

that of Dr. H. Seftel in Johannesburg,¹ where he found an incidence of 1%—hardly putting it into the category of a rare condition. It is highly probable on the basis of our studies in Durban² that diabetes is very much commoner amongst those Africans living in the towns than amongst those in the country.—I am, etc.,

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REFERENCES

- ¹ Seftel, H. C., personal communication, 1961.
² Campbell, G. D., *S. Afr. med. J.*, 1960, 34, 332.

Plantar Warts

SIR,—It was with interest that I read the article on the treatment of plantar warts in children by Dr. C. F. H. Vickers (September 16, p. 743). This encourages me to describe the treatment I have employed for plantar warts and found to be both quicker and less troublesome to patient and doctor.

The affected feet are immersed in a foot-bath of hot water to which one to two teaspoonfuls of soft soap are added. The soap solution has a keratolytic action, softening not only the thicker epidermis around the warts but also their fibrotic structure. After a 10 to 15 minutes' immersion, the foot is thoroughly dried and one to three drops of the following solution applied to each wart, depending on size. The solution is a mixture of one part each of salicylic and lactic acid to three parts collodion. The volatile ingredients of the collodion evaporate, leaving a film covering and adhering to the wart. The mildly corrosive and liquefying action so derived penetrates the softened fibrotic tissue deeply, gradually destroying the structure of the wart. Application before bedtime, repeated on four to six consecutive nights, is all that is necessary. The wart is then painlessly separated from the surrounding dermis, leaving a hole which slowly fills without a scar. An "elastoplast" dressing should be applied after extraction of the wart, and care should be taken to prevent the solution touching the surrounding healthy dermis, otherwise a mild inflammation may result.

A quicker method is to apply concentrated nitric acid with a glass rod; one to two drops are usually enough to destroy all of the wart. In a few patients it may be necessary to repeat the applications.—I am, etc.,

Wembley, Middlesex.

JAN JAWORSKI.

"Pethilorfan" in Domiciliary Obstetrics

SIR,—The observations of Captain D. S. Smith, Major J. B. M. Milne, and Captain V. B. Whittaker (October 14, p. 1024) on the intravenous use of "pethilorfan" (pethidine and levallorphan tartrate) in orthopaedics are interesting to compare with the effects produced by the same procedure in obstetrics. Many units employ the use of local analgesia for most forceps deliveries, sometimes in conjunction with intravenous pethilorfan. I have taken this method with me into general practice and have found it to be of enormous value.

The state of hypo-aesthesia was originally induced with pethidine, but the risk of hypotension, due to respiratory depression and consequent anoxia of the medullary centres, caused this method to be fraught with danger. Respiratory depression of the foetus was another hazard but did not seem to occur. However, the addition of levallorphan tartrate to pethidine (pethilorfan) entirely eliminates these risks. A satis-

factory technique would appear to be slow intravenous injection of pethilorfan, 100 mg., together with chlorpromazine, 12.5 mg., given before commencing a pudendal block. The delivery is greatly facilitated by the resultant muscle-relaxation and euphoria. The amnesic effect observed by Captain Smith and his colleagues is most marked in that the mother is co-operative throughout the delivery, falls asleep after the third stage, but remembers little or nothing of the procedure.

The small amount of chlorpromazine seems to overcome any nausea—but the usual precautions in using this drug must, of course, be observed. Promethazine has been used as an alternative to chlorpromazine, but it has recently been suggested that this drug has an anti-analgesic effect.—I am, etc.,

Maidenhead, Berkshire.

MICHAEL IRVING.

Lignocaine with Adrenaline

SIR,—In 1955 Dr. W. A. W. Dutton and I described a technique of local analgesia for forceps delivery. Following our article there were reports of severe toxic reactions where 1% and 2% lignocaine had been used instead of the 0.5% solution which we recommended.

Dr. R. A. Deacock (October 14, p. 1025) has again drawn attention to this danger. It is easy to inject more than 50 ml. of solution into the perineum, and I believe it is proper to do so for forceps delivery. The 0.5% solution is completely effective and higher concentrations may be dangerous.

The toxicity of lignocaine is more geometrically than directly proportional to its concentration. Thus 50 ml. of 1% solution is more toxic than 100 ml. of 0.5% solution. It would be a pity if the excellent safety record of local analgesia in obstetrics were marred by simple errors of dosage.—I am, etc.,

Banbury.

J. M. GATE.

REFERENCE

- ¹ Gate, J. M., and Dutton, W. A. W., *Brit. med. J.*, 1955, 2, 99.

Elastic Ankle-bands and Cramp

SIR,—I think I can explain Dr. R. W. Smithells's problem of nocturnal calf-pain (November 11, p. 1293), having myself suffered from this condition. I have found I can induce intense pain in either calf by forcibly plantar-flexing the appropriate foot. This sends the calf muscles into spasm, hence the tense feeling in the muscles. Instant relief is obtained by firm and resolute dorsiflexion of the foot, automatically relaxing the muscles in spasm. This I feel is the logical explanation of many nocturnal cramps. It is very easy to plantar-flex excessively when lying in the prone position as many do when in bed.—I am, etc.,

St. Helens, Lancs.

C. D. ELLIS.

The Tiger's Nose

SIR,—Although I have never hunted tigers, I have lived with many domestic cats and have always been interested in the dryness of the cat's nose when compared with the wet-nosed dog.

The late Professor Wood Jones¹ endorsed the comment of Dr. W. T. Simpson (October 28, p. 1152) and the big-game hunters when he stated that, "The wet-nosed dog hunts by scent, the dry-nosed cat by sight. The wet-nosed dog follows its victim's trail, the dry-nosed cat stalks it." Earlier on he remarks, "It