

Photofluorography in Diagnosis

Q.—*Is photofluorography used in radiological diagnosis at other sites than the chest (as in mass miniature radiography)?*

A.—Photofluorography has been used for the detection of subclinical carcinoma of the stomach in out-patients attending hospital for symptoms other than gastro-intestinal. The technique was first developed by Morgan¹ at Johns Hopkins Hospital, Baltimore. The method has not been widely adopted, because it requires a mirror-type camera and a transformer with a very high output.

REFERENCE

¹ *Amer. J. Roentgenol.*, 1949, 61, 182, 188.

Children in the Tropics

Q.—*It is often said that European children living in the Tropics should return to temperate zones at about the age of 11. The reason usually given is that hot climates are unsuitable for children who are developing and growing rapidly. As the Tropics are considered safe (with precautions) for infants, who have to develop and grow much more rapidly, and for expectant mothers, this seems unlikely. Is there any physiological reason why European children should have to return at about 11 years of age?*

A.—There is no evidence known to the writer that a hot climate *per se* has any adverse physiological effects on European adolescents. It is often said—though few data have been reported—that in some children brought up in the Tropics the rate of height-gain is relatively greater than the rate of weight-gain. Such children are often called “weedy” and regarded as unhealthy. But there is ample evidence that in conditions of high atmospheric temperature a large surface area per unit weight confers a substantial physiological advantage, so that the relatively low weight/height ratio of these tropic-bred children may be a useful adaptation to environment.

While it is believed that there is no *physiological* reason for a European adolescent to leave the Tropics, there may well be other circumstances that make it advisable. These may include (to name only a few) the unsuitability or lack of educational facilities, the absence of young companions, the limited scope for recreation, particularly team games, the abundance of servants at the child's beck and call, and the high risk of exposure to a wide variety of diseases not met in temperate climates.

Irritation of Penis

Q.—*What is the likely cause of irritation at the tip of the penis which is now spreading down the urethra, associated with frequency of micturition but no discharge? The patient's wife is said to suffer from a similar irritation in the vagina. What treatment is advised?*

A.—The first possibility to exclude is an idiosyncrasy to some chemical such as mercury present in any contraceptive ointments or pessaries which may be being used. Again, there might be a sensitivity to rubber in a condom or “Dutch cap” vaginal diaphragm.

However, since both partners are apparently affected, the more likely explanation is a chronic infection, the commonest organisms giving rise to this sort of clinical picture being monilia (*Oidium albicans*), one of the tinea group, and *Trichomonas vaginalis*. In this case treatment depends on determining what type of infection is present, and for this purpose it will probably be easier to investigate swabs taken from the vulva and vagina of the wife. The appropriate antiseptics could then be applied and coitus should be avoided until the vaginal infection is eradicated. If this is done the infection in the man would probably die out of its own accord.

A combination of these possible explanations should also be considered. For example, the wife might already be using some antiseptic preparation designed to eradicate a vaginal infection, and the husband might be sensitive to the particular chemical.

Chlorinating Water in Camp

Q.—*What is the best way of chlorinating water for a family who are proposing to camp in the Balkans?*

A.—From the wording of the question it is assumed that the water will be drawn from sources other than piped supplies.

In the first place it is suggested—although this has no bearing on the question—that common sense be applied in choosing a source of water. For example, it would be unwise to draw water from a river a short distance downstream of a town or village, where it would probably have received discharges of excremental and other matter. Cloudy or frothy water might owe these qualities to the same cause. Again, wells situated very near habitations may easily be infected from primitive sanitary arrangements. Should the only available water contain particulate matter it should be strained through two thicknesses of, say, handkerchief before it is chlorinated; otherwise the chlorine might well fail to reach bacteria protected within the suspended matter.

The safest way to chlorinate water in the circumstances contemplated is to add a relatively high dose of chlorine and then, after ten minutes or longer, to remove the excess with a crystal or two of ordinary photographic hypo, which is quite harmless.

NOTES AND COMMENTS

Deep Anaesthesia for Domiciliary Midwifery.—Mr. J. A. CHALMERS (Worcester) writes: In his answer to this question your expert states that open ether should be used if the uterus is to be relaxed to rotate the foetal shoulders or to remove an imprisoned placenta (“Any Questions?” March 13, p. 657). At the risk of repeating myself, I would refer to my letter in the same issue (p. 646) and again point out that amyl nitrite will relax the uterus more safely, rapidly, and effectively than ether, and for that reason I consider it much more suitable. I have used it on many occasions in the course of my work with an Obstetric Flying Squad and have never found it to fail.

OUR EXPERT writes: Amyl nitrite is sometimes, as Mr. Chalmers suggests, a useful supplement to anaesthesia for the purpose of relaxing a uterus in spasm.

Sepsis Among Butchers.—Dr. C. R. A. MARTIN (Tankerton, Kent) writes: With reference to the reply to the question about sepsis among butchers (“Any Questions?” March 20, p. 715), from many years' experience of meat inspection I can confirm your questioner's experience. That of the chief meat inspector from “a large metropolitan market” may be true, but in unloading meat at the destination—that is, the butcher's shop—butchers are handling quarters of beef, etc., much contaminated in the course of transport from the wholesale market. Meat transport has long been a public health problem, and up to the war considerable improvements had been made, but subsequently there was a gross deterioration of standards. Home-killed meat is less likely to cause sepsis for the reason that transport is more direct and surface contamination less.

Addendum to List of Approved Names.—“Tetracyclon” (Pfizer Ltd.) should now be included under the entry tetracycline in the supplementary list of “approved names” printed in our issue of February 20 (p. 451).

Correction.—The following were inadvertently omitted from the list of members of the B.M.A. Committee on Alcohol and Road Accidents (March 27, p. 753): Mr. R. Richards, Mr. R. J. Smeed, and Dr. R. D. Summers.

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