Volvulus Precipitated by Barium Swallow

SIR,—A 50-year-old African farm worker was treated with radiotherapy followed by oesophagogastricectomy and splenectomy for an encircling squamous cell carcinoma of the lower third of the oesophagus. Two months later as a final check on his anastomosis a barium swallow (50 ml. of barium suspension at 2.5 g./ml.) was performed which showed an intact anastomosis with no evidence of stenosis nor of growth. Three days after this, he suddenly developed abdominal pain and distension followed by vomiting, and was considered to have a sigmoid volvulus, which did not respond to rectal intubation. At operation a viable sigmoid colon was found to have made one complete turn clockwise, viewed from below. Resection and primary anastomosis were performed and the patient made an uneventful recovery. The resected colon was loaded with barium, but no adhesions were present.

Volvulus of the sigmoid colon is common in Africans and accounted for 29% of patients with acute intestinal obstruction admitted to this hospital in 1968, by comparison with 2% in Britain.¹ Aetiological factors are thought to be long mesentery with a narrow base and apical adhesions accompanied by local sigmoid hypertrophy, perhaps due in some racial groups to their predominantly vegetable diet. It seems reasonable to assume that loading of the colon may precipitate volvulus under these conditions such as may occur in Arabs during the time of Ramadan. Loading with barium appears to be the precipitating factor in the case described here, although this does not seem to have been reported previously.²

It may be wise, therefore, to ensure the early evacuation of barium following alimentary radiology, and it is suggested that in the absence of obstruction oral aperients may be utilized.—I am, etc.,

HEATHER M. DUKES.

Department of Surgery, University College
of Rhodesia,
Harare Central Hospital, Salisbury,
Rhodesia.

REFERENCES

- ¹ Ellis, H., and Calne, R. Y., *Lecture Notes on General Surgery*, 1965, p. 170. Oxford, Blackwell.
- ² Sutcliffe, M. M. L., *British Journal of Surgery*, 1968, 55, 903.

Lost Oral Contraceptive Packets

SIR,—Recently rather alarming publicity has been given on a number of occasions when packets of oral contraceptives have been lost. Newspapers have suggested that the contents may be dangerous to children, especially as the pills are brightly coloured and look like Smarties. In some instances police cars have toured districts in which pills have been lost, making loudspeaker announcements about the danger to children. The justification for all this seems highly dubious, since the acute toxicity of oral contraceptives is very low, and the worst that is likely to happen to a child swallowing even a whole packetful of pills is nausea and vomiting.

Obviously these agents, like all other drugs, should be kept in a safe place, inaccessible

to children. But to take action, when any are lost, as though they were highly poisonous is not only misconceived but quite unnecessarily worrying to women who use or may contemplate using oral contraceptives.—I am, etc.,

G. I. M. SWYER.

London N.W.1.

Re-employment of Women Doctors

SIR,—In regard to the re-employment of women doctors (H.M. 69/6 and E.C.L. 27/66) we would like to draw the attention of your readers to the advisory service of the London Association of the Medical Women's Federation. Those wishing to avail themselves of this service should contact the Medical Women's Federation Office, Tavistock House North, Tavistock Square, W.C.1 (01-387 7765), whence they will be put in touch with the appropriate regional liaison officer.—I am, etc.,

M. J. PENTNEY,
Secretary, London Association,
Medical Women's Federation.

London W.C.1.

Cancer and the Nervous System

SIR,—In your leading article entitled "Cancer and the Nervous System" (26 July, p. 193) you state that "a pure sensory neuropathy was first described by Denny-Brown" (in 1948). This statement is also repeated in some of the references you cite.

I would draw your attention to a paper I published in 1948 entitled "Bronchial Carcinoma Presenting as Polyneuritis, written when I was registrar at the National Hospital, Queen Square, and which antedated that by Denny-Brown. I have in front of me a letter from Dr. Denny-Brown written from Boston, Mass., in 1948, which he sent me after the publication of my paper, telling me he had just submitted for publication a paper on the same subject. In fact, this form of sensory neuropathy associated with carcinoma is often referred to in the Continental literature as Wyburn-Mason's syndrome. Truly a prophet is not without honour, etc.—I am, etc.,

R. WYBURN-MASON.

London W.1.

REFERENCE

- ¹ Wyburn-Mason, R., *Lancet*, 1948, 1, 203.

Hypothalamic-pituitary Function in Depressive Illness

SIR,—May I comment on Dr. B. J. Carroll's interesting paper (5 July, p. 27)? His findings of impaired cortisol response to hypoglycaemic challenge might be explicable on the basis of Lange's hibernation hypothesis.

In the hibernating animal blood sugar levels tend to be low. Within this setting of prolonged starvation a "normal" cortisol response to further hypoglycaemia could produce needless gluconeogenesis at the expense of limited body protein stores. Therefore in hibernation such a diminished reaction to hypoglycaemia would seem to be advantageous.

It has been postulated¹ that in depression there is a disturbance of man's central physiological clock, producing a tendency in the organism to revert to a basic circadian rhythm. This abnormality is likely to disturb contiguous structures in the hypothalamus. The classical disturbance of mood, as well as the release of the postulated dormant hibernation trait, may be its consequence. The higher basal plasma cortisol level in depression, to which the author makes reference, might in man be the product of such abnormal stresses on the hypothalamo-pituitary mechanism.

The fact that this raised plasma cortisol level is subject to an abnormal diurnal rhythm² also appears to support such a phylogenetic rationale.—I am, etc.,

London W.11.

KLAUS HEYMANN.

REFERENCES

- ¹ Heymann, K. G., *The Practitioner*, 1967, 199, 224.
- ² Conroy, R. T. W. L., Hughes, B. D., and Mills, J. N., *British Medical Journal*, 1968, 3, 405.

Textbooks for Nurses in Developing Commonwealth Countries

SIR,—You were good enough to refer to grants recently awarded by the Commonwealth Foundation in the medical field (28 June, p. 833). This prompts me to make a modest appeal through your columns on behalf of nurses in developing countries throughout the Commonwealth.

As I have learned from frequent visits to Africa, the Caribbean, and Asia, numbers of recently established nursing training schools—not least in West Africa—are desperately short of basic textbooks. The will to teach and to learn is impressive. But without the tools for the job both students and staff are severely handicapped. Governments help within their financial capacity. The Commonwealth Foundation itself, while active in the professional journal field, is obliged to draw the line at books. Yet, as experience with other professions has shown, much can be achieved through the voluntary good will of professional men in Britain.

If any medical library, publisher, or practitioner in Britain has on the shelves textbooks, even outdated, which could be disposed of without undue sacrifice, we in the Commonwealth Foundation would be glad to receive and forward them to Commonwealth nursing schools which could make ready use of such gifts. Within the London area such books would be collected at source. The cost of forwarding books from elsewhere in the country would be refunded without delay.

I should be glad to hear from anyone wishing to help.—I am, etc.,

J. CHADWICK.

Director, The Commonwealth Foundation,
Marlborough House,
Pall Mall, London S.W.1.

Meaning of P.U.O.

SIR,—The title of your leading article is incorrect (19 July, p. 128). The letters P.U.O. do not mean "Pyrexia of Unknown Origin," but should stand for "Pyrexia of Undetermined Origin," a subtle and challenging distinction.—I am, etc.,

London W.8.

MICHAEL HARMER.