B.P." The latter designation does, in fact, include both the synthetic and the natural oxytocin and is not, as Drs. Baillie and Macgregor assume, reserved specifically for naturally occurring oxytocin.—I am, etc.,

EDWARD D. T. ROSS.

Southern General Hospital,
Glasgow S.W.1.

REFERENCES

- ¹ Lipton, B. S., Hershey, S. G., and Baez, S., *J. Amer. med. Ass.*, 1962, 179, 410.
- ² Lesser, M., and Eason, G. A., *Brit. med. J.*, 1954, 2, 79.

Obstructed Labour due to Carcinoma of Cervix

SIR,—Mr. D. H. Jones's description of a case of obstructed labour due to cancer of the cervix (September 21, p. 730) reminds me of a woman of 28 who was three months pregnant and under the care of Sir Comyns Berkeley in the spring of 1914, who found she had a carcinoma of the cervix, a diagnosis confirmed by biopsy. A radium tube was inserted into the growth on two separate occasions which resulted in the cessation of haemorrhage and clinical disappearance of the carcinoma.

In July of the same year I received an invitation from Sir Comyns to be present at an operation on this patient. In the presence of a large number of American gynaecologists Berkeley and Bonney delivered her of a live child by caesarean section and followed it up by a Wertheim operation. Microscopic examination demonstrated the absence of malignant cells both in the uterus and pelvic tissues.

Five years later Sir Comyns told me that both she and her child were well, except that the latter had a depilated area on the scalp about the size of a half-crown. Your readers will guess that the presentation *in utero* was a vertex one.—I am, etc.,

CLIFFORD MORSON.

London N.W.11.

Platelet Adherence to Polymorphs

SIR,—We read with great interest the letter from Drs. E. J. Field and I. MacLeod (August 10, p. 388) in which they described their finding of platelets adherent to neutrophils in the blood of a 14-year-old boy. Their letter prompts us to report a similar observation which we first made three years ago in this hospital. It is the usual practice in our department to make blood films from sequestrenated (E.D.T.A.) blood samples. Many thousands of blood films have been examined, but we have seen this peculiar adherence of platelets to neutrophils in only two patients.

The first patient, a clinically well woman aged 19, attended the antenatal clinic in 1960 and the phenomenon was noted repeatedly in the routine blood counts (see Fig.). The platelet satellitism was not seen in films made directly from

skin-prick or venous blood, but was confined to blood which had been mixed with sequestrene. As Drs. Field and MacLeod point out, it is therefore an *in vitro* phenomenon. More recently we

have seen platelet satellitism in blood from a second patient, a man aged 51 who was admitted to hospital following a head injury. As yet we have no explanation for this apparently rare phenomenon.

We would like to thank Professor MacGillivray and Mr. H. H. G. Eastcott for permission to publish these findings on their patients.

—We are, etc.,

PATRICIA E. CROME.
P. BARKHAN.

M.R.C. Experimental Haematology
Research Unit,
St. Mary's Hospital Medical School,
London W.2.

Radiography in Iron Poisoning

SIR,—Dr. Peter Robson (September 14, p. 683) has performed a valuable service in drawing attention to the delay in toxic manifestations which may result from poisoning with controlled-release iron tablets.

In young children it may be difficult to obtain an accurate history and doubt may arise concerning the swallowing of the tablets. In such circumstances a straight radiograph of the abdomen may resolve the difficulty. Iron has an atomic number of 26 and an atomic weight of 55.85. It is therefore slightly more radio-opaque than calcium and it is usually possible to recognize iron tablets in the abdomen. Provided that they have not disintegrated, it should be possible to count the number of iron tablets swallowed and to gain some indication of their distribution in the gut.

Of course, radiography will only be justifiable when x-ray facilities are immediately available, and the casualty officer should preferably accompany the child to the x-ray department to ensure that there is no delay. It should usually be possible for a film to be taken within five minutes, and, in extreme urgency, treatment could be commenced while the film is being processed.

After gastric lavage a follow-up film may also be useful to demonstrate the presence of any remaining iron tablets.—I am, etc.,

GEORGE ANSELL.

Liverpool 15.

Unusual Case of Geophagia

SIR.—Geophagia (deliberate ingestion of earth) is not uncommon in various parts of the world. This condition is often found in children in tropical countries who have a voracious appetite while they harbour certain worms like *Ascaris lumbricoides*. The worm infestation on the other hand may be due to swallowing contaminated earth. Geophagia is also found in women of certain underdeveloped communities specially during pregnancy when they have a perverted appetite. While accidental ingestion of foreign bodies is almost always brought to the notice of the relatives or the physician, deliberate ingestion of earth either due to voracious appetite or perversion of appetite is often concealed. The radiologist rarely plays a role in diagnosis of geophagia except when he encounters an unexplained increase in radiopacity of the contents of the bowel.¹

An unusual case of geophagia was recently encountered which is being reported here.

A married woman, aged 30 years, reported to the surgical out-patients department of the Lady Hardinge Medical College and Hospital with a history of pain in the right hypochondrium off and on for five months. The pain was colicky in nature, was not radiating, and had no relation to meals. She also complained of distension of the abdomen after meals and diarrhoea off and on for the same duration. Physical examination revealed no abnormality of any system. Biliary dyspepsia was suspected clinically and the patient was referred for an x-ray of the right hypochondrium for evidence of gall-stones. This showed four teeth-like opacities distributed in a semi-circle. These opacities did not conform to the usual radiological appearances of gall-stones or any other known radiopaque shadows in the right hypochondrium. A tentative diagnosis of teratoma was given.

Gall-bladder study was undertaken to establish any relationship of the opacities to the biliary tract. The films surprisingly showed absence of the opacities seen in the plain x-ray. Cholecystographic study revealed a normal gall-bladder and biliary tract. At this stage a suspicion of swallowed foreign bodies was entertained. Plain x-ray of the abdomen taken the next day showed the presence of a large number of radiopaque shadows of different sizes and shapes scattered all over the abdomen (see Fig.). This confirmed the suspicion of swallowed foreign bodies. A further x-ray examination of the abdomen after two days revealed no opacities.

Though initially the patient denied swallowing foreign bodies, closer questioning elicited the following history. The patient hailed from a rural area near Delhi. She had the habit of eating earth in childhood and gave a history of passing round-worms in the stools off and on. During her last pregnancy two years ago she resumed the habit of eating earth and of swallowing pieces of red bricks. Even after her confinement she continued to eat these. For the past five months she had had attacks of pain in the abdomen after swallowing earth. She came from a poor socio-economic and cultural background and probably used these attacks of pain as a means of gaining better attention from her family.

—We are, etc.,

S. CHAWLA.
K. BERY.
K. J. INDRA.

Radiology Department,
Lady Hardinge Medical College
and Hospital,
New Delhi 1, India.

REFERENCE

- ¹ Clayton, R. S., and Goodman, P. H., *Amer. J. Roentgenol.*, 1955, 73, 203.

Dental Caries

SIR,—Dr. A. Manch (September 14, p. 687) is clearly a perfectionist, and whilst I admit that I have told my two children—of about the same age—that to run out into the road without looking both ways, or fiddling with electric plugs, may mean death or injury, I have given no such instruction with regard to the "poisonous" nature of sweets, etc., if for no other reason that any local harm done is capable of dental repair.

I further admit I have undertaken to give both my boys £100 each on their 21st birthday provided they do not smoke before then, but if prosthetic lungs were as freely available, and as adequate, as dental prostheses I would not bother, as smoking for many is a pleasant habit, and there is no point in making life less pleasurable than it need be. We are indeed in a parlous state already in this respect. We drive cooped up in safety-belts in our cars, crash-helmets for car-drivers will soon be a "must," we do not smoke, we do not drink, we avoid lashings of bacon and eggs at breakfast, we have given up hearty work in the garden pulling up tree roots and so on if only because we fear a disk lesion, and all we can do is to wait for the next interdiction. Against this sombre background it is easy to understand that no lyric poetry is written to-day, though life is not without

its amusing side when one reviews the grandmotherly approach of authority and its consequent inconsistencies in trying to lead us where we should go.

For example, glamour in cigarette advertisements is now "out," so we have no more gay pictures of a nice young couple smoking behind a hedge on a windswept beach. The beer barons so far have escaped authoritarian disfavour, so we have pictures of youngsters of both sexes drinking their heads off with captions such as "There's a promise in a glass of . . ." and I must say the young lady looks very nice too: though I think perhaps in after-life she would have had more tender memories than that odd half-hour behind the hedge on the beach.—I am, etc.,

London S.W.1.

ROBERT CUTLER.

Osteoarthritis

SIR,—Is it not high time that the coefficient of friction of articular cartilage in early osteoarthritis was measured? The co-efficient for healthy cartilage was measured over 30 years ago.^{1,2} The figure then obtained was corrected by John Charnley in 1959,³ his results being:

$$\mu = \frac{W}{W} = 0.013.$$

Charnley pointed out that, since the figure for ice is 0.030, articular cartilage in health is "more than twice as slippery as ice." The physical signs in osteoarthritis make it obvious that the cartilage in that disease is a great deal less slippery than ice.

I venture to predict that it will be found that lubrication failure is the primary lesion. What a simplification of pathology that will be.—I am, etc.,

Droitwich, Worcs.

E. S. JONES.

REFERENCES

- ¹ Jones, E. S., *Lancet*, 1934, 1, 1426.
² ——— *ibid.*, 1936, 1, 1043.
³ Charnley, J., in *Symposium on Biomechanics*, 1959, p. 12. Institution of Mechanical Engineers, London.

POINTS FROM LETTERS

Present State of Medicine

Dr. P. G. HILL (Bristol 9) writes: I was sorry to read the remarks of Dr. J. M. Naish (September 7, p. 618) on city doctors, which I thought were harmful to the profession, and not borne out by facts, certainly in the area of Bristol in which I practise, and I have not been aware of jealousy of the consultants' status and pay. I think all my G.P. colleagues would agree with me that we do not accept the fact that all the really big decisions are taken by consultants. For example, deciding to which consultant to send a patient. To lighten the burden of the consultant and hospital, I would suggest that in many cases follow-up appointments could be abandoned, and the further management of the patient restored to his own doctor.

Painful Injections

Dr. S. E. BROWNE (Hornchurch, Essex) writes: Too little attention has been paid to the problem of reducing the unnecessary

State Registration of Occupational Therapists

SIR,—Occupational therapists are now eligible for State registration and are at present applying for inclusion in the first register. As the closing date for acceptance of applications is September 30, 1963, it would seem appropriate to state the implications of such a professional milestone.

In the implementation of the Professions Supplementary to Medicine Act (1960) occupational therapists (one of the professions to be registered under this Act) have their own registration board, which is composed of occupational therapists, doctors, and educationists. The purpose of this board is to promote high standards of professional education and professional conduct among members.

The constitution of the registration board gives the profession a recognized degree of self-government, and the board has its representative on the Co-ordinating Council for the Professions Supplementary to Medicine. This council receives and reviews the board's recommendations for the implementation of the Act before final approval is given by the Privy Council, and also has certain supervisory powers.

By provision of the Professions Supplementary to Medicine Act a person is entitled to be registered on the first register if he can satisfy the board that he has an appropriate qualification, or has had such training and practical experience as the board considers are together sufficient to enable him to practise, or that in consequence of his practical experience he is competent to practise the profession. Any person who is registered as an occupational therapist will be entitled to work in that capacity.—I am, etc.,

GEDDES,
President.

Association of Occupational Therapists,
London S.W.3.

pain caused by injections in children and adults. The general practitioner is only too often aware of the damage inflicted on his relationship with children in the surgery after administration of penicillin or immunization routines. The adult with poor muscular development and low pain threshold finds a prolonged series of injections such as mersalyl extremely unpleasant. I would like to commend from personal experience the use of novocaine in small doses with injections when practicable and necessary, added either at the time of administration or ideally by the manufacturer.

Correction.—In the second paragraph of the letter by Dr. P. Dransfield (September 28, p. 809) the fifth sentence began: "Her intubation was smooth. . . ." This should have read: "Her induction was smooth. . . ."