LETTERS, NOTES, AND ANSWERS

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QUERIES AND ANSWERS

Varicose Veins in a Haemophiliac

Dr. H. E. Carmalt (Birmingham) writes: A haemophiliac patient of mine has varicose veins and is rather anxious lest one of them should rupture. I did not advise injection of a sclerotherapy solution as I thought the usual clotting within the vein would not take place and there would be a troublesome haemorrhage from the site of puncture. I would be grateful for any authoritative opinion.

Ménière’s Disease and Fruit Diet

Dr. V. E. Hastings writes from Auckland, New Zealand: Dr. James Adam says in his letter (Journal, April 16, p. 870): “The last two cases of Ménière’s disease that I saw promptly grew better on taking abundant quantities of fruit.” This is in agreement with my own experience of two cases of Ménière’s disease. These two patients were given diets which contained in one case a pound of fruit daily and in the other two pounds daily. Both had had a half to two pints of milk, four ounces of raw greens, with the rest of the diet made up of potatoes, vegetables, meat, wholemeal bread, and butter. They both made rapid recoveries, in one case all giddiness disappearing in from two to three days, and in neither case has there been a return of symptoms after two and three years respectively. It would be interesting to hear what results others get from this treatment.

LETTERS, NOTES, ETC.

Sterilization of Syringes

Dr. Trevor H. Knights (Belgian Congo) writes: I would like to add a word of support for the water-alcohol ether sequence for the sterilization of syringes advocated by several correspondents. I used this method for three years as an assistant in a bacteriological laboratory. Syringes were sterilized in this way before drawing off blood for culture, the blood being drawn into a flask containing 2 per cent. glucose broth at the bedside. I have no definite figures, but in over 200 such procedures I can only remember two plates showing contamination after prolonged incubation. In my blood cultures haemolytic streptococci, Staph aureus, and often pneumococci, grew strongly and were uncontaminated—a convincing proof, I always felt, of the efficacy of the method. I have, of course, heard the method strongly condemned on technical grounds—the short time-interval, the inadequacy of absolute alcohol in any case, etc.—but until more elaborate methods can give as reliable results I shall continue to employ this one. Our technique was simple. Immediately on returning from the ward the person responsible washed the syringe thoroughly with water; tap water will do and does not need to be boiled, but all the protein matter must be removed. Any stickiness was dealt with by peroxide or failing that 1 per cent. Na bicarbonate, although the alkaline solution is to be avoided if possible. Then the syringe was rinsed with absolute alcohol, and finally ether, and left—the plunger separated from the barrel—on the top shelf of a bacteriological incubator or any warm, dry, dustless cupboard. When it was required for use the plunger was fitted into the barrel, and the syringe was rinsed first with absolute alcohol and then with ether. We sterilized the needle and syringe in the barrel plugged with cotton-wool and containing 2 or 3 c.c.m. of alcohol. The spirit was boiled off on a water-bath or more rapidly by heating the tube over the naked flame of a bunsen burner or spirit lamp. This gave a sterile dry needle; there was no demand for an autoclave from which the tube was ignited. In practice the alcohol—ether rinsing would do equally well for the needles. Also of value is the method I learnt for “unsticking” syringes by placing them on a block of ice for ten to fifteen minutes. I have never known this to fail, but it need never be necessary if the first careful washing with water is properly performed so as never possible after the syringe has been used.

Dr. J. Walker Tomb writes: In his letter to the Journal of August 6 (p. 317) Dr. E. W. Hayward asks for suggestions regarding a “satisfactory method of sterilizing syringes where repeated boiling is impracticable. If Dr. Hayward will refer to the Indian Medical Gazette of January 1, 1925, he will find such a method described by me under the heading “A Useful Hypodermic Needle.” The essential part of the method is that the syringe, having been sterilized originally by boiling, is thereafter maintained in a sterile condition by washing it out after each injection with a mixture of equal parts of rectified spirit and glycerin of 95 per cent. alcohol. The rectified spirit evaporated takes the place more especially in the Tropics, leaving a very fine film of glycerin of carbonic acid behind, which not only keeps the interior of the barrel perfectly sterile, but effectively prevents the piston from sticking in the barrel. The needle described in the article is a platina-iridium one, and is sterilized in the first instance by boiling, and by flaming before and after subsequent use, but any modern high-grade stainless steel needle can be sterilized by flaming for a considerable number of times before losing its edge. Hundreds of injections have been given over many years with a syringe sterilized in this way without a single untoward reaction. The syringe has also been tested periodically in the laboratory for sterility and always found sterile.

Gas and Air Analgesia

The National Birthday Trust Fund for Extension of Midwifery Services announces an offer to all district nursing associations employed by the National Health Service, to fit up anaesthesia by the gas and air method of an approved machine at the greatly reduced price of £5. This low cost will make it possible for all associations to obtain one. Associations should apply to the National Birthday Trust Fund, 57, Lower Belgrave Street, S.W.1. Gas cylinders to fit the machine are supplied by a well-known firm, which undertakes to deliver and collect the cylinders and any address for 3s. 2d. per cylinder. Unused ones are credited, and the average cost of gas per case has been found to work out at about 4s. 6d.

Disclaimer

Dr. William Brown (London, W.1) writes: My attention has been drawn to a recent article in a Sunday paper in which a photograph of myself appears, and also the description of a case as being treated by me which was not a case of mine but a case of the late Dr. Georg Gröddeck of Baden-Baden which I had briefly described in my last book. The article was written and published without my knowledge or consent, and the writer of the article is personally unknown to me. The photograph was one of myself ten years ago, and I do not know how it was obtained for the newspaper.

Corrigendum

In our report of the discussion on “Marine Therapeutics” (October 29), Dr. S. Watson Smith was misquoted at one point. The first sentence of the third paragraph on page 910 should read: “The southern region was to be recommended all the year round in the neuroses, insomnia, thyrotoxicosis, high blood pressure, granular kidney, and chronic respiratory disease, excluding tuberculosis.”