# Any Questions?

*We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.*

### Masks in the Mortuary

**Q.**—*I would be grateful for the current teaching on the wearing of masks in the mortuary and operating-theatre, and their effectiveness. As tuberculosis is now recognized as an industrial disease of pathologists, could it be regarded as negligent not to wear a mask?*

**A.**—The question presumably refers to the use of a mask as a protection to the wearer and not to his patient, as in a surgical theatre. In so far as workers in laboratories are specially subject to tuberculosis this is believed to be mainly due to the careless handling of infected material, particularly sputum, or of cultures of tubercle bacilli in liquid media. Apart from actual spilling, there are two ways in which the environment, and particularly the atmosphere, can be contaminated: these are burning off wire loops used for sputum, etc., in an unguarded flame and pipetting liquor cultures or suspensions of bacilli. Blowing out a pipette produces droplets small enough to remain in suspension in the atmosphere. It is doubtful whether atmospheric contamination of this kind can occur during a post-mortem examination. The chief danger here is from splashing, relatively large drops of water falling on the floor or on the clothing of the operator or bystanders. It is most unusual for a mask to be worn in either mortuary or laboratory. It can in any case afford only partial protection, and it is far more important that the work should be carried out in such a way as to exclude the possibility of scattering infected material.

### Menstrual Headache

**Q.**—*Is there any treatment that would help a woman aged 30 who for some years has had severe headache over the vault of the skull during the seven days of her menstrual periods, which are otherwise normal? Analgesics such as codeine relieve only temporarily. Are hormones indicated?*

**A.**—Hormone therapy should be prescribed only when there is a well-substantiated indication. In this present case full general and neurological examinations are necessary, followed, if negative, by a psychiatric evaluation. Hormone therapy will probably only upset the present normal menstruation without alleviating the headaches. The information given seems to exclude the headaches of premenstrual tension and of menstrual migraine, but even in these a psychogenic basis is common.

### Landry's Paralysis

**Q.**—*Is there any treatment for Landry's paralysis after the acute phase in a patient aged 50?*

**A.**—Landry's paralysis, or "acute ascending paralysis," is not an aetiological entity. Probably the commonest cause in this country is acute infective polyneuritis (the Guillain-Barré syndrome), either occurring without apparent precipitating cause or in association with a known infection such as glandular fever. A rather similar clinical picture may occur in other conditions such as porphyria, rabies, or from the bite of the Rocky Mountains wood tick. The prognosis and treatment of these various causes of acute ascending paralysis are different, and without more details about the patient referred to it is not possible to give a definite answer to the question.

## NOTES AND COMMENTS

**Alcohol and Nystagmus.**—Mr. F. BAUER (Liverpool) writes: The terminology used in the answer to this question ("Any Questions?" July 21, p. 205) is incorrect, although taken almost verbatim from an article in Lilly's *Physician's Bulletin*, No. 1, 1962. The term "positional nystagmus" does not mean that it changes its direction when the position of the head is changed, as the writer suggests. As used by Dix and Hallpike,[1] Cawthorne,[2] Frenzel,[3] etc., the term "positional nystagmus," in German *Lagerungnystagmus*, means nystagmus brought about or provoked by putting the patient's head in certain positions. It may or may not change its direction when the position of the head is changed and is then called "direction-changing" or "direction-fixed," in German *richtungswechselnd* or *richtungsbestimmt*. Positional nystagmus is the sign of a disorder either of the otolith system (utricular end-organ) or of the mid-line of the cerebellum—I do not wish to discuss the differential diagnostic points here. It has nothing to do with alcoholic intoxication. The direction-changing nystagmus may be subdivided into regular and irregular and the regular into two further types, convergent and divergent. The last two are toxic in origin and due to alcohol, barbiturates, scopolamine, etc. The study of nystagmus is a difficult and complicated problem, but it does not simplify the situation if the terminology in its description is used loosely or incorrectly.

OUR EXPERT replies: As Mr. Bauer states, the problem of nystagmus is difficult and complicated and it is indeed made more difficult by somewhat confusing terminology. The study of Aschan and his colleagues[4 5] on alcoholic nystagmus is the best piece of work on this subject which I know and in my reply I used their terminology. They clearly describe what they call "positional alcohol nystagmus" which "changes direction with the position of the head." The authors whom Mr. Bauer quotes may have used the term "positional nystagmus" to refer to another type of nystagmus, and it would obviously be helpful to all concerned if an agreed terminology could be adopted in this as in so many other controversial fields in medicine, but, as things stand at present, I do not think the terminology used in my reply can be described as "incorrect."

REFERENCES
1 Dix, M. R., and Hallpike, C. S., *Ann. Otol. (St. Louis)*, 1952, **61**, 987.
2 Cawthorne, T., *Proc. roy. Soc. Med.*, 1959, **52**, 529.
3 Frenzel, H., *Spontan- und Provokations-Nystagmus als Krankheitssymptom*, 1955. Springer, Berlin.
4 Aschan, G., Bergstedt, M., Goldberg, L., and Laurell, L., *Quart. J. Stud. Alcohol*, 1956, **17**, 381.
5 —— *Acta oto-laryng. (Stockh.), Suppl.*, 1958, **140**, 69.

**Correction.**—We would like to apologize to Dr. Felix Beck for inadvertently omitting a part of a sentence in his letter on "Drugs and Foetal Abnormalities" (August 25, p. 544). The relevant part of the second paragraph of his letter should have read as follows:

"The first demonstrable response to a teratogenic agent may well be a reduction in litter size. This can then be investigated by killing the experimental animals before term and examining the uterine contents. The presence of foetal resorptions (easily demonstrable in these animals) even in the absence of foetal malformation would be suspicious and subsequently examination of the embryos a few days after the application of the noxious agent often makes it possible to demonstrate abnormalities which would present as foetal resorptions later on in pregnancy."

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Br Med J: first published as 10.1136/bmj.2.5304.620-a on 1 September 1962. Downloaded from http://www.bmj.com/ on 6 February 2023 by guest. Protected by copyright.