

impracticable. Any of the more potent sulphonamides may be used for the test, and the result will be applicable to all others.

The second main requirement is a culture medium free from sulphonamide inhibitors, whether *p*-aminobenzoic acid itself or some related substance. Peptone may contain these, and the ideal is a semi-synthetic medium known to be free of them, but any medium can be made suitable by adding lysed horse blood; this addition for some reason inhibits the action of inhibitors. Normal urine enriched with 0.5% glucose, adjusted

to a suitable pH and solidified if required with agar, provides an excellent medium for testing urinary coliforms.

[To be continued.]

Correction.—In the article on Geriatric Prescribing (1) ("To-day's Drugs," 1 February, p. 289), towards the end of the section dealing with sedatives, the phrase "100 mg. chlorpromazine *subcutaneously*" should have read "100 mg. chlorpromazine *intramuscularly*." Injection of chlorpromazine hydrochloride is a highly irritant solution which should be given only by deep intramuscular injection.

ANY QUESTIONS?

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

Drugs in Terminal Illness

Q.—What are the best drugs for the treatment of distress and depression in the terminal stages of an incurable illness? Should morphine be used only to relieve pain?

A.—When intractable pain is the chief cause of distress in terminal illness the drug of choice for its control is morphine or a related alkaloid. As Saunders¹ has emphasized, the patient in the terminal stage of his illness should not have to ask for the relief of pain nor should analgesics be withheld until it becomes severe. Pain is likely to be constant, and for its constant control drugs must be given regularly. Whereas increasing doses are required for the morphine addict, largely to maintain the euphoriant effect, in the terminal stages of illness it is nearly always possible to maintain patients on a regular dose of morphine as long as is necessary. In Saunders's series of patients dying of carcinoma only 1.5% required an increasing dose. In these circumstances morphine can be combined with amphenazole to counteract drowsiness and respiratory depression. Pethidine is a useful analgesic in many cases, and it can be given together with chlorpromazine. For severe intractable pain diamorphine is often the most suitable drug, and in the management of terminal illness there is no evidence that it is more likely to cause addiction than any other similar analgesic. If oral administration is preferred it may be given with cocaine and gin as the "Brompton cocktail."

At the terminal stage of incurable illness pain is rarely the only complaint; it is often accompanied by mental distress and weariness. Anxiety and depression are especially common in those whose mental state is alert and are aware of their physical decline.² For these symptoms one of the phenothiazines usually proves to be effective; chlorpromazine should be the first to be tried. This drug, and promazine itself, can be given as a syrup or suspension, alone or combined with other drugs. Although at this stage toxic side-effects may be of relatively less concern, it should be borne in mind that phenothiazines given in large doses lead to apathy, drooling from the mouth, difficulty in swallowing, and increasing immobility. Thus the patient's distress and the nursing difficulties³ may be enhanced by the development of such complications as dehydration and pressure sores. When mental distress is not controlled by a phenothiazine or when depression is severe an

amino-oxidase inhibitor such as phenelzine (30 mg.) should be tried. This class of drug should not be given with pethidine, since the combination⁴ may lead to central sympathetic and psychic overstimulation with anxiety, severe headache, constriction of the chest, and tachycardia.

REFERENCES

- 1 Saunders, C., *Proc. roy. Soc. Med.*, 1963, 56, 195.
- 2 Hinton, J. M., *Quart. J. Med.*, 1963, 32, 1.
- 3 Exton-Smith, A. N., *Practitioner*, 1962, 188, 732.
- 4 Nymark, M., and Nielsen, I. M., *Lancet*, 1963, 2, 524.

Heredity in Schizophrenia

Q.—What are the chances of the children of a man with schizophrenia married to a normal girl inheriting a mental abnormality?

A.—There is abundant evidence to support the view that schizophrenia is a heterogeneous group of diseases sharing cardinal psychological symptoms. Accordingly the question of heredity is complex, and it is likely that the genetical risk may vary according to the disease entity within the group. Bearing this in mind, an overall expectation of schizophrenia for a member of the general population may be taken as 0.8%.¹ The theoretical risk has been calculated as rising to 16.4% for the children of a union in which one parent is schizophrenic.² It should be emphasized, however, that the socio-medical problem of whether a schizophrenic parent is fit enough to bring up children is at least as important in counselling as the genetical question.

REFERENCES

- 1 Mayer-Gross, W., Slater, E., and Roth, M., *Clinical Psychiatry*, 1960, 2nd ed. Cassell, London.
- 2 Kallman, F. J., and Rypins, S. J., *The Genetics of Schizophrenia*, 1938. J. J. Augustin, New York.

Cervical Carcinoma in Pregnancy

Q.—A woman aged 36 who has five children and is now 17 weeks pregnant has been found to have a carcinoma of the cervix. It is stage 1 or early 2. How should it be treated?

A.—There are three possible lines of treatment. The first is to empty the uterus by abdominal hysterotomy and two weeks later treat the carcinoma either by surgery or radiotherapy or both, according to the

preference of the surgeon in charge. The second is to ignore the pregnancy and rely on radical surgery, but a Wertheim type of operation is not rendered easier by the pregnancy and bleeding can be much more difficult to control. The third is to ignore the pregnancy and treat the cancer by radiotherapy. This will be followed by death of the foetus and its expulsion, although the latter may be delayed for up to four weeks.

One cannot pontificate on which of the three is the best, but the third method has the support of the impressive figures produced by the Radiumhemmet in Stockholm. Between 1932 and 1956 59 women with carcinoma of the cervix in the first six months of pregnancy were treated by combined intracavity radium and external radiotherapy, with a five-year cure rate of about 60%.¹ Present views on the treatment of cancer of the cervix at different stages of pregnancy have been summarized by Corscaden.²

REFERENCES

- 1 Gustafsson, D. C., and Kottmeier, H. L., *Acta obstet. gynec. scand.*, 1962, 41, 1.
- 2 Corscaden, J. A., *Gynecologic Cancer*, 3rd ed., 1962. Baillière, Tindall and Cox, London.

Sensitivity to Penicillin

Q.—A patient evinced an immediate positive response to sensitivity tests (scratch and conjunctival) with a trial dose of 0.2 ml. aqueous procaine penicillin. Three years later the same tests were negative. (1) Could this be a case of spontaneous desensitization to penicillin? (2) Would there be any risk involved in injecting therapeutic doses of penicillin if strongly indicated? (3) Can a desensitized individual again become sensitized at a later date?

A.—Skin tests in suspected cases of penicillin sensitivity are notoriously unreliable, and the eye test is more unreliable than the skin test. Answering the question: (1) it is unlikely that spontaneous desensitization occurred to an immediate-type sensitivity, but the answer could be easier to give if the questioner had stated the strength of penicillin used; (2) there would be a risk if the patient were sensitive in the first place; (3) yes, easily and spontaneously.

Aetiology of Ectopia Vesicae

Q.—Is ectopia vesicae an inherited abnormality, and, if so, in what way?

A.—There is no evidence for any important degree of genetic determination of ectopia vesicae. It is rare to get two sibs affected.