

tives for lean beef are: lean mutton, lean veal, liver, heart, rabbit, chicken, rationed cheese (cheddar type). Calcium, iron, and vitamin supplements (A, B complex, C, D) are necessary. The actual vitamin content of fruits and vegetables is always doubtful. Food yeast, which is a good source of vitamin-B group, can be used to improve the flavour of the skimmed milk.

Once pregnancy toxæmia has established itself the following 1,200-calorie diet should be advised: 1 pint skimmed milk daily. *Breakfast*: tea or coffee with milk (no sugar), 1½ oz. salt-free bread, ¼ oz. salt-free butter, 1 egg, 4 oz. fruit or tomato. *Mid-morning*: tea or coffee with milk (no sugar). *Lunch*: 2 oz. lean beef or equivalent (see 1,800-calorie diet above), 6 oz. green vegetable, 5 oz. root vegetable, ¼ oz. margarine for vegetables, 4 oz. fruit. *Tea*: tea with milk (no sugar), 1 oz. salt-free bread, ¼ oz. salt-free butter, salad if desired. *Supper*: 4 oz. white fish, salad (2 oz. lettuce, 3 oz. tomato, 1 oz. watercress), 1½ oz. salt-free bread, ¼ oz. salt-free margarine, 4 oz. fruit. *Bedtime*: any milk left from 1 pint. Protein, mineral, and vitamin values cannot be increased without increasing calorie value, except by the use of concentrates and supplements. Skimmed milk is recommended as a means of maintaining protein and calcium levels in this calorie intake. A protein supplement, such as a casein preparation, can be added to the milk. The usual vitamin supplements will be required, and food yeast, which can be given to improve the flavour of the skimmed milk, is a good source of vitamins of the B group. Calcium and iron supplements are necessary. With a diet restricted to this degree it is advisable for the patient to be in bed. After a week, depending on the patient's condition—weight loss, blood pressure, albuminuria—it might be possible to increase the calorie intake to 1,500 calories.

R. H. J. Hamlin has recently reported that in a large maternity hospital in Sydney eclampsia has been eliminated and pre-eclampsia reduced to a minimum by the adoption of two simple measures: (1) The giving of correct diet education in the early weeks of pregnancy (low-carbohydrate, high-protein, high-vitamin diet before mid-pregnancy). (2) Restricting the mother's increase in weight to 8 lb. between the 20th and 30th weeks of pregnancy.

#### Bat Ears

**Q.**—*What is the optimum age for operating on a protruding ear? The patient in question is a child aged 20 months with marked protrusion of both ears.*

**A.**—Operative correction of protruding ears is best delayed until the child is at least 4 years old. In cases of marked protrusion it is desirable to perform the operation before the patient starts school. With mild deformities the operation is best left until the age of 9 or 10 years. In early childhood there is disproportion between the size of the ear and the size of the head, and mild degrees of protrusion may become less obvious as the child grows.

#### Heliotherapy

**Q.**—*What are the therapeutic uses of sunshine? Can different effects be obtained from it, especially in the Tropics or subtropics, by exposure at different times of the day?*

**A.**—The solar spectrum includes ultra-violet and infra-red rays which are used therapeutically. The ultra-violet rays will cause pigmentation, but the actual medical value of these rays is not very great. The infra-red rays (or heat rays) are widely used in therapy. Strong sunshine can therefore be used as a substitute for an infra-red lamp. The only difference that the time of day would cause in treatment is that the amount of rays would decrease as the sun drops towards the horizon. Attempts have been made to set up solarium in places such as the South of France for the therapeutic use of the sun spectrum, but in actual practice it is usually more certain and convenient to use artificial methods of producing these rays rather than to depend on the vagaries of the weather.

#### Storage of Drinking-water

**Q.**—*How may water in storage tanks be kept fresh for drinking? I wish to store water in a 10-gallon (45.5-litre) galvanized container for periods up to a fortnight.*

**A.**—The tank should be provided with a lid which excludes light and dust. It should be cleansed and then sterilized as follows: Half-fill with tap water; add 3 oz. (85 ml.) of a 1% solution of chlorine; completely fill with water; see that the under-surface of the lid is also cleansed with chlorine solution and do not allow it subsequently to become contaminated; replace lid; allow to stand for 24 hours; empty tank. (This need not be repeated each time the tank is filled unless there is good reason for doing so.) The tank may then be filled with tap water, after making sure that any hose used for this purpose is clean. The lid should then be carefully replaced to exclude light and dust. Should there be any doubt about the purity of the water a teaspoonful of 1% chlorine solution may be added while filling the tank. The tank should be situated in as cool a place as possible. Water stored in this manner should keep sweet and pure for at least one month.

#### The Doctor at the Sink

**Q.**—*In reply to a question on cleaning empty medicine bottles (August 11, 1951, p. 371) liquor sulphestolis B.P.C. was recommended. Would this substance be equally useful for domestic dish-washing?*

**A.**—Liquor sulphestolis B.P.C. is quite satisfactory for the washing of kitchen utensils, being particularly effective in removing grease. It also gives a good polish to glassware. If the vessels are thoroughly rinsed afterwards there is unlikely to be any noticeable smell and practically no danger of toxicity. Liquor sulphestolis is available commercially under various trade names.

#### NOTES AND COMMENTS

**Pregnancy Tests.**—Dr. H. BERIC WRIGHT (London) writes: It does not seem to be generally realized that the Hogben test is at least as reliable as the better-known Aschheim-Zondek and Friedman tests ("Any Questions?" March 1, p. 501). This is a pity, because this method has advantages both for the practitioner and for the pathologist. Landgrebe and Hobson (*British Medical Journal*, 1949, 2, 17) showed that the Hogben test is, if anything, more accurate than the Aschheim-Zondek. It has the advantage—to the practitioner—of giving a result within 24 hours of receipt of the specimen. Thus a laboratory using this method can give a more rapid service than one using the Aschheim-Zondek or Friedman technique. The test usually becomes positive within 10 to 14 days of the first missed period. From the point of view of laboratory technique the animals used for the Hogben test are easier and cheaper to keep and can be used repeatedly. The Hogben test is thus to be preferred by both the practitioner and the pathologist and deserves to be more widely recognized than it is at present.

**OUR EXPERT** writes: It is true that the pregnancy diagnosis test using the female toad *Xenopus laevis* has certain advantages over the Aschheim-Zondek and Friedman tests; still further advantages are possessed by the Galli Mainini test using male amphibia such as *Bufo arenarum* Hensel, *Rana pipiens*, and *Rana esculenta*, for in these tests the result is obtained in less than three hours.

**Correction.**—In a reply to a question on hair oil ("Any Questions?" March 15, p. 614) reference was made to R. C. Harry's book *Modern Cosmetology*. This is published by Leonard Hill Ltd., not by Chapman and Hall as stated.

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