

almost invariably some degree of re-breathing. In closed-circuit anaesthesia unsuspected partial exhaustion of the soda lime may occur. (4) With anaesthetics which depress the respiration, such as cyclopropane and thiopentone, or when relaxants are used, the ventilation may be insufficient for adequate carbon dioxide clearance and carbon dioxide accumulation occurs. (5) The volume of dead space may unsuspectedly be sufficiently large to cause some carbon dioxide accumulation.

All these causes cease to operate when the mask is taken off the face, and sometimes the resultant drop in blood pressure may be sufficiently severe to give the appearance of shock. The phenomenon may to a large extent be prevented by careful attention to adequate ventilation and carbon dioxide clearance throughout the operation, and to the correction of any chemical or physical factor in the apparatus which might hinder this.

Neonatal Priapism

Q.—*An infant delivered by caesarean section had a constant priapism for the first 14 days of life; the priapism is now intermittent. The baby in other respects appears quite normal, except that it needs circumcision. What is the likely cause of the priapism? What investigations, if any, are indicated? What are the prognosis and treatment?*

A.—Priapism is a not infrequent occurrence in the newborn period and is usually without significance. It occurs independently of the method of delivery, and is most unlikely to be an indication of spinal cord damage or local trauma in the case quoted. "Constant" priapism is said to have been present for 14 days. This is unusual, but a highly active reflex from the skin could quite easily cause an erection each time the infant was examined.

No investigations are indicated: no treatment is necessary: the prognosis is good.

Home-made Hair Oil

Q.—*Can you suggest an inexpensive prescription for a hair "fixative" for men?*

A.—A satisfactory preparation for those who prefer a non-greasy hair fixative is as follows: Powdered tragacanth 1.2%, alcohol 15%, glycerin 10%, water to 100%, perfume and preservative as required. A suitable preservative is 0.1% chlorocresol or the "solution for eye drops" of the *National Formulary*. For those who like a greasy preparation 10% of arachis or olive oil may be added to this formula. Further information may be obtained from *Modern Cosmeticology*, by Harry (Chapman and Hall, 1944).

Does Agene Destroy Vitamins in Flour?

Q.—*Has the agene process any effect on the vitamin content of flour, whether the vitamins are derived from the cereals themselves or are supplements?*

A.—The most obvious effect of agene (NCl₃) on flour is to reduce the yellow carotenoid pigments naturally present to about one-third of the original level, but as these are mostly xanthophyll, which is inactive as pro-vitamin A, this loss is of little importance from a nutritional standpoint. In the vitamin-B group there is probably some loss of riboflavin, but most of the other members are more stable. Probably vitamin E is reduced. The question of the vulnerability of added vitamins is difficult to answer. In Britain flour is not fortified with vitamins, while in the U.S.A., where vitamins are sometimes added, agene has been banned. However, it should be practicable to add unstable vitamins after the inactivation of the improver by the bulk of the flour. The action of agenezed flour in producing "hysteria" in dogs, of course, is due to the formation of a toxic substance rather than to the destruction of vitamins.

Endocrine Therapy of Delirium Tremens

Q.—*I have heard it said that adrenocorticotrophic hormone (A.C.T.H.) and cortisone can cut short an attack of delirium tremens. Is this true? If it is, how should the treatment be given?*

A.—A considerable amount of evidence has accumulated to suggest that A.C.T.H. and cortisone may have a dramatic effect in cutting short an attack of delirium tremens. Both drugs will have to be used with great caution in such a condition, however, as delirium tremens is not infrequently associated with cardiac embarrassment which will be exacerbated by such therapy. Further, delirium tremens may be precipitated, as it often is, by an infective illness, and again acute infections may be aggravated by cortisone and A.C.T.H. In the treatment of delirium tremens A.C.T.H. is probably preferable to cortisone. A suitable dose would be 25 mg. six-hourly.

NOTES AND COMMENTS

Boy or Girl?—Mr. D. INNES WILLIAMS (London) writes: Many of your readers will have been interested in the case of the infant with an absence of the scrotum ("Any Questions?" February 9, p. 340). It is disappointing, however, to find that your questioner is advised to embark on endocrine therapy without any attempt to establish the diagnosis by ordinary clinical investigation. A simple rectal examination, to those accustomed to the procedure in infants, is capable of giving a great deal of information regarding the anatomy of genital passages: moreover, with instruments now available, urethroscopy is now possible at a very early age, and is of the greatest assistance in determining the sex in doubtful cases. The latter point is dealt with fully in a paper of mine now awaiting publication.

Emetine and Scorpion Stings.—Dr. C. HOLLINS (Dorchester) writes: I agree that intramuscular emetine is useless for scorpion stings ("Any Questions?" February 16, p. 396), but emetine injected at the site of the sting is an excellent remedy. I once did a controlled experiment (with the patient's consent) by first injecting saline at the site of the scorpion sting; the pain was aggravated. I then injected emetine and the pain was immediately relieved. The sting was on the foot, and there was already considerable pain in the inguinal glands. This pain disappeared a few minutes after the pain at the site of the sting. I have not noticed this effect with procaine, but pain in the regional lymph glands is unusual anyway.

Dr. H. ABDALLA (London), after stating that emetine was used in the Sudan for treating scorpion stings, writes: Injection of 1 gr. (65 mg.) emetine hydrochloride intramuscularly, or the local injection into the sting site of much smaller amounts (which may be as small as 1/16 gr. (4 mg.)) diluted with distilled water, causes immediate cessation of pain and all other symptoms of the sting. It is superior to local analgesic infiltration in that the latter has to be repeated in from 15 minutes to two hours and is of no use once the symptoms of shock have been established. As regards antivenin treatment, factors of supply, storage, climate, etc., continue to stand against its general adoption throughout scorpion-infested areas.

Notification of Pemphigus Neonatorum.—A MEDICAL OFFICER OF HEALTH has written to point out that the councils of some districts have under Section 147 of the Public Health Act, 1936, declared pemphigus neonatorum ("Any Questions?" February 23, p. 448) to be notifiable in their areas.

Correction.—Dr. CHARLES NEWMAN (dean of the Postgraduate Medical School of London) asks us to point out that the British Postgraduate Medical School is now termed a Federation, of which his school is a constituent, and that it is the Federation as a whole, and not his school, which is discussed in our annotation (March 1, p. 479).

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