

norethandrolone might also be helpful. If the adipose tissue can be increased this may improve the shape of flaccid breasts. Physiotherapy involving pectoral muscle exercises is sometimes advised, but the results are not convincing. If the breasts are pendulous rather than small, plastic surgery has something to offer but would be best deferred until child-bearing is completed.

Antimalarial Drugs in Rheumatoid Arthritis

Q.—Is there any evidence that hydroxychloroquine is better than chloroquine in the treatment of rheumatoid arthritis?

A.—The evaluation of new drugs in the treatment of rheumatoid arthritis is notoriously difficult, because of the variation in severity and activity that is part of the natural history of the disease and the lack of precise parameters of assessment. The effectiveness of the antimalarial drugs is still not certain, but reports that they exert a significant effect are appearing in increasing numbers.

Retinopathy, which may lead to blindness, has been reported after the prolonged use of chloroquine,^{1,2} and less serious, although troublesome, side-effects are nausea, bleaching of the hair, and corneal opacities. Hydroxychloroquine is less toxic dose for dose than chloroquine, but there is no evidence that it is more effective.

The eventual role these drugs will play in the management of rheumatoid arthritis has yet to be worked out, but they are not a substitute for adequate salicylate therapy, nor, in the case of overwhelming disease, for systemic steroid.

REFERENCES

- ¹ Hobbs, H. E., Sorsby, A., and Freedman, A., *Lancet*, 1959, 2, 478.
- ² Fuld, H., *ibid.*, 1959, 2, 617.

Sterilizing Crockery in Sanatoria

Q.—What is the best method of sterilizing patients' dishes and cutlery in a sanatorium where the buildings are at some distance from each other?

A.—Undoubtedly the best method of sterilizing patients' crockery and cutlery in a sanatorium is by boiling. Each washing-up unit should be equipped with a sterilizer. It is probable that efficient washing-up, with a final rinse under running hot water, and rack drying will remove all traces of infection. The writer believes that tuberculosis is rarely if ever spread by crockery or cutlery, but when there is any risk of infection small children should be provided with their own utensils, which must be washed up separately. For maximum safety in hospital, sterilization by boiling is advisable.

Recurrent Bartholinitis

Q.—What is the treatment for recurrent attacks for over a year of bartholinitis with abscess formation in a woman aged 45? Only one side is affected. Penicillin now has little effect.

A.—Recurrent abscess formation usually means an underlying persistent chronic inflammatory lesion in Bartholin's gland or duct. This may be made manifest by finding a small cyst or a firm nodular enlargement of the gland after the acute inflammatory process has subsided. Such a lesion should be excised during a period of quiescence.

If the gland and duct are not palpable between attacks then excision is impracticable and active treatment should await the next abscess formation. Meanwhile, however, any source of chronic infection in the cervix or vagina should be eliminated. Antibiotics should not be given if another acute attack occurs, and when the abscess is pointing it should be opened by an adequate surgical incision rather than be allowed to burst spontaneously. A thorough opening of all compartments of the abscess may alone ensure a permanent cure. It may be added that some surgeons, at the time of the incision, now aim to marsupialize the abscess or cyst cavity to leave a permanent sinus which provides effective drainage of the gland products in the future.

NOTES AND COMMENTS

Sensitivity to Sulphonamides.—Dr. R. G. PARK (Wellington, New Zealand) writes: I cannot let go unchallenged a statement ("Any Questions?" March 19, p. 892) in answer to a question on sensitivity to sulphonamides. Your reply states: "Effective desensitization procedures are unknown." On the contrary, desensitization to sulphonamides is uniformly successful. I reported briefly on this question in 1944^{1,2} and it was discussed more fully by Tate and Klorfajn in the same year.³ In these days of alternative antibacterial substances it is not often necessary to carry out this procedure, but it can be done just as effectively as has been achieved with penicillin and streptomycin.

REFERENCES

- ¹ Park, R. G., *Lancet*, 1944, 1, 401.
- ² — *Brit. med. J.*, 1944, 2, 816.
- ³ Tate, B. C., and Klorfajn, I., *Lancet*, 1944, 1, 39.

OUR EXPERT replies: In 1944 Tate and Klorfajn concluded that "desensitization had been achieved, but whether this will be permanent or the method universally applicable is not yet known." In 1944 Dr. Park published two case reports of successful desensitization to sulphonamides in one of which, seen twelve months later, the sensitivity had only partially returned. Goodman and Gilman¹ write: "Readministration of a sulphonamide to a patient who has previously experienced rash or fever from drugs of this class may result in a recurrence of the eruption or in a more serious reaction such as nephrosis and acute toxic hepatitis. Sensitization to sulphonamides may last for several years, since effective desensitization procedures are unknown." I would emphasize the word "effective" and agree with the views of Goodman and Gilman.

REFERENCE

- ¹ Goodman, L. S., and Gilman, A., *The Pharmacological Basis of Therapeutics*, 1955, 2nd ed., p. 1298. Macmillan, New York.

Haemophilia in Jews.—Dr. F. NOUR-ELDIN (Brentwood, Essex) writes: In respect of the query raised in your answer ("Any Questions?" June 4, p. 1752) regarding information by other workers, I would like to mention that I have already collected special data related to the above. The two following observations gave me the impression that the percentage of Jews in patients with Christmas disease is higher than that in cases of haemophilia. (1) In a series of 222 patients with haemophilia and 40 cases of Christmas disease I have found bleeding after circumcision to be recorded in 14 patients (6.3%) with haemophilia and six cases (15%) of Christmas disease. (2) Religions registered on in-patient records showed predominance of the Jewish faith among patients with Christmas disease. Accordingly I carried out a further study regarding this point on unselected cases comprising 130 haemophilic patients and 25 cases of Christmas disease. Eight of the former group and five of the latter were Jews. It would be of particular interest if other centres where these patients attend would verify my observations by collecting specific data.

Correction.—In Professor Ingram's review of *Progress in the Biological Sciences in Relation to Dermatology*, edited by Arthur Rook (July 9, p. 119) he mentioned that 17 papers were included. This should have been 37.

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