

to the American Rheumatism Association and the Council on Pharmacy and Chemistry of the American Medical Association the therapeutic effects are very doubtful. The treatment is dangerous, as the continued use of vitamin D in high doses can cause metastatic calcification, renal failure, and changes in the central nervous system. Several deaths have been reported in patients given massive doses of vitamin D.

#### Pethidine in Trigeminal Neuralgia

**Q.**—*Has pethidine hydrochloride been used for trigeminal neuralgia, and with what results? Apart from morphine, is any other drug of real help? Can you give percentage of successes by alcohol injection?*

**A.**—Pethidine has been used, with some degree of benefit, in cases of trigeminal neuralgia. Gelsemium certainly helps to some extent, also perhaps nicotinic acid. The percentage of successes after an injection of alcohol depends upon the skill of the operator. If the nerve is successfully located, then relief for a period up to eighteen months is to be anticipated. The present-day tendency in the treatment of trigeminal neuralgia is more and more in favour of section of the sensory root of the Gasserian ganglion.

#### Generalized Pruritus

**Q.**—*What is the most effective treatment for generalized and severe pruritus? There is little or nothing to be seen on the skin, and the usual palliatives are ineffectual. Is this a common condition, and what are the causes?*

**A.**—Generalized pruritus without physical signs is certainly common, and to discuss causes would require the greater part of this journal. A textbook should be consulted. Treatment turns upon an accurate diagnosis. Attention should be directed towards the exclusion of parasites (scabies and pediculosis), diabetes, renal disease (impending uraemia), blood changes (anaemia and leukaemia, etc.), carcinoma (especially stomach or lower bowel), arteriosclerosis (affecting central nervous system), menopausal and senile endocrine disturbances, deficiency diseases, hypertension, etc. The affection is most often the expression of a psychoneurosis. Local treatment, including antipruritics such as tar and x-ray therapy, is of secondary importance.

#### Diabetes Mellitus and Heredity

**Q.**—*Glycosuria was discovered in a patient in 1944, when he was in the Services. A diagnosis of diabetes was definitely established in May, 1947. He has one child, born in 1942, and is very anxious to have further children. What is the risk of any subsequent children developing diabetes? There is no family history of diabetes.*

**A.**—Diabetes mellitus is not always inherited in the same way, nor is there agreement as to the usual mode of inheritance. Some observers believe that a recessive gene is involved, others that it is dominant with a rather low rate of expression. As the family history is negative in this instance the chance that any child of the marriage may develop diabetes at some time during his or her life is not in all probability larger than 1 in 10 and may well be considerably less. It does not seem to be a risk that should deter this couple from having more children.

#### Test for Albumin in Urine

**Q.**—*What is the procedure for the sulphosalicylic acid test for albumin in the urine? Do you consider it as reliable for an antenatal clinic as the "heat" test?*

**A.**—A few drops of a saturated solution of sulphosalicylic acid are added to about 10 ml. of urine in a test-tube; alternatively, two or three volumes of a 3% solution are added to one volume of urine. The formation of a white precipitate indicates the presence of albumin. Cloudy urines should be filtered first. It is a reliable test, probably even more sensitive than the "heat" test, and is widely used in routine clinic work because it is quick and less troublesome to carry out. It gives a positive reaction with nucleo-proteins and proteose as well as albumin and globulin, and it is the custom in some clinics to carry out a confirmatory heat test on those urines which give a precipitate with sulphosalicylic acid.

#### Resistance to Upper Respiratory Infection

**Q.**—*What is the relative importance of fatigue and exposure as compared with a dose of the infecting agent in upper respiratory infections in man? In the light of recent scientific knowledge, can you tell me if draughts and wet feet play any part in increasing susceptibility to these infections? Has it ever been proved that a reflex congestion of the respiratory mucosa by chilling the feet increases the liability to clinical infection? Has it been proved that fatigue or general debility make one more liable to these infections?*

**A.**—Few clinicians of experience would question the importance of fatigue and exposure in reducing resistance to infection. The difficulty is in assessing their significance by "scientific methods." They are not susceptible of exact measurement, and it is not easy to reproduce such conditions in a form suitable for laboratory experiment. Recently there has been so much emphasis on the infective agent that secondary factors in the causation of infections have been greatly neglected. Many years ago it was shown that chilling the body surface led to vasomotor changes in the mucosa of the upper respiratory tract, but how far such changes increase susceptibility to infection remains uncertain.

#### NOTES AND COMMENTS

**Scrotal Eruption.**—Dr. D. F. REES (Twickenham) writes: With reference to the question and answer under this heading (March 20, p. 583), in the absence of any other diagnosis the description of a chronic scaly irritating eruption confined to the scrotum exactly fits a vitamin-B deficiency manifestation. If such, it will solve rapidly with appropriate therapy.

**Piercing the Ears.**—Dr. NORMAN H. SMITH (Edinburgh) writes: With reference to the remarks of Dr. H. Maitland Moir (March 27, p. 626) I think that the method I employ is simpler and more effective. It is evident that if a needle is used to pierce the lobule the wounds of entrance and exit and that through the intervening adipose tissue do not remain in the same straight line, and it is almost impossible to thread the delicate ring through without breakage at the joint.

To obviate this difficulty a fine trocar and cannula is used and plunged through the anaesthetized lobule. The trocar is withdrawn, and the end of the opened ring is inserted in the mouth of the cannula and pushed through the ear. The cannula falls out and the ring can be locked at leisure. All this can be done in a matter of seconds. Failure is impossible.

The rings supplied nowadays are often of inferior workmanship and are liable to break at the joints if there is any fumbling or force used in their insertion. The above method puts no strain on the joints whatsoever.

**Vitamin B and Growth of Hair.**—Dr. J. G. BRANDON BRAVO (Amsterdam) writes: My wife was released in 1946 from a Japanese camp, and I found her to be suffering from pellagra. I have been treating her with injections of a proprietary preparation containing vitamin, riboflavin, nicotinamide, pyridoxin, and pantothenic acid. When I started the treatment, my wife's hair was thin, without lustre, and grey. At present, after roughly two years, her hair is glossy, thick, and only slightly grey. . . .

**Correction.**—In our obituary notice of Dr. Charles H. Rivers (March 20, p. 574) reference was made to his five sons "of whom one is a doctor." Mr. Nigel Rivers informs us that he is a medical student and not yet a doctor.

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