nutritious diet, with liberal allowances of protein and carbohydrate. A satisfactory daily dietary would consist of carbohydrate 350–450 g., protein 120 g., and fat 80 g., although much larger quantities of protein and carbohydrate have been given. Large supplements of all the vitamins, and particularly of those of the B group, should be given, and the substances containing growth-promoting factors, such as yeast and liver extract, are of special importance. The lipotropic factors, choline and methionine in doses of 1.5–3 g. three times daily, favour the restoration of normal hepatic structure. Striking claims have recently been made for the intravenous use of liver extract in large doses. Further details on these fundamental aspects of therapy can be found in the papers of Patek (*Proc. Soc. exp. Biol., N.Y.*, 1937, **37**, 329; *J. clin. Invest.*, 1941, **20**, 481; *J. Amer. med. Ass.*, 1948, **138**, 543); of Morrison (*Ann. intern. Med.*, 1946, **24**, 465; *J. Amer. med. Ass.*, 1947, **134**, 673); and of Ralli (*Medicine*, 1949, **28**, 301). The transfusion of blood, plasma, or serum albumin may be of great value when early failure of the liver's metabolic activities has begun to lead to hypoproteinaemia and anaemia. Operative measures to reduce portal hypertension are seldom justifiable in hepatic cirrhosis because they carry such a high mortality.

Contraindication to Gas-and-air Analgesia

Q.—*Could you define the contraindications to the use of gas-and-air analgesia in midwifery? This is a country practice where the only alternative is open chloroform. The case I have in mind is a nervous multipara who has a variable degree of dyspnoea on exertion and slight impairment of exercise tolerance, but no other signs or symptoms apart from functional tachycardia on examination.*

A.—The contraindications to the use of gas-and-air analgesia in midwifery are best defined as any condition which interferes with the oxygenation of the blood, or produces a raised blood pressure. Cardiac disease, respiratory affections, and toxaemia of pregnancy would therefore require special medical supervision. A nervous multipara showing functional symptoms, and without organic disease, should be much benefited by gas-and-air analgesia after antenatal tuition, which is of such importance in all cases for eliminating fear and for educating the patient in the proper use of the method.

Paget's Disease

Q.—*(1) What cardiovascular changes are associated with Paget's disease, and are they part of the disease itself? (2) Is the raised blood pressure primary or secondary? (3) In the absence of intercurrent disease, on what factors does the expectation of life depend? Is it possible to state it roughly? (4) Is there any known effective form of treatment?*

A.—There are no cardiovascular changes specifically associated with Paget's disease. But since Paget's disease occurs usually in persons over 40 years of age it may be present, coincidentally, with any of the common degenerative cardiovascular diseases. Similarly, Paget's disease does not itself cause elevation of the blood pressure, though the two conditions may coexist. Uncomplicated Paget's disease does not influence the expectation of life, but it may shorten life indirectly. Thus fracture or gross deformity of a diseased bone may lead to severe crippling, with increased liability to intercurrent disease. Secondly, bone sarcoma is a well recognized, though uncommon, complication (its incidence has not been established with certainty, but it is probably less than 2%). No effective treatment for Paget's disease is known.

Incontinence in the Aged

Q.—*What is the best treatment for incontinence in old bedridden patients? What are the indications for cystometry, and is it of value?*

A.—Incontinence in bedridden patients cannot be considered as a single problem, because there are many different causes. Improvement of the condition can only result from treatment based on the finding in each individual case. For example, there will be a group in which infection of the bladder is the cause of the incontinence, another group in which enlargement of the prostate may be the explanation, and a third group in which the central nervous system is at fault. Cystometry is not a measure that will give much help. Cases of this sort require a great deal of investigation, usually in hospital, and, speaking generally, they do not respond very favourably to treatment.

Sprue and Sulphaguanidine

Q.—*Is it possible to produce "non-tropical sprue" (idiopathic steatorrhoea) in human beings which in turn will produce a vitamin-B-complex deficiency? I gave 700 tablets of sulphaguanidine (0.5 g.) in a four-months course to a patient who developed typical non-tropical sprue with marked vitamin-B-complex deficiency. Was this patient suffering from sprue before I started the treatment with sulphaguanidine?*

A.—It is possible to induce some of the characteristics of the sprue syndrome in otherwise normal human subjects by various means. There is no evidence, however, that this can be done by the administration of sulphaguanidine. There is, in fact, some evidence to the contrary. It seems most likely that the case reported was one of sprue in the first place. The various signs and symptoms comprising the sprue syndrome vary from time to time in intensity, so that it is not at all certain that any connexion exists in this case even between the administration of the sulphaguanidine and the apparent aggravation of the condition.

Anemone Contact Dermatitis

Q.—*The picking of anemones, which are grown fairly extensively round Penzance, will soon be under way. This work produces a very painful condition of the fingers. What is this, and can you suggest any buffer solution or other measure of protection?*

A.—This is probably a contact dermatitis from specific sensitization to juices from leaves and stems. Attempts at desensitization in cases of plant dermatitis by local application, by ingestion, and by injection of extracts have been attended with little success, and that only temporary—the procedure having to be repeated each season. Such measures are not free from danger, and are generally regarded as undesirable. Strict cleanliness, the wearing of gloves, and the use of good barrier creams may afford some little protection. Reference should be made to the reply in this part of the *Journal* to a question on "Sensitivity to Primula" (August 16, 1947, p. 282), and to a report by F. A. Stevens in the *Journal of the American Medical Association* (1945, **127**, 912) on the problem of poison ivy sensitization in America.

NOTES AND COMMENTS

Survival of the Flea.—Mr. G. C. ADENEY (Ditchling, Sussex) writes: Germane to the above ("Any Questions?" December 24, 1949, p. 1484), when on Lemnos in 1915 I entered a semi-ruined building, wearing shorts. Upstairs, while looking out of the landing window, I became aware of a gentle sizzling sound at my feet and a tickling of my legs. Looking down I was startled to see an uncountable number of fleas hopping all over the bare skin, and on the floor among a heap of dried sticks were masses of these fleas ceaselessly active. The building had the appearance of having been deserted for many years. What were the insects living on? Had they propagated in lieu of feeding? And had the last meal been so long past that the present generation had lost the instinct to feed, for I was not bitten once?

Correction.—We are informed that owing to devaluation the price of the second edition of Volumes 1 and 2 of Campbell's *Operative Orthopedics* is £10 10s., and not £7 10s. as stated in the review published in our issue of February 11 (p. 354).

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