

**Hay-fever due to Ragweed Pollen**

**Q.**—An American suffering from a severe form of hay-fever chiefly due to ragweed pollen intends to visit Europe (British Isles, France, Switzerland) this summer. He asks whether ragweed grows in these countries, and, if so, which are its months of flowering?

**A.**—The ragweeds (*Ambrosia spp.*) are native to North America and exist in Europe only as introductions. Five species have been noted at various times and places in Great Britain as alien or adventitious plants, usually in the neighbourhood of ports. One—namely, Short Ragweed (*A. artemisiifolia*)—is known to have been established at one time at St. Annes, Lancashire. The same species is reported as having occurred in France, mainly near certain ports, and also at a number of distinct localities in Switzerland. Ragweed pollen is easy to recognize, but only one grain has ever been seen on the thousands of slides the writer has exposed in various places in Great Britain since 1941. Unless an American visitor happened by mischance to walk into a colony of ragweed such as may perhaps exist here and there it is extremely unlikely that he would be exposed to this type of pollen in Europe. The months of flowering in Europe, as in U.S.A., are August, September, and October.

**Diluent for Dimethyl Phthalate**

**Q.**—What simple and easily obtainable solvents should be used for diluting dimethyl phthalate for application to the face and body?

**A.**—Dimethyl phthalate can be applied undiluted to the skin without harm. It is probably desirable, however, to use some diluent, especially for persons with sensitive skins. The amount of diluent should not be greater than 60% or the dimethyl phthalate will cease to be satisfactorily effective. Practical tests of certain diluents forming ointments and emulsions are described in a "Report on the Control of Midges," issued by the Department of Health for Scotland (H.M.S.O., 1946, 2d.), and reviewed in an annotation in the *Journal* of April 3 (p. 651). Several of the formulae recommended are now commercially available. One of the most satisfactory is as follows:

Lanette wax ..	5 g.	Oleic acid ..	27 ml.
Triethanolamine ..	9 ml.	Dimethyl phthalate	100 ml.
		Water	100 ml.

**Treatment of Hirschsprung's Disease**

**Q.**—What is the best treatment for Hirschsprung's disease in a young boy? Is sympathectomy still thought to give satisfactory results, and, if so, what type of sympathectomy is indicated? Is treatment by spinal anaesthesia alone of any value?

**A.**—The pendulum of the treatment for Hirschsprung's disease is probably in process of swinging away from sympathectomy towards various forms of colectomy—in view of the not very satisfactory long-term results of the former. Sympathectomy is, however, still considered the treatment of choice in most centres. The two variations most favoured are: (a) bilateral division of the lumbar splanchnics (2–4 in number) or (b) arterial sympathectomy of the inferior mesenteric artery. The previously popular presacral neurectomy has been largely abandoned because of its side-effects in producing sterility and also because of its concomitant effect on the rectal musculature. Spinal analgesia alone has been reported by Telford and Simmons (*British Medical Journal*, 1939, 2, 1224) as giving dramatic and lasting relief. No explanation of this phenomenon has ever been forthcoming.

**Neuro-circulatory Asthenia**

**Q.**—Of late I have seen many cases of neuro-circulatory asthenia in my practice, especially in young married women. Is there any special test to differentiate this condition from the anxiety neuroses; and what is the most effective treatment?

**A.**—Neuro-circulatory asthenia, with its many synonyms, such as D.A.H., soldier's heart, and effort syndrome, is now generally held to be a functional nervous disorder. The symptoms of which the patient complains will be seen, on analysis, to be those of anxiety; in the majority an anxiety state is the underlying abnormality, although in some the term "anxiety

hysteria" may be preferable. There is thus no distinction to be made between neuro-circulatory asthenia and anxiety neurosis; the first is an anxiety neurosis in which cardiovascular symptoms are more prominent than usual. Effective treatment is as difficult as for other anxiety states. The problem is well discussed by Paul Wood in his Goulstonian Lectures for 1942.

**Retropublic Prostatectomy**

**Q.**—My recent hospital statistics suggest that the public are beginning to appreciate that the modern operation of retropublic prostatectomy is reasonably safe. Such a realization will undoubtedly lead to an earlier seeking of advice by men in their early fifties—a goal towards which we have been aiming. Does this operation produce sterility and/or atrophy of the testes?

**A.**—It is doubtful whether the introduction of a new technique of prostatectomy will lead to a much earlier carrying-out of the operation. Attention is drawn to the condition of enlargement only when symptoms of obstruction arise, and these are often delayed until the sixties and seventies. But even if retropublic prostatectomy were eventually to become the operation of choice, it would not materially affect the incidence of post-operative sterility. After enucleation the mechanism of ejaculation is usually destroyed, so that the semen seeps back into the bladder and is passed in the next specimen of urine. The patient is therefore generally sterile, but cases of paternity after prostatectomy are by no means unknown. Atrophy of the testes should not be a sequel of the operation.

**NOTES AND COMMENTS**

**Stability of Penicillin.**—Mr. J. RAWLINGS ELLIOTT (Chief Pharmacist, Charing Cross Hospital) writes: In the reply concerning the stability of penicillin ("Any Questions?" April 17, p. 769) I would point out that some of the statements made are not in accordance with usually accepted information. Lamellae and pastilles are supplied in a gelatin base which contains a certain amount of water, and therefore the penicillin in them is liable to undergo hydrolysis and become inactivated. Penicillin creams are actually thick emulsions containing water as the continuous phase, and thus subject to the same decomposition; in fact the N(W)F monograph states clearly that the product must be labelled "Keep in a Cool Place" and "Use Within Seven Days." Lozenges, ointments, tablets, and oily suspensions, on the other hand, are prepared from ingredients free from moisture and may be stored at room temperature for several weeks, or in a refrigerator for a considerably longer period. It is important that the difference in keeping properties of the cream and ointment described in the *Pharmacopoeia* should be recognized if waste is to be avoided.

**Exercise in Middle Age.**—Dr. NOEL ALDER (Coleshill, near Birmingham) writes: Might I add to the exercises recommended for the middle aged and elderly ("Any Questions?" April 24, p. 816) one which is perhaps the most generally useful, entertaining, and least strenuous—namely, ice skating, especially figure skating? In contrast to walking exercises, which are often boring and even tiring unless taken on level ground, skating, in which friction is reduced to a minimum, requires a much smaller effort whilst training a much greater variety of muscles. In addition to those of the lower limb (extensors, flexors, rotators, ab- and adductors), a skater is constantly using his neck, shoulder, arm, back, and abdominal muscles—the mind being occupied with the fascination of learning or perfecting new figures. Measured rhythmical movements, poise, and balance, which can be acquired without great difficulty, will offer all the benefits of gentle exercise with the least amount of exertion. I can vouch for this from personal experience—I am in my 64th year—and from contact with others who still enjoy skating in the sixth and seventh decades of their lives.

**Correction.**—Since reporting "The Tragedy of Mount Scopus" (May 1, p. 860) we have learnt that Dr. Dostrovsky was not killed. Dr. Miszurski, the deputy administrator of the Cancer Department of the Hadassah Hospital, was among those killed.

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