

not be part of the National Health Service, as the present study has been.

It should be noted that three children in this study went into the permanent care of the Social Service Department rather than be adopted. However, one child passed as normal despite suffering from cerebral palsy is probably no happier than these three, for he is now rejected by his adopting parents because he is so severely handicapped. We really require a new group of adopters (perhaps from the ranks of the old, for whom there are now insufficient babies?) who will be prepared legally to adopt children with all sorts of handicap. Lastly, it must be said that we know well that further emotional and educational difficulties may be found in the future in our present group of children, but we suspect that they will be the less from their having been adopted *at a very early age* into a secure and loving home. We believe in early placement, but it has to be accompanied by a high standard of medical care if it is to be successful.

References

- 1 Children and Young Persons, Adoption Agencies Regulations, 1959, S.I.639.
- 2 *Report of the Department Committee on the Adoption of Children*, Home Office, Scottish Education Department, Cmnd. 5107. London, H.M.S.O., 1972.

Appendix

QUESTIONNAIRE SENT TO ADOPTING PARENTS

1. Are you entirely happy with the progress of the baby born on
YES/NO
2. If your answer to 1 is NO—please specify here what the difficulty has been—medical and social
for example— “Gets temper tantrums”
“Still not walking at 2 years”
“Had an infection in his water in 1972”
3. We are especially anxious to know if any congenital condition (“Born with it”) has been discovered since my original examination
If so please specify here:

Any Questions?

We publish below a selection of questions and answers of general interest

Ptyalism in Pregnancy

What is the best treatment for persistent ptyalism of pregnancy?

Ptyalism or excessive salivation may be due to increased secretion of saliva during pregnancy but usually the patient is merely spitting out all her saliva instead of swallowing it. The symptom is probably of psychological origin and may be a form of rejection of the pregnancy. Local abnormalities such as gingivitis should be excluded and local treatment of the wet skin may be indicated. The condition is usually self limiting and tends to cease spontaneously around mid pregnancy. Tranquillizers may be of use and occasionally belladonna tincture may reduce the volume of secretion. A mixture of belladonna and phenobarbitone tablets is recommended.

Infrared Rays and Cataract

It is said that infrared rays may cause cataract. Are there any domestic infrared sources that might increase the hazard of developing cataract?

Thermal radiation has long been known to cause cataract, either as the immediate result of a brief, intense exposure or as a delayed reaction some weeks later when the exposure has been milder but more prolonged. This arises typically among furnace workers and, classically, is found with glass-blowers and chain-makers, but while in 1908 20% of glass-workers developed lens opacities only one case was reported in England in 1945. Perhaps for this reason there has been little recent investigation into the factors underlying these opacities. Cataract probably occurs after overheating of the pigment epithelium, which lines the back of the iris, so that the damage affects first the underlying lens capsule, where there is evidence of a specific flaking, and consequent permeability. The delayed form, however, may show opacities in the posterior cortex. So it is difficult to give a dogmatic answer particularly as the aetiology of ordinary senile cataracts is still so obscure. But since most idiopathic cataracts start elsewhere in the lens substance, no domestic source of infrared emits radiation remotely near the power of that faced by furnace-workers, and cataracts are more common in underdeveloped countries (where such domestic appliances are far less widely used) it is unlikely that the com-

mon “senile” cataract of man is ever aggravated by any such domestic source of infrared rays.

There has been one report¹ of thermal cataract after treatment with infrared irradiation but apparently none relating to a truly domestic source.

Vogt, A., *Klinische Monatsblätter für Augenheilkunde*, 1930, 85, 321.

Sterilizing Catgut

We would be grateful for advice about the sterilization of catgut. In our part of the world we cannot get rectified spirit but methanol, surgical spirit B.P.C., and xylol are available. Are these of any use?

None of these materials, including rectified spirit, is capable per se of sterilizing surgical catgut. Various concentrations of alcohol sterilized by filtration may be added aseptically to previously sterilized catgut during the manufacturing process to recondition the gut. Xylol does not do this but it is used in one of the heat sterilizing processes as a heat transfer medium. The most widely employed commercial methods of sterilization for surgical catgut are chemical methods or irradiation by gamma rays, the latter being particularly useful in that it may be applied to the product in its final sealed container.

Prolonged Use of Ergotamine

A patient with migraine responds only to ergotamine tartrate injections, sometimes requiring three or four a week. This has gone on for at least a year. Are there any hazards in such prolonged treatment and is there an upper limit for the total dosage?

No doctor can be complacent about any prolonged treatment using ergotamine. However, there are many instances of ergotamine tartrate injections being given daily over a period of years and apparently with no ill effect. My own proviso is that the patient must always be warned to report any side effects, and any symptoms of angina or intermittent claudication are an absolute contraindication. With frequent migraine attacks prophylactic treatment—unless previously used—of clonidine or propranolol should be considered.