170 mm., and only when failure sets in does the systolic pressure fall. In a healthy, muscular man with an apparent blood pressure of 140/110 this diastolic reading probably does not represent the true diastolic pressure. Errors may arise because compression of the arm in some subjects, particularly those of the sympatheticotonic type, causes reflex vasomotor spasm, so giving a false reading, or because the diastolic pressure is lower than it appears. It must be remembered that clinical methods of measuring blood pressure are rough and considerable margin for experimental error must be allowed, and the readings should be assessed in conjunction with the whole clinical picture.

Small Stature

Q.—*Can you suggest treatment for an undersized patient of 9½ years, weight 49 lb. (22.2 kg.) and well proportioned. He seems otherwise normal. The mother is above average height, the father average, but there are some rather diminutive aunts. Is the pituitary growth hormone, which has been tried successfully in California, commercially available?*

A.—The patient's small stature appears to be determined genetically, in view of the family history, but the mechanism is nevertheless through a deficiency of pituitary growth hormone. The condition is comparable to that of strains of dwarfed mice, which respond both to pituitary growth hormone and, to a less extent, to thyroid gland. The combined treatment is sometimes, but not invariably, successful in undersized children. There are two forms of pituitary growth hormone available in this country, but supplies are intermittent. The dosage is 5 ml. intramuscularly twice weekly, or, if practicable, 1 ml. daily or 3 ml. three times a week. The treatment should be continued for six-weekly periods, with an interval of six weeks to allow the antibodies that form to disappear from the blood. The thyroid could be given in 1-gr. (65-mg.) doses daily, and continued without intermission, provided the pulse rate is not unduly accelerated.

Diuretic Treatment of Adiposity

Q.—*Patients given urea crystals for obesity have not reported the diuretic effect anticipated. What is the rationale of giving urea in these cases, and has it any advantage over thyroid treatment? I take it that urea would be contraindicated in persons with signs of kidney disease, but is there any other associated danger?*

A.—Urea is given for its diuretic effect, the extra water being lost in an attempt to excrete the heavy doses of urea and keep the blood urea at normal levels. An alternative is ammonium chloride in 7½-gr. (0.5-g.) enteric-coated tablets, 1 tablet thrice daily after food, or injections of a mercurial diuretic such as mersalyl. The diuretic treatment of adiposity is based on the fact that on limited diet obese patients lose weight for a while and then stop, and the effect of diuretics shows that this refractory stage is due to a retention of fluid. It is also postulated that normal adiposity is associated, at least in some cases, with retention of fluid, and many fat patients put on weight before menstruation and lose it after the period, the phenomenon being believed to be due to water retention. There is no real comparison between urea and thyroid because the chief action of the latter is to increase metabolism. Thyroid gland has, however, no specific effect on fat, and tends to catabolize protein at the same time as, or even before, fat. It is therefore of limited value in the treatment of adiposity. Urea is contraindicated in patients with renal insufficiency, but apart from this it cannot be regarded as a dangerous form of therapy.

Port-wine Naevus

Q.—*What is the prospect for a child of 2 with a port-wine naevus over about half her face? She is being treated with thorium X and has had four applications over a period of eighteen months. Is there any treatment, other than thorium, likely to succeed without leaving disfigurement?*

A.—Grenz-ray therapy (1,400 *r* units repeated at intervals of six months, on three or four occasions) is more effective than thorium X. Plastic surgery may be considered, but if some fading is achieved by the Grenz-ray therapy such disfigurement as remains may be concealed by the application of certain special cosmetic preparations.

Letters and Notes

A Method of Giving Penicillin

Dr. R. M. DOWDESWELL (Nairobi) writes: My attention was drawn to Dr. M. Machado Espinosa's letter (Feb. 1, p. 197) on "A Method of Giving Penicillin." The method is very similar to one which I described in a paper published in the *East African Medical Journal*, 1946, **23**, 139, and in a note in the same journal, 1946, **23**, 181. Since the publication of these trials the method described has been used in various hospitals and dispensaries in this Colony. At the Infectious Diseases Hospital, Nairobi, 1,121 cases of acute gonorrhoea have been treated during the last nine months using this technique of one injection of 150,000 units with blood, with 13 failures, which responded to a second similar injection.

Last Scarce Substances Order Revoked

The Scarce Substances Order, 1946, No. 490, which confirmed and established authorized alternatives for liquid extract of ipecacuanha and for tincture of ipecacuanha was revoked on March 1, 1947. This means that whenever liquid extract of ipecacuanha or tincture of ipecacuanha is ordered on a prescription it must be dispensed. This revocation ends all the Scarce Substances Orders made by the Ministry of Health during the war.

Pseudo-hermaphrodite

Mr. R. OGIER WARD (London, W.) writes: With reference to the case of the pseudo-hermaphrodite described in "Any Questions?" (March 8, p. 322) and the advice given that if the sex remained in doubt the child should be brought up as a male and ultimately be sent to a boys' school, an African student in Uganda was pressed by the examiner in forensic medicine as to how to decide the sex in such cases, "for, you see, some day the child will have to go to school." After some thought the student replied, "Sir, I send it to a mixed school."

Shortage of Nurses

SPERO MELIORA writes: My daughter, who is a S.R.N., has just returned to the metropolis to a midwifery training centre to do the district work for her S.C.M. She writes: "We are in the next-door house—three of us in one room on the ground floor. Sanitation consists of a '*pot*,' as we are not supposed to use the lavatory in the house. The problem is emptying it—so we use the lavatory. Washing is next door." On arrival (after a journey seriously delayed by the weather and without food) her supper, at 9.30 p.m., consisted of beans, toast, and tea, which she had to reheat. She is not complaining—merely stating facts. I regret that I cannot have my name published with this letter—victimization is not unknown.

Sodium Morrhuate Injections

Mr. G. H. COLT (London, W.) writes: My acquaintance with the literature of varicose vein injection is not as complete as it was ten years ago. The sudden, dangerous symptoms and signs of rapid onset are generally attributed to anaphylaxis. I venture to think they may easily be due to fat-embolism. The injection of an oil into the blood stream, even slowly, is asking for trouble. G. N. Clark pointed out many years ago (I have not got the reference now) that fat-embolism was frequently missed post mortem. An authoritative summary in such cases would be of great value. Those with facilities for animal experiment could easily settle some of the points.

Correction

In our report of Sir Andrew Davidson's speech at the Council of Social Service Conference (*Journal*, March 15, p. 346) the word "pulmonary" in the third line of the second paragraph should read "*non*-pulmonary."

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