LETTERS, NOTES, ETC.

Toxic Effects of High Octane Petrol

Dr. J. STEWART LAWRENCE (Bishop's Stortford) writes: With reference to Mrs. Jean Patey's suggestion (Feb. 16, p. 264) and Major J. H. Lankester's note (March 2, p. 342) on poisoning from tetra-ethyl lead in persons exposed to petrol fumes, this question has been very fully investigated in America, and it has been found that petrol as usually handled in commerce carries no risk of lead-poisoning. In all suspected cases so far it has been established that plumbism was not a factor in the production of the illness (Machle, W., *J. Amer. med. Ass.*, 1941, **117**, 1965). Only in the cleaning of tanks in which petrol has been stored and allowed to evaporate does this hazard arise, or most commonly in the manufacture of the lead tetra-ethyl itself. That confusion should arise is understandable, for the symptoms of petrol-poisoning resembie closely those of lead tetra-ethyl, including, as they do, abdominal pains, cramps in the limbs, tremors, and hallucinations and violent maniacal symptoms. They are, however, more transient, passing off in 2 to 3 days, whereas those of lead tetra-ethyl, if not fatal, last for 6 to 10 weeks.

Morphine and Adrenaline in Bronchial Asthma

Dr. M. O'BOYLE (Killybegs, Co. Donegal) writes: With reference to the question and answer under the above heading (Jan. 5, p. 38) I have several asthmatic patients in my district, and an injection of 3 to 5 minims of adrenaline during or at the beginning of an attack has no effect on the spasm. I give an injection of from 1 ml. to 1½ ml. of adrenaline during an attack, and have to repeat this in 6 to 8 hours. I have noticed no ill effects apart from slight blanching of the skin. Probably these people have developed a tolerance to adrenaline.

First Aid for Cresol Burns

Mr. D. R. MATTHEWS, M.P.S., pharmacist, Middlesex Hospital, writes: I read with interest the reply to the query relating to the first-aid treatment of cresol burns (Feb. 2, p. 191). It has always been my practice to deal with liquid phenol splashes by immediately swabbing the area with cotton-wool soaked in industrial spirit and wiping off rapidly. This immediately allays the stinging sensation, and the skin at once recovers its normal appearance, leaving none of the usual eschar. The method was once applied to an extensive area, involving the whole of the forearm, and was commended, presumably on its effectiveness, by those who subsequently dealt with the patient. An experiment with small applications of cresol to the underside of the forearm confirms the usefulness of the method. Washing with water or sodium bicarbonate solution proves ineffective in allaying the sting or preventing erythema, while the application of spirit accomplishes both. I presume the better result obtained by the latter treatment is due partly to the readier solubility of the phenols in alcohol and partly to the lower surface tension of alcohol by comparison with water. Rapid circumscribing of a splashed area with the spirit in conjunction with the release of cotton-wool pressed on the splash itself would have the added advantage of withdrawal of most of the phenol therein, as in the technique of grease-spot removal. While some phenol might be the more readily absorbed in the alcoholic solution, it appears that its penetration might be obstructed somewhat by any slight coagulum of protein formed, such natural protection being enhanced by the hardening effect of the spirit. Meanwhile the withdrawal of the major portion of the phenol is accomplished via the porosity of the wool. For minor splashes, at least, the "spirit" removal is of undoubted value as a first-aid measure. The antiseptic value of the spirit is also advantageous.

Phenol and Cresol Burns

Mr. L. T. RINDER (Barking) writes: As safety officer to the largest producers of phenol and cresylic acids in this country, and as a member of the Royal Society for the Prevention of Accidents, perhaps you would allow me to amplify the answer already given. After much experience of chemical cures of almost every type, I am convinced that, with the exception of metallic sodium, water and plenty of it is by far the best treatment for the first-aider to adopt. It is not, however, sufficient to give just a hasty swill under the tap. Water should be allowed to flow over the burnt area for at least ten minutes, and longer if possible. The question of extensive phenol burns is a much more serious problem and demands the earliest possible medical attention. Apart from the necessity for dealing adequately with the effects of shock, there is the grave possibility that a lethal amount of the poison may be absorbed through the damaged tissues.

A Road Accident Syndrome?

Dr. E. GRANGER (Thame, Oxon) writes: On looking through the table of vital statistics in the *Journal* one is struck by the omission of what is hardly a notifiable disease, perhaps, but is nevertheless the most potent cause of death that modern civilized man is heir to—namely "automobilism." Whether this is a disease in itself is a matter of opinion, but it is undoubtedly a precursor of various mental and physical aberrations. When one thinks of the time, energy, brains, and money that have been expended on combating diseases far less lethal than the road locomotion syndrome, it is nothing less than staggering that so little research has been undertaken on the above scourge when the cost of it would be infinitesimal compared with the appalling loss of life and injury. The lack of interest in alleviating these distressing complications can be largely explained by an attitude of fatalism. A child chooses to dash in front of a moving car without due deliberation; the steering suddenly fails due to some mechanical failure: these two cases can perhaps be regarded as fate and there is practically no cure for them. But for every one of these there are at least 10 other cases where the lapse lies with the driver, not with the car, and only partly with any third party. It is by the intensive study of these lapses that much could be done to lessen the fatality. In the R.A.F. much good work has been done by interrogating air-crews involved in crashes. I suggest as a beginning that the R.A.C., the insurance companies, or some other interested body should employ an average driver of average physique and capable of analysing his reactions to circumstances. Over a period of years he should drive various cars over various roads: long and short distances, day and night, in both town and country. He should keep a log of all accidents, near misses, and "might-have-beens"; what he was thinking at the time; what in his opinion caused the aberration. Was he thirsty, full, or hungry? Was the car running well or ill? Was it noisy? What was the light like? Was he cold, hot, tired, or too comfortable? Was he on a straight fast road or one with many bends? Had he been driving all day or had he just started? What was the state of his health: blood pressure, pulse, alimentary activity, and any other relevant details? There should be notes on his reaction to various drugs—ephedrine, benzedrine, alcohol, and others. Surely if this investigation were carried on long enough, and the investigator travelled far and sometimes fast enough, provided always he managed to survive and kept his mind, eyes, and ears open, something would come of it, and additional light be thrown on this very pressing problem.

The Lancs Tuberculosis Scheme

Dr. F. C. S. BRADBURY writes: In your issue of March 9 you kindly reviewed Dr. Lissant Cox's annual report for the year 1944 under the above title. As successor to Dr. Cox may I draw attention to a couple of inaccuracies which appeared therein. It is stated in the first paragraph, third sentence, ". . . and in 1934 over 30% of pulmonary cases on the register. . . ." This should, of course, have read ". . . and in 1944 . . ." The third sentence of the second paragraph reads ". . . and the resultant long waiting list of over 1,000 patients." The county waiting list for 1944, averaged at monthly periods during the year, was 106 (see page 15 of Dr. Cox's annual report).

"B.M.J." for Hungary

To the growing number of appeals for British medical literature from the countries of Europe must be added one from Hungary. There is a dearth in Hungary of current literature on English medicine, and Mr. Edward Fuller, editor of *The World's Children* (20, Gordon Square, London, W.C.1), asks for copies of the *B.M.J.* He writes: "It occurs to me that some of your readers may be moved to pass on any copies they do not habitually file."

Correction

The thirteenth line of Prof. Grey Turner's memoir of Adolf Lorenz of Vienna (March 23, p. 453), should have read: "At the Allegemeine Krankenhaus he only had an out-patient department. . . ."

BIRTHS, MARRIAGES, AND DEATHS

The charge for an insertion under this head is 10s. 6d. *for* 18 *words or less. Extra words* 3s. 6d. *for each six or less. Payment should be forwarded with the notice, authenticated by the name and permanent address of the sender, and should reach the Advertisement Manager not later than first post Monday morning.*

BIRTHS

BHAGEERUTTY.—On March 21, 1946, to Catherine, wife of Dr. Bhageerutty, of Norton Canes, a son—Jan Dorian.

WRIGHT.—On March 22, 1946, at the Manse, Henrietta Gardens, Bath, to Sheila Wright, M.B., Ch.B. (*née* Richardson), wife of Capt. Frank B. Wright, a daughter.

DEATHS

HILLMAN.—On March 16, 1946, Oscar Stanley Hillman, M.S., F.R.C.S., at his home, Cherry Copse, Hambledon, Hants.

JOHNSTON.—On March 17, Benjamin Rigby Johnston, aged 84. Practised at Grasmere since 1887 continuously.

MARSHALL.—On March 15, 1946, at Parkend Cottage, Wishaw, Lanarkshire, Thomas Burns Marshall, M.B., C.M., husband of the late Mary Swan Falconer.