Any Questions?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Hypotensive Drugs in Toxaemia

Q.—*What is the place of hypotensive drug therapy in the management and treatment of toxaemia and essential hypertension in pregnancy?*

A.—The place for hypotensive drugs in the management of the toxaemias of pregnancy is still not finally determined, and the successive discovery of new hypotensives necessitates more and more clinical trials. At present it is probably safe to say that they are most often used in emergency to tide the patient over an acute phase, such as fulminating pre-eclampsia, eclampsia, or sudden aggravation of hypertension, with a view to early induction or caesarean section. There have been many attempts to evaluate the action of hypotensive drugs for the long-term treatment of the toxaemias,[1-5] but, while the reports agree on the symptomatic improvement obtained in the mother, they nearly all caution that the foetal survival rate is little if at all increased thereby, and that careful judgment is still required as to the optimum time for terminating the pregnancy. In chronic hypertensives so treated Dieckmann and Harrod[5] found the incidence of accidental haemorrhage was not decreased. In summary, it might be stated that the use of hypotensive drugs has so far proved much more beneficial to the mother than to the foetus.

REFERENCES

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3 Bryant, R. D., *Postgrad. Med.*, 1957, **22**, 354.
4 Sellers, A. M., *Amer. J. med. Sci.*, 1957, **233**, 709.
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Unequal Breasts

Q.—*A female patient aged 24 shows a marked difference in size between the right and left breasts although she is normal in every other respect. Could any treatment increase the size of the right breast, and is there any possibility of an associated genital infantilism?*

A.—The breasts, like all paired organs, are rarely exactly equal in size and shape. Even when they appear anatomically similar they often show functional differences. Gross disparity in size is not uncommon and must be regarded as a developmental error. No sort of hormone therapy is of any value in promoting equality in size, and it is unlikely that local massage or other physiotherapy will help. Plastic surgery to increase the size of the smaller breast is not satisfactory, but could be applied to reduce the size of the larger organ. In general, however, this sort of problem is best managed by the wearing of some form of specially padded brassiere.

The embryology of the breast is quite different from that of the gonad and of the genital tract. Genital anomalies are not therefore significantly associated with failure of one breast to develop.

Duration of Immunity after Immunization

Q.—*What is the state of immunity in the case of an ex-Service patient who has had the usual Army course of immunization 10 or 15 years ago but has had no boost since?*

A.—In such a person there is not likely to be much remaining of the basal immunity to any of the diseases against which he was previously protected except, perhaps, yellow fever. Although the official "life" of a yellow-fever vaccination certificate is only six years, there is some evidence that immunity lasts much longer and perhaps for life. But there would be no satisfactory degree of protection against smallpox, typhoid and paratyphoid, tetanus, or cholera; reinforcing doses of vaccines would be unlikely (except in the case of smallpox) to be sufficient to recall an adequate state of immunity, and full primary courses of inoculations would be indicated.

Vitiligo and the Eyes

Q.—*An Indian woman, aged 60, suffers from vitiligo. The limbs and trunk are extensively involved. Her eyes are blue, and there are brown streaks present. Does this mean that the process of depigmentation affecting the skin may also affect the eyes?*

A.—Blue eyes with brown streaks are quite common in the Caucasian. I do not know about the Indian. This question would be answered by information about the colour of the eyes before the onset of vitiligo. Has there been any change in eye colour? I have not myself observed change in eye colour with vitiligo and my ophthalmic colleagues are not familiar with it.

Relieving Symptoms of Hiatus Hernia

Q.—*What are the best medical means for relieving the symptoms of hiatus hernia?*

A.—Hiatus hernia often leads to reflux oesophagitis, and steps are necessary to minimize reflux by avoiding bending and stooping and by sleeping with two pillows under the shoulders at night. Small meals should be taken rather than one or two big meals.

Southern European Tummy

Q.—*Do you recommend prophylactic chemotherapy (sulphonamides, antibiotics, or both combined) against "southern European tummy"?*

A.—Prophylactic chemotherapy can be justified only for brief periods under most exceptional circumstances—the operations in jungle warfare in Burma were an example. "Southern European tummy" doubtless is due to a variety of causes, both dietary and infective; not least among the latter are intestinal infections with organisms of the Salmonella and the Shigella groups. Of the latter group, *Sh. sonnei* is the usual pathogen; this organism, as an example, is relatively, and sometimes absolutely, resistant to sulphonamides.

The "normal" intestinal flora of inhabitants of various parts of the world differ with locality. Changes of environment, climate, and diet result in their modification; such modification of itself may well result in a temporary intestinal disturbance. Further changes in the balance of the intestinal flora consequent on prophylactic chemotherapy are hardly likely to help the patient. The entry, about the same time, of lesser pathogens not susceptible to sulphonamides is likely to enhance their effect.

While endeavouring to evade infection by pathogens by taking the usual common-sense precautions, it therefore would seem wiser to defer chemotherapy—sulphonamide or antibiotic—until the need for it is established. An appropriate drug then can be selected for its specific action, and if given in adequate dosage it may be expected to achieve its purpose rapidly and effectively and with the minimum of undesirable side-effects.

Clubbing of Fingers

Q.—*There is often disagreement about what represents definite clubbing of the fingers. Since this is an important sign in respiratory disease, are there any definite and absolute criteria by which one can say whether there is clubbing or not?*

A.—Like many other signs of disease, clubbing of the fingers develops gradually and may be of various degrees of severity. With the milder degrees of the abnormality it may be impossible to be certain whether clubbing should

be said to be present or not. A change from previously observed normal appearances for the individual patient is probably the earliest indubitable sign.

In clubbed fingers the chief deviations from normal are enlargement of the soft tissues of the finger-ends, which may permit the nail to be rocked longitudinally on its bed; longitudinal and increased transverse curvature of the nails; and obliteration of the normal angle between the base of the nail and the nail fold. In addition, in active clubbing there is hyperaemia of the nail bed, which is particularly evident as redness of the nail fold.

These various aspects of clubbing may not all be present to the same degree, thus giving rise to various types of clubbing. Among these the type named drumstick clubbing has all the features well developed, and particularly the enlargement of the soft tissues; in the so-called parrot-bill clubbing the longitudinal curvature of the nails is the leading feature. In cases of doubt it is usually best simply to describe the abnormality observed and to watch any changes, rather than to insist upon a definite statement that clubbing is or is not present.

Rheumatic Fever

Q.—*A man aged 50 had an attack of rheumatic fever 30 years ago and he now has aortic and mitral stenosis. Should a man of this age have prophylactic penicillin to prevent any further attack, or is the likelihood now so remote as not to be worth the bother?*

A.—Since the likelihood of a second attack of rheumatic fever after this long time and at this age is extremely remote, penicillin prophylaxis is not indicated. It would, however, be a wise precaution to treat any tonsillitis or severe sore throat with a 10-day course of penicillin in bactericidal dosage.

Short-wave Therapy not Carcinogenic

Q.—*Is there any evidence to suggest that short-wave therapy can be a cause of cancer?*

A.—There is no evidence to suggest this. The effect of short-wave diathermy is solely that of heat, and there is no evidence that heat is carcinogenic. But heat is not used if there is any danger of cancer being present, since the increased vascularity produced by heat might accelerate growth.

Pulmonary Embolism and Radical Vulvectomy

Q.—*Are there any statistics available about the liability to pulmonary embolism after radical vulvectomy?*

A.—Surprising though it may seem, those with a large experience of radical vulvectomy operations report a relatively small incidence of post-operative pulmonary embolism. The exact incidence is unknown and must vary from clinic to clinic, and from surgeon to surgeon, according to operative technique and post-operative management. It probably also varies with the community exposed to surgery.

NOTES AND COMMENTS

Snuff-taking.—Dr. GEORGE X. TRIMBLE (California) writes: The answer in the negative by your expert to the question as to whether snuff-taking is harmful ("Any Questions?" April 2, p. 1069) is essentially correct, for there is very little documented in the recent medical literature on the hazards of snuff-taking. However, it might be pointed out that snuff has been reported[1] to be an occasional source of pathogens in chronic pulmonary disease. In the paper I cite as reference, the author, in summarizing his investigation, stated: "It is suggested that snuff be considered a source of pathogens in chronic bronchitis and that its use be proscribed in patients with this disease."

REFERENCE

1 Dygert, H. P., *New Engl. J. Med.*, 1957, 257, 311.

OUR EXPERT replies: The paper mentioned by your correspondent refers to a single case. A patient with chronic bronchitis was found to have a persistent growth of *Ps. aeruginosa* in his sputum. This is undoubtedly an unusual organism to be found in these circumstances. In searching for a source for this infection it was found that the patient was a snuff-taker, and *Ps. aeruginosa* was cultured from samples of his snuff. When the patient ceased to use snuff the organism disappeared from his sputum, but it is to be noted that he was also receiving antibiotics at this time. Further investigation showed that other potential pathogenic organisms, including staphylococci, could be obtained on culture from snuff taken from unopened containers. The article also contains interesting information on the preparation of snuff and the extent of its use in the U.S.A. It is recognized that in chronic bronchitis the normal defence mechanisms of the respiratory tract are impaired, and bronchitics are therefore more liable to develop pulmonary infections from pathogenic organisms which enter the upper respiratory tract from the environment. Such organisms are present in dust and other contaminants of the air we breathe, and the additional hazard of taking a little snuff is probably slight. None the less it is one which is avoidable, and the chronic bronchitic who is advised to give up smoking should not turn to snuff as an alternative means of satisfying his craving for nicotine. There is no evidence that persistent snuff-taking will lead to the development of chronic bronchitis or that it is a source of respiratory infection in those who have a healthy respiratory tract.

Birth Risks in Haemophilic Babies.—Dr. F. NOUR-ELDIN (Brentwood) writes: With reference to the question dealing with this subject (May 28, p. 1674), the following may be of interest to readers: A survey which I carried out on 218 cases of haemophilia and Christmas disease revealed that bleeding from the umbilical cord was recorded in four patients only. At first, I thought this might possibly be due to the patients having no definite knowledge of whether or not this early symptom had occurred. However, a further interrogation of 60 mothers of young patients regarding this point confirmed the relative rarity of this type of haemorrhage in these two blood-clotting defects; only three could remember oozing of blood from the navel as being the first manifestation.

Rats in the Sugar.—Mr. J. T. EDWARDS, M.R.C.V.S. (Cheshire), writes: I remember reading in the *Countryman* a few years ago that rats ("Any Questions?" June 4, p. 1752) had successfully been banished from buildings by installing ultraviolet lamps. Rats detest ultraviolet light. I do not remember whether the lamps were left on all night, but probably this would not be necessary, since the rats would soon learn to avoid places where ultraviolet light might shine.

OUR EXPERT replies: It is true that rats dislike bright light, and, given the choice, they will move into the shadows. Ultraviolet light is disliked by rats, but not more so than bright artificial light of any sort. It would seem that the dislike is for brightness of light and not specifically for ultraviolet light. Unfortunately, this information is not helpful in reducing damage by rats, since they will brave the light in order to obtain food. In any event, if a rat repellant could be found, the most it could do would be to persuade rats to go next door. Any improvement in the rat situation must involve the destruction of the rats.

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