

use, is giving rise to considerable anxiety, and that the problem will probably come up for evaluation and guidance under proper auspices. The writer has evidence that disturbing effects are met with, but are usually not reported. He also happened to be a member of a research committee during the war when the question of increasing the milk supply by the administration of oestrogens to cattle was being considered, and the question of the minute amount excreted in the milk was investigated. Contrary to the impression of some clinicians, the very minute amount present in a pint (570 ml.) of milk from an oestrogen-treated cow was sufficient to cause menstrual disturbances in a proportion of a group of female medical students who volunteered to undergo trials for this purpose. The oestrogen for these trials was not administered in milk, but an equivalent amount was given as a tablet.

Repetition of Gold for Rheumatoid Arthritis

Q.—*How often can courses of gold for rheumatoid arthritis be repeated? A patient has had gold (1 g. on each occasion) in 1940, 1949, and 1950 with some benefit. Is a further course indicated?*

A.—Gold is a cumulative drug, but, provided adequate time is allowed for elimination between courses, there is no reason, in the absence of toxic reactions, why courses should not be repeated indefinitely. In the present instance it would seem to be the correct procedure. It is true that in many cases the benefit produced by the initial courses does not seem to be so well reproduced on subsequent occasions. This has led certain workers to advocate the principle of a maintenance dose every few weeks, more or less indefinitely, instead of courses separated by prolonged intervals. One patient who has been satisfactorily maintained in this way for over fifteen years is known to the writer.

Psychological Factors and Myopia

Q.—*Two children, now aged 10 and 11, a brother and sister, have during the last three years suffered from rapid deterioration of their myopia. From the psychological aspect the home environment is highly unsatisfactory. Could this play any part in the deterioration of the children's sight?*

A.—Increase in the amount of myopia during the years of active growth is usual, and there is no known method of preventing such increase. The rate of increase varies among different patients, but tends to be greater in those who display myopia during early childhood. Psychological instability would not be likely to aggravate myopia. Children with more than a dioptre of myopia should wear glasses habitually. Otherwise they miss many beautiful and interesting images during their most impressionable years. Parents should never make depressing remarks about the disadvantage of glasses in the presence of their short-sighted children. Such disadvantages are far outweighed by the handicap of blurred vision, because blurred vision tends to produce clumsiness and lack of confidence.

Pock Marks

Q.—*What can be done to improve the appearance of a patient whose face has been badly disfigured by smallpox?*

A.—The problem of improving the appearance of a face badly disfigured by smallpox or even by acne, which is often just as bad, is a very serious one. The essential difficulty is the pitted surface, and what can be done depends upon the depth and number of the pits. If the pits are single or grouped in such a way that they can be successfully excised, this would be the preferred method; but where they are evenly spread over the face, particularly on the nose, excision is impossible. In such cases, if the scars are not too deep and they do not involve the whole

thickness of the skin, considerable improvement can be effected by sandpapering the entire area. This would be equivalent to removing the surface layers of the skin as though a skin graft had been taken from it. For this operation a general anaesthetic is required. When the skin has healed after this somewhat drastic treatment it presents a smoother and more attractive surface. Much the same effect can be produced by performing a face-lifting operation in which the skin is undermined and stretched. These surgical treatments can be applied only occasionally, and it must be regretfully stated that the vast majority of cases of smallpox are not amenable to any form of treatment whatsoever. Cosmetics and various forms of make-up seem to make the condition more apparent.

NOTES AND COMMENTS

Cyclical Buccal Ulceration.—Dr. KATHARINA DALTON (London, N.22) writes: I note in "Any Questions?" (September 12, p. 634) the history given of cyclical buccal ulceration is typical of the premenstrual syndrome as described by Dr. Raymond Greene and myself in your issue of May 9 (p. 1007). The universally successful treatment of this condition is 50–150 mg. ethisterone daily, or failing this 25 mg. progesterone injections thrice weekly, in the last fortnight of the menstrual cycle. I believe it is the placental production of progesterone during pregnancy that accounts for the almost universal disappearance of this condition during pregnancy.

OUR EXPERT writes: One of the many views about cyclical buccal ulceration is to regard it as a manifestation of the premenstrual or menstrual tension state. It does not, however, respond to treatment as well as do other symptoms of this state, and for this and other reasons the view is not yet widely accepted. On the basis suggested by your correspondent, progesterone, as well as other pregnancy hormones, has been used in treatment for many years, and was advised in the original reply to the question. Ethisterone may be given as a substitute. Dr. Dalton has been fortunate in finding this treatment universally successful, for in the experience of the writer and most other observers it is helpful only in certain cases. Gonadotrophin appears more useful in some cases and oestrogens in others, while many show no beneficial response to any form of sex hormone therapy.

Anaesthesia for E.C.T.—Dr. H. PULLAR-STRECKER (Isleworth) writes: I do not agree with your expert's opinion ("Any Questions?" August 29, p. 520). It is the preparations that frighten the patient. Having a tooth out with no anaesthetic is all right for other people, but not so good for oneself or one's friends. The same applies for E.C.T.

Correction.—In the article entitled "Blood Transfusion Accidents" (August 15, p. 390) it was stated that the British Red Cross Society has donors on its panels available for giving fresh blood of all groups, at all hours, for planned or emergency work. We have been informed by the British Red Cross Society that these emergency facilities are available only from the Greater London Blood Transfusion Service of the British Red Cross Society.

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