deficiency, complicated by the anaemia of infection. His serum B₁₂ proved to be in the normal range at 300 µg./ml. and the serum folic acid low at 1.8 mµg./100 ml. Serum iron was also low at 42 µg./100 ml. He was transfused two units of packed cells, placed on Folvite 15 mg. daily, Cytamen 1 mg. three times a week, and Jectofer 1 ampoule daily for five days, and fed by nasogastric tube for a week. Topical ulcer therapy continued as before. His general condition and blood picture responded satisfactorily, but even more gratifying was the effect on his ulcers. Within three weeks all the ulceration had healed completely. Considerable scarring remains, of course, and he still has a very poor voice and pharyngeal spill, but at present he is managing well enough at home by swallowing small amounts.

Two points arise from this case. The first emphasizes the severity of some cases of aphthous ulceration. Should this spillover get worse laryngectomy may be indicated. The second point concerns the role of folic acid. He presumably developed a nutritional folate deficiency because of eating and swallowing difficulty over the years, but such was the speed of his recovery when this was corrected that it is tempting to assume that folate deficiency may be a factor in perpetuating or aggravating stomal ulceration. We would now consider it worth while investigating the serum folate level in patients with severe ulceration which is not responding to routine measures.

We would like to thank Mr. W. S. Lund for permission to publish this case.

—We are, etc.,

E.N.T. Department,
Middlesex Hospital,
London W.1.

B. D. BIRT.
J. H. MATHER.

Side-effects of Vinca Alkaloids

SIR,—Severe constipation associated with the use of vinca alkaloids is known in man.¹ I should like to report here my observations on the effect of vinblastine sulphate (kindly supplied by Dr. J. M. McGuire from Lilly Research Laboratories) in guinea-pigs; they have not so far been described. In these animals the neurotoxic effect of vinblastine seems to be the main cause of death.

To 38 guinea-pigs of both sexes, weighing 200–400 g., divided in several groups, I gave daily, intraperitoneally, vinblastine sulphate in saline in doses ranging from 80 to 200 µg./kg. These doses are innocuous in rats.² In order to remove the effect of peritoneal irritation the drug was administered in quantities from 1 to 3 ml. of saline. However, in definite relationship with the dose administered all the animals exhibited after three to seven days a great distension of the abdomen, dying several days thereafter. Opening the abdominal cavity, both post mortem and under light ether anaesthesia, I saw the bowel extremely distended, especially the large gut, which was full of air. The general aspect was of severe ileus paralyticus. There were no changes in distension of the bowel that could be correlated with the amount of solvent used.

Decreased intestinal motility was described by Goldstone³ after treatment with penta-methonium in a patient whose constipation mimicked an acute intestinal obstruction. I think that in guinea-pigs, as in man, an important side-effect of vinblastine sulphate is the neurotoxic effect, which is mainly manifested in the ganglion-blockade effect and subsequently dramatic paralysis of the

gut. Therefore the treatment of constipation after the use of vinca alkaloids should be considered in this light.—I am, etc.,

ADRIAN VLĂDUTIU.

Department of Physiopathology,
Hospital "G. Marinesco,"
Bucharest 8, Romania.

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Safety of Chloral

SIR,—As a general physician I heartily endorse the hope expressed by Dr. A. J. Hawes (8 June, p. 627) in his attempt to restore chloral as a popular hypnotic. Dr. Hawes wonders "if a case of poisoning from an overdose of chloral hydrate has ever been reported." I am not aware of such a report, but note below very brief information regarding the seven patients admitted to this unit in 1967 having taken an overdose of chloral, or an allied preparation.

Preparation	Amount	Effect on Conscious Level
Triclorol (triclofos)	25 tablets	Slightly drowsy
" "	"Handful" tablets	Slightly drowsy
Chloral and Nephenthe Welldorm (dichloralphenazone)	? amount	Slightly drowsy
" "	20 tablets	Drowsy
" "	12 tablets	Drowsy
" "	12 tablets	Fully conscious
" "	6 tablets + beer	Fully conscious

There were no effects other than those on the conscious level. These minimal effects from overdosage support the choice of chloral as one hypnotic which can be prescribed for patients at risk from possible self-poisoning.—I am, etc.,

HENRY MATTHEW.

Regional Poisoning Treatment
Centre,
Royal Infirmary,
Edinburgh.

Unusual Presentation of Hypernephroma

SIR,—Dr. G. G. M. Woods (13 April, p. 100) describes an unusual presentation of hypernephroma.

This reminds me of a very similar case I saw about 28 years ago, when I was still practising in Umtata, the capital of the Transkei.

The patient was a European spinster, aged then about 40 years. The history was that she had been looked after by a colleague in Queens-town, who had diagnosed an enlarged liver five years previously, in about 1935. This enlargement gave her some upper abdominal discomfort, but otherwise there were no symptoms whatsoever, and in particular she had no renal symptoms.

On examination I found, as did my colleague, that the lower edge of the liver was displaced about 3 in. (7.5 cm.), and therefore I concurred with his diagnosis.

About one and a half years later she returned, this time complaining of severe menorrhagia. On examination she had a large fibroid uterus, and I therefore did a total hysterectomy. At the time of this operation I thought I would

also palpate the liver to see what was causing its enlargement, and to my horror I discovered that the liver was not enlarged but was merely displaced downwards by a very large tumour in the upper pole of the right kidney, which had grown in between the diaphragm and the right lobe of the liver, and in this way displaced the latter downwards. A month later I did a right-sided nephrectomy and found a hypernephroma or adenocarcinoma of the kidney the size of a child's rugby ball. The diagnosis was confirmed by the laboratory.

A few months ago she wrote to me and said that she was now old and ugly, and, as I was the cause of her still being alive, would I recommend her to a good plastic surgeon for a face-lift. In other words, she was extremely well.

The two interesting points here are the complete absence of any renal symptomatology and the displacement of the liver, mimicking hepatomegaly, and the fact that 28 years after surgery there are no signs or symptoms of secondaries. In fact she must have had this tumour for quite a few years before I ever saw her, because already at that stage the liver was displaced considerably, proving again, as we know, that the prognosis of hypernephroma is most unpredictable.—I am, etc.,

Cape Town.

J. D. JOUBERT.

Paracervical Block with Bupivacaine

SIR,—Mr. F. C. R. Picton's comments (1 June, p. 561) on Mr. D. H. Gudgeon's article (18 May, p. 403) prompt me to report our own experience of 25 cases of paracervical block with bupivacaine 0.5%, which include one stillbirth.

Using 10 ml. of 0.5% bupivacaine with adrenaline 1:200,000 we have obtained satisfactory and prolonged analgesia in 70% of cases. In two cases there was significant slowing of the foetal heart within 30–45 minutes of the paracervical block, and in one of these the foetal heart sounds disappeared. Eleven hours later normal delivery of a fresh stillborn baby weighing 8 lb. 5 oz. (3.8 kg.) took place. A slightly infarcted placenta weighing 1 lb. 9 oz. (750 g.) followed. Necropsy showed areas of intrapulmonary haemorrhage scattered through the substance of the lung, but no other abnormality.

This patient had a slight degree of toxæmia (B.P. 130/90, urine normal) and was 10 days overdue, so that placental insufficiency was a possibility. Even so, we are not convinced that the paracervical block with bupivacaine and adrenaline was not a factor, and we support Mr. Picton's words of caution.—I am, etc.,

D. B. WHITEHOUSE.

Maclor General Hospital,
Wrexham.

SIR,—The discomforts of labour can be promptly relieved by paracervical block (18 May, p. 403), but I believe that excessive amounts of local anaesthetics are injected by many obstetricians. I have noticed that it is useful and perhaps best to inject at four points, two on each side of the cervix—namely, 3, 4, 8, and 9 o'clock. The injections should not be made deeply. It serves well to inject in the sulcus where the cervical and vaginal mucosa meet—achieving virtually a submucosal injection. Using bupivacaine 0.25% with adrenaline 1 in 400,000 it should not be necessary to use more than a total