

part of the body and perhaps even making that part of the body less obvious than it might be, but this is conjectural. The eyebrows, which also might come into a similar category, are regarded as protecting the eyes both from excessive light and from the perspiration of the forehead.

Should an Epileptic ever Drive a Car ?

Q.—*Should the ban on an epileptic driving a motor vehicle be absolute and lifelong, or can the rule safely be relaxed sometimes? For instance, might an epileptic whose fits have been effectively controlled for several years by drugs be allowed to drive, or one whose fits occurred only at night or a sufferer from petit mal? If some relaxation is permissible, please say what criteria must be satisfied to qualify an epileptic for a driving licence.*

A.—The applicant for a driving licence is required to answer yes or no to the question, "Do you suffer from epilepsy?" He is instructed if in doubt to get professional advice. There is no provision in law which defines the time which must elapse from the occurrence of a seizure before the applicant for a driving licence may be certified as not liable to fits, but when the regulations for a driving licence were drawn up the Ministry of Transport was advised by a committee appointed by the British Medical Association that the only condition for practical purposes which should be constituted an absolute bar to the issue of a driving licence was epilepsy; however, no legal ruling on this was made.

The doctor cannot advise anyone who has had an epileptic seizure at any time to answer no to the question contained in the application form. If, however, he believes in a particular case that it would be reasonable for an application to be considered from a person who has at one time had seizures, he can give the applicant a statement to this effect, with a note of the time (to the best of his belief) which has elapsed since the last attack, and the date on which treatment ceased. This statement the applicant can then present to the local authority. It must be clearly realized, however, that minor seizures are as dangerous in a driver as major attacks.

Cyclical Buccal Ulceration

Q.—*For seven days before the onset of each menstrual period a woman of 21 suffers from large ulcers of the gums and buccal mucous membranes. These heal completely at the onset of the period. Bacteriological examination of the ulcers has proved negative, and pelvic examination has at all times been normal. She has been treated with local applications to the ulcers and with oestrogens, but without success. What treatment is advised?*

A.—Cyclical buccal ulceration occurring in relation to menstruation is a well-recognized condition, and there is often, but not always, coincident ulceration of the vulva, lower vagina, or anus. It has been the subject of several questions during recent years, and replies were published in the *Journal* (June 15, 1946, p. 940; March 15, 1947, p. 365; and August 21, 1948, p. 408). The situation has not changed materially since then; the cause of the condition is unknown and its treatment is empirical and unsatisfactory. Some relationship to hormonal levels is suggested by the association of ulceration with menstruation and by its almost invariable disappearance during pregnancy. An allergic basis is suggested by the fact that the lesions resemble herpes and because there is often a familial history of other allergic conditions.

Before deciding about treatment general diseases, especially deficiency states, including anaemia, should be excluded; also oral sepsis. It may also be worth while arranging for skin sensitivity tests. Unless these investigations give any lead, treatment has to be empirical. Antihistamine preparations of one sort or another should be tried first, and, if these fail, progesterone or chorionic gonadotrophin. Large doses of vitamin C and sodium hyposulphite 10 gr. (0.65 g.) three times a day appear to help in some cases.

Filatov's Tissue Therapy

Q.—*What is known about Filatov's tissue therapy? Is it any good?*

A.—Filatov's tissue therapy is based on the principle that if animal tissues after death are exposed to conditions unfavourable for their existence "biogenic stimulants" develop which bestow on the tissues the capacity to "stimulate" living cells. Refrigerated skin and placenta are said to be especially effective. There is no rational foundation for this theory, and, apart from a few references by Russians in the French literature, all work on the subject is in Russian journals, and it is not a technique that has been studied elsewhere.

Resuscitation After Coal-gas Poisoning

Q.—*Is there any agreed time limit for the carrying on of artificial respiration with CO₂ and oxygen to resuscitate the apparently dead person who has used coal-gas with suicidal intent? I am assuming that the body is still warm and there is no rigor mortis.*

A.—No, it is quite impossible to fix such a limit. Unlike electrocution, by the time the person is apparently dead the saturation figure of the haemoglobin with carbon monoxide is inevitably high and the process is not merely one of resuscitation but also of getting rid of the carbon monoxide. If there is no sign of life at the end of 20 minutes it can be safely said that the person is dead.

N.F. Lotions for Acne

Q.—*Please tell me which lotions in the "National Formulary" are intended for the standard treatment of acne? Are lot. sulphur. co. and lot. potass. sulphurat. c. zinc. suitable? If so, when should each be used?*

A.—Both lotions are suitable, controlling infection and promoting a reaction with desquamation which helps to remove blackheads. Lot. sulphur. co. is a milder application, suitable for less severe cases. Where the skin is coarse and blackheads are profuse lot. potass. sulphurat. c. zinc. is more valuable.

Muscle Extracts

Q.—*What are muscle extracts? Have they any beneficial effect in angina pectoris?*

A.—The most familiar muscle extract on the market before the last world war was "lacarnol." This was prepared from heart muscle and believed to contain some humoral agent which caused vasodilatation, and it was therefore used by some for any angiospastic state. Therapeutic trials, however, were not encouraging. In any muscle extract the presence of small quantities of histamine has to be considered. At the present time, so far as the writer knows, there is on the market no muscle extract of proved potency as a vasodilator.

NOTES AND COMMENTS

Correction.—The Royal Institute of Public Health and Hygiene points out that, contrary to what was stated in the Educational Number of August 29 (p. 505), there is no longer a Part I course for the Conjoint Board examination for the Diploma in Industrial Health. All candidates for that subject are first required by the regulations of the Board to be in possession of a recognized C.P.H.

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