must be remembered that there is no musculature in the wall of the diverticulum, so that if it becomes filled with inspissated faecal material it cannot empty itself: the colonic contents should therefore be kept, so far as possible, soft and moist.

In the absence of inflammation pain is due to the associated colonic spasm, so in an attack the administration of bowel antispasmodics is often valuable. Ordinary purges should be avoided, since they tend to increase spasm, but an occasional Studa chair colonic wash-out, say once a month, may be well worth a trial. On a simple regime such as this many cases of diverticulosis carry on for a great number of years without any serious complication arising.

### Shoes for Patients with Pes Cavus

**Q.**—*I think that those who suffer from the common condition of pes cavus are less disabled if they can obtain shoes that fit. Do you agree? If so, can you tell me of any firm that provides suitable shoes? Hand-made shoes are too expensive for most patients, and I do not think every patient is willing to get his shoes through an orthopaedic clinic. So far as I can tell the local shops can only provide shoes for "standard" feet.*

**A.**—I entirely agree that to be comfortable with pes cavus shoes must fit. Unfortunately no firm provides suitable shoes. There are no alternatives to having hand-made shoes or surgical shoes obtained from the National Health Service.

Sometimes such people can get along with wide toe-capped shoes and a firm pad under the arch.

### Sulphathiazole

**Q.**—*According to certain publications, principally North American, sulphathiazole should not be used on account of its greater toxicity; according to others sulphathiazole is still a useful drug in many cases, as it is the most active of the sulphonamides and in certain cases the toxic effects are insignificant. What are your expert's views on this?*

**A.**—Although sulphathiazole is a highly active sulphonamide it is a very insoluble one and is particularly likely to cause renal irritation, and even in some cases urinary suppression. Such dangers can usually be easily guarded against in temperate and cold climates, where most of the fluid output is through the kidneys, by ensuring a really adequate intake of fluid whenever sulphathiazole is given; but in warm climates, where perspiration may be excessive and where even with care the urinary output may not be adequate in fevered conditions, sulphathiazole undoubtedly possesses serious drawbacks. It is very doubtful if the more modern and much more soluble sulphonamides such as sulphadimidine are any less active than sulphathiazole.

### Epilation

**Q.**—*Which method of epilation of facial and body hair is preferable—galvanic or diathermy—and why? Should a local analgesic be used before epilation? Does the epilation leave any scarring afterwards and, if so, can it be prevented?*

**A.**—The choice between electrolysis and diathermy is a matter of personal preference, and in the opinion of the writer, who has used both, there is really little to choose between the two. The apparatus for electrolysis is less expensive, and it is probably easier through faulty technique to cause scarring with diathermy than it is with electrolysis. For these two reasons electrolysis is perhaps preferable. Local analgesia is not usually given; some patients complain of pain, and a local analgesic is then advisable provided the area to be treated is not too large.

Of course, the object of epilation is to destroy the hair follicle permanently without the production of a scar, and the skill in treatment lies in passing the current for the right length of time and at the right intensity. When the current has passed long enough the hair will come out with very gentle traction, and there may be a slight white opacity of the skin extending for a distance of a fraction of a millimetre around the follicle. Any area of necrosis which is wider than this is excessive and is liable to be followed by visible scarring. It is, of course, better to err on the side of under-treatment rather than over-treatment, which would result in scarring; the operator soon gets to know how long to leave the current on in the precise conditions in which he is working. A practical demonstration with the apparatus to be used would be very valuable for anybody intending to undertake this treatment for the first time.

### "Cracking in the Head"

**Q.**—*I should be grateful if you could kindly throw a little light on the following case. The patient is a rather senile lady of 77 who has a well-compensated mitral valvular disease. Her principal complaint is of a "cracking in the head" which is accompanied by a sudden severe pain and often followed by flushing of the face. She has phases when she is withdrawn and others when she is full of complaint and worrying about herself, and in the absence of physical findings I was inclined to the view that the "crackings" were neurotic in origin. However, recently both her husband and her daughter have heard the cracks, though they have not told her so. Her daughter, who is a very sensible and competent woman, likens the sound exactly to that of "knuckle cracking." The attacks occur many times a day and are very distressing.*

**A.**—Audible cracking like knuckle cracking is almost certainly produced in a joint. Cracking in the temporomandibular joint is a very familiar phenomenon. In elderly and particularly edentulous patients the chewing movements may force the head of the mandible back on to the anterior surface of the external meatus, and pressure here may produce pain referred to the face.

### Chronic Alcoholism and Fertility

**Q.**—*What effect has chronic alcoholism on fertility? What is the mechanism for any adverse effect?*

**A.**—It is generally accepted that chronic alcoholism can lead to male infertility by interfering with sperm production. It is most probable that the effect is a direct toxic one on the germinal epithelium, leading to partial or complete failure of spermatogenesis. Since chronic alcoholism is a good deal less frequent in women than in men, its effects on female infertility are less well recognized. It can, however, bring about amenorrhoea, either as a result of a direct toxic action on the ovaries or perhaps more likely through disturbance of the pituitary–ovarian relationship.

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**Correction.**—The penultimate sentence in the first paragraph on p. 871 of the paper by Dr. C. D. R. Pengelly on "Pneumococcal Meningitis" (*British Medical Journal*, April 9, p. 870) should have read, "Only three recoveries occurred in 16 patients in the latter group (81% mortality)." Later on the same page the paragraph beginning "The additional therapy in Group 3 . . ." should have had the words "with chloramphenicol (orally) in two and" inserted before the words "with intrathecal streptomycin in one."



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