

be remembered that it is common under any circumstances for menstruation to be delayed beyond the 16th birthday, and such delay does not necessarily imply any abnormality. The premature employment of any form of hormone therapy should therefore be avoided as needless and possibly harmful. In such cases attention should be paid to the girl's general physical and mental development. If this is normal, then the girl and her parents should be reassured. The only treatment necessary is to ensure that the girl is living a healthy life, not overworking, occupying her leisure hours suitably, and receiving a diet adequate in all respects. If, however, there is other evidence of endocrine disturbance, then complete investigation should be carried out to determine its nature before prescribing any hormone therapy. In a girl otherwise healthy in mind and body, amenorrhoea alone rarely justifies special investigation and treatment until she reaches the age of at least 17, and possibly 18 years.

Menopausal Arthritis

Q.—*About the menopause women are very susceptible to muscular or arthritic pains for which no focal infection can be traced. So common is its incidence that, like flushes, many women attribute it to endocrine dysfunction. Does proof, apart from clinical, support this claim, and what have been the results of oestrogenic treatment?*

A.—Apart from clinical observations there is little reliable evidence in support of the view that rheumatic disorders at the menopause are due to endocrine dysfunction. Tempelaar and van Breemen carried out observations on 142 women whose rheumatic disturbances were associated with the menopause or with irregularity of the menses, with a preparation of whole ovary and stated that the percentage improvement was lower among the controls than in those receiving ovarian substance (*Acta rheumatol.*, 3, No. 10, 13, 18, 19). F. C. Hall (*New Engl. J. Med.*, 1938, 219, 1015, and *J. Amer. med. Ass.*, 113, 1061) carried out a series of observations on 71 female castrates who developed joint symptoms a few weeks after operation. He gave 10,000 to 20,000 rat units of oestrogenic substance a week for six weeks, and in 40 of the 53 cases in which adequate treatment was given 70% were almost completely relieved of joint and muscular pain. It is suggested that arthralgia and arthritis appear to be phases of the same process due to excess of anterior pituitary hormone in the absence of ovarian hormone. Hench (*J. Amer. med. Ass.*, 113, 1062) found oestrone disappointing and Cecil had similar results. Monroe (*Chronic Arthritis*, Oxford Loose Leaf Medicine, London, 1939) states dogmatically that none of the ductless glands plays a part in originating any type of arthritis.

It is a striking feature from the clinical aspect that rheumatic symptoms develop far more often after the artificially induced menopause than in the natural course of events. In my opinion the probable explanation is that normally, as the supply of ovarian hormone fails, the thyroid takes over its functions in metabolism under the balancing influence of the pituitary. Should the supply of thyroid hormone be inadequate symptoms arise due to this, notably the development of a chronic villous synovitis of the knees and of dense fibrositic deposits in various parts, especially on the inner aspect of the knees and across the back of the neck, together with a slight lowering of the basal metabolism and a raised blood sugar. The factor determining the site of the rheumatic manifestations is mild trauma from overstrain, such as results from flat-foot and other deformities of the feet; frequently also there is a tendency to overweight. In favourable cases the thyroid will gradually overcome the deficiency; but where, as in the artificially induced menopause, the deficiency arises abruptly, symptoms appear more acutely. The use of oestrogenic substances is merely a substitution therapy and should be graduated accordingly so as to give the thyroid time to "catch up." Thyroid itself is generally more satisfactory except for the relief of more urgent developments, and in small doses in conjunction with iodine given over a long period is the most useful line of treatment. Reduction of strain by attention to foot deformities and the like, and by dieting to control any tendency to put on weight, are important adjuncts to the treatment.

Myxoedema and Pregnancy

Q.—*A patient aged 34, mother of two children now aged 5 and 3, developed myxoedema a year ago. This responded to treatment, and she is now perfectly well on a maintenance dose of 2 gr. thyroid (dry ext.) daily. She has now become pregnant. (1) Is there any danger of cretinism in the baby? (2) Is modification of the dose of thyroid during pregnancy or afterwards likely to be necessary?*

A.—There is no danger of cretinism in the baby, and it is unlikely that the dose of thyroid for the mother will require appreciable modification during or after pregnancy. A cretin baby may be produced when there is endemic goitre, but not because a mother is suffering from spontaneous myxoedema. In fact Parkin and Greene (*J. clin. Endocrinol.*, Aug., 1943) have recently recorded cases of juvenile and adult myxoedema on which pregnancy has supervened

although they were quite untreated before pregnancy, and in which the baby was completely normal, though no treatment with thyroid was given during pregnancy. Incidentally it is rare for pregnancy to occur in a woman with untreated myxoedema.

Intractable Acne

Q.—*I would be grateful for advice on a persistent case of acne vulgaris and pustularis in a youth of 16. He is dark-haired with a greasy skin. The eruption is present on his back, forehead, chest, and nuchal areas. There is much scarring from old pustules, but I am more concerned at the continual outbreak of pustules. He is on an antiseborrhoeic diet, free of fried food, grease- and fat-free, and no sweets. I insist on daily baths with medisoap No. 67, and I have given him erythematous doses of local ultra-violet light. He is also using a zinc sulph., potass. sulphurata, and acetone lotion, and I am now giving an autogenous Staph. aureus vaccine. A radiologist is giving him superficial x rays once weekly. Is hormone or stock acne bacillus vaccine of any value?*

A.—Acne vulgaris is a chronic and rebellious disorder; it may be assumed that the youth of 16 will continue to be affected for months or years. The record of the treatment already given follows the recognized lines and can be continued. As x-ray treatment must be strictly limited, later the U.V.R. can be resumed. Although various hormonal substances have been used for acne, the results have not been encouraging, and this also applies to acne bacillus vaccine. Massage with a Bier's cup is occasionally of value.

Lint: Which Side?

Q.—*Which side of the lint should be placed next to the wound? I have always used the smooth side, but several times lately I have heard it stated that the fluffy side is specially prepared to have a "velvety" softness, and therefore should be placed next to the skin. This is perhaps too small a matter for publication under "Any Questions?"*

A.—When lint—i.e., fluffed linen, both words being derived from lint—flax) was first introduced its use was chiefly as an external application—often with added medication—to the unbroken skin. For this purpose the soft fluffy side is ideal from the comfort point of view, and it also holds plenty of the medicament—e.g., Scott's dressing. When used on a raw surface the smooth side (non-fluffed) is the better one to apply to the wound, but it is probable that other materials—gauze, etc.—are best for this purpose.

INCOME TAX

Commencement of Practice

L. G. commenced a practice in March, 1943, in succession to a deceased practitioner. He has already been assessed for the year 1943-4 and the inspector of taxes informs him that he will be liable to account for the first instalment of the tax in January, 1944.

** The inspector is acting legally, but L. G. is entitled, of course, to give notice of objection to the assessment, pointing out that the correct liability cannot be calculated until after his accounts to the end of March, 1944, are made up. In the meantime he is entitled to decline to pay on any amount in excess of the probable (or undisputed) liability, and if necessary the Commissioner of Taxes can be asked to decide what amount he should pay. Whether the inspector would be prepared to put all parties concerned to the trouble of such proceedings in order to ensure that tax is paid in, say, February instead of, say, May is doubtful.

LETTERS, NOTES, ETC.

A Rare Presentation

Dr. LEONARD LEY (Great Yarmouth) writes: The following notes of a rare condition may warrant publication. I was called in by the midwife because of delay in delivery of a second twin (the first, a girl, had been born 4 hours with a tear of the perineum). When I arrived pains were strong. Presentation with head well down was vertex anterior. I gave pituitrin. The head was delivered and I freed the chin. I then saw first one hand and then the other present alongside the face. I eased the arms out and this delivered the foetus to the upper end of the sternum. As this level of the trunk appeared toes and a foot (the left) presented and lay under the chin. I have dealt with some 2,000 confinements and have mentioned this case to two colleagues who have probably done as many or more, and none of us has seen or heard of such a happening. This child was a male.

Corrigendum

Prof. GEOFFREY JEFFERSON wishes to point out that the top two illustrations at page 3 of his paper on "The Nature of Concussion" in our issue for Jan. 1 refer to Case 2 and Case 1 respectively. The lower one illustrates Case 3.