tants of the tropics as well as with their diseases.

For these reasons, as Dr. G. L. Robinson, director of pathology to this group, pointed out in his letter published in the *B.M.J.* (25 December 1965, p. 1547), the Dreadnought Hospital could with advantage be used as a centre for the medical examination of immigrants, as recommended by the B.M.A. working party two years ago.¹—I am, etc.,

D. A. C. PRICE,
Secretary,
Seamen's Hospital Management
Committee.

Dreadnought Seamen's
Hospital,
London S.E.10.

REFERENCE

- ¹ Report of B.M.A. Working Party on the Medical Examination of Immigrants, *Brit. med. J.*, 1965, 2, 1423.

Eradicating Scabies

SIR,—I was interested to read Dr. P. R. Danby and others' letter on the subject of scabies (25 February, p. 496). This letter, and the following correspondence, encouraged me to extract some results from my records in a public health minor ailments clinic.

During the period 1 September 1966 to 28 February 1967 82 patients (schoolchildren and pre-schoolchildren) were found to be suffering from scabies. Twenty-seven patients were seen in the first two months and treated with 25% benzyl benzoate emulsion. The response to treatment was slow, and it was decided to have instructions on treatment prepared and a copy given to the parent of each child seen with scabies. The result of this was very satisfactory. The average time required to clear the infestation was reduced from 17 days to 10 days. ($P=0.01$.)

Reinfestation occurred in 10% of the children of both groups, seen at intervals of two to four months after the initial infestation. This high rate occurred in spite of parents being warned of what would happen if another member of the family was suffering from scabies and was not being treated for it. In this area the houses of the children who were reinfested or slow to clear were visited by the health visitor. One boy of 12 required to attend the clinic daily before a cure was effected. The incidence of impetigo occurring with scabies was 5%. This condition responded well to neomycin-gramicidin ointment.

The number of new patients being seen at the clinic is now decreasing, and also the number being picked out at schools by school nurses.—I am, etc.,

Dumbarton. CHARLES A. GOURLEY.

SIR,—I have often thought that if the majority of general practitioners practised an average standard of dermatology then half the dermatologists in the country could be sacked. I therefore agree with Dr. A. Oliver Staines (11 March, p. 628) in general, but not in the particular case of scabies, which in my observations has increased in prevalence over the past six months.—I am, etc.,

Hinckley,
Leics.

PETER A. PARISH.

Poisoning with Mandrax

SIR,—We were most interested by the recent correspondence on Mandrax overdose (10 December 1966, p. 1455, and 31 December 1966, p. 1655), as we have recently seen such a case, in which the signs varied from those usually associated with overdose with hypnotic drugs in much the same way as was reported by Lawson and Brown.

Our patient was a 54-year-old male who had become increasingly depressed in the previous eight months, and three days prior to admission had obtained a prescription for 28 Mandrax tablets. He was admitted within three to four hours of having ingested an estimated 25 of these tablets. The nature of the overdose was confirmed by subsequent isolation of methaqualone and diphenhydramine from stomach washings.

On admission he was unconscious, responding only to painful stimuli. There was generalized increase in tone with clonus of both ankles, and the tendon jerks were pathologically brisk, the plantars being flexor. There was no papilloedema and no evidence of impairment of cardiovascular function. He was treated at this stage with intubation, gastric lavage, and mannitol diuresis. The following day the physical signs were much the same, with the addition of short periods of myoclonia and periodic respirations. Consciousness returned by the fourth day, but the attacks of myoclonia persisted until the fifth day, by which time the tone returned to near normal, and the patient, although conscious, showed marked psychomotor retardation. By the seventh day the patient was clearly suffering from marked hallucinations and became extremely agitated and difficult to control. Marked improvement had occurred by the ninth day, and at this stage he gave a history typical of classical endogenous depression and was transferred to a mental hospital for further treatment.

When seen in outpatients one month later there were no neurological sequelae and his mental state appeared relatively normal. We think this case is of interest, as it supports the idea that Mandrax overdose gives a distinctive picture, as suggested by Lawson and Brown.—We are, etc.,

P. M. FORD.
CHRISTOPHER A. BIRT.

Kingston Hospital,
Surrey.

Venous Leg Ulcers

SIR,—In reply to Dr. B. Gordon (24 December 1966, p. 1595), who has raised the question of non-fluorine steroids in the treatment of dependent leg ulcers, I find that, of the last 16 cases referred with a history of deterioration following treatment with local steroid preparations, six cases had been treated with hydrocortisone and antibiotic or antiseptic, two with hydrocortisone, three with fluorine-containing steroids and antibiotic, two with fluorine-containing steroid, and three with "steroid applications." Ulcers treated with the newer, fluorine-containing steroids showed the most rapid deterioration, as might be expected, and it would appear that the undesirable effects of hydrocortisone and the newer, synthetic analogues differ only in degree of severity and correspond to the relative potencies of the different preparations.

Cortisone prevents capillary dilatation.¹ This would prevent the normal hyperaemia and the increase in local metabolism which

seem to be a necessary part of the healing process.—I am, etc.,

Scartho Road Hospital,
Grimsby, Lincs.

W. A. DEWAR.

REFERENCE

- ¹ Cook, C., and MacDonald, R. K., *Brit. J. Ophthalm.*, 1951, 35, 730.

Knee Jerks?

SIR,—Your readers might be interested in a method of eliciting knee jerks in nervous patients who cannot relax their musculature. In my field of geriatric medicine this is a very common situation, elderly people tending to become tense and rigid during clinical examination. On attempting to elicit the knee jerks in the normal way by flexing the joint and tapping the patellar tendon the joint is held so rigidly in flexion that it is often impossible to assess the response accurately.

I have found it much easier for them to relax if they are allowed to lie supine with the knees fully extended; the left forefinger is then placed above the upper border of the patella and it is pushed gently downward until a moderate degree of stretch is obtained in the quadriceps. The back of the forefinger is then tapped firmly so that a further sharp extension is put upon the quadriceps, and the response to this stretch indicates tonicity very accurately.—I am, etc.,

All Saints' Hospital,
Chatham,
Kent.

J. B. BRENNAN.

Cytological Service and the Ministry

SIR,—I was interested in Dr. J. M. G. Wilson's lengthy defence of the Ministry's connexions in regard to exfoliative cytology (25 February, p. 499), and I write this letter not as the chairman for the British Society for Clinical Cytology but as myself—the "Tyneside Pioneer"—as Dr. Wilson so generously referred to me.

There is just one important point which I wish to emphasize and to point out. Dr. Wilson refers to me as one of the "Ministry's Advisers" who settled the length of the training course for technicians. I have never regarded myself as one of the Ministry's advisers, although it was true that I was asked by the regional board to attend a meeting at the Ministry in conjunction with my colleagues from the other training centres, who no doubt are also classified as "advisers." I must point out, however, that this does not necessarily mean that the Ministry took all or even any of the advice which they were proffered.—I am, etc.,

Newcastle upon Tyne 3. STANLEY WAY.

Infectious Diseases as a Specialty

SIR,—Several of the correspondents following your leading article (7 January, p. 2) on this subject mention that there are few training posts in infectious diseases and only two senior registrar posts in England and Wales. As one of those senior registrars I hope you will allow me to make some comments.