Correspondence : Briewerubriek

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Die menings gelug in die Briewerubriek van die SAMT *is nie noodwendig dié van die Mediese Vereniging van Suid-Afrika nie.*—Redakteur.

VITAMIN A TOXICITY

To the Editor: During the summer season, thousands of sun-worshippers flock not only to the beaches but also to their pharmacists to buy vitamin-A containing preparations such as Sylvasun — which is advertised as protection against sunburn.

Whatever the merits and demerits of vitamin A might be for this specific purpose, it is being taken into the body, where it has manifold effects. Is the chronic use of vitamin A for this specific purpose justified?

Hypervitaminosis A is a very real danger. However, unlike the acute toxicity that develops after a meal of polar bear liver, the slow onset of toxicity for the regular users of products such as Sylvasun is rather more subtle. My impression from talking to pharmacists, is that regular use of such preparations is widespread.

Many multivitamin preparations also contain vitamin A in quantities far in excess of the recommended daily allowances, and regular users of such preparations are legion.

Medical practitioners should be aware of the variety of signs and symptoms of vitamin A toxicity. These include hepatomegaly with abnormal liver function tests, arthralgias, vague pains with tenderness along the shafts of long bones, vague myalgias, depression, schizoid symptoms, headache, raised intracranial pressure, teratogenic activity, alopecia, excessively dry and fragile skin and mucous membranes, to mention but a selection.

I think our Medicines Control Council should consider labelling all vitamin A-containing preparations with the warning 'Dangerous in excessive dosage' — as a token, at least.

Pharmacists, too, bear a considerable responsibility in protecting the public in this regard, and should warn customers to beware of overdosage with such vitamin A-containing preparations.

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HAZARDS OF MUSIC AND NOISE

To the Editor: Your editorial[1] 'Hazards of music and noise' brings to our notice a matter to which our ears have become completely deaf — so that now our eyes must see what we cannot hear. Our modern discothèques and dance halls, even restaurants, are the modern equivalents of the inns and taverns of Chaucer's day, but the music-making of his time has had its intensity augmented by our technological inventions to enable the notes, once musical, to be maintained at an intensity which reaches the threshold of pain.

According to research into musical dynamics, differences of 5 dB are necessary for the detection or perception of a difference in loudness, and from *pianissimo* to *fortissimo* there is a difference of at least 30 dB, or a 1 000-fold increase in acoustic power; each 10-dB increase corresponds to a ten-fold rise in acoustic power which produces, however, only what the average ear hears as 'doubling' of subjective loudness.[2]

One dB is the threshold of audibility, and 130 dB is the threshold of pain; in between we have soft recorded music at 40 - 50 dB; a noisy office at 50 - 60 dB; a busy street at 70 dB; loud recorded music at 80 - 90 dB; and a full symphony *fortissimo* at 100 - 110 dB. The relative acoustic power of these intensities ranges from 1 to 10^{13}!

What our athletic musical performers do not know, or need to have drummed into their ears to make them aware of, is, 'that it is effective dynamic contrast that makes music exciting, and not loudness'.[2]

These instrumentalists use electronic devices or 'compressors' that 'correct' supposed deficiencies of their instruments, by making *fortissimo* and *pianissimo* identical. They have the electronic means to get the same intensity out of instruments that, simply, were never designed to achieve such sonic equality.

Incessant instrumental loudness without variation is as ineffective for exciting the mind as is the monotonous so-called 'background' music of restaurants, used to blanket the clatter of pots and pans and plates and dishes. The vapid visages of frequenters of discothèques is evidence of this. Does it need noise to be noticed?

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1. Editorial (1975): S. Afr. med. J., **49**, 2111.
2. Patterson, B. R. (1974): Scientific American, November, p. 78.

SCHEDULING AND RE-SCHEDULING OF DRUGS

To the Editor: I write as a matter of urgency, in the event that the following has not yet been brought to your notice:

Phensedyl linctus, as well as Tixylix (Schedule I), can once again be obtained without prescription.

An anomalous situation exists concerning Phenergan and Avomine. Phenergan can be obtained without prescription for allergies, but if it is needed for sedation, a prescription is necessary. Avomine can be bought over the counter as a remedy for motion sickness, but requires a prescription if it is needed for hyperemesis.

The elixir Phenobarb Vitalet, an admixture of phenobarbitone, containing 15 mg/5 ml, can be bought without prescription.

As yet, many pharmacists to whom I have spoken are unaware of the change in the rules in connection with Phensedyl, but will they be overwhelmed once the 'druggies' find out!

I suggest that in future members of all the disciplines and pharmacists in hospitals and in retail practice have their say when drugs are scheduled or re-scheduled.

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LACUNAR SKULL: A CASE REPORT

To the Editor: A 22-year-old Black woman was admitted to St Rita's Hospital on 20 September 1975, in the first stage of labour. On examination the lie of the fetus was longitudinal, the presentation breech, the position right sacro-anterior with the breech engaged. The fetal heart rate was 148 beats per minute and regular.

On vaginal examination the cervix was central, well effaced, 8 cm dilated and well applied to the presenting part, which was level with the ischial spine. No sutures or fontanelles were palpable, and the feel of the presenting part was that of a well-padded breech. The patient had an android pelvis, and since, in addition, she was an unco-operative primipara, Caesarean section was decided upon, the indication being that of a primiparous breech.

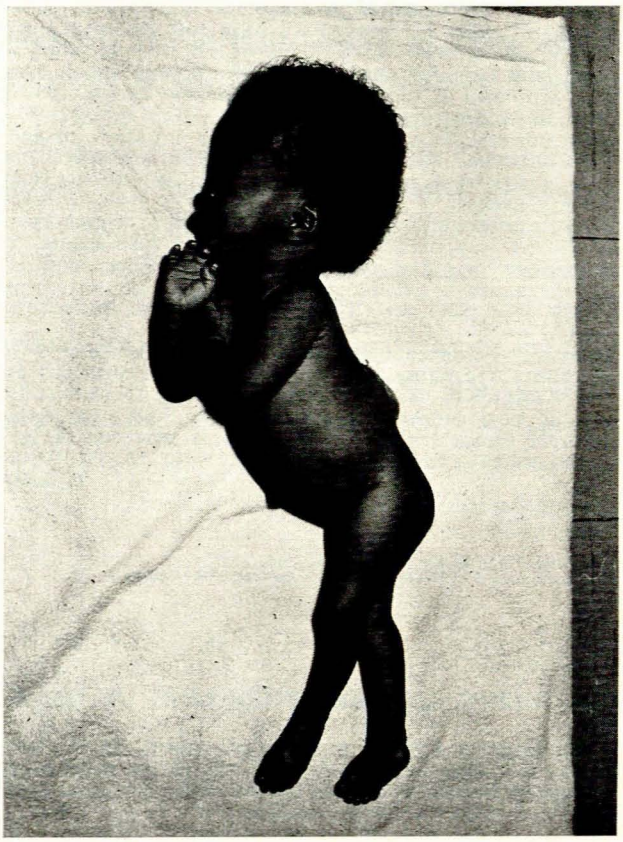
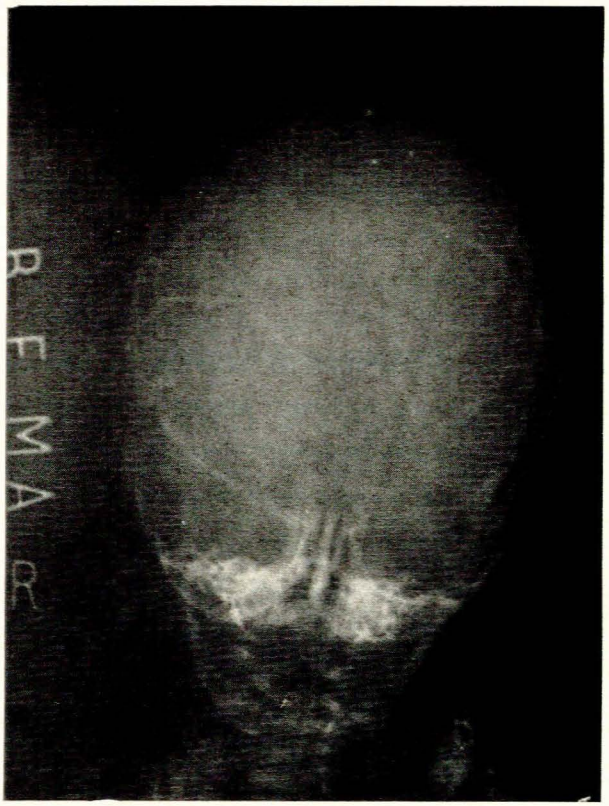


Fig. 1. The infant at birth.

At operation a live female infant was delivered, weighing 2,48 kg and, surprisingly, presenting by the vertex. Postnatal examination of the infant revealed the following features (Fig. 1):

1. A large soft head on which no sutures were palpable. The posterior fontanelle was of average size, while the anterior fontanelle was very large, extending right down to the brow. The head was extremely boggy to palpation, but no egg-shell crackling could be elicited. There was no broadening of the skull or prominence of the brow, and the face and eyes were normal.
2. A large lower dorsal meningomyelocele.
3. Flail lower limbs with total absence of both power and sensation.
4. Incontinence of both urine and faeces.



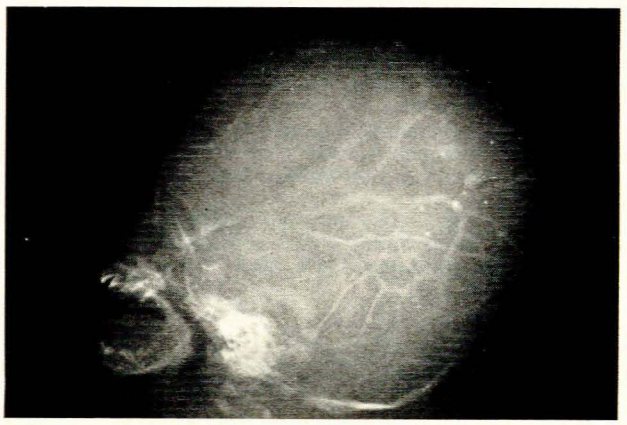


Fig. 2. Radiographs of the skull.

On X-ray examination, the skull had a 'beaten-copper' appearance which was symmetrical and involved mostly the parietal areas. There was no apparent diastasis of the sutures on X-ray films (Fig. 2).

In view of the paralysis of the legs and the complete incontinence it was decided not to attempt to close the meningomyelocele. No further investigations were carried out.

The case was at first thought to be one of an unusual presentation of hydrocephalus. Further reference to the literature, however, suggested that this was in fact a case of lacunar skull.

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