When I discussed the findings with the patient and explained to him that the trouble had not been an ulcer but an enlarged muscle at the exit of the stomach causing obstruction, he said that his eldest child, a boy, had been rushed off at the age of 4 months to hospital and had had an operation for a similar condition. This has kindly been confirmed for me by the hospital concerned, which reports that the baby had a Ramstedt operation for pyloric stenosis at the age of 15 weeks.—I am, etc.,

Bath. S. GLASER.

Reduction of Post-operative Pain

SIR,—I read with interest the annotation (*Journal*, August 15, p. 385) concerning methods of relieving post-operative pain. Reference was made to the use of the drug "efocaine." It is true that this drug gives much longer anaesthesia than most of the other anaesthetics at our disposal, but it certainly has dangers and disadvantages. Three cases have been reported from America, where, following the use of efocaine, serious neurological symptoms developed and persisted, and it is understood that other permanent palsies have been encountered. In these cases intercostal injections have been made in the paravertebral region.

My registrars and I are at present investigating a small series of gastrectomies where the efocaine was injected in the region of the intercostal nerves in the mid-axillary line. In many of these cases the anaesthesia was very prolonged and has given considerable discomfort to the patient. We hope to publish a short account of these cases in the near future.—I am, etc.,

Liverpool, 1. J. B. OLDHAM.

Sun on the Skin

SIR,—In your annotation (*Journal*, August 8, p. 330) you mention that, although it is not easy to increase tolerance to light by systemic treatment, mepacrine by mouth delays the onset of erythema from ultra-violet light. No mention is made of nicotinic acid, which has quite a marked effect in the prevention of photo-sensitivity; a dose as small as 50 mg. per day has been successful in preventing the onset of light dermatitis in several photo-sensitive patients (for example, the dermatitis associated with pellagra).

You mention that sulphonamides increase sensitivity to light, and I find it rather interesting to speculate on the cause of the pharmacological antagonism between sulphonamide and nicotinic acid, which not only exists in bacterial infections but also in this matter of light sensitivity. Incidentally, I have learned by painful and personal experience never to apply creosote to wooden structures when the sun is shining; any stray drops landing on the skin cause the rapid development of an uncomfortable localized erythema.—I am, etc.,

London, W.1. R. J. GOURLAY.

Please Wash Your Hands

SIR,—I note with interest the letter from Dr. W. Edwards (*Journal*, August 22, p. 444) regarding free washing facilities in public conveniences. Two years ago I persuaded the Doncaster Health Committee to provided free hand-washing and drying facilities as an experiment in the men's convenience adjacent to the market, which is patronized by stallholders, the majority of whom are engaged in handling food. A wash-hand basin, soap dispenser, and electric hot-air hand drier were provided. The provision of such facilities is restricted to conveniences where an attendant is on duty in order to prevent misuse and damage, and the drier and soap dispenser have to be locked away when the attendant goes off duty, to prevent wilful damage. With these precautions I am pleased to be able to report that the equipment is still intact, is in daily use, and has proved popular. I might add that to reduce further the risk of spread of intestinal disease the flush controls of the w.c.s at this convenience were converted to foot operation in lieu of the usual hand control.—I am, etc.,

Doncaster. H. L. SETTLE.

SIR,—Your correspondent, Dr. W. Edwards (*Journal*, August 22, p. 444) in his letter on the washing of hands, raises a problem which deserves immediate attention. The fact that gastro-enteritis has become endemic and widespread is a sad reflection on the standards of hygiene and food management in this country. The time has surely come for a new drive for cleaner food.

Food-handlers require constant education and supervision. A revival of the system of granting hygiene certificates to cafés and food stores would be a good thing. The refusal of such certificates, and even closure of the more unsatisfactory establishments, would have a salutary effect on the raising of standards. The handling of articles ready to eat, such as sandwiches and cakes, should be forbidden when once prepared. They should be individually wrapped ready for sale. Our milk is now almost entirely delivered in bottles, and yet our bread loaves are rarely wrapped before delivery.—I am, etc.,

Carmarthen. J. E. CRANE.

Male Pseudohermaphroditism

SIR,—We have been interested to read the account of a case of male pseudohermaphroditism by Drs. D. C. Beatty, C. J. Champ, and G. I. M. Swyer (*Journal*, June 20, p. 1369). Owing to the rarity of such cases, mention of a similar one encountered by us some four years ago may be of interest.

The patient, a married woman aged 40, had always had amenorrhoea, but, except for the total absence of pubic and axillary hair, she had normal secondary sexual characteristics. As a child she had had treatment for a left inguinal hernia, and she was now admitted to hospital for repair of a right inguinal hernia. A tumour, shown histologically to be a testis, was removed at operation. No ovary or uterus could be felt through the hernial orifice, and bimanual examination showed a loosely attached vagina without a cervix or any nodule suggesting a uterus. The external genitalia were normal.

Further investigation could not be carried out as it was against the patient's wishes. She is one of a family of six girls; three are normal, married and with children; the other two are similar to the patient in that they have had permanent amenorrhoea, and one of them, who is married, has been told by a gynaecologist that she has no uterus.—We are, etc.,

GREGOR H. GRANT.
Shrewsbury. A. GLANDON WILLIAMS.

Treatment of Patients with Myelosclerosis

SIR,—Dr. R. A. Hickling's account of the clinical features of myelosclerosis (*Journal*, August 22, p. 411) does not refer to the remarkable duration of time of the pathological process in some cases. In 1950 I saw a man, aged 66, with enormous splenomegaly and fairly severe anaemia. A diagnosis of myelosclerosis was confirmed, and a number of transfusions were given which kept the patient alive for a further two years. A striking feature of this case was that great splenomegaly had been detected in 1910, when he was warned not to play football for fear of rupturing the enormous spleen. Apart from abdominal discomfort, no symptoms were noted until March, 1950, when he had a very severe epistaxis.

A man aged 53 was found to have a spleen reaching to the navel 12 years before I saw him. There were no other symptoms and no anaemia, but the leucocyte count was 35,400 with a few abnormal cells and an occasional normoblast. This patient is still in good health, with no treatment, 16 years after the splenomegaly was first noted.

It seems impossible to accept the view of Heller and his co-workers,[1] which is shared by Hutt *et al.*,[2] that such a prolonged disease could possibly be closely allied to the leukaemias. It is both interesting and important that Dr. Hickling observed improvement after irradiation of the enlarged spleen in cases with leucocytosis and immature cells in the blood. Obviously, therefore, the enlargement of the spleen, which has often been regarded as compensatory, is