

of the gene. The risk of epilepsy in a child of a patient with epilepsy is about 3 to 4%,<sup>1,2</sup> but here, since the patient has a sister similarly affected, the risk is probably rather higher, but not a serious risk. The risk of deaf-mutism appearing in the children is difficult to assess. Most genetically determined forms of deaf-mutism appear to be due to one of a group of autosomal recessive genes.<sup>3,4</sup> These could be responsible here only if the deaf-mute sister who has a deaf-mute child has married a carrier of the same gene, and other genetic mechanisms might be concerned in this family. Nevertheless, the risk of deaf-mutism in the patient's children is probably not high. The main risk, therefore, is the 1-in-4 risk of haemophilia in the patient's sons.

## REFERENCES

- <sup>1</sup> Alström, C. H., *Acta. psychiat. scand.*, 1950, suppl. 63.
- <sup>2</sup> Harvald, B., *Heredity in Epilepsy*, 1954. Munksgaard, Copenhagen.
- <sup>3</sup> Stevenson, A. C., and Cheeseman, E. A., *Ann. hum. Genet.*, 1956, 20, 177.
- <sup>4</sup> Lindenov, H., *Opera ex Domo Biologiae Hereditariae Humanae Universitatis Hafniensis*, 1945, vol. 8. Munksgaard, Copenhagen.

## Obesity in Diabetes

**Q.**—A man, aged 64, has had uncomplicated diabetes for 26 years. He has insulin three times a day. He has never dieted, and judges according to his appetite, but he is putting on weight. What should he do to maintain full activity and vigour and yet lose weight?

**A.**—The control of diabetes by three daily injections of insulin and free diet might well prove satisfactory in respect of absence of complications, but is likely to lead to increase in weight. The solution of this problem is for the patient to adhere to a low-calorie diet and adjust the dosage of insulin accordingly. If the patient were to adopt this form of treatment it is probable that the diabetes could be satisfactorily controlled on two daily injections of insulin instead of three.

## Ageing in the Tropics

**Q.**—Does prolonged residence in tropical climates cause Europeans to age prematurely?

**A.**—There is no evidence that prolonged residence in tropical climates causes premature ageing in any race. This is, of course, a field in which it is extremely difficult to collect accurate information, but one cannot fail to be impressed by the comparatively young appearance of many of those who have served long periods in the tropics. Provided routine hygienic precautions are observed, there is no reason to fear that the outlook will be adversely influenced either as regards ageing or as regards morbidity from a tropical environment.

## Hypofibrinogenaemia and Obstetric Bleeding

**Q.**—It is said that severe bleeding in childbirth may be foreseen and prevented if at the first sign of haemorrhage, even when clotting time is normal, the fibrinogen content of the blood is estimated. At what level should fibrinogen be given?

**A.**—Only some bleeding in childbirth is due to a low blood fibrinogen level. Accidental haemorrhage is the commonest cause of hypofibrinogenaemia in pregnancy. Thromboplastin is then said to be released from the separated placental tissue and from damaged decidua into the maternal circulation, causing intravascular clotting with rapid depletion of the blood fibrinogen at a rate that the liver cannot replace sufficiently quickly. Less often hypofibrinogenaemia complicates other abnormalities of pregnancy such as prolonged retention *in utero* of a dead foetus and embolism of amniotic fluid.

In haemorrhage complicating childbirth hypofibrinogenaemia can be detected by simple direct observation of a sample of blood to see how long it takes to clot, or by any of a number of rapid tests, some of which, like the following, can be performed at the bedside.

To 0.2 ml. citrated blood in a small test-tube is added 0.2 ml. thrombin solution, freshly prepared by dissolving 50 N.I.H. units of dried thrombin in 1 ml. saline, both these being obtainable

in ampoules. If the fibrinogen level is normal, clotting is evident in 5–10 seconds and the clot is firm and stable at 60 seconds. Delay of the initial clotting beyond 15–20 seconds and liquefaction or disintegration of most of the clot at 60 seconds shows considerable reduction of the fibrinogen level. Absence of clot formation within 60 seconds is evidence of afibrinogenaemia. A sample of blood from a normal person can be used as a control.<sup>1</sup>

Pure fibrinogen may be used to correct fibrinogen depletion but it is not readily available; 2–6 g. is given intravenously but serial tests and clinical observation may show that a smaller amount will suffice. The most practical procedure is to give by intravenous drip quadruple strength reconstituted dried plasma, a pint (570 ml.) of which contains about 4.4 g. fibrinogen. The doctor who practises obstetrics is shown to carry a giving set, dried plasma, and water for reconstituting it in one of his bags. Bleeding is very likely to occur, but is not inevitable, when the blood fibrinogen level falls below 120 mg./100 ml. The normal level in late pregnancy is 300–600 mg. %.

## REFERENCE

- <sup>1</sup> *British Obstetric Practice*, 1959, edited by E. Holland, 2nd ed., pp. 801, 804. Heinemann, London.

## NOTES AND COMMENTS

**Blepharitis.**—Mr. C. M. HEATH (Redruth, Cornwall) writes: Your expert ("Any Questions?" January 30, p. 363) must indeed be living in the past if he ignores antibiotics in the treatment of ulcerative blepharitis; and I think that he will not be popular with those patients whom he disfigures unnecessarily by painting their eyelids violet with tinctorium. This was our only effective remedy 20 years ago against the severe chronic ulcerative blepharitis common among undernourished children, but this has now become much rarer and usually responds to antibiotics applied after bathing the lids clean with bicarbonate solution, although treatment may need to be persistent, changed at intervals, and sometimes combined with hydrocortisone. But your expert has not made it clear that now the common type is squamous blepharitis allied to dandruff and treated with bland remedies. A mild form often occurs with conjunctival engorgement from ocular fatigue and is then relieved by spectacles.

OUR EXPERT replies: Mr. Heath thinks it is old-fashioned to use tinctorium for blepharitis, but he proceeds to recommend sodium bicarbonate, a substance which many of us gave up prescribing for blepharitis years before tinctorium came into general use. Yes, I agree that some of the antibiotics are useful, but I think Mr. Heath looks for too much information in this question-and-answer medium. I was not writing a paper or an encyclopaedia article. My object was to give a simple and effective treatment for what has, in my experience, been the commonest type of blepharitis.

**Correction.**—In the "To-day's Drugs" comment on noscapine (*Journal*, December 26, 1959, p. 1481) the proportion of this in crude opium was said to be 16–22%. The correct figure should be about 2–9%.

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