down the back of one's neck. People who are abnormally ticklish are also very commonly abnormally suggestible.

(3) People who are excessively ticklish can often be persuaded to submit to examination if the skin in question is handled gently but rather more firmly than usual so that an element of pressure is added to that of touch. In particular, the examiner's hand should not move rapidly or jerkily over the skin. Soles of the feet are best cleaned by the subject himself in a standing position using pumice and soap. It must always be remembered that it is usually very difficult to tickle oneself.

Children often become "hysterical" when tickled by playful adults, and this need give no cause for alarm, but playful adults should be firmly dissuaded from this practice.

Suspension of an Artificial Leg During Pregnancy

Q.—*Is it possible for a woman to continue to wear an above-the-knee artificial limb with pelvic suspension during the latter part of pregnancy? Shoulder suspension would presumably be difficult owing to mammary enlargement.*

A.—It is possible for a woman to wear an artificial limb for a thigh amputation through all stages of pregnancy, and women have done so up to the day of entering hospital for confinement. For securing the limb, a special form of suspension has been devised so that the shoulder suspenders leave the breasts free from harmful pressure or friction; the suspenders are attached to an adjustable webbing belt from which, in turn, the limb is suspended.

Pulmonary Tuberculosis among Nursing Staff

Q.—*In a pulmonary tuberculosis hospital with 32 nurses, all Mantoux-positive and frequently radiologically examined, there have been in a period of six months two recent infections with pulmonary tuberculosis among the staff. This is unprecedented over a period of 10 years. What justification is there for regarding this as a coincidence?*

A.—One would not be justified in regarding the occurrence of two cases of pulmonary tuberculosis among the staff of the hospital as a coincidence until the following conditions had been fully investigated:

(*a*) The degree of contact between the first and second case of tuberculosis.

(*b*) The possibility of one or both the nurses who developed tuberculosis having had an early active or old quiescent lesion on joining the staff.

(*c*) The possibility of a "carrier" among the other 30 apparently healthy staff.

(*d*) The family and clinical history of the two cases of pulmonary tuberculosis.

(*e*) The age, habits, and clinical findings in each case.

It is better to assume that there is a common cause and to make a search for it than to assume that the events are a matter of coincidence.

Hormone Therapy in Azoospermia

Q.—*A man examined on account of sterility has small flabby testes, complete azoospermia (on two seminal examinations), and a variable cytology on biopsy—some tubules appearing fairly normal and showing active spermatogenesis, although most are thickened and with very few spermatic cells present. In view of the biopsy findings, is hormone therapy worth trying, or is the prognosis hopeless?*

A.—The prognosis in such a case is bad no matter whether treatment be given or not. Nevertheless it cannot be said that procreation is impossible. If any treatment is applied the most reasonable would appear to be gonadotrophin in the form of pituitary follicle-stimulating hormone (F.S.H.), 1,000 international units intramuscularly three times weekly for four to six weeks. This can do no harm, except that the protein nature of the preparation sometimes leads to local or general reactions, but it is not very likely to improve spermatogenesis.

Oestrogens and Infantile Gastro-enteritis

Q.—*In view of the water- and salt-retaining effect of oestrogens, are they of any benefit in combating the dehydration of acute infantile gastro-enteritis?*

A.—Oestrogens may lead to some degree of fluid retention, but the dehydration of infantile gastro-enteritis is due to inflammation of the intestinal mucous membrane preventing absorption of water. Oestrogens will not overcome these inflammatory effects. In any case it is unwise to administer oestrogens in large doses to infants because of the undesirability of producing effects such as pigmentation of the nipples, development of the mammary glands, and, in girls, uterine haemorrhage. More orthodox methods of treating acute gastro-enteritis are surely to be preferred.

Precautions when Giving Sulphonamides

Q.—*I was taught that a patient receiving sulphonamides should have (1) a preliminary white blood cell count and the urine tested for albumin; and (2) an alkaline mixture administered with each dose. In view of the infrequency of agranulocytosis and of renal complications during sulphonamide therapy, to what extent are the inconvenience and expense of these precautions justified in general practice?*

A.—(1) It is unnecessary to do a routine preliminary white blood cell count or a urine albumin test simply because a patient is to be given a sulphonamide, though such tests on febrile patients may often be indicated for other reasons. Agranulocytosis is extremely rare as the result of sulphonamide therapy unless the treatment is continued for longer than a week or 10 days. With the wide range of antibiotics now available such protracted sulphonamide treatment should hardly ever be necessary. Apart from sulphanilamide, sulphonamides are contraindicated in acute (Stage 1) nephritis and in other conditions associated with oliguria.

(2) The newer sulphonamide preparations, such as sulphadimethylpyrimidine ("sulphamezathine") and "sulphatriad," and the original sulphanilamide so rarely cause renal complications that it is hardly necessary to administer an alkaline mixture along with them. It is, however, desirable to render the urine alkaline if sulphathiazole or sulphadiazine is given.

Fluoride Solutions for the Teeth

Q.—*What effect have fluorides on the teeth? Would daily brushing of the teeth with a solution of sodium fluoride prevent caries, and, if so, what strength should be used?*

A.—The precise effect of fluorides on the teeth is not yet known, but their most likely role after tooth eruption is partial inhibition of bacterial growth or enzyme activity. Claims that topical applications of sodium, potassium, and other fluorides reduce the incidence or spread of caries have not been clearly substantiated, and there is no evidence that daily brushing of the teeth with such solutions would have better results.

Correction.—Dr. P. J. BURKE writes that the sixth sentence of the Addendum to his paper "A County B.C.G. Campaign" (October 13, p. 887) should read: "A small portion of those vaccinated have not yet had a post-vaccinal test, but of those who have had it 95% were positive after the six-weeks or eight-weeks interval: the 5% found negative were of course revaccinated."

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