

America, where this work originated, have reported that succinate-salicylate has the value of its salicylate content only, and that the addition of the succinate portion, although attractive in theory, is of no practical clinical advantage.

Effects of Testosterone

Q.—A male patient aged 53 has been receiving injections of 25 mg. of testosterone dipropionate at weekly intervals for some months, after an initial intensive course of three injections a week, for the treatment of debility. He improved to start with, but he is now very apprehensive about any ill effects. Are there any known ill effects, either near or remote, associated with continued dosage with testosterone dipropionate?

A.—There are no recorded ill effects from therapeutic doses of testosterone as, for example, those given in the above case. Theoretically, testosterone might produce enlargement of the prostate gland, but this is a theoretical rather than a practical consideration. Theoretically it might also produce enlargement of the pituitary gland and an increase in the number of chromophobe cells, possibly with the formation of chromophobe adenoma, as is possible with massive doses of oestrogens, but here again, in the opinion of the writer, these considerations have no practical bearing on clinical testosterone therapy. In younger people testosterone in large doses, while possibly increasing eroticism and potency and the size of the penis, would cause involution of the testes; but in a patient of 53 this fact would not have the same significance as in a person of 23, and in any case the doses used would have to be much greater to produce this result.

Facial Disfigurement

Q.—Are there available any cosmetics or other preparations which would enable a young girl suffering from adenoma sebaceum of the face, which causes a good deal of disfigurement, to conceal the marks?

A.—Special make-up preparations are sold by most of the big cosmetic firms and are designed to hide blemishes and disfigurements. Most of them were developed during the war, and it must be admitted that many are inferior in quality and unsatisfactory in use. This appears to be due to the limitations imposed on the importation of the necessary ingredients for this kind of preparation. A special cream is obtainable from a London firm which has the advantage of covering the defects efficiently without cracking or flaking.

Treatment of Chronic Alcoholism

Q.—I wish to try "antabuse" on a chronic alcoholic whose liver is somewhat enlarged, and I should like to know if this is a contraindication. If not, what dosage do you recommend?

A.—"Antabuse," or tetraethylthiuramdisulphide, acts by depressing the oxidation of acetaldehyde, which is presumably due to a depression of liver function. Nevertheless, it is clear that if the patient is cured of his alcoholism his liver may then recover; it is therefore right to try to cure him. The dose is 1.0 to 1.5 g. initially and 0.5 g. thereafter daily. The care required in treatment is indicated in the article by A. E. Carver (*Journal*, August 27, p. 466) and in the earlier paper by Martensen-Larsen (*Lancet*, 1948, 2, 1004).

Aplastic Anaemia and Agranulocytosis

Q.—What drugs have been known to cause aplastic anaemia and agranulocytosis? Have thyroid tablets or Lugol's iodine ever been incriminated?

A.—Administration of the following agents has been followed by aplastic anaemia: benzol, the arsphenamines, gold salts, sulphonamides, dinitrophenol, trinitrotoluene, mustard gas and nitrogen mustards, bismuth, mercury, colloidal silver, various hair dyes, volatile insecticides, and possibly analgesics such as amidopyrine, acetanilide, and phenacetin. Agranulocytosis has resulted from the administration of the sulphonamides, thiouracil, amidopyrine and its compounds, gold salts, the arsphenamines, dinitrophenol, and possibly from the bar-

biturates, phenazone, phenacetin, "neostibosan," quinine, cinchophen, bismuth, phenylethylhydantoin, and pamaquin. Radioactive substances may give rise to either of these syndromes. Neither Lugol's solution nor thyroid tablets have been known to cause agranulocytosis or aplastic anaemia. It should be noted that in many instances there is a personal idiosyncrasy to the causative drug, and with most of these agents the syndromes are rare.

Non-spermicidal Lubricants

Q.—I have heard that some lubricants used to facilitate intercourse may have a deterrent effect on conception. Is this correct, and can you suggest a suitable lubricant which is free from this disadvantage?

A.—When conception is desired, it is necessary to ensure that penetration is painless and complete. In many cases this can be achieved only if the vagina is fully lubricated. It is important to avoid petroleum jelly, for, besides being a most unsatisfactory lubricant for the vagina, it has a mechanical action deleterious to sperm activity. There are two or three "water-soluble" lubricants obtainable which have practically no spermicidal action.

NOTES AND COMMENTS

Pus Cells in Semen.—Dr. H. A. DAVIDSON (London, S.W.) writes: The answer to the question on pus cells in semen ("Any Questions?" August 13, p. 398) is liable to mislead the questioner and possibly expose his patient to unnecessary psychological and physical hardship. It is by no means evident from the question that the patient's fertility is impaired. Although it is stated that "motile sperms are absent," no mention is made whether any immotile sperms were found. If they were, one would need to know the age of the specimen and the method of collection, for even normally fertile semen, if too old or collected in a condom, might contain no motile spermatozoa. The answer states that an attempt must first be made to discover the source of the pus cells. It would seem more urgent to ascertain first whether in fact the patient is sub-fertile or not. Normal semen may contain up to two million leucocytes per millilitre, and even frank pus admixed from the prostate, seminal vesicles, or urethra would not necessarily impair its fertilizing capacity. It is disturbing to read the statement, on such incomplete evidence, that the outlook is poor, and, much as one would agree with the need for testicular biopsy if in fact the semen contained few or no spermatozoa, one wonders why the finding of "healthy testicular tissue" should call for an attempt to stimulate spermatogenesis. Finally, an obvious slip of the writer's pen should be rectified: Chorionic gonadotropin is prepared from pregnancy urine and not, as stated, from pregnant mares' serum.

Herpes, Varicella, and Queen Anne.—Dr. W. A. BELLAMY (Aylesbury, Bucks) writes: For some years now the *Journal* has printed numbers of letters from correspondents who have noticed the incidence of herpes and chicken-pox in the same patient. Is it not time we all realized that Queen Anne's dead?

Correction.—Dr. A. G. WATKINS (Cardiff) writes: In the acknowledgments at the end of the article "Incidence of Cross-infection in Children's Wards" (September 17, p. 616), in acknowledging a grant towards computing expenses, it was wrongly stated that the grant was made by the British Paediatric Association. It is the Ministry of Health to whom the authors are indebted, and they take this opportunity of apologizing for this mistake.

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