Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which we think should be of general interest.

Vascular Effects of Pneumonectomy

Q.—Please may I be informed of the effects of pneumonectomy on the vascular tree of the remaining lung in a young person, say aged 15 years? What would occupation such a person follow in the future, and is a cardiovascular cause of death a likely possibility?

A.—This is a very pertinent question. No immediate ill effects of pneumonectomy are discernible on the vascular tree of the remaining lung of a young person, provided the lung is healthy. It has, for instance, been shown that the pulmonary artery pressure is unaltered; immediate compensation occurs.

Not enough time has yet elapsed for the very late results to be observed; the first successful pneumonectomies were done only 20 years ago. It is possible that no adverse changes occur if the remaining lung is not overdistended; if the mediastinum remains in the midline. Disability would be more likely to accompany progressive emphysema if this followed overdistension; this emphysema could be accompanied by secondary vascular degenerative changes leading to pulmonary hypertension and possibly secondary heart failure. This would be more likely if the remaining lung was not, initially, entirely healthy; if it had been damaged by non-tuberculous or tuberculous infection. The only direct evidence the writer has seen of the possibility of a late cardiovascular death was in the case of a man of 60 who was dying from right-sided heart failure and who had a lung agenesis. This was in some ways the equivalent of a pneumonectomy in infancy. The single lung was grossly overdistended and filling both sides of the chest.

A young adult, after pneumonectomy, should definitely avoid a strenuous occupation. Really hard physical work could be carried out for many years without obvious disability, but it would surely result in earlier onset of disability. The only wise thing is to select a sedentary occupation or one that does not involve regular physical work; in this way a long life free from disability is much more likely to be attained.

Masturbation in a Married Woman

Q.—A happily married woman of 24, mother of two children, has recently been greatly distressed by an uncontrollable desire to masturbate. The habit began in early childhood and has recently returned, and a deeply satisfying orgasm always results, though this never follows normal coitus. I should be most grateful for your assistance in helping this patient.

A.—This patient's condition is by no means ideal; but, in fact, it is not a very uncommon one, and, provided she understands the nature of her difficulty and conducts her marital life wisely, she need not fear any grave consequences. Most young children masturbate and many psychiatrists believe the activity to be part of normal development. Like this patient, many adult people fail, for varied and abstruse reasons, to reach a fully normal sexual development. When these situations are probably commoner in men than in women; they bring some difficulties in marital adjustment, just as do all other sexual inhibitions. Usually, perhaps, it is wisest not to tell the other partner, for the difficulty is not of his or her making. Since this woman is unable to get orgasm with her husband, it is more normal for her to relieve the