

basis of this the impulses are gathered in and channelled to the cortical area which will effect the appropriate motor response. Simultaneously the stimuli are relayed from the thalamus to the older portion of the cerebral cortex (archi- and meso-cortex), sometimes called the visceral brain, where the emotional response to the particular variety of sensation is elaborated, and through connexions between these regions and the hypothalamus the visceral and vascular changes characteristic of the particular emotion are produced. Through thalamo-frontal and other connexions the emotional accompaniment of the stimulus influences intellectual activities—the influence of the older portions of the cerebral cortex on behaviour being thus effected through the neocortex.

Leucotomy reduces the impact of discharges from lower levels (thalamus and visceral brain) upon the neocortex, so that intellectual processes are freed to a greater or less degree from excessive emotional accompaniments. The lower centres (visceral brain) thus influence behaviour through the higher levels (neocortex), and when separated from these higher levels, in which is centred the neural basis of conscious behaviour, they lose their ability to affect this behaviour. It may be added that in fact the operation of leucotomy does produce a bleaching of emotional response.

#### Oestrogen Therapy in Prostatic Cancer and Ageing

**Q.**—*Has acceleration of the ageing process in man been noted following the prolonged administration of stilboestrol for carcinoma of prostate?*

**A.**—There is no reliable clinical method of measuring biological (as distinct from chronological) age in man; in addition, changes due to ageing may not affect all organs and tissues simultaneously. Consequently it is difficult to assess whether there is any acceleration of the ageing process in men treated with stilboestrol, or to decide whether the changes which do occur are similar to those which accompany ageing. There is, however, some experimental work which suggests that prolonged stilboestrol treatment may accelerate ageing of the prostate, kidney,<sup>1</sup> and adrenal<sup>2</sup> in some species of animal.

#### REFERENCES

- <sup>1</sup> *Imperial Cancer Research Fund: 54th Annual Report*, 1957, London.  
<sup>2</sup> Meyers, M. W., and Charipper, H. A., *Anat. Rec.*, 1956, **124**, 1.  
<sup>3</sup> Franks, L. M., and Chesterman, F. C., *Brit. J. Cancer*, 1957, **11**, 105.

#### Tingling of Lips and Tongue

**Q.**—*A woman of 50 has consulted me several times during the past year because of tingling, numbness, and burning of the tongue and buccal aspect of the lips. The condition is made worse by certain foods, such as fruit and spices. She has worn artificial dentures for a few years, but leaving them out for a few weeks has produced no improvement. Clinical examination of the mouth and tongue shows no abnormality, and her blood count is normal. She has not consented to have a fractional test meal, but hydrochloric acid given with her food has produced no improvement. Various treatments have been tried, including injections of the vitamin-B group and cyanocobalamin topically and systemically, without helping the symptom. She is otherwise a healthy woman, apart from mild symptoms due to the menopause. I would be grateful for any suggestions about cause and treatment.*

**A.**—Disturbances of taste and unpleasant sensations in the mouth, lips, and tongue in the absence of physical signs are often difficult to explain and to treat. They are on a par with pruritic sensations in other parts of the body and in this patient may well be related to the menopause. For this reason small doses of one of the oestrogens might be tried. It is unlikely that the symptoms are due to achlorhydria, but the gastric secretion could be tested indirectly by using one of the methods of tubeless gastric analysis or by estimating the excretion of uropepsinogen in the urine.

Painting or spraying the tongue and lips with a solution of hydrocortisone would be worth a trial, and in addition phenobarbitone could be given as a sedative.

#### Climate and the Chronic Bronchitic

**Q.**—*What atmospheric, climatic, and geological conditions are most favourable to patients who get recurrent attacks of bronchitis? Which parts of Britain are most nearly ideal for these patients?*

**A.**—The question rather implies a knowledge of the aetiology of recurrent bronchitis which, unfortunately, we do not yet possess. There seems little doubt that upper respiratory tract infection, atmospheric pollution, and cigarette smoking may all be important factors. Thus, living away from industrial towns and "smog" in countryside psychologically conducive to a happy and mentally full life in which tobacco plays an unimportant part, seems sound common sense. The southern parts of Britain on the whole enable more days to be spent out of doors, but the writer would not put that factor higher than a country area anywhere where the patient's friends or interests are found. For those who believe in the finer points of climate as a therapeutic agent, the different factors have been discussed and summarized by Sir Adolphe Abrahams.<sup>1</sup>

#### REFERENCE

- <sup>1</sup> Abrahams, A., *Practitioner*, 1952, **168**, 563.

#### NOTES AND COMMENTS

**Fibrous Cavertitis.**—Dr. F. PARKES WEBER (London, N.W.1) writes: In connexion with your remarks on Peyronie's disease ("Any Questions?" August 31, p. 535), I think there can be no doubt that, though appearing in middle age, it is of naevoid atavistic origin and allied to the os penis in some animals.<sup>1</sup> It may well be connected with a "fibroblastic constitution" showing itself by keloid scarring of small wounds and tendency to excessive fibrous transformation of syphilitic and tuberculous lesions in the lungs, liver, and other viscera and skin in certain individuals. I frequently saw an elderly man in the hospital out-patient department who had the condition of a so-called "fibrous cavertitis" associated with little fibroid lesions on the legs, which I regarded as the result of fibrous transformation of small syphilitic lesions—subcutaneous fibroid syphilomata.<sup>2,3</sup> There was a past history of syphilis.

#### REFERENCES

- <sup>1</sup> Parkes Weber, F., *British Medical Journal*, 1951, **2**, 992.  
<sup>2</sup> ——— *Brit. J. Derm.*, 1920, **32**, 173.  
<sup>3</sup> Worster-Drought, C., *Lancet*, 1926, **2**, 627.

**Correction.**—We regret that in our issue of September 14, p. 612, we stated that free supplies of a Ministry of Health leaflet on the care of teeth were available on application. These leaflets are available to local health authorities only, and not to individual practitioners.

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