be carried as first-aid equipment. At the first onset of symptoms the adrenaline can be given proximal to the penicillin injection, and this may help to delay absorption.

Hypophysectomy for Diabetic Retinopathy

Q.—*I have a patient aged 60 with a rapidly deteriorating diabetic retinopathy whose diabetes is well controlled with chlorpropamide. I understand that such cases can now be treated by hypophysectomy. What are the criteria for the selection of such cases, and what is the extent of the morbidity which can be expected subsequent to operation?*

A.—Total hypophysectomy may be performed in carefully selected cases of severe diabetic retinitis. The patient should probably be under 45 years of age, renal function must be adequately maintained with a glomerular filtration rate of more than 100 ml. per minute, and the patient must be intelligent and co-operative so that he will follow instructions in the post-operative phase. The retinitis should be in an active stage, but it is obviously useless to perform this operation hoping for improvement to eyesight if irretrievable damage has occurred in the retina. If the operation is successful there seems to be a good chance that vision will be preserved or even improved. The patient has to take replacement therapy post-operatively; this includes tablets of cortisone or prednisone, thyroxin, in some cases androgens, and a proportion of patients require injections of vasopressin for up to a year after the operation.

More recently studies have been started in which the pituitary is destroyed by radioactive yttrium implanted through the nose. This procedure is less hazardous for the patients and may be considered for patients in the age group 45–65 years.

Propantheline and Congenital Deformities

Q.—*Is there any record of propantheline causing congenital deformities when given in the first three months of pregnancy?*

A.—So far as I am aware there is no definite evidence that the administration of propantheline during the first three months of pregnancy has been associated with the occurrence of congenital deformities in the foetus. It is important to appreciate that even if there is a record of such an event this is not sufficient to prove cause and effect. The over-all incidence of foetal abnormalities is quite high, and it would have to be shown that the incidence of congenital malformations in infants born to mothers who had taken propantheline was higher than that resulting from pregnancies in which no drugs had been taken by the mother before any suggestion that propantheline had caused a congenital deformity could be entertained.

Balding in Pregnancy

Q.—*A young woman in the fifth month of her second pregnancy is going noticeably bald. She states that this happened with her first pregnancy too, and that the hair density never recovered. Is this curable, or preferably preventable?*

A.—It is usual for some hair to fall out after a confinement, but gradual recovery is the rule. For it to fall out during pregnancy is unusual and might be due to some metabolic abnormality of pregnancy, toxic, or immunological or endocrine, and recovery would depend upon recovery from that state. From the little information given it seems unlikely that any curative or preventive measure can be suggested, but it might be helpful to know more of the patient, her health in pregnancy, her medical, and her family history.

Crohn's Disease

Q.—*Is there any treatment for Crohn's disease in a case where surgery has failed to control it?*

A.—In the absence of more accurate information about the case in question it is not possible to give a comprehensive answer without writing an essay on the management of Crohn's disease. However, if by-pass surgery has been employed there may well be an indication for excision of the diseased segment or segments. If excisional surgery has been used and has failed it would seem unlikely that further surgery should be advised. Cortisone therapy has from time to time been recommended in the conservative treatment of regional ileitis. However, unlike ulcerative colitis, little improvement may be expected from the use of steroids. I have known several patients with Crohn's disease to enter severe relapse while on steroids and I do not recommend institution of this form of therapy. If the ill-health of the patient is now largely the result of intestinal malabsorption there is every indication for a full study of gastro-intestinal function, since this may lead to recognizable mechanisms for malabsorption and indicate appropriate specific therapy. Thus the use of a high protein and low fat diet together with vitamins, haematinics, or intestinal antibiotics may result in considerable symptomatic improvement.

Inheritance of Diabetes

Q.—*What is the risk of the children of a young diabetic woman married to a healthy man inheriting diabetes? There is no known diabetic history in the man or woman's family.*

A.—The risk of diabetes with onset before the age of 50 in the offspring of a young diabetic woman is probably of the order of 10%.

REFERENCE
[1] Simpson, Nancy E., *Ann. hum. Genet.*, 1962, **26**, 1.

Trench Mouth

Q.—*What is the treatment for foetor oris due to hyperaemic gums with bleeding interdental papillae and small lines of pus around between the teeth?*

A.—The condition described by the questioner is not a specific one and therefore no definite line of treatment could possibly be recommended without clinical and radiographic examination of the patient. There is also occasionally in these cases an underlying blood disorder or mouth-breathing to which the gingival condition is secondary. The most likely diagnosis is a chronic or subacute Vincent's infection (trench mouth) superimposed upon a chronic gingivitis. Treatment in this case would consist of thorough scaling and attention to oral hygiene as an initial measure followed by such treatment as is necessary to clear up any chronic inflammation or pyorrhoea pocketing which may persist when the more acute condition has subsided.

COMMENTS

Chloroquine in Collagen Disease.—Dr. F. RAY BETTLEY (London) writes: Your Expert ("Any Questions?" January 5, p. 42) is on the wrong page. The treatment of diskoid lupus erythematosus with mepacrine was described by Francis Page.[1] Although quinine was first used for the treatment of this disorder many years ago it was so ineffective that it has rarely been prescribed for this purpose in the last 30 years. Page's report therefore brought about a very considerable alteration in the therapeutic possibilities. Although the effect of mepacrine in lupus erythematosus seems to have been described by Prokopchuk[2] in 1940 this made no impact on western medicine, and it was not until Page independently rediscovered this effect of mepacrine that the antimalarials so greatly extended their usefulness.

REFERENCES
[1] Page, F., *Lancet*, 1951, **2**, 755.
[2] Prokopchuk, A. Ia., *Vestn. Vener. Derm.*, 1940, **2-3**, 23.

Corrections.—We regret that a question and answer ("Any Questions?" January 19, p. 176) was wrongly headed "Serum Fibrinogen Estimations in A.P.H." The heading should have been "Plasma Fibrinogen Estimations in A.P.H."

In an answer to a question on resuscitating the newborn ("Any Questions?" January 12, p. 110) the last sentence of the third paragraph should have read ". . . should have its lungs inflated *at* once," and not ". . inflated once."