of children aged 4 months and 2¼ years, 10 and 20 mg. of paludrine respectively every other day would probably be suitable suppressive treatment. If they are in a heavily infected sleeping sickness area the question of chemoprophylaxis by pentamidine might be considered.

Yellow Fever in 1865

Q.—*How did the outbreak of yellow fever at Swansea in 1865 occur, since the disease is spread by a type of mosquito not known in this country and the fever is not infectious man to man?*

A.—Once an *Aëdes* mosquito becomes infected with yellow fever it remains infective for the rest of its life. The outbreak at Swansea in 1865 was due to mosquitoes brought by the *Hecla* from Cuba. These mosquitoes were either already infected in Cuba or were infected from infected members of the ship's crew.

Glucose Injected Intravenously

Q.—*What is the fate of glucose injected intravenously? How and where does the body use it?*

A.—When glucose is injected into the blood stream it may cause a considerable rise in the blood sugar. If the latter is greater than 180 mg. per 100 ml., the usual level of the threshold, some glucose will be excreted in the urine and lost. The glucose which remains in the blood will be taken up by the muscles and liver and laid down as glycogen. It is not possible to say how much is taken up by each of these two depots.

Normal Blood Pressure

Q.—*What is the normal blood pressure in a healthy man aged 55? What variation can there be within normal limits?*

A.—A great deal depends on the circumstances under which the blood pressure is taken. When the patient is at home and at rest, and he knows the physician, basal readings will be obtained. Casual estimations under other circumstances will show considerably higher readings in the same patient. The normal basal blood pressure readings for an adult are usually taken to be between 105 and 145 mm. Hg systolic, and 60 and 90 mm. diastolic. Age plays only a slight part in determining blood pressure, which tends to rise slowly with advancing years. The upper limit for a normal man of 55 would be 155 mm. systolic.

Insect Bites

Q.—*What is the nature of the irritant injected by midges and clegs? What is the most effective antidote?*

A.—The irritation caused by the bites of midges and clegs is presumably due to the injection of their saliva, which usually causes irritation with blood-sucking insects. Little is known about the constitution of insect salivary juice, so that no specific remedies can be given. The secretion commonly contains foreign protein and may elicit an allergic response, so that the effects of bites vary widely in different people. Treatment can only be symptomatic.

Mechanical Aids for Incontinence

Q.—*Would any mechanical contrivance help the distressing incontinence in a case of tuberculous cystitis?*

A.—Incontinence is not a usual complication of tuberculous cystitis, although frequency of micturition may be so great in the advanced stages of the disease as to simulate true incontinence. The only mechanical contrivance which such a patient could wear is a rubber urinal. This is an awkward and uncomfortable appliance, and many patients prefer a towel.

Macrocytic Anaemia in Eunuchs

Q.—*Can you give particulars of a form of macrocytic anaemia occurring in eunuchs which responds to treatment with testosterone?*

A.—Experimental castration or hypophysectomy in rats leads to a fall in the red cell count and in the percentage of reticulocytes. Testosterone restores the latter, there being an immediate brisk reticulocytosis. Recently Watkinson and others (*Lancet*, 1947, **1**, 631) described two males with the Snapper–Witts syndrome (hypogonadism, alopecia, and anaemia associated with hypopituitarism. In one case a macrocytic anaemia failed to respond to liver, and in the other a microcytic hypochromic anaemia failed to respond to liver or iron; nevertheless both responded to testosterone. In the former the testosterone was effective alone; in the latter the testosterone was effective only when given with iron.

Nystagmus and Albinism

Q.—*A child aged 2 has had nystagmus from birth, due to albinism. Strabismus and refractive errors have been corrected by glasses with tinted lenses since the age of 9 months. What treatment should now be given for these two conditions, and what is the prognosis?*

A.—It is not uncommon for albinos to show physical defects other than lack of pigment. Nystagmus is, however, a constant feature in total albinism, and is believed to be secondary to maldevelopment of the maculae. The squint is likely to remain controlled by glasses. The nystagmus must be regarded as permanent.

Intrathecal Penicillin

Q.—*What are the indications for administering intrathecal penicillin, and what precautions are necessary to prevent possible complications?*

A.—The indication for the intrathecal administration of penicillin is meningitis due to an organism sensitive to penicillin but insensitive to the sulphonamide drugs. Meningeal infection by pyogenic cocci is thus the usual reason for such treatment. It is inadvisable to exceed an intrathecal dosage of 20,000 units daily, as there is danger of causing convulsions and a sudden increase in intracranial pressure. The most serious sequel of repeated intrathecal injections is secondary meningeal infection by such organisms as *Str. viridans, Ps. aeruginosa,* and coliforms which resist all forms of antibacterial treatment. Scrupulous asepsis alone avoids such complications.

NOTES AND COMMENTS

Apparatus for Mounting Stairs.—Dr. T. PEARSE WILLIAMS, London, W.1, writes: I wonder if one of your readers could advise me whether there is any apparatus devised which would enable a patient with almost complete ankylosis at the knee joints and very deficient movement at the hips to mount stairs which have a double right-angled bend two-thirds of the way up. To construct a lift would be a complicated business and very expensive.

Joseph Thomas Digby.—Professor JOHN BOSTOCK of the Department of Medical Psychology, University of Queensland, Brisbane, writes: I have been engaged in writing the history of Australian psychiatry prior to 1850. In this connexion a Mr. Joseph Thomas Digby and his wife left England in 1837 from St. Luke's Hospital to become the first superintendent and matron of the newly erected Tarban Creek Asylum in New South Wales, Australia. Having finished their work in 1850, they were said to have left for England about 1851. We have no record of their life prior to their leaving England or after their departure from Australia. Mr. Digby did yeoman work in psychiatry, and it would be greatly appreciated if any reader could give me any information concerning his life before and after his stay in Australia.

Corrections

There was one omission in the article on "Ministers of Health" which appeared in the *Journal* of July 3 (p. 41). Sir A. S. T. Griffith-Boscawen was Minister of Health from October, 1922, to March, 1923.

In the leading article on the Prophit Survey (June 19, p. 1189) it was stated that the work was carried out by three Prophit scholars—Dr. Ridehalgh, Dr. Daniels, and Dr. Springett. These workers were, in fact, the authors of the report "Tuberculosis in Young Adults," but it was not made clear that the results of work done by the fourth Prophit scholar, Dr. I. M. Hall, were included in the report.

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