unsatisfactory. There are still many avenues to explore in arriving at the perfect sclerosant and the perfect operation.

—I am, etc.,

London, W.1.

R. ROWDEN FOOTE.

SIR,—Prof. A. M. Boyd and Mr. D. J. Robertson (Sept. 20, p. 452) are to be congratulated on calling attention to the two complications associated with ill-judged surgery of varicose veins. The commonest cause of recurrence after operation is failure to tie the saphena vein flush with the femoral vein and to tie and divide all its terminal tributaries. During the last four years I have seen 123 recurrences of this type. Having collected large series of cases in which both the vertical and oblique incisions were used, I have no hesitation in recommending the latter; it heals so much better, and if rightly placed and of sufficient length it gives all the exposure that can be wished for.

My clinical experience gained in operations on nearly 3,000 cases makes me agree with Boyd and Robertson as to the site and frequency of the incompetent perforating veins. There is no difficulty in discovering the presence of such veins, but it is not always easy unless a very long incision is made to find the exact spot where the vein perforates the deep fascia. In a small percentage of cases the perforating veins are grossly incompetent, and it is essential to divide their flesh with the deep fascia. The most certain, simplest, and safest way of doing this is to remove the saphena vein with a Mayo or Babcock vein enucleator.

Like Boyd I was struck by the frequency of deep thrombophlebitis in Service personnel after the combined ligation-injection treatment of varicosities, and since 1943 I have tied the vein and postponed injections until the patient was walking about normally. This may be slow in producing thrombosis of all the varicosities, but it certainly lessens the risk of deep thrombosis and shortens the convalescence. Finally I should like to support Boyd and Robertson's plea for a careful clinical assessment before operation is advised. The mere presence of varicosities is not sufficient reason for advocating operation or injection.—I am, etc.,

Liverpool.

J. B. OLDHAM.

SIR,—In their article "Treatment of Varicose Veins" Prof. A. M. Boyd and Mr. D. J. Robertson (Sept. 20, p. 452) draw attention to the danger of retrograde injection of sclerosing fluids after ligation and state that recurrence usually occurs from inadequate ligation. With their first statement I am entirely in agreement and have long since abandoned it; further, I would point out the folly of relying on even an extensive thrombosis produced by this method to give a permanent cure. Hanschell showed many years ago that even soundly thrombosed veins, where the thrombosis is caused by sclerosing fluids, frequently recanalize in a remarkably short space of time.

With regard to the adequate ligation, I think their description is over-simple and their claims over-optimistic. My work has led me to believe the arrangement of deep communications is very much more complicated (*Lon. Hosp. Gaz.*, 1945, 48, 221). I believe that it is impossible to be sure of preventing recurrences unless all deep communications are dealt with and that this is not a feasible procedure because of the enormous variations. Many times I have seen veins not previously varicose appear after adequate ligation, and I believe this results from deep communications which were normal when the original operation was performed. I have on one or two occasions ligated such deep communications with most gratifying results.

I think ligation the only method worth using in severe varicose veins despite my previous remarks, but follow-up for years, not months, is needed to be sure the case is cured.—I am, etc.,

Hutton, Essex.

W. D. PARK.

Antihistamine Drug for Pruritus of Jaundice

SIR,—There is one action of antihistamine drugs to which we are unable to find any reference in the published literature. If it has been recorded previously it is of sufficient importance to warrant a further note. We have found that patients suffering from the pruritus of jaundice, hitherto an intractable therapeutic problem, derive marked relief from the administration of antihistamine drugs. The benefit is so great that it may well make

life intolerable for the jaundiced patient with an inoperable carcinoma.

The drug which we have used entirely is "neoantergan" ("anthisan"), prepared by May and Baker but not yet upon the market. The dosage given was 0.2 g. at four- to six-hourly intervals. Four-hourly dosage appears necessary because the effect of a single dose of antihistamine drugs only lasts for about six hours. It is perhaps for this reason that we have noted in some cases a recurrence of skin irritation in the early hours of the morning, which disappears when the next dose is administered. "Benadryl," which has a similar action and is available, will certainly produce similar benefit.—We are, etc.,

R. B. HUNTER,

D. M. DUNLOP.

Edinburgh.

New Treatment of Rheumatoid Arthritis

SIR,—At the Bath Rheumatism Congress in May, 1928, I read a paper on the endocrines in arthritis in which I pointed out that women suffering from rheumatoid arthritis who became pregnant experience a marked relief of all their symptoms, but that they relapsed again during the puerperium, and I suggested that the improvement during pregnancy was due to some endocrine change, a flooding with some special secretion or an inhibition of other active gland product. The balance of the endocrines is much more unstable in the female. Stimulation of the secretion of pituitrin by the internal secretion of the ovary is arrested by that of the corpus luteum. It is noteworthy that at about the same time Cumberbatch and Robinson obtained improvement, often lasting in character, by "cooking" the ovaries with diathermy, and they believed that certain forms of arthritis were mainly due to the inactivity of the corpora lutea.

Dr. Imre Barsi raises the whole question again (Aug. 16, p. 252). He assumes that "a hypothetical material circulates in the blood of pregnant women," and, as pregnant women suffering from arthritis materially improve, he has injected the blood of pregnant women into cases of arthritis, with definite and permanent results. Unfortunately, as Dr. M. D. Warren points out (Sept. 13, p. 433), he does not mention if there was any blood grouping having been carried out, and it is quite possible that the improvement was due to protein shock. Case 4 reported by Dr. Barsi was a male aged 66, and he claims that he was definitely cured of his arthritic symptoms. This is difficult to explain, and it certainly looks as if this improvement was more likely due to protein shock.

The whole question should not be allowed to drop, and I would make the following suggestions: (1) That only those cases of atrophic rheumatoid arthritis occurring in young women should be treated by blood transfusion from pregnant women; (2) that blood grouping be carried out; (3) that an equal number of controls be treated with normal blood—i.e., blood from non-pregnant women or males; (4) that records of temperature, sedimentation rate, and blood sugar be fully recorded.—I am, etc.,

Harrogate.

G. L. KERR PRINGLE.

SIR,—I wrote Dr. Imre Barsi requesting information as to typing the blood. He replied: "The typing is very important and must be done with the greatest care. I always use blood of the same type if I can get it; if not, I use type O, but I always make in such cases a cross-typing before transfusion."

So much for the blood grouping, but I should like to know if the haematologists at Oxford could not find out what it is in the blood of the pregnant woman that arrests rheumatoid arthritis.—I am, etc.,

Salisbury.

G. BAYNTON FORGE.

Penicillin in the Treatment of Diphtheria

SIR,—Recent articles on the use of penicillin in diphtheria prompt me to place on record two cases as follows.

(1) A boy of 8 years was admitted to Shieldhall Hospital on Nov. 4, 1946, on the fourth day of illness. A doctor had not been called earlier, as his symptoms were at first attributed to mumps. He had had immunizing injections in 1940.

(2) A boy of 7 years was admitted on Nov. 5, 1946, on the third day of illness. His doctor had regarded him at first as a case of quinsy.

On admission both patients were profoundly toxic, with profuse nasal discharge, great enlargement of cervical glands, and the fauces