

movements become less as full time approaches, while some note spasmodic movements which may be respiratory efforts or even hiccup. As term approaches the movements tend to be stronger and more purposeful, so that a baby which moves strongly *in utero* may be expected to be vigorous at birth.

There appears to be little sex difference in foetal movements, but a heavier baby is in general more uncomfortable for the mother and its movements will be felt more strongly.

### Oedema from Anabolic Steroids

**Q.**—A patient taking chlorthalidone hydrochloride and perphenazine daily and having a weekly injection of "durabolin" developed generalized oedema with gross oedema of legs. A cardiac or renal condition was excluded. Stoppage of the drugs and brief oral diuretic treatment restored the patient to normal. Which of these drugs could have caused this reaction ?

**A.**—Oedema is a recognized side-effect of the anabolic steroids such as nandrolone.<sup>1</sup> So far as I am aware it has not been recorded as a side-effect of either of the other two drugs mentioned in the question unless as part of a generalized sensitivity reaction with urticaria, etc.

#### REFERENCE

- <sup>1</sup> *Brit. med. J.*, 1964, 1, 105.

### Age and Prognosis in Schizophrenia

**Q.**—Does the prognosis in schizophrenia depend in any way on the age of onset ?

**A.**—The prognosis in schizophrenia does depend to some extent on the age of onset. Psychosis developing before the age of 20 years is likely to be of hebephrenic type with considerable affective flattening or incongruity. Although the more florid symptoms may be controlled by medication some degree of personality deterioration and emotional blunting is usual. As the age of onset increases the paranoid varieties of schizophrenia are more usual, with relative preservation of the personality. Delusions and hallucinations can usually be controlled by medication so that a relatively normal appearance is maintained, though some cases are resistant.

### Menstruation After Confinement

**Q.**—When lactation is inhibited immediately after confinement menstruation may return in about three weeks. Is this return of menstruation likely to be confused with a secondary post-partum haemorrhage ? Would stilboestrol in full doses increase the menstrual bleeding ?

**A.**—The average duration of a blood-stained discharge after childbirth was shown by Moir<sup>1</sup> to be 23 days. Bleeding may, of course, last a longer or shorter time than this and is usually not heavy after the first few days.

The return of menstruation after delivery is variable. There is no doubt that it is linked to some degree to lactation. Many women do not menstruate at all while they

are lactating, and a return of menstruation may mean that lactation is beginning to fail. In women who do not breast-feed menstruation often returns about six to eight weeks after delivery.<sup>2</sup> Administration of stilboestrol for the first week or so after delivery does not usually influence the lochial discharge, but stilboestrol given after the second week may lead to withdrawal bleeding. Stilboestrol is mainly useful in inhibiting lactation from the outset and for the treatment of engorged breasts. It is less effective in established lactation, and normal weaning is best accomplished by gradually stopping lactation and substituting artificial feeds.

**Pitchery.**—Dr. F. J. A. BATEMAN (The Pfizer Group, Sandwich, Kent) writes: As one who has actually tried the effects of pitchery (usually spelled pitjuri by Australian anthropologists) may I add to the comments made by your expert ("Any Questions?" 11 July, p. 108)? The substance is composed of the leaves of *Duboisia hopwoodii*, which grows only in certain areas of the central desert of Australia, although its use is widespread among many tribes, including the Aranda, Wailbri, Pitjenjarra, and Pintubi peoples living within a radius of 200 to 300 miles (321 km. to 482 km.) around Alice Springs.

It is highly valued as a narcotic and is the subject of a brisk trade among the aborigines. Besides being chewed for its narcotic effect it is used in hunting. After chewing, saliva impregnated with the active principle is spat into water-holes at which emus come to drink, and this has the effect of intoxicating the game so that it can be more easily speared. The leaves are chewed green, with an admixture of wood ash (any wood will serve, and a handful is simply taken from the nearest fire for this purpose). Since the leaves are in short supply, a "chew" is passed from mouth to mouth, and if not exhausted kept behind the ear of the owner for further use. Chewing induces a profuse flow of green-stained saliva, and has much the same subjective effect as a strong dose of alcohol—slight confusion and euphoria being the most marked symptoms. I have not personally noted any numbing of the tongue.

OUR EXPERT replies: Dr. Bateman's comments are most interesting and they show that pitjuri has been used in the same fashion for over 100 years. In the article by G. Bennett<sup>1</sup> there are several references to personal experience of using the material, the earliest being from a diary of 1861. The procedure was similar to that described by Dr. Bateman, and the effects are said to be highly intoxicating even in small quantities. I am especially interested in Dr. Bateman's reference to the spitting of saliva impregnated with the active principle into water-holes to intoxicate game and make them easier to spear. This does not appear in the early accounts.

#### REFERENCE

- <sup>1</sup> Bennett, G., in *Yearbook of Pharmacy*, edited by L. Sibold, 1874. Churchill, London.

**Lead Poisoning.**—Dr. W. H. LYLE (Dista Products Limited, Liverpool 24) writes: The early diagnosis of lead poisoning ("Any Questions?" 4 July, p. 39) has been made rather easier by the advent of chelating agents which may be used in "provocative tests." The work has been done by Ohlsson,<sup>1</sup> who demonstrated that a single dose of 450 mg. of D(-)-penicillamine HCl will reliably mobilize sufficient lead (in the urine) to indicate whether or not the patient had absorbed potentially dangerous amounts of lead. In his experience, this relatively simple procedure, which involves the comparison between only two urine samples, is both

Secondary post-partum haemorrhage is usually caused by retention of a lobe of placenta and occurs most frequently between the tenth and the fourteenth day post-partum, though it may occur much later. In a few women prolonged bleeding occurs after childbirth for no apparent reason—that is, no retained products are found at curettage and oestrogens have not been given. There is probably a hormonal disturbance in these cases, but it may be difficult to elucidate.

#### REFERENCES

- <sup>1</sup> Moir, C., *Lancet*, 1932, 1, 564.  
<sup>2</sup> Sharman, A., *J. Obstet. Gynaec. Brit. Emp.*, 1951, 58, 440.

## Notes and Comments

specific and more reliable than any other procedure. I think you will agree that this test should be more widely known.

OUR EXPERT replies: It is well known that the excretion of lead in urine will be increased in persons who have absorbed abnormal amounts of lead by the administration of chelating agents such as sodium calciumedetate or D(-)-penicillamine HCl. Such "provocative tests" do not, however, confirm the diagnosis of lead poisoning, which can be made only on the basis of a history of exposure accompanied by symptoms and signs of intoxication. No single test or "magic numbers" should be considered confirmatory of the diagnosis in the absence of history and clinical evidence.

#### REFERENCE

- <sup>1</sup> Ohlsson, W. T. L., *Occup. Hlth Rev.*, 1963, 15, 14.

**Antenatal Glucose-tolerance Tests.**—Dr. M. I. DRURY (National Maternity Hospital, Dublin) writes: I think your expert might have been more explicit in his answer to this question ("Any Questions?" 13 June, p. 1559). To begin with, he should have rejected the innuendo that an abnormal glucose-tolerance test in a pregnant woman means something vague such as a prediabetic state. An abnormal test should be taken to mean diabetes mellitus. Should the test become normal after delivery then the condition is one of latent diabetes mellitus—otherwise it is diabetes mellitus either asymptomatic or clinical.<sup>1</sup> Further, in laying down standards, he neglects to say whether his figures refer to capillary or venous blood samples and does not distinguish between methods measuring true glucose and those measuring "reducing substances." In this regard, standards have been suggested by the British Diabetic Association (*vide supra*), with perhaps the proviso that in pregnancy a reading at two and a half hours may be helpful.

OUR EXPERT replies: Of course I agree with Dr. Drury in his rejection of the use of the term "prediabetes," but my point was that people differ in their interpretation of the abnormal glucose tolerance found in pregnancy. It remains to be seen whether the term "latent diabetes" proposed by the Medical and Scientific Section of the British Diabetic Association<sup>1</sup> is accepted after discussion. The figures given for blood sugar refer to capillary values obtained by the glucose oxidase or autoanalyser methods.

#### REFERENCE

- <sup>1</sup> *Brit. med. J.*, 1964, 1, 1568.

**Correction.**—We regret a misprint in the description of Case 12 in the paper by Dr. W. Glyn Owen on "Diffuse Mesothelioma and Exposure to Asbestos Dust in the Merseyside Area" (*Brit. med. J.*, 25 July 1964, p. 214). The amount of morphine this patient received at home was 500 gr. (32.4 g.).