

in the rate of excretion of the gonadotropic hormones. Again, certain virilizing tumours of the suprarenal gland are associated with excretion in the urine of characteristic steroidal substances. In cancer of the prostate investigation of the acid serum phosphatase content will assist in both the diagnosis and the treatment.

Dobriner has claimed that a study of the pattern of urinary steroidal substances will indicate the malignant nature of a growth, but recent work has tended to indicate that the changes in the pattern he describes are probably not specific for cancer.

Broken Dentures

Q.—*As a ship surgeon I am often confronted with broken plastic dentures. Is there any simple way of repairing these, temporarily or permanently?*

A.—The fractured denture is prepared as for a normal repair. A self-curing resin (such as "simplex" self-curing resin, made by Dental Fillings Ltd.) is then inserted into the prepared area according to instructions enclosed with the material.

Oiling of Bedclothes in Asthma

Q.—*Is the oiling of bedclothes and floors, with the object of reducing the general dustiness of the atmosphere, a useful measure in the management of asthma?*

A.—The oiling of bedclothes and floors will reduce "house dust" in the atmosphere, but whether the cost and inconvenience make it a worth-while procedure is doubtful. To be efficient all fabrics in the room would have to be done, and the procedure is not generally advocated in the current literature. Emphasis is laid more on the light furnishing of the bedroom, the use of non-allergenic materials as far as possible (rubber beds and pillows), the frequent laundering of cotton and woollen blankets, and daily dusting of the bedroom with a damp cloth, together, where necessary, with house-dust hyposensitization.

T.A.B. after Encephalitis

Q.—*Has T.A.B. vaccine any place in the treatment of the late effects of encephalitis? A patient whose child had the disease three years ago has produced a cutting from an American newspaper claiming startling improvement.*

A.—T.A.B. vaccine has been used in the treatment of various chronic neurological disorders, in particular disseminated sclerosis, with capricious and usually disappointing results. I do not know of any patients suffering from the late effects of encephalitis treated with this vaccine, but it is unlikely that they would benefit from such treatment. A further point is that neurological disorders, including acute encephalomyelitis, may occasionally follow the prophylactic use of T.A.B. vaccine.

Loss of Memory for Names

Q.—*Why is it that some elderly people lose their ability to remember names while retaining that for events?*

A.—If there is a tendency to forget, the things that are more easily remembered are those bound up with emotion, or those, to use common parlance, that have a lot to them and involve a number of particulars. A remembered event is usually a complex of happenings, structurally bound together, so that if memory can catch on to any part of the complex it may be able to bring the whole into consciousness; inessential details may, of course, still be forgotten, but the more meaningful the matter the more easily it is recalled. Events which a person is called on to remember are nearly always significant ones, and involve past affective participation. This is very often not the case when the recall of a mere name is demanded.

Furthermore, in presenile, senile, and arteriosclerotic deterioration there is often a degree of focal incidence in the brain, some parts being more affected than others. A part which is often preferentially affected is the centre con-

trolling higher speech functions. A subclinical degree of nominal aphasia may be observable in a specific disability to recall names.

Normal E.S.R. with Active Tuberculosis

Q.—*Is it possible to suffer from active tuberculosis of the lungs with a normal E.S.R.?*

A.—Yes. This is common. A raised E.S.R. is suggestive of activity, but a normal E.S.R. does not exclude activity.

NOTES AND COMMENTS

Ankylosing Spondylitis.—Squadron Leaders J. L. MILLIGAN and C. B. WYNN PARRY (R.A.F., Chessington, Surrey) write: We would like to comment on some aspects of the answers given by your expert on ankylosing spondylitis ("Any Questions?" October 9, p. 885). The statement that spondylitis is essentially a disease of the spine and limb girdles and that peripheral joint involvement occurs at a later stage has not been found true in our experience. In 25% of our cases the first manifestation of the disease takes the form of a peripheral joint arthritis, the knee and ankle being most commonly involved. We have also seen cases in which lumbar and thoracic joints showed advanced arthritis with little or no change in the sacro-iliac joints, and in most cases in our experience changes in the apophyseal joints run parallel with the sacro-iliac changes and do not occur much later. With regard to the sedimentation rate, we have found this to be more often normal than not, in the first two years of the disease, even in an active phase. This was well brought out in Parish's series.¹ We feel that if the diagnosis of spondylitis is to be made solely on the objective evidence of x-ray and sedimentation changes the disease will not be diagnosed for at least two years in most cases. Parish's aphorism seems to present the salient feature in all cases of spondylitis. "The patient usually has to steer a careful course between insufficient exercise which makes him stiff and excessive exercise which gives him pain." It seems to us vital to make the diagnosis as early as possible, and, even if the radiotherapists are not willing to give deep x-ray therapy without confirmatory x-rays and sedimentation changes, a programme of full mobilizing exercises including breathing exercises should be instituted immediately, and the patient regarded as having spondylitis until prolonged follow-up proves the case one way or the other.

OUR EXPERT writes: If the term ankylosing spondylitis is taken to include all forms of arthritis in which there is some spinal involvement there will naturally be many cases with widespread involvement of the peripheral points.

REFERENCE

¹ Parish, J. G. (1953). *Ann. phys. Med.*, 1, 275.

Correction.—We regret that in our issue for November 6 (p. 1108) in Dr. L. G. Scott's letter on "Encephalitis after Yellow Fever Vaccination" we printed the date of the patient's admission to hospital as September 9, whereas it should have been September 30.

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