prevent scratching. An antihistamine, such as elixir of diphenhydramine, 60 min. (3.5 ml.), given three times a day after food, would diminish the chance of an allergic reaction, and with eczematous infants it might be wise to give at the same time an injection of gamma globulin, 500 mg., at 3 months of age, increasing to 1 g. in older children.

Delayed Microscopy in Breast Tumours

Q.—*Where immediate histological examination is impracticable, as in certain tropical areas, is local diathermy excision of a possibly malignant lump in the breast, for later microscopy, unjustifiably risky? Radical treatment, in the cases proved to be malignant, would be undertaken within a week or two of the local excision. The only alternative would be to send all doubtful cases to a well-equipped hospital a long distance off for investigation and treatment.*

A.—There is no objection whatsoever to excision of a possibly malignant lump in the breast for histological examination, with a view to radical treatment a week or two later. In actual practice, however, the occasions when the surgeon would be in doubt about the diagnosis after macroscopic examination of the excised lump would be very rare, so the only cases in which radical treatment would be delayed for a week or two would be the very early growths which were unrecognizable macroscopically.

Toxicity of Ingested Detergents

Q.—*Does the common practice of not rinsing glasses and cups after washing with detergents constitute any danger?*

A.—Over the past ten years the experimental results of feeding some of these detergents to animals have been published. Even at levels as high as 1% in the whole diet, toxic effects have not been observed. Other experiments have shown that when added to feeding-stuffs detergents, like antibiotics, may actually improve the growth of certain domestic animals. There is thus no evidence to support a belief that the small quantities of detergents that may be consumed in food or drink put into unrinsed vessels would be harmful. The results of an investigation by a committee of the Medical Research Council into any possible carcinogenic action of detergents are not yet available.

Life Expectancy in Britain

Q.—*What is the present life expectancy in Britain at birth, at one month, and at one year of age?*

A.—The latest official figures of expectation of life are those published in the Registrar-General's *Quarterly Return* No. 427 (Appendix B) and relate to England and Wales only. They are based on deaths registered in 1954. For males, the expectation of life at birth is given as 67.58 years, and at age 1 year 68.58 years. For females the expectation of life at birth is given as 73.05 years, and at age 1 year 73.69 years. No official estimates are given of expectation of life at one month. For the purpose of answering this question, however, a calculation based on published mortality data for England and Wales in 1954 suggests that the expectation of life at 4 weeks would be about 68.9 years for males and about 74.1 years for females.

Significance of Epimenorrhagia

Q.—*What is the likely significance of a reduction in the usual length of the menstrual cycle coupled with some increase in the duration of the flow in a woman of 37?*

A.—Epimenorrhagia is more often due to a local cause in the genital tract than to a general condition. Yet the patient may present complaining not of the menstrual disturbance but of the symptoms of resultant anaemia, such as weakness, breathlessness, and insomnia. After excluding a psychogenic factor, for which diligent inquiry must be made, the most likely extragenital cause is probably hypothyroidism. Among the local lesions, pelvic infections (including tuberculosis) and endometriosis are the most likely, especially if there is associated dysmenorrhoea. In pelvic infection the latter is typically premenstrual and more of a heaviness and dragging feeling, whereas the more acute pain of endometriosis is usually intramenstrual, although it may persist from a few days before to a few days after the period. In both of these conditions one would expect positive physical signs on bimanual examination, notably a restricted mobility of the genital organs and palpable enlargement of the appendages. Fibroids may affect the amount and duration of flow, but if there is also increased frequency of menstruation in the presence of palpable fibroids there is probably some coexistent disease of the appendages.

In the absence of pain and physical signs of local disease, functional epimenorrhagia may be presumed. It most commonly occurs when menstruation is resumed after the end of a pregnancy. In this, as in all functional menstrual disorders, there is a tendency to spontaneous cure in 6 to 12 months.

Obstruction of the Nasolacrimal Duct

Q.—*What are the likely causes of obstruction of one nasolacrimal duct in a middle-aged patient who has never had an inflammatory affection of the eye? Dilatation and syringing through the punctum have not relieved the epiphora. What is the best treatment?*

A.—The calibre of the nasolacrimal duct varies among different patients, and there is a tendency for the channel to become narrower in middle and later life. In the absence of ocular inflammation the most likely aggravating factor is chronic infection of the nose, because the nasal mucous membrane is continuous with that which lines the nasolacrimal duct. Dilatation and syringing through either lacrimal punctum hardly ever relieves this form of epiphora. Dacryocystorhinostomy offers the best chance of relief, but it should be reserved for cases which suffer from fairly severe epiphora.

Corrections.—In our report of the Section of Orthopaedics at the annual meeting (July 21, p. 167), Mr. W. H. Gervis was wrongly quoted as stating, in his contribution on foot form, function, and footwear in the young, "the arch of the foot in the condition known as flat foot did not collapse but merely rocked over to the medial side." What he said was: "the foot rocked over." In normal standing the lateral border of the foot is weight-bearing, therefore the foot does not resemble an arch. Mr. Gervis demonstrated that the footprint in the first stage of flat foot is that of heel and metatarsal heads only. Therefore only in the first stage of flat foot does the foot resemble an arch-like structure, supported at each end of its span and not in the middle.

In our issue of July 21 (p. 156) the name of a proprietary tablet containing aluminium glycinate was wrongly spelt. The name of the product is "prodexin," not "rodexin" as was stated.

In the report on "Carotid Sinus Syncope" (*Journal*, July 28, p. 228) in the ninth line of the paragraph "waking up" should have read "warning."

In reporting the proceedings of the International Congress of Gastroenterology (*Journal*, July 28, p. 236), it was stated that: "Dr. Trounce and his colleagues were unable to demonstrate, by pharmacological or histological means, any notable loss of ganglion cells such as might explain the abnormal movements in achalasia of the cardia. . . ." Dr. J. R. Trounce and his colleagues write: "Such was not the case. Our paper referred particularly to the lowest segment of the oesophagus, and it was in longitudinal muscle strips from this area alone that we did not observe any outstanding loss of ganglion cells or activity in the majority."

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