vasodilatation may occur, as in the well-known *tache cérébrale*. Although localized bullous lesions are sometimes seen in barbiturate coma, evidence is presented to show that these are not necessarily specific for barbiturate intoxication, and it is suggested that such lesions may occur in states of coma unconnected with barbiturates and indeed with any drug.—We are, etc.,

DENIS M. FREEMAN.

General Hospital,
Warrington, Lancs.

Publicity for Hazards of Monoamine-oxidase Inhibitors

SIR,—I feel I must bring to your notice the disturbingly serious position in which many patients are placed by not being warned of the adverse reactions which may follow the administration of monoamine-oxidase inhibitors.

I find that the patient often falls between two stools, as the psychiatrist at the hospital thinks the general practitioner will give the necessary precautions and the general practitioner assumes that the "specialist" has already done so.

It is, of course, common that certain drugs can potentiate each other with dangerous results, but it seems to me an entirely different situation when such common articles of diet as cheese, Marmite, Bovril, or broad beans could result in episodic hypertension with the possibility, however remote, of an ensuing subarachnoid haemorrhage.

It may well be that many doctors are not aware of these hazards, and I feel there should be some arrangement made whereby the patient could never obtain these drugs from any dispensary or chemist without these dietary precautions being printed on the label.—I am, etc.,

London N.W.9.

MURRAY N. COX.

Treatment of the Climacteric Syndrome

SIR,—Drs. F. Osmond-Clarke and M. Murray (8 May, p. 1249) spoil a good case by omitting all reference to the one counter-argument—the danger of oestrogenic haemorrhage. It is an aphorism that adequate hormone-replacement therapy of any type carries a high risk of undesirable side-effects, and it is particularly true for oestrogen treatment of the climacteric. Reactionary bleeding, provoked by overdosage, is very common and is indeed becoming the most frequent type of post-menopausal haemorrhage. It is this, and not the fear of carcinogenesis, which is the basis for the gynaecologist's reluctance to prescribe oestrogens as freely as he otherwise would.

The ideal, of course, as Drs. Osmond-Clarke and Murray advise, is strict regulation of oestrogen administration by frequent control via vaginal-smear cytology. But this involves considerable expertise, and does not always accurately reflect the true blood-oestrogen level.¹ For the present, therefore, it is advisable to limit treatment to the minimum with frequent interruption and the complete avoidance of implants and other forms of so-called "depot" therapy. Perhaps the best way of avoiding oestrogenic bleeding is to use one of the oestrogen-

testosterone combinations, of which the original—Mixogen—is the best.—I am, etc.,

London W.1.

ALBERT DAVIS.

REFERENCE

- ¹ Charles, D., Bell, E. T., Loraine, J. A., and Harkness, R. A., *Amer. J. Obstet. Gynec.*, 1965, **91**, 1050.

Injury by Thermometer

SIR,—Dr. S. K. Dikshit's unfortunate experience (22 May, p. 1377) prompts me to write about that of one of my patients, a middle-aged lady.

She was staying in the South of France, where she contracted an acute upper respiratory infection. Her clinical thermometer had been left at home, so she bought one of the larger Continental-style rectal thermometers. She was not accustomed to these instruments and pushed the thermometer in until about half the shaft was within the rectum in addition to the bulb.

Some hours later she had an urge to empty the bowel and passed a considerable quantity of bright red blood. Proctoscopy at the local clinic revealed ulceration of the rectal wall and incidentally some small internal haemorrhoids which did not appear to be the source of bleeding. The sigmoidoscope was passed to 15 cm. but revealed no further lesion. On her return to this country the investigations were repeated, and the lesion was found to have healed completely.

Temperature-taking in the rectum would appear to be a hazardous procedure for those with little knowledge of the anatomy of that part.—I am, etc.,

London S.W.9.

A. MELINEK.

Rapid Estimation of Urea

SIR,—I was interested in reading the paper of Professor D. N. Baron and Dr. G. Hughes (23 January, p. 233). The authors have made reference to my work with Urograph¹ and I would like to clarify their comments in the discussion. Firstly, I would draw attention to the fact that our study was using the original Urograph marketed in Canada by the Warner-Chilcott Co., which required only 0.1 ml. serum for a determination. It would appear that Professor Baron and Dr. Hughes were using what is marketed as "the new, improved Urograph," which requires 0.2 ml. serum for a determination. Secondly, we have measured the height of the blue column, since these were the manufacturer's instructions and we were evaluating the product on this basis. Thirdly, it is an error to say that we found "the Urastrat method was not accurate (confidence limits +27%)." A more careful examination of our data would reveal that the confidence limits of $\pm 27\%$ referred to the precision or reproducibility of the test, not the accuracy.—I am, etc.,

Laboratory of Hygiene,
Ottawa 3,
Ontario, Canada.

J. E. LOGAN.

REFERENCE

- ¹ Logan, J. E., *Canad. med. Ass. J.*, 1963, **89**, 341.

Pyloric Antral Mucosal Diaphragm

SIR,—We were interested in Dr. N. Conway's Medical Memorandum "Pyloric Antral Mucosal Diaphragm" (10 April, p. 970) and consider a patient seen by us recently of interest. Our case supports Mr. J. A. Rhind's view (15 May, p. 1309) that the condition

will be found by surgeons examining their operative specimens. In this patient the lesion was not detected by barium meal or at operation, and it was only after the specimen of gastric antrum (excised for other indications) was opened on completion of the operation that the mucosal diaphragm was recognized. The presence of a healed prepyloric ulcer close to and proximal to the site of the mucosal diaphragm makes one wonder whether this ulcer was secondary to stasis caused by the diaphragm.

A.B., born 1910, was investigated in March 1965 for episodes of abdominal pain and vomiting that had been getting worse over the past five years. Barium meal had demonstrated a chronic ulcer crater of the greater curve of the pyloric antrum. There was resting juice in the stomach and the radiologist reported considerable initial pylorospasm. At operation (29 April 1965) there was evidence of a healed antral ulcer. There was no constriction of the sero-mucosal coats. Vagotomy and antrectomy was performed. On opening the specimen there was a mucosal diaphragm with a $\frac{1}{4}$ in. (0.3 cm.) lumen 1 cm. distal to the scar that marked the site of the healed antral ulcer. The mucosal diaphragm was not palpable from the outside.

—We are, etc.,

Walton Hospital,
Liverpool 9.

N. O. K. GIBBON.
W. B. ASHBY.

Foster Parentship

SIR,—Often the foster mother has problems which may also occur in ordinary or adoptive families, but the impermanence of fostering and the child's earlier rejections may preclude a happy outcome. All children need opportunity to come to terms with their ambivalent feelings towards their parents. The parent also needs support in learning to understand the child's development, and in patiently accepting and turning to good account his changing moods. This opportunity and support can be partly met, for the under-fives anyway, in a pre-school playgroup. Several hundred of these exist, about 130 of which are affiliated to the National Association of Pre-School Playgroups (known as P.P.A.). This is a voluntary association set up in 1961 to promote public interest in the educational needs of young children, and to press for the fulfilment of the provisions for under-fives recognized in the 1944 Education Act. P.P.A. has drawn up a code of high standards for its members' guidance. P.P.A. stresses the vital role the mother plays in the child's first sallies into the wider world. The playgroup supervisor usually has a rota of mothers to help her. Each mum, therefore, learns a good deal about handling children, makes new friends, discovers that her problems are not unique, and gains real satisfaction from taking part in a little community project. Most groups are run by parent committees and are non-profit-making.

Encouragement of foster parents to participate in such groups could be rewarding in terms of improved parent-child and family-neighbourhood relationships. Experienced supervisors can usually judge when a child needs the additional help of a child guidance clinic. The neighbourhood would also be taking some responsibility for the well-being of its "at risk" members, instead of delegating this to outside agencies. Most playgroups, however, have long waiting-lists, and