Any Questions?

Restless Leg Syndrome.—Dr. S. Behrman (London W. 1) writes: Your expert states ("Any Questions ?") 25 July, p. 239) that treatment of this disorder is "unsatisfactory." Provided other painful conditions of the legs and anaemia have been eliminated, "restless legs," like other manifestations of dyslysis, respond dramatically to phenobarbitone and most other anticonvulsants.1 Dosage and times of administration have to be determined by trial. This response to anticonvulsants does not by any means imply that dyslysis is an epileptic phenomenon.

REFERENCE
1 Behrman, S., Brit. med. J., 1958, 1, 1454.

Notes and Comments

Mongolian Blue Spots.—Dr. E. S. Benjamin (Groote Schuur Hospital, Capetown) writes: I was interested to read Dr. A. Hinchliffe's remarks (27 June, p. 1692) on Mongolian blue spots. Recently at a dermatological clinic in Capetown I observed a Cape-coloured male child of 4 months with very extensive blue pigmentation dating from birth, involving the sides of the back and chest, buttocks, abdomen, and thighs as far as the knees. The lesions were flat and unaccompanied by symptoms. These are probably also a variant of the Mongolian blue spot.

Correction.—We regret that in the article "Hormones and the Kidney" by Dr. H. J. G. Bloom and Mr. D. M. Wallace (22 August, p. 476) the name of the first author in the fifth and sixth references was wrongly given as Barter, F. C. These references should have read as follows:


NEW APPLIANCES

A New Lung-grasping Forceps

Mr. J. M. Anderson, F.R.C.S., Western District Hospital, Glasgow, writes: An original design of instrument for grasping lung is illustrated in the accompanying figure. The new forceps is heavier than that commonly used for grasping lung, but it holds lung tissue securely and without troublesome bleeding.

The construction is of a ratchet-type holding forceps with an axial hinge at the junction of the proximal two-thirds and the distal third of each limb. The two grasping jaws are pear-shaped and carry ribbed bars which interdigitate except at the tips, where they appose. Each jaw is 4.5 cm. in the long axis and 2.5 cm. in the widest transverse axis. The four bars are evenly spaced and are 0.4 cm. broad. The overall length of the instrument is 24 cm.

A gentle bite with this instrument permits worthwhile retraction and subsequent reflation of the grasped lung when necessary. Firm retraction during mobilization for resection is eminently satisfactory.

I am grateful to Mr. J. Hutchison, of Stobhill General Hospital, Glasgow, for advice on the final model; and to Mr. J. W. Jackson, of the Middlesex Hospital, London, for early encouragement in the development of this instrument. Messrs. Chas. F. Thackray Ltd., Leeds, have generously modified early models, and now manufacture the instrument.