

with weakened muscles, who may benefit from regular doses of aperients. However, if the questioner is satisfied that regular laxatives are really indicated bisacodyl is undoubtedly one of the safest, most reliable, and least irritant at his disposal.

## REFERENCES

- <sup>1</sup> *Med. Lett.*, 1961, 3, 91.
- <sup>2</sup> Lane, R. E., *Obstet. and Gynec.*, 1961, 17, 453.
- <sup>3</sup> Pincock, J. G., *Canad. med. Ass. J.*, 1960, 82, 268.
- <sup>4</sup> *To-day's Drugs*, 1964. British Medical Association, London.

## Maternal Anaemia and Foetal Death

**Q.**—*In nearly all of the small number of foetal or neonatal deaths I have had in my practice the mother's haemoglobin early in pregnancy was under 65%. By the time of delivery most were 80% or above. Could a low maternal haemoglobin at the time of conception result in a higher incidence of foetal mortality?*

**A.**—While it is important that every effort should be made to correct anaemia during pregnancy I doubt if a low haemoglobin would by itself account for an increase in the number of foetal and neonatal deaths. Nevertheless, a poor diet (which may result in chronic anaemia) is associated with an increase in the abortion and premature birth rates.

This and other related matters have been very fully investigated by Dugald Baird<sup>1</sup> and his colleagues in Aberdeen.

## REFERENCE

- <sup>1</sup> Baird, D., *Lancet*, 1960, 2, 557 and 609.

## Treatment of Oligospermia

**Q.**—*Is there any treatment for a man who on one or two examinations has a low sperm count and high percentage of abnormal sperms?*

**A.**—The prognosis in oligospermia, particularly when there is a high proportion of abnormal sperms and poor sperm activity, is not very good, and, generally speaking is unaffected by treatment. However, more about the patient must be known before a useful opinion can be expressed. Inquiry should be made into the patient's history and he should be examined.

If, for example, the patient has had mumps with orchitis no treatment could be of value. A man who smokes heavily and takes a lot of alcohol might improve on giving up these habits. It would be wise to advise an improvement in general nutrition when there is reason to suspect that it is deficient. No treatment is likely to help when the testicles are small and soft but with no evidence of eunuchoidism. Treatment with gonadotrophins, and occasionally with testosterone, may be useful when there is eunuchoidism. Surgical cure of a large varicocele may markedly benefit the seminal quality. When the scrotum is tight and the testicles close to the body cold-water sponging and stretching of the spermatic cords night and morning, coupled with the wearing of loose-fitting as opposed to jockey-type underpants, may be of value.

No treatment is likely to be of value when, as is unfortunately too often the case, there is no obvious abnormality, and probably the best advice would be to restrict intercourse to the fertile phase of the wife's menstrual cycle (i.e., about the 12th to 14th day of a 28-day cycle).

## Tennis Elbow

**Q.**—*Should hyaluronidase and procaine be added to hydrocortisone for local injection in the treatment of tennis elbow? What should be the proportions of the mixture and how much of it should be injected?*

**A.**—The problem of injection treatment of such minor lesions as tennis elbow is a difficult one. There have been various controlled trials, but one of the most interesting was that published from Glasgow.<sup>1</sup> I think it is quite clear that the mode of action of these injections is unknown. What perhaps is a little more difficult is to know whether they are effective.

As is well known, there have been a number of problems arising from the injection of hydrocortisone. They include a Charcot-type joint and infection. These, of course, are rare and do not necessarily contraindicate the treatment. Another problem that is seen not infrequently is a persisting tenderness and limitation of elbow movement following such injections; the joint seems to become irritated. For this reason I am disinclined to use injections, or when they seem to be the only mode of treatment available I still prefer procaine alone.

However, it seems to me reasonable to use hydrocortisone and procaine together if it is wished, the procaine being used in such

quantity as to minimize the amount of pain caused by the injection, or it might be used first to find the focal point of pain and the hydrocortisone injected subsequently. As it is desirable to have the injection in the very localized area of maximum tenderness I would feel that hyaluronidase is probably best not used.

## REFERENCE

- <sup>1</sup> Miller, J. H., White, J., and Norton, T. H., *J. Bone Jt Surg.*, 1958, 40B, 636.

## Colour Blindness and Learning

**Q.**—*Colour-vision testing of schoolchildren is done routinely at the 13-year medical inspection. In view of the increasing use of the Cuisenaire method of teaching arithmetic (using coloured rods of different lengths) should an attempt be made to discover colour blindness at the age of 5? Will children who are colour blind be at a disadvantage with this method of teaching?*

**A.**—This is an interesting question, and it is likely that children with a colour defect would have difficulty with the Cuisenaire method. However, they probably soon learn to associate the colour name with the length of the rod, although finding it difficult to differentiate the rods on colour alone. It is doubtful whether routine testing at the age of 5 is necessary, but it could be done on any child who appeared to have difficulty with the Cuisenaire method. A simplified method of screening small children is described by Gallagher and Gallagher.<sup>1</sup>

## REFERENCE

- <sup>1</sup> Gallagher, J. R., and Gallagher, C. D., *Arch. Ophthalmol.*, 1964, 72, 200.

## Notes and Comments

**Corticosteroids in Breast-milk.**—Dr. D. MURPHY and Dr. H. F. WEST (Rheumatism Research Unit, Nether Edge Hospital, Sheffield 11) write: A reader asked ("Any Questions?" 6 February, p. 367) whether prednisolone taken by a nursing mother entered her milk in significant amount. From studies in this unit of tritiated cortisol in breast milk and saliva and of tritiated prednisolone in saliva it is clear that a baby would receive less than 1/100th of the dose of prednisolone given to its mother—a quantity of no significance.

OUR EXPERT replies: This is interesting information to have, and a report on Dr. Murphy and Dr. West's studies would be useful.

**Spina Bifida.**—Dr. J. LORBER (The Children's Hospital, Western Bank, Sheffield 10) writes: I thought you might like to know that recent investigations on the chances of parents having further children with spina bifida when the first one was born with the defect are rather higher than your expert's answer suggests ("Any Questions?" 13 March, p. 707).

In my own series (in press) it is shown that 539 mothers who had a child with spina bifida had 1,256 children, apart from the index case, and of these 85 were affected by spina bifida cystica, hydrocephalus, or anencephaly. Taking siblings born after the index case, 8% were affected by one of these malformations. The combined risk for the general population of these three malformations is approximately 8 per 1,000. The

risk therefore to parents who have only had one child with spina bifida is approximately tenfold.

OUR EXPERT replies: It is interesting that Dr. Lorber's series from Sheffield shows a higher proportion of brothers and sisters affected than other series. When his series is published it may be possible to see what the explanation is: a true local variation, or some technical aspect of the analysis, or of the way in which the index patients have been ascertained.

**Corrections:** We regret two errors in the Child Care article on "Immunization in General Practice" (27 March, p. 841). On p. 843 the heading **Influenza** was omitted before the last paragraph of the left hand column. This should have read:

**Influenza**

A single dose of formalin-inactivated saline vaccine can give protection against types A and B and Asian virus. The short duration (three to six months) of the immunity it confers limits its usefulness to "at risk" cases, especially those with chronic lung or heart disease.

The penultimate line of the previous paragraph, dealing with measles vaccine, should have read "... or the preliminary use of one or two doses of killed vaccine."

In Fig. 7 of Mr. A. Barabas's article (20 March, p. 782) the first diagram should have been labelled "Crest of Ilium."