

and allopurinol (Zyloprim). This drug is not yet generally available and its eventual place in the treatment of gout is uncertain. It may be found to be of special value in patients who are intolerant to uricosuric drugs or in whom such drugs are ineffective because of renal disease.⁴

REFERENCES

- ¹ Seegmiller, J. E., Laster, L., and Howell, R. R., *New Engl. J. Med.*, 1963, 268, 821.
² Hart, F. D., and Boardman, P. L., *Brit. med. J.*, 1963, 2, 965.
³ Bywaters, E. G. L., and Holloway, V. P., *Ann. rheum. Dis.*, 1964, 23, 236.
⁴ Hall, A. P., Holloway, V. P., and Scott, J. T., *ibid.*, 1964, 23, 439.

Book of "To-day's Drugs."—This book is now available through booksellers at 30s., or from the Publishing Manager, B.M.A. House, Tavistock Square, London W.C.1, at 32s. 6d., including postage. It is based on the series of review articles which were printed in the "To-day's Drugs" section between January 1963 and May 1964. The articles have been edited and brought completely up to date so as to form an authoritative and practical guide to modern therapeutics. The book is designed to cover the drug treatment of those common conditions which are met with in general and hospital practice.

Correction.—In the "To-day's Drugs" article on "Local Anesthetics" (28 November 1964, p. 1380) two of the more common brand names for lignocaine were inadvertently omitted. These are Xylotox and Lidesthesin.

ANY QUESTIONS?

We publish below a selection of questions and answers of general interest.

Hypotension and Cerebral Thrombosis

Q.—Does low blood-pressure in itself predispose to cerebral thrombosis?

A.—This question is best tackled along two lines. First, there is no evidence that a persistently low blood-pressure predisposes towards cerebral thrombosis. There is evidence, in fact, to the contrary. The other aspect, a transient fall in blood-pressure, is more difficult to assess. Mainly this is because the change in the blood-pressure is rarely if ever the only factor at play. Usually there is a concomitant fall in cardiac output, a change in blood volume, or some other factor that could affect cerebral blood flow.

Perhaps the best method of ascertaining whether a fall in blood-pressure in itself predisposes to cerebral thrombosis would be to study the effects of deliberate hypotension by the use of drugs in anaesthesia. Even here the findings are by no means conclusive and once again the other variables at play have to be taken into account. However, a recent study¹ failed to reveal any differences between one group where the blood-pressure was lowered deliberately and another where the blood-pressure was maintained at normal levels throughout the operative procedure.

REFERENCE

- ¹ Eckenhoff, J. E., Compton, J. R., Larson, A., and Davies, R. M., *Lancet*, 1964, 2, 711.

Treatment of Onchocerciasis

Q.—Onchocerciasis, and to a lesser extent loiasis, cause itching and discomfort to a serious degree in many expatriates who have had long years of exposure. Suramin (and more so Banocide) frequently causes an exaggeration of symptoms to an incapacitating degree inadequately controlled by steroids. What prophylaxis could be given to protect newcomers against these organisms, and also to protect against reinfection those who have been "cured" by therapeutic doses of drugs? What is the treatment for established cases?

A.—The first point to be made is that though there is an exaggeration of symptoms after treating these filarial infections with suramin or Banocide (diethylcarbamazine) the aggravation is the result of the death of the

parasite, and any drug which is effective would bring about a similar aggravation. Treatment with suramin also, of course, may cause renal lesions.

Suramin and Banocide are much the most effective drugs known for the treatment of these infections, and prophylaxis, if it were to be employed, would be best carried out with one of them. However, the nephrotoxic action of suramin renders it unsuitable for this purpose, and though there is no evidence that long-continued administration of Banocide would lead to toxic side-effects it cannot be stated with certainty that such side-effects would not occur. Prophylaxis would therefore have to be carried out on an experimental basis.

Since the treatment of these infections can be satisfactorily undertaken with Banocide the recommended course is to direct prophylactic action to control of the fly vectors, to fly-proofing all dwellings, and to wearing of suitable protective clothing, and then to treat fully and adequately any individuals who develop symptoms in spite of these precautions. It may be mentioned that even the wearing of slacks will protect against most infective bites.

Banocide in graduated doses leading up to 3 mg. per kg. of body weight thrice daily for 21 days is recommended for the treatment of established cases.

Sensitivity to Cow's Milk

Q.—What alternative to cow's milk can be given to people who are sensitive to it? Is there any way of desensitizing those who are allergic to milk?

A.—Velactin (Wander) is a milk substitute containing protein 21%, fat 15%, and carbohydrate 43%. It contains soya, dextrose, sucrose, dextran, and salts, including calcium salts, iron, and vitamins. Allergilac (Cow and Gate) is a dried milk from which most of the lactalbumin has been removed, the casein denatured, and the milk acidified with lactic acid. It is well tolerated by some children with milk sensitivity.

A soya-bean preparation containing 41 g. protein, 19 g. fat, 25 g. carbohydrate (total 490 calories), and 200 g. calcium can be made

by making a paste of 4 oz. (113 g.) of Soyolk (soya flour) with a little water. To this is added 6 level teaspoonfuls of sugar and water up to 18 oz. (510 ml.), and the mixture brought quickly to the boil and allowed to cool.

Sensitivity may be lost spontaneously after a period of months or years off milk foods. Desensitization is best attempted orally, beginning with 1 teaspoonful of a mixture containing 1 teaspoonful of milk in 1 quart (1.1 litre) of water and increasing slowly over two to three months. Exact details are given in *Practice of Allergy*.¹

Cow's milk now often contains traces of penicillin, which may be responsible for allergic symptoms.

REFERENCE

- ¹ Vaughan, W. T., revised by J. H. Black, *Practice of Allergy*, 1948, 2nd edition. Henry Kimpton, London.

Blood in Breast Milk

Q.—I have had two cases of blood appearing in the milk of lactating mothers in quantities sufficient to stain the milk a chocolate-red colour. In one case the bleeding began during pregnancy. In both cases it ceased with suppression of lactation. What is the significance of bleeding of this kind?

A.—In a series of 4,320 cases of breast disease this complication has been met with on only six occasions. It is therefore somewhat rare and a confident prognosis is not possible. In the six cases mentioned above the symptoms cleared up in all. In two cases there were recurrences during successive lactations. None of the cases developed serious breast disease during the course of the ensuing few years. I am unaware of any relevant literature in the English language.

Technique of Tonometry

Q.—What is the technique of tonometry, and is there an inexpensive instrument that can be used in general practice?

A.—Tonometry is a method of measuring the ocular tension, and there are two clinical methods in common use—indentation and applanation tonometry. In indentation tonometry a weighted plunger is allowed to rest on the cornea and the degree of indentation produced is measured. Unfortunately the