papillae are swollen and are easily damaged, with subsequent bleeding. Occasionally it is found that in comparatively normal patients with healthy gums bleeding is caused by the excessive and over-zealous use of hard toothbrushes.

Liver Injections in Arthritis

Q.—*(a) Is there any evidence to support the giving of liver injections in the anaemia associated with rheumatic and other arthritic conditions? I should be glad to know if there has been any work on this subject recently. (b) What is the percentage of cases of fibrositis which have a "gouty" pathology, and what is the likelihood of these cases being relieved by either cinchophen or colchicum?*

A.—(*a*) There is no conclusive evidence to indicate that liver injections would influence the anaemia associated with arthritis, but a liver extract would supply vitamin B as well as other substances, and, as so little is known of the pathology of rheumatoid disease, it might be justifiable to try it and watch the effect. In such cases the writer has used a special form orally with good effect on the general condition, but is not aware of any recent work on this aspect.

(*b*) It is impossible to give a percentage of cases of fibrositis which have a gouty pathology. The only plan would be to test for the blood uric acid content; if this is above normal it might be regarded as evidence of a possible gouty cause in the absence of trauma or any abnormality revealed by a thorough *x*-ray examination. Unless the blood uric acid content is increased there is no indication for either colchicum or cinchophen, and much to be said against using either, though the latter might have a temporary analgesic effect; aspirin would be far preferable and, as the salicylates tend to lower the blood uric acid content, more effective.

Rh Factor and Pregnancy

Q.—*In view of the baffling complexity of recently published work on the Rh factor, I should like to know what action should be taken on receipt of a report of "Rh-negative, anti-Rh agglutinins present" on the blood of a woman five or six months pregnant. Is there any danger to the foetus from this in a first pregnancy?*

A.—On receipt of a report that a pregnant woman is Rh-negative and has Rh antibodies in her blood it is advisable to arrange for the confinement to take place in hospital, and to make preparations to transfuse the infant with Rh-negative blood without delay if its cells are found to be sensitized to Coombs's test. Antibodies are unlikely to be present at five or six months in a first pregnancy, and there is little or no danger to the first foetus from this cause, unless in twin pregnancy. In subsequent pregnancies, if a woman is found to be Rh-negative but without evidence of antibodies, it is advisable to be prepared to treat the child if found to be affected, but treatment should not be given without proof of haemolytic disease, because many Rh-negative women fail to become sensitized even after several pregnancies (see *B.M.J.*, 1946, 2, 641, for details). There is no justification for the interruption of pregnancy unless on grounds that the mother's health is adversely affected—for example, by toxaemia.

Ultra-violet Light and Pulmonary Tuberculosis

Q.—*Is it not possible that the well-known effect of ultra-violet light in stimulating the activity of pulmonary tuberculosis could be made use of by giving ultra-violet light treatment at the same time as bacteriostatic drugs—p-aminosalicylic acid and streptomycin—on the assumption that the increased activity of the organism would increase its metabolic requirements, and that thereby the intake of these drugs by the micro-organism would be greater?*

A.—No. Ultra-violet light can have no possible direct action on tubercle bacilli in the lung. The effect of ultra-violet light or excessive exposure to sunlight on pulmonary tuberculosis is believed to be to cause reflex pulmonary congestion, with a consequently increased liability to haemoptysis: the flooding of part of the bronchial tree with blood containing tubercle bacilli is then liable to bring about extension of the disease.

NOTES AND COMMENTS

Leukoplakia and Kraurosis Vulvae.—Dr. ELIZABETH HUNT (London, W.) writes: In "Any Questions?" (Dec. 4, p. 1005) the writer states that kraurosis vulvae "might be considered as an exaggeration of normal senile atrophy, and for all practical purposes it occurs only after suppression of ovarian activity." How can these assumptions be reconciled with the fact that the women described by Breisky (the author of this term), who were suffering from this condition, were all within the reproductive period of life and all apparently with full ovarian activity? I have myself seen many cases of stenosis of the ostium vaginae (i.e., kraurosis vulvae) in younger women whose ovarian functions seemed to be normal. Some of these cases had been diagnosed as "senile atrophy." It would be of interest to know what exactly is meant by "normal senile atrophy." Does this occur at one site only on the skin—namely, the vulva? With reference to leukoplakia vulvae it is my experience that this term is used very loosely for a variety of widely differing skin affections which may present a whitish appearance. These conditions are often prolonged in duration despite medication, none is precancerous. Cancer, when it does occur in association, is found on the internal surfaces of the vulva only. Can excision of skin around the vulva be therefore justified, as the writer suggests?

Corrections

In the review of *Textbook of the Rheumatic Diseases*, edited by W. S. C. Copeman (Dec. 25, 1948, p. 1108), there is an inaccuracy in the second paragraph. This arose through a misreading of the chapter on clinical pathology contributed by Dr. M. J. Gibson. A correction, which unfortunately arrived too late for inclusion in last week's issue, makes this part of Dr. Kenneth Stone's review read as follows: "Dr. M. J. Gibson contributes a chapter on clinical pathology. His discussion of the blood uric acid is not very clear. He states that plasma uric acid is higher than whole-blood uric acid by 1.0 to 2.0 mg., the normal being up to 6 mg. per 100 ml.; a plasma estimation is more reliable, he says, because of variations in the red cell volume. But there is no accurate method of measuring the uric acid in a protein-free filtrate of the plasma, and 4 mg. per 100 ml. has long been accepted as the upper limit of the normal range. Comparatively recent work suggests 6 mg. as a more accurate dividing line between the non-gouty and the gouty; but further confirmation of this is desirable."

Dr. G. MACD. CAMPBELL (Tylorstown, Glam) has pointed out a mistake in our report (Dec. 11, 1948, p. 1031) of the speech by Mr. John Edwards at the opening of the Public Health and Municipal Engineering Congress. According to the official report of the speech issued by the Ministry of Health Mr. Edwards said that under the National Health Service prescriptions were being dispensed at the rate of 140,000 a year. The figure should have been 140,000,000 prescriptions a year.

Dr. DOROTHY M. JAMES, Medical Officer of Health (Standish-with-Langtree Urban District Council) writes: In the "Epidemiological Notes" (Dec. 18, 1948, p. 1087) I notice that in the discussion of the table for the week ending Nov. 27, 1948, you refer to a local outbreak—7 cases of diphtheria—in the urban district of Standish-with-Langtree. This is incorrect. There were no cases of diphtheria in this district during that period, but 7 cases of measles were returned. I have taken the matter up with the Registrar-General.

In a reference to the Todd insecticide fog-applicator ("Any Questions?" Dec. 11, 1948, p. 1048) it was stated that the T.I.F.A., "so far as we are aware, is not manufactured here." We are informed by the Lister-Todd Engineering Corporation, Ltd., of Imperial House, 15/19, Kingsway, London, W.C.2, that the machine is being produced in this country.

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