

by study of the blood of the parents), the baby about to be born is unlikely to be affected.

The value of giving vitamin K to the mother before term to prevent hypoprothrombinaemia in the newborn and reduce the chance of haemorrhagic disease is still uncertain. The results of Dyggve¹ are in favour, but those of Sanford² and Hay³ are not. Nevertheless, some still give 5–10 mg. vitamin K orally daily for 3 or 4 weeks before term, and in the present case this might be done if only to reinforce the reassurance offered to the mother. The baby should be given 1 mg. intramuscularly at birth.

REFERENCES

- ¹ Dyggve, H., *Acta paediat.*, 1948, 36, 229.
² Sanford, H. N., Kostalik, M., and Blackmore, B., *Amer. J. Dis. Child.*, 1949, 78, 686.
³ Hay, J. D., Hudson, F. P., and Rodgers, T. S., *Lancet*, 1951, 1, 423.

S.G.P.T. in Diagnosis of Infective Hepatitis

Q.—*What is the value of the serum glutamic-pyruvic transaminase test in the diagnosis of infective hepatitis? How soon in the course of the disease does the test become positive, and for how long does it remain so?*

A.—The estimation of serum glutamic-pyruvic transaminase has a definite, though limited, place in the diagnosis of infective hepatitis. It is raised maximally, sometimes more than 100-fold, during the prodromal stage and at the time the disease declares itself, and thereafter falls so that after a week or two it has returned to normal levels. Persistently raised levels, or a subsequent increase, usually indicate continued activity of the inflammatory process.

If considered in conjunction with the serum glutamic oxalacetic transaminase more information can be obtained; for example, in extrahepatic obstruction both enzymes tend to be raised (two- to sixfold) until the obstruction is relieved. The S.G.P.T. is particularly useful in differentiating pain of hepatic origin from that of coronary infarction. It is impossible to give a succinct account of the already huge literature: the references given below^{1–3} may be profitable.

REFERENCES

- ¹ *Lancet*, 1958, 2, 1318.
² Pryse-Davies, J., and Wilkinson, J. H., *ibid.*, 1958, 1, 1249.
³ O'Brien, E. N., Goble, A. J., and Mackay, I. R., *ibid.*, 1958, 1, 1245.

Rh Hapten and Erythroblastosis

Q.—*What is the value of Rh hapten in the prevention of erythroblastosis?*

A.—Since 1947, when Carter described¹ the use of a crude red-cell fraction, Rh hapten, which inhibits anti-D serum, she has reported further on its value. In 1956 she reported² the results in 135 cases of erythroblastosis: 53% of women who had previously lost babies from erythroblastosis had normal infants after treatment with Rh hapten during pregnancy, and there were no cases of kernicterus. Despite some qualified support from Ehrenberg,³ the use of Rh hapten as an effective prophylactic has not been generally accepted in theory or applied in practice.

REFERENCES

- ¹ Carter, B. B., *Amer. J. clin. Path.*, 1947, 17, 646.
² ———, Williamson, A. C., Loughrey, J., and Ingram, C. H., *Amer. J. Obstet. Gynec.*, 1956, 72, 655.
³ Ehrenberg, C. J., *J-Lancet*, 1955, 75, 275.

Tuberculin Test after Vaccination

Q.—*Is it true that conversion tests may be done up to 12 months after B.C.G. injections? At present we have been trying to do them within six weeks of the injection.*

A.—The tuberculin test after B.C.G. usually becomes positive within about six weeks. With freeze-dried vaccine it seems that the test may sometimes become positive rather later. Six weeks is therefore probably the earliest time after vaccination with B.C.G. at which tuberculin tests should be done. The test should normally remain positive at least up to twelve months, so that it is quite proper to carry out tests at a later period if this is more convenient.

Hazards from the Mining of Beryl

Q.—*Is exposure to beryl, the ore from which beryllium is extracted, dangerous? Does any hazard attach to mining beryl, by drilling, etc.?*

A.—It would appear that there is no hazard associated with the mining of beryl, since no cases have been reported from this process. Many authors^{1–5} make statements to this effect, although no reference has been found to any survey among miners of beryl.

REFERENCES

- ¹ Hardy, H., *Proc. roy. Soc. Med.*, 1951, 44, 257.
² Sterner, J. H., and Eisenbud, M., *A.M.A. Arch. industr. Hyg.*, 1951, 4, 123.
³ Hardy, H., *A.M.A. Arch. industr. Hlth*, 1955, 11, 273.
⁴ Williams, C. R., *ibid.*, 1959, 19, 263.
⁵ Breslin, A. J., and Harris, W. B., *ibid.*, 1959, 19, 596.

NOTES AND COMMENTS

Sedatives for Children.—Dr. B. L. P. DALTON (Gravesend) writes: I was disappointed in the answer on night sedation for children ("Any Questions?" November 14, p. 1033), because all the suggested drugs taste disgusting. Phenobarbitone can be given without trouble, but is hardly a hypnotic. Chloral, methylpentynol, the short-acting barbiturates, and the sedative antihistamines are often so difficult to disguise even in elixir or weak solution that they are not accepted again without uproar. May I recommend thalidomide, which comes in 25-mg. tablets easily crushed and is quite tasteless? Two or three tablets at bedtime seem suitable for a 3-year-old.

OUR EXPERT replies: I sympathize with Dr. Dalton, but cannot entirely agree. Chloral can be made tolerable to children, and is certainly taken well by infants in a syrup. Methylpentynol in the usual elixir form is also acceptable to most children and adults, although I rather agree with Dr. Dalton's comments on the taste. "Elixir of atarex" (hydroxyzine hydrochloride) is on the other hand very palatable. "Phenergan elixir" (promethazine hydrochloride) is quite pleasant and there is usually no trouble in getting children to take it; the same is so of most of the antihistamines. It is true that most of these elixirs leave an unpleasant after-taste if not washed down by a drink of water, and after a while most children rebel at taking them. It is in general true that this happens in time with any child and any medicine, and the situation always requires tactful handling. A tasteless powder or tablet is obviously an advantage, since there may be little objection (at any rate at first) to taking it neat and it is easily disguised. Thalidomide ("distaval") therefore starts with this advantage. I have not used this hypnotic, nor do I know any colleague who has sufficient experience of it to allow me to recommend it in this section of the *Journal*. It appears likely that it is safe and effective, but many hypnotics have come and many hypnotics have gone because they did not fulfil the hopes originally placed in them, or proved eventually to cause unexpected toxic effects.

Correction.—In the article "Chlorthenoxazin—a New Analgesic," by D. Wilson *et al.* (*Journal*, January 2, p. 36) the name chlorthenoxazin should have been described as the approved name and not as the *British Pharmacopoeia* name.

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