SIR,—The outlook for the pregnant Mum is getting rather bleak. It looks as if she will have to vomit for three months and put up with it—or?

Perhaps someone will put me in the picture. Have foetal abnormalities greatly increased during the last, say, eight years? Surely they have always been with us? Almost anything can be a scapegoat at present.

I can remember three foetal abnormalities, all in the same road within six months, congenital dislocation of the hip (no anti-emetics); phocomelia ("avomine" (promethazine)); exomphalos (no anti-emetics).

Since 1956 I have used "ancoloxin" (meclozine and pyridoxine) almost to the exclusion of any other anti-emetic, without any untoward effects. One of your correspondents (Dr. O. S. Kohnstamm, December 1, p. 1476) mentions the possibility of some poison or other being vomited as a physiological affair; I suppose he is being serious! Well, a great many nuclear devices have been let off within the last few years. There might be something in that, particularly with regard to the "epidemic" of lung neoplasms. We do breathe these radioactive breezes!

Well, back to raspberry tea.—I am, etc.,

Mitcham, Surrey.

HUGH WATSON.

SIR,—In Dr. G. I. Watson's series of 10 malformed children whose mothers took "ancoloxin" (meclozine and pyridoxine) in pregnancy (December 1, p. 1446) only two types of defects occurred more than once: spina bifida or meningocele (four cases) and talipes (two cases, including one with spina bifida).

This drug was introduced in 1955 and is thought to have been taken by a million pregnant women since then (December 1, p. 1456). If spina bifida and meningocele had occurred in a substantial proportion of these cases, the incidence of these malformations would probably have been higher in births during and after 1956 than in children born in preceding years (most if not all of whom passed through early intrauterine life before the introduction of the drug). In Birmingham, where "ancoloxin" was widely used, our records of all malformations diagnosed soon after birth^{1,2} show that the incidence (per 1,000 total births) of meningocele and spina bifida during the last 12 years was as follows: 1950–1, 2.37; 1952–3, 2.76; 1954–5, 3.53; 1956–7, 2.93; 1958–9, 2.68; 1960–1, 2.59.

These figures suggest that incidence has declined since 1955, and similar trends are shown both by the infant mortality rate from spina bifida in England and Wales and by figures for stillbirths and deaths from spina bifida in Scotland (all of which are given in the annual reports of Registrars-General).

I am indebted to Dr. E. L. M. Millar (medical officer of health, Birmingham) and Mr. A. B. Neale (statistical officer) for access to the above data.—I am, etc.,

Department of Social Medicine,
The Medical School,
Birmingham 15.

IAN M. LECK.

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Phenmetrazine and Foetal Abnormalities

SIR,—In view of the recent interest in phenmetrazine ("preludin") as a possible cause of foetal abnormality this case should be on record.

The mother of the child in question had become obese after her first pregnancy and decided to slim, taking first dexamphetamine and later phenmetrazine. Whilst taking the latter she became pregnant again and continued to take the tablets for approximately six weeks of the pregnancy (? 8 weeks foetal age). This infant was born with deformities of both lower limbs and one hand was also affected. The legs were normal to about mid-calf level but below that there was a tiny foot consisting of a fairly well formed great toe and little else. X-ray showed most of the tarsals and metatarsals and also phalanges to be missing. One hand was normal. The other had a web deformity of the third and fourth finger and the little finger was missing.

I am glad to say that this child, who is now 3 years 9 months of age, has been fitted with artificial limbs and gets about extremely well. He will attend ordinary school.—I am, etc.,

Royal Infirmary,
Blackburn.

P. D. MOSS.

Side-effects of Ethchlorvynol

SIR,—Ethchlorvynol ("arvynol"), which is at present being brought to the notice of general practitioners as a 250 mg. red capsule, appears to be capable of producing most alarming side-effects. The side-effects mentioned in the literature are "giddiness" and "hypotension" and there is a warning against taking alcohol.

Having recently had two cases where alcohol had probably been consumed unbeknown to the physician, it may be only proper to draw attention to the most alarming consequences in these two cases.

(1) A woman of 54 years of age was found to be utterly collapsed over the edge of her bed. Her husband was unable to rouse her, and he presumed her to have died. She had taken 500 mg. of ethchlorvynol about 20 minutes previously. Not suspecting this "cause and effect" between the drug and the attack, the patient took a further 500 mg. the next night with identical result. In this case unconsciousness lasted for 40 minutes or so.

(2) This concerns a depressive man of similar age who was found unconscious by his son. Here the duration of unconsciousness lasted sufficiently long to require hospitalization. The exact dosage of ethchlorvynol taken by this man could not be established, but was probably not more than 750 mg.

It is interesting to note that both patients have probably a fair amount of "liver damage" owing to the fact that both of them have been alcoholics, though presumed to be reasonably dry at present. In both cases the taking of alcohol prior to the taking of ethchlorvynol was denied by the patients.—I am, etc.,

Edinburgh.

E. V. KUENSSBERG.

Side-effects of Disulfiram

SIR,—Your "To-day's Drugs" article (November 17, p. 1318) on the use of "abstem" and disulfiram in alcoholism refers to skin rashes among the side-effects of disulfiram therapy.

In this context it is advisable to ensure that this drug is not given to patients whose skins are sensitive to rubber. Disulfiram is closely related chemically to dipentamethylthiuramdisulphide, an accelerator responsible for a high proportion of cases of rubber dermatitis. A patient of mine who gave a past history of sensitivity to a contraceptive sheath subsequently became an

alcoholic and was treated with disulfiram. He developed a very violent reaction associated with a widespread skin rash which was slow to heal. He gave positive patch tests to rubber, dipentamethylthiuramdisulphide, and ditetraethylthiuramdisulphide (disulfiram).—I am, etc.,

London W.1.

HAROLD WILSON.

Diuretics and Leg Ulcers

SIR,—Dr. D. B. Fox's use of oral diuretics in the treatment of leg ulcers (November 24, p. 1370) raises the possible value of these agents in the treatment of focal fluid accumulations. They have been widely used for some time in the treatment of troublesome premenstrual congestion of the breasts. We have found that they may be of value in the reassessment of vague areas of increased consistency in the breasts in which the differentiation between the normal and the pathological is sometimes uncertain. They may achieve some control of early post-mastectomy lymphoedema of the arm. Recently we have had some suggestion that they may be helpful in dealing with the often troublesome tendency of fluid to collect under flaps as after mastectomy. Clearly there are a number of possible applications of these agents in surgical conditions which warrant further exploration.—I am, etc.,

The Middlesex Hospital,
London W.1.

DAVID H. PATEY.

SIR,—Dr. David B. Fox (November 24, p. 1370) is not "new" in his approach to the treatment of leg ulcers, a reference¹ to the use of oral diuretics in conjunction with an antibiotic having appeared in the correspondence following an article of ours.² We ourselves have employed oral diuretics in leg ulcers where there was also some systemic indication for their use but we have never considered it justifiable to use these agents in a local, mechanically produced oedema confined to the legs. Used in this way, they may offer another excuse for the patient to temporize, while the urgent necessity is for the doctor to insist on bed rest as he would in the case of a comparable lesion in a viscus, pointing out that it is neither impracticable nor obsolete but safe and effective where properly applied with suitable local therapy like eusol which we advocated in the article referred to. Appropriate follow-up measures, including massage and supportive therapy, serve to minimize recurrences.

We hold that the indiscriminate use of antibiotics in any form cannot be too strongly condemned. In our opinion these should be reserved for acute complications like erysipelas or lymphangitis and not exhibited in chronic states where, besides being ineffective in the majority of instances, there is the risk that they may induce the formation of resistant strains, as, indeed, appears to have occurred in the trial under consideration where the term "eventually insensitive" has an ominous ring. Furthermore, the local application of ung. paraffin molle B.P.C., far from being negligible therapeutically, was recorded by us under "petroleum jelly" as occupying an intermediate position between the extremes of the highly successful eusol and the relatively inert saline dressings as regards healing rate.

Although admitting that good results can be forthcoming in carefully chosen cases submitted to surgical operation, we think that Dr. Fox should have relegated it to the end of his enumeration of available therapeutic

measures in leg ulcers instead of according it the leading place. It is a pity, too, that he did not study his principal reference more closely or he would have found that surgery is not recommended for post-thrombotic ulcers and he might have profited from the sage remark³ regarding surgical treatment of these conditions in general, that "It is not unreasonable to wonder whether the patients would not benefit as much from elastic support alone."—We are, etc.,

Stobhill General Hospital,
Glasgow N.1.

A. GIRDWOOD FERGUSON.
JAMES C. P. LOGAN.

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- ¹ Kingsley, H. J., *Brit. med. J.*, 1961, 2, 115.
- ² Fergusson, A. G., and Logan, J. C. P., *ibid.*, 1961, 1, 871.
- ³ Anning, S. T., *Leg Ulcers: Their Causes and Treatment*, 1954. Churchill, London.

SIR,—It is sad to disappoint Dr. D. B. Fox (November 24, p. 1370), but his approach is anything but new. Since the introduction of oral diuretics, virtually every new patient seen by me has been receiving them from his family doctor prior to referral. It is a complete waste of time and money in my opinion, and akin to holding a bucket under a leaky tap without bothering to renew the washer.

The only method of ridding a varicose or post-thrombotic limb of oedema, apart from recumbency in a bed whose foot is elevated 9 in. (22.8 cm.), is by exercising the calf muscles as we have shown for many years now at the London Varicose Clinic.

I am delighted to see that Dr. Fox has adopted the bandaging methods which we have so long advocated, but if he needs to give his patients oral diuretics in order to endeavour to rid them of their oedema he has failed to grasp the most essential part of our treatment, which is ambulation in close-fitting, lace-up walking-shoes as opposed to the shambling around in sloppy slippers and loose "ballerinas" which I am quite certain most of his patients must be doing at the moment.—I am, etc.,

London W.1.

STANLEY RIVLIN.

Appendicitis

SIR,—The condition of fleeting or persistent right-sided abdominal pain in young women is well known to surgeons who have to deal with abdominal emergencies and the importance of its recognition in the differential diagnosis of acute appendicitis is well understood. Many years ago I gave a name to the condition in order to impress upon my junior staff the need to recognize it as an entity. The name is Dextralgia Abdominis Puellarum Fugax vel Perstans (with apologies for the mixed derivation of the first word of the name).

Pain developing in paired organs such as the kidney, ureter, ovary, and tube tends to be lateral only and not central, and careful history-taking will make this point clear. Sometimes these young women will say that, in addition to right-sided pain, there has been pain across the abdomen but further questioning will reveal that this has been in the left iliac fossa and not central and periumbilical.

I think it is true, as Mr. S. Graham Thompson (November 10, p. 1256) says, that such people or their families have an "appendix complex" and that this explains why they are cured by the operation. It also answers his question as to why the pain, if ovarian, is