accompanied by evident signs of articular inflammation.
—I am, etc.,

Ancona, Italy.

A. FAGIANO.

Westergren E.S.R. and Plastic Containers

SIR,—We have recently had occasion to investigate the phenomenon referred to by Drs. R. J. Weir and J. M. Jackson in their letter (May 25, p.1414). Stayne Laboratories, who issue disposable polystyrene containers containing sodium citrate for E.S.R. determination, asked us to investigate this problem which had been reported to them. The early batches of citrate bottles issued by this firm contained a preservative prepared from equal parts of methyl hydroxybenzoate 0.15% and propyl hydroxybenzoate 0.02%. As soon as the discrepant results were reported the addition of the preservative was discontinued, and users were advised to store the containers in a refrigerator. We compared sedimentation rates on a number of bloods taken into bottles with and without preservative, as issued by the firm, with other similar bottles which had been washed and filled with citrate solution prepared in this laboratory. The results are set out in the table, and it will be seen that

E.S.R. Bottles from Stayne Laboratories to Compare the Effect of Preservative on 3.8% Sodium Citrate

Patient	Bottle With Preservative	Bottle Without Preservative	Empty Bottle Plus 0.5 ml. 3.8% Sodium Citrate
1	1 mm.	4 mm.	4 mm.
2	11 "	14 "	15 "
3	14 "	71 "	72 "
4	9 "	22 "	22 "
5	1 "	4 "	4 "
6	23 "	32 "	32 "
7	62 "	85 "	87 "
8	16 "	81 "	84 "
9	31 "	37 "	35 "

Sedimentation rate in mm. hour.

the presence of the preservative caused a marked retardation of sedimentation in the majority of cases. The discrepant results have clearly nothing to do with the polystyrene plastic, which has proved satisfactory as a container for blood for all laboratory purposes.

It has been the practice in this laboratory to collect blood for E.S.R. determination into bottles containing sequestrene anticoagulant, as used for blood counts, etc. This is then diluted with normal saline in the usual ratio of 4:1 immediately before setting up the test. Results obtained by this method are identical with those using the standard Westergren technique. In this way the same sample can be used for blood counting or haemoglobin determination, and there is the added advantage that up to eight hours at room temperature or 18 hours at 4° C. can elapse between collecting the blood and setting up the E.S.R.—We are, etc.,

Canadian Red Cross Memorial
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F. E. T. SCOTT.
C. A. READING.

Local Hydrocortisone and Hypopigmentation

SIR,—Dr. C. W. Coplan's letter (June 8, p. 1545), enlarging on the observations of Mr. A. V. Bavadekar (March 2, p. 612) on local hypopigmentation following hydrocortisone injections, prompts me to report a recent experience with a case of lichen planus.

The patient, a European, has widespread lesions which are undergoing spontaneous regression, leaving the normal staining of the affected sites. Three weeks ago I injected an embarrassing group of lesions on the dorsum of the left

hand with 0.8 ml. triamcinolone acetonide aqueous suspension. When I saw him yesterday the injected lesions had almost completely disappeared, but the area was hypopigmented, in marked contrast to all his untreated lesions, which had continued their slow resolution with a normal increase of brown staining. He had been exposed to the sun recently and his exposed skin had tanned, which made the hypopigmentation more obvious. I did not test him for sensory changes, and loss of hair or atrophy were not apparent at this early stage.

Comment on possible causes seems to be premature.

—I am, etc.,

The Queen Alexandra Military Hospital,
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D. GILL.

Menopausal Flushes

SIR,—Further to Dr. Denys Kelsey's letter (May 11, p. 1290) regarding menopausal flushes I should like to comment that, while in some patients the symptom would seem to be due to hormonal changes, in some others it would seem the mechanism is directly due to the onset of menopausal depression and associated paranoid trends.

In a Rorschach investigation¹ of 50 patients suffering from rosacea and/or severe flushes, as a pathological entity, compared with the same number of carefully matched controls, I found a point-to-point correlation between the skin disease and severe emotional disturbances. In another, psychiatric, investigation^{2,3} of 20 women—of whom 13 were more than 43 years old—the investigation lasting in some cases up to three years and followed up for 15 years, I found the invariable presence of paranoid trends and a point-to-point correlation between the onset of the skin conditions and the onset of a sense of deprivation due to the loss, in fact or in effect, of a significant person.—I am, etc.,

London S.W.1.

EGON PLESCH.

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Crocodile Tears

SIR,—I was interested in Mr. P. H. Golding-Wood's article (June 8, p. 1518). I do not know whether he has done special dissections of the petrosal nerves or has taken his diagrams from conventional British texts. French anatomists such as Poirier and Hovelacque describe an intricate contribution from both the facial and glossopharyngeal to the greater and lesser petrosal nerves. In Mr. Golding-Wood's Case 1 it is possible that both petrosal nerves were involved at the original operation and it may well be that fibres from the tympanic plexus may be involved in Bell's palsy. None the less his theory is attractive and his results rewarding.
—I am, etc.,

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W. REX MORRIS.

SIR,—With reference to the article by Mr. P. H. Golding-Wood (June 8, p. 1518), man is not the "only animal capable of weeping" (we will dispense with the "sorrow" for the moment). Many naturalists who had the opportunity to watch marine turtles when they left the sea remarked on the fact that they were shedding copious tears¹ during the procedure of egg-laying. Why marine creatures, whose eyes are by necessity always bathed in saline water, should have such well-developed lacrimal glands remained a mystery until it was found²