clinical infection has subsided. Erysipelas must often owe its origin to an abrasion of the skin, and patients after an attack might develop such patches, a local treatment of the site and unnecessary exposure to extremes of heat and cold. Again, infection of the upper air passages is a frequent precursor of facial erysipelas, so that sinusitis, infected tonsils, and the like should be looked for and appropriately treated.

**Porosis of Elbows and Knees**

Q.—Can you suggest a complete cure for patches of porosis which have existed on both elbows and both knees for the past six years?

A.—There is no “complete”—i.e., permanent—cure for patches of porosis. The following methods will probably remove them for a longer or shorter period: (1) Rub in to the patches twice daily an ointment of 4% salicylic acid and 2% dithranol in vaseline, or preferably in an emulsifying base, and keep the same continually bandaged over old lines of attack. The strength of the dithranol may be increased to 4% when one is satisfied that the patient is not hypersensitive to the drug. The result of this treatment should be the reddening and brown staining of the treated skin, first round the patch and later on the patch itself. The treatment must be continued until all scales have come off and the site of the patch is just brown as the surrounding skin. This should take 2 to 3 weeks. The objections to dithranol are the risk of setting up hypersensitivity, the danger of staining clothing and bed-linen. (2) If x-ray treatment is available, two to four doses of x-rays, each of 100 r (unfiltered, 80 to 100 kV) at weekly intervals, localized to the patches, is to be given. With the introduction twice daily of hydral. ammon. 2%, liq. picis carb. 12%, in un. paraaffi B.P., will probably clear up the patches. This is a much cleaner method than the first.


**Menorrhagia and Hyperthyroidism**

Q.—What is the treatment for a young unmarried woman of 23 years who suffers from apparently excessive monthly periods. It is menorrhagia? She is of the nervous type, slightly enlarged thyroid, palpitation, dry mouth, and cold clammy sweats of hands. Rest helps her naturally during her periods, but does not diminish the monthly haemorrhage very much. Ectot makes her worse. What is the usual cause in such cases? The patient neither smokes nor drinks.

A.—Menorrhagia is not uncommon in thyrotoxicosis, and if local pelvic disease and blood disorders have been excluded in this case the menstrual disturbance should be regarded as another symptom of the thyroid dysfunction. Treatment of the menorrhagia, therefore, consists in treating its cause, the thyrotoxicosis. In the first place this should be prolonged rest in bed with the regular administration of sedatives such as luminal, but, failing this, subtotal thyroidectomy may be required. Only if the menorrhagia persists after the thyrotoxicosis is cured should symptomatic treatment be considered. Then calcium gluconate, crude liver extracts (containing "antihaemorrhagic factor"), and ascorbic acid, all given by mouth regularly each day for 2 or 3 months, might be tried. Ethisterone, 5 mg. t.d.s. by mouth for 3 days pre-menstrually, is sometimes helpful. If there is no response to such simple measures, endometrial biopsy should be carried out, and further treatment will depend on the endometrial picture.

**Primary Amenorrhea**

Q.—A patient aged 20 years has primary amenorrhea. The uterus and cervix are normal. Antituirin "S" and thyroid have been tried without effect. As the patient is anxious to get married, what is the outlook?

A.—Amenorrhea indicates that either the uterus, by reason of maldevelopment or disease, is incapable of responding to the normal hormone stimulus, or, if the uterus is normal then the ovarian hormone stimulus is lacking or is being interfered with by some general disease such as tuberculosis. A diagnosis can be made only after further investigations such as x-ray of pituitary fossa, B.M.R. estimation, x-ray of chest, examination of blood, endometrial biopsy, and possibly a therapeutic test with oestrogen to see if the uterus responds. Amenorrhea in itself is not harmful to general health nor would it necessarily interfere with marital life. The prospects for pregnancy, however, are bad, though, again, pregnancy is possible even in the presence of amenorrhea; it depends on the cause of the latter.

**Parodontal Disease**

Q.—May I have suggestions for a radical cure for "bleeding gums" and gingivitis? I have tried many methods without success.

A.—Bleeding gums are a symptom of parodontal disease (pyorrhea alveolaris), which is notoriously difficult to treat. Little can be expected from general measures. Vaccines and vitamins B and C have their advocates, but the results are usually disappointing. Mouth breathing is an important aetiological factor and should be corrected if possible. There is a local treatment of the teeth which is probably wiser to proceed to extraction of the teeth right away.

**Tobacco and Fehling's Test**

Q.—The urine of a woman patient reduced Fehling's solution to a bottle-green colour. Is it a slight yellow precipitate, or a radical treatment? It is necessary to determine the dosage of Fehling's solution at the end of the tobacco. Fehling's, and got the exact shade of green that I did with his sample. The patient has not smoked for a week. The latter used the Fehling's to yellow. Is there any real significance in this?

A.—The reduction obtained with crude extract of tobacco is due to the presence of glucose, which occurs in Virginian dried American tobacco to the extent of 6.9%. The appearance of the cuprous oxide which is obtained by the action of glucose on Fehling's or Benedict's reagents is dependent on the presence of other substances in the solution. For example, glucose alone gives a brown finely divided precipitate, whereas in the presence of creatine the precipitate is yellowish-orange and very minute. A reduction of a concentrated urine may give a bottle-green colour, with a slight yellow precipitate, similar to the reduction described. It would be interesting to carry out a fermentation test on the urine. If the reducing substance is removed by the action of yeast, it is most probably glucose.

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**LETTERS, NOTES, ETC.**

**Treatment of Schizophrenia**

Dr. Horace Hill (Salisbury) writes: In addition to the treatment described (Journal, Aug. 7, p. 199) I would suggest one or two courses of the combined histamine and insulin treatment, which has very good results.

**Syndrome for Paralysis**

Dr. J. C. Jones (London, S.E.25) writes: It does not seem to be commonly realized that ascending doses of strychnine are extra-ordinarily effective in treating the paralyses of infantile paralysis, and also diptheritic paralysis. The dose of liq. stry. is increased by 1 minim per day until saturation is attained. When will some fortunately placed person collect a series of cases treated in this way? I have never sent a case of infantile paralysis to hospital and I have never failed to get 100% recovery within a few weeks.

**Medicine 100 Years Ago**

Fligh Lieut. Keith F. D. Sweetman, Royal Australian Air Force, writes from Queensland, that he has noticed in the last four or five copies of the Journal (last copy received is dated April 15, 1943) the disappearance of that very interesting weekly feature, "Medicine 100 Years Ago," which always provided a pleasant five minutes reading. As quoted in your review on the book War Surgery by Dr. J. T. Osler reminded us that the historical method of approach is an absolute necessity in the solution of most of the problems in medicine, so I feel that the disappearance of the above-mentioned series is to be regretted.

**Correction**

Drs. James P. A. Hallcrow and N. O. Rodger write: May we be permitted space to correct an error in our article on infectious mononucleosis (Oct. 9, p. 443). The reference to Downey and Stansly should read Folia Haemat. Lpz., 1936, 54, 417, not vol. 87. We are indebted to Dr. A. Pinney for pointing out this mistake.

**Disclaimer**

Major John W. Wishart, R.A.M.C., writes from a General Hospital: It has been brought to my notice from several sources that an article appearing in a hypersensitive lay press has been mentioned in connexion with the treatment of war neurones in North Africa. I have not seen this article and have no knowledge of the source from which it originated. Any such article which may have appeared was published without my knowledge or consent.