

Letters, Notes, and Answers

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QUERIES AND ANSWERS

Nocturnal Cramp

"ALPHA" writes: The query on cramp in the legs in your issue of October 3rd (p. 698) prompts me to ask those members of the profession who have the opportunity to investigate the cause, and incidentally the treatment, of this common and often distressing malady. I have to confess that my own observations have been disappointing, though not entirely without result. The investigation can hardly be carried out without a laboratory having the means of chemically testing the blood, etc. I have been troubled with nocturnal cramp ever since my schooldays, and it has increased in severity until now, in my eighty-third year, it is the plague of my life. It occurs every night, sometimes mildly, but is often very intense. I have considered all the circumstances, but have not been able to determine its cause beyond an apparent dependence on lactic acid in some way, for it has been enormously increased when I have eaten lactic acid cheese. I am an extremely moderate eater. When I am well nourished the cramp is worst. If, through illness, my diet is reduced and I become temporarily ill nourished the cramp disappears. I am certain that it depends in no way on lime salts in the system, for I have taken calcium lactate daily for thirteen years, with great benefit to general health, but with no effect, either for better or worse, on the cramp. Nitrogenous foods seem to cause less cramp than carbohydrate foods. Narcotics, such as opium, chloral, bromide, perhaps even alcohol, seem to make it worse. It is not affected by heat or cold, for it is as bad in summer with only a sheet over me as in winter with several blankets. My mother suffered severely from it; so do my brothers and sisters. The complaint seems to be very common. It is probably caused by some error of diet, which upsets the chemistry of the body. It would be worth while to investigate the cause systematically. I wonder that so little is known about this common but really dreadful complaint.

Sterilizing Needles and Syringes for Solganal Injections

Dr. J. H. BLACKBURN (Westwood Sanatorium, Queensland) writes in reply to Dr. E. Armstrong (August 22nd, p. 412): I have been administering solganal intramuscularly for the last two years and have adopted the following procedure. The syringe (Record) and needles are placed in methylated spirit overnight; early the following morning they are placed on gauze on the sterilized tray used for injections, and by the time I administer the injections the needles and syringe are quite dry. I use a 3 c.cm. syringe to facilitate matters in view of the fact that the fifth and sixth doses contain 3 c.cm. oil. If a smaller gauge syringe is used the needle has to be left *in situ* and the syringe filled with the rest of the solution. I use one separate needle for each

injection, and when the injections have been administered for the day the syringe is filled with sp. vini meth. and squirted through each needle in rotation to expel the gold residue. The syringe is taken to pieces, cleansed, etc., and the needles threaded with the stylets. The needles used are of the "Empire" British-made rustless steel, with a good shoulder, which can be held tightly between the thumb and first finger of the left hand when injecting.

LETTERS, NOTES, ETC.

A Pharmaceutical Discrepancy

Dr. STUART GOLDBURST writes: I should like to draw attention to a pharmaceutical discrepancy which is bad both in practice and in principle. On ordering for a patient acetylsalicyl co.—which preparation I have always considered to consist of aspirin, phenacetin, and caffeine—I was surprised to find that she had been sent a tablet containing aspirin, phenacetin, and *pulv. ipecac. co.* When I protested at the pharmacy I was shown a bottle with the label of a reputable firm, which read "acid. acetylsalicyl co., aspirin, phenacetin, *pulv. ipecac.*" Whilst I admit that we physicians should write prescriptions in full rather than order proprietary articles, it is surely wrong and not without danger that such happenings as the above can occur. Perhaps this note may help to put them right.

Undulant Fever in Malta

The annual report on the Health of the Maltese Islands (Malta and Gozo) for 1935 includes a description of the measures taken for the prevention of undulant fever. There were 1,909 cases of the disease during the year with eighty-eight deaths, while the routine examination of goats, involving agglutination tests on 5,648 samples of blood, indicated that 805 animals were infected. The authorities are now carrying out experiments on a large scale at the new Undulant Fever Research Station with a view to securing an immunization of Maltese goats by vaccination. Another method employed to combat the disease is pasteurization. The recommendations of a special committee appointed to deal with this subject have now been sanctioned, and it is proposed to erect a milk-pasteurizing plant capable of dealing with 400 gallons of milk an hour. Improved methods of collection, examination, and distribution of milk are also envisaged. It is hoped by these means to decrease the incidence of the disease, which has been unduly prevalent during recent years.

Medical Golf

The autumn meeting of the Shropshire Medical Golf Association was held at Church Stretton on October 4th in glorious weather. The excellent scores indicate the ideal conditions for golf. In the morning an 18-holes medal competition was played for the captain's prize, presented by Dr. M. J. Harker of Oswestry. The leading scores were as follows:—Dr. H. G. W. Beckett: 82 - 13 = 69; Colonel W. H. S. Burney: 81 - 12 = 69; Dr. Harker: 76 - 6 = 70; Dr. J. Lavelle: 82 - 12 = 70; Dr. R. O. Smyth: 89 - 18 = 71. Dr. Beckett won the tie with the best score over the last nine holes. In the afternoon the Foursomes v. Bogey was won by Dr. Harker and Mr. B. T. Keon-Cohen = 4 down; Dr. T. R. Elliott and Dr. A. V. Mackenzie = 6 down; Dr. Lavelle and Colonel Burney = 6 down. The next meeting of the association was arranged for the second Sunday in May, 1937, at Oswestry Golf Club. Dr. Mackenzie was elected captain for 1936-7 and Dr. Elliott honorary secretary.

Corrigendum

In Dr. W. Corner's letter on "Bejel" in last week's issue an error occurred on page 785. He stated in the fourth paragraph that "oral mucous patches were common also in adults"—not, of course, *aural* as printed.

Vacancies

Notifications of offices vacant in universities, medical colleges, and of vacant resident and other appointments at hospitals, will be found at pages 53, 54, 55, 56, 57, 58, 59, and 62 of our advertisement columns, and advertisements as to partnerships, assistantships, and locumtenencies at pages 60 and 61.

A short summary of vacant posts notified in the advertisement columns appears in the *Supplement* at page 223.