coronary heart disease than men. The rapid rise in the incidence of calcified atherosclerosis in women after the age of 60 is associated with an increase in the complications of atherosclerosis. Nevertheless, it is remarkable that in spite of the severe arterial changes which can be seen on radiographs of the abdominal aorta in a high percentage of women (over 70% in the 70-80 age group) their life expectancy appreciably exceeds that of the male.

Dr. A. Rae Gilchrist (January 26, p. 209) pointed out that the vascular system of women is more tolerant to the sustained burden of hypertension than that of men. My investigations suggest that the same applies to atherosclerosis.-I am, etc.,

Department of Diagnostic Radiology, Prince of Wales's Hospital, London N.15.

A. ELKELES.

REFERENCE

<sup>1</sup> Elkeles, A., Lancet, 1957, 2, 714.

# Oral Contraceptives and Thrombophlebitis

SIR,—A further case history may serve to indicate a causal connexion between hormonal therapy and the risk of thrombosis. The patient, a 30-year-old West Indian, took "conovid-E" in the recommended dosage from July, 1962. On November 16 she reported a pain in the left side of her chest. On clinical examination and mass radiography nothing abnormal was detected. However, as she began to have pain in her left leg, with thrombophlebitis of the calf veins on that side, the tablets were discontinued on January 1, 1963. -I am, etc.,

London E.7.

B. Ross.

#### Treatment of Scorpion Sting

SIR.—I was interested to read the letter of Mr. M. K. Senapati (December 8, 1962, p. 1546) on the treatment of scorpion sting by the local injection of emetine hydrochloride. Our introduction to this form of therapy was a patient who presented with a sloughing toe as a result of such a measure. However, it is quite likely that this was a consequence of lack of sterility or some additional local medicament rather than the emetine.

We see quite a number of patients suffering from stings from small, pale-brown scorpions. Presumably only the more serious cases reach us, but we gain the impression that in children, and even teenagers, the mortality is quite high. The deaths may be 24-48 hours after stinging, and pulmonary oedema causing severe orthopnoea are terminal features. Consequently we do not use intravenous infusion for the shock. Our therapy with morphine, atropine, and oxygen has not been very successful, and I will be interested to see the effects of local emetine hydrochloride and specific antitoxin which I believe is available.—I am, etc.,

Church of South India Hospital, W. A. M. CUTTING. Jammalamadugu, South India.

### "Alka-seltzer" and Haematemesis

SIR,—May I support Dr. A. C. Arthur's views on "alka-seltzer" tablets (January 26, p. 260) as a cause of bleeding from the stomach. I have recently been reviewing my cases of gastro-intestinal bleeding and I find that in just over two years, from the end of 1958, I saw 134 such cases due to aspirin-containing preparations. Of these, twenty-four subjects had very recently

taken alka-seltzer and nineteen had not taken any other salicylate except alka-seltzer, which had often been taken in small doses of one or two tablets.

The advertisement of such tablets as giving relief from stomach upsets is in my opinion morally wrong, since it is in subjects of these disorders that aspirin is most prone to cause haemorrhage. If such advertising cannot be prevented then at least the fact that the advertised tablets contain aspirin should be made evident to all. Most of my patients were ignorant of

The trade names of many aspirin-containing preparations: "anadin," "antoin," "Beecham's powders," "macprin" and "solprin," to name only a few, do not reveal to the uninitiated their aspirin content. All these preparations feature in the immediate antecedent history of haematemesis in my list of cases.—I am, etc.,

Edgware General Hospital, Edgware, Middlesex.

G. H. JENNINGS.

SIR,-Dr. A. C. Arthur recently reported (January 26, p. 260) two cases of haematemesis following the ingestion of "alka-seltzer" tablets. I have just attended a man with a chronic duodenal ulcer who had a severe haematemesis and melaena shortly after taking five tablets of alka-seltzer. I agree with Dr. Arthur that measures should be taken against the advertisement of these aspirin-containing tablets for dyspeptic symptoms.-I am, etc.,

The Royal Hospital,

MALCOLM M. SEGALL.

## Oranges and Lemons

SIR,—In his letter (February 2, p. 327) Dr. Hugh Sinclair asks, "So what should the candidate do when asked a factual question about who first advised lime juice for scurvy?" May I suggest that the correct answer is "John Woodall," surgeon to St. Bartholomew's Hospital from 1616 to 1643? In his book The Surgeon's Mate (1639) Woodall devoted a chapter to scurvy, describing its symptoms, complications, and cure. No "controlled experiment" was necessary, because he knew from long experience exactly what to do. He thought there were many possible causes, including lack of fresh food and clean clothing, but he was quite clear that every ship's surgeon should persuade the purser to provide, whenever possible, juice of Oranges, limes or lemons and at Banthame of Tamarinds." He repeats over and over the refrain, "The use of the juice of Lemmons is a precious medicine and well tried, being sound and good, let it have the chiefest place, for it will deserve it." Like so many writers of his time he tends to labour his point, but nevertheless he seems to have been forgotten by the examiners and regius professors.-I am, etc.,

Brinkley, Cambridgeshire.

GEOFFREY KEYNES.

## **Mental Impairment in Boxers**

SIR,—I was interested in the statements by Dr. R. E. Hemphill (December 15, p. 1617) from the point of view that he finds less evidence of a straightforward "causeeffect " relationship for psychiatric deterioration in boxers than Dr. John D. Spillane (November 10, p. 1205) has found in the neurological field. Though in the "punchdrunkenness" syndrome1 2 this kind of relationship appears to exist even as far as psychiatric possi-