentulous.

When diagnosed, the response to treatment is most gratifying, and I am constantly intrigued at the rapid disappearance of induration and discoloration from around the

malleoli and popliteal space when ascorbic acid is given in adequate amounts. Physiotherapy is, of course, a help, and it goes without saying that the deficiency in the other vitamins should be made good and a full and balanced diet given.—I am, etc.,

Liverpool, 8.

B. K. ELLENBOGEN.

Another Unusual Complication of Scabies

SIR,—Dr. Stephen Gold's letter (*Journal*, July 17, p. 175) reminded me of a girl seen some nine years ago in the casualty department of a children's hospital. A letter of introduction referred her as a case of chorea, and she could indeed hardly keep her arms and body still. When she had undressed, there was little doubt that she had scabies. All other findings were within normal limits.

Dr. Gold's case is a striking illustration of dangers arising from failings to which, in some degree, doctors of all ages are prone. I should like, however, to support most strongly his implied plea for seeing the somatic wood before the psychic trees. This metaphor is, however, inapt, since a somatic cause is not composed of a number of smaller psychic factors. I do not think that anything better has yet supplanted the old maxim that, whatever the patient's complaint, psychic factors should be ignored until the physical body has been thoroughly examined. If thereafter psychiatric examination indicates that the trouble is psychogenic, it will only very rarely be found that phenobarbitone, even in large doses, or antihistamines (this list could obviously be lengthened) by themselves are effective in restoring health—only in fact in those cases where the cause of the trouble is of a strictly temporary nature and especially if it is not of the patient's own making.—I am, etc.,

London, W.C.1.

H. JULIE ALTSCHULOVA.

Contamination of Injection Solutions

SIR,—Drs. J. H. Thomas and J. Marks (*Journal*, July 10, p. 87) rightly draw attention to the danger of accidental contamination of injection solutions of antibodies with organisms which are not sensitive to the particular antibiotic. There have been numerous recorded instances of infection of multi-dose containers prepared without the addition of a preservative and the consequences are particularly grave when the solution is used for more than one patient. In the course of an investigation into methods for maintaining sterility in eye drops against infection by *Ps. pyocyanea* (awaiting publication) we found that one of the most useful materials for preventing dangerous contamination of injection solutions was chlorocresol 0.1%.

In view of the increasing frequency of contamination it would appear that the addition of a preservative to the sterile water used with antibiotics is necessary.—We are, etc.,

M. KLEIN.

E. G. MILLWOOD.

W. W. WALTHER.

London, E.11.

Blood Changes Associated with Disseminated Tuberculosis

SIR,—Dr. J. R. Fountain (*Journal*, July 10, p. 76) and Drs. Jane M. Fullerton and A. G. C. Cox (*Journal*, July 24, p. 243) have once again drawn attention to the importance of recognizing that various blood dyscrasias may be due to tuberculosis. In 1953 Lintott and I¹ reported a case of leukaemoid reaction who survived for fifteen months as a result of treatment with streptomycin and P.A.S., and five other cases of aplastic anaemia and granulocytopenia in which florid tuberculosis was found at necropsy or proved during life. We stressed the fact that tubercle formation might be absent and that all that might be found were necrotic areas in glands, liver, or spleen. Unless these were stained by the Ziehl-Neelsen technique their tuberculous nature would be overlooked. We emphasized the difficulty of diagnosis during life, but suggested, in view of the usual fatal outcome of these cases, that streptomycin and chemo-