Desensitization is difficult and should be considered only when it is impossible to avoid the offending plant. There are reports from the U.S.A. of successful results in desensitization with plant extracts, particularly in dermatitis caused by poison ivy.[1]

REFERENCE

[1] Feinberg, S. M., Durham, O. C., and Dragstedt, C. A., *Allergy in Practice*, 2nd ed., 1946. Year Book Publishers, Chicago.

Banana and Milk Diet

Q.—*What is the rationale of the "banana and milk diet" for reducing weight? Is it supposed to supply all the calories, and how many?*

A.—The banana and milk diet had a vogue some years ago, like so many other slimming diets. In its usual form its calorie value was approximately 1,000 per kilogram, half of which was supplied by the milk and half by the bananas. Because of its restricted calorie value it achieved some success.

Suicide in Scandinavia

Q.—*I have been told that the suicide rate is going up in Scandinavian countries. Is this rise a true one, and, if so, what is its cause?*

A.—The suicide rates in Denmark, Norway, and Sweden have not materially changed in the last decade, though those in Finland rose slightly (see Table). The reason for this is obscure.

Mean Annual Death Rate per 100,000 *Population Aged* 15 *and Over*[1]

	Males		Females	
	1950–2	1956–8	1952–2	1956–8
Denmark ..	43·6	40·6	20·0	19·2
Finland ..	40·7	52·0	8·2	13·3
Norway ..	14·7	16·1	3·9	3·8
Sweden ..	32·5	38·8	9·3	11·5

REFERENCE

[1] *W.H.O. Epidemiological and Vital Statistics Report*, 1961, 14, 144.

Recurrent Ascaris Infestation

Q.—*Over the last three years my children, now aged 2 and 4 years, have been infected with Ascaris lumbricoides on four different occasions. They passed only one or two worms each time. After each infection Antepar (piperazine) was given and the stool was free of infection when examined 14 days later. About six months to a year elapsed between infections. We live in a rural area where ascaris infection is not particularly common. The children, both girls, spend a lot of time in the garden and both suck their fingers quite a lot. The only pets in the house are two cats, both of which have been dewormed. What can be done to prevent the infections recurring?*

A.—To prevent recurrence of infection with *Ascaris lumbricoides* in the children it will first of all be necessary to find out the most likely source of infection. If it is from uncooked vegetables or fruit—e.g., lettuce, strawberries, etc.—avoidance of these for six to 12 months should provide the answer. If not, the other possibility is that the garden soil is contaminated with eggs of *A. lumbricoides*. This could result from the use of human faeces as a fertilizer—perhaps the previous tenant of the house was responsible for this undesirable practice, which is not uncommon in rural areas; or perhaps disposal of faeces from a bucket latrine by burial was carried out at some time. The eggs of *A. lumbricoides* can remain viable and infective for five years in garden soil, so that avoidance of infection from this source is not an easy matter. The following suggestions may be helpful, if practicable: (1) Exclude the children from contact with open vegetable or flower plots by means of fencing; (2) convert the whole of the garden into a grass lawn; (3) steam sterilization of the clay soil (the eggs are rapidly killed by heat at 60° C.).

For further detailed information on treatment of soil and night-soil and removal of eggs from vegetables the W.H.O. Technical Report Series No. 277, "Soil-transmitted Helminths" (pages 60–62), should be consulted (price 5s., W.H.O., Geneva).

Oral Contraceptives and Vulval Leukoplakia

Q.—*Is it advisable to use oral contraceptives in patients with leukoplakia of the vulva?*

A.—There is no evidence that oral contraception would be harmful to patients with leukoplakia of the vulva. However, as in all other abnormal conditions in which the use of oral contraceptives is contemplated, it would be necessary to keep a close watch on the patient to see if the lesion in question was being adversely affected.

Drug-induced Thrombocytopenia

Q.—*Could chronic thrombocytopenic purpura of many years' duration result from a single exposure to a drug, such as butobarbitone, known to be capable of causing thrombocytopenia?*

A.—If a single dose of a drug causes a reaction like thrombocytopenic purpura this is presumably in the nature of a sensitivity phenomenon, and such reactions are usually transient. Thrombocytopenic purpura would not be expected to recur unless further doses were given.

Reserpine in Phaeochromocytoma

Q.—*Most hypotensive drugs other than reserpine are said to be contraindicated in cases of phaeochromocytoma. Does this mean that reserpine can effectually be used in such cases?*

A.—Reserpine lowers blood-pressure mainly by a central action, but probably also by depleting nerve endings of noradrenaline. It does not deplete the adrenal glands much in animals and is unlikely to be of benefit in patients with phaeochromocytoma.

Notes and Comments

Rheumatoid Arthritis and Peptic Ulcer.—Dr. D. N. GOLDING (the Royal Free Hospital, London W.C.1) writes: The statement that "phenylbutazone may often be given to people with peptic ulcers without worsening" ("Any Questions?" 31 October, p. 1121) is misleading. While it is true that phenylbutazone does not necessarily aggravate dyspepsia, whether or not a peptic ulcer is present, most rheumatologists regard the drug as contraindicated when there is established or suspected gastro-intestinal ulceration, as the risk of aggravating the ulcer (possibly through increase of gastric secretion) is a very real and dangerous one: fatalities have been recorded from haemorrhage[1 2] and from perforation.[3 4]

Phenylbutazone is only occasionally effective in the symptomatic relief of rheumatoid arthritis when salicylates fail. However, it is useful in this disease when there is involvement of one or a few large joints (such as the hips) or when there is sacroiliitis. It is very effective in ankylosing spondylitis and gout, and finds a place in the treatment of some other joint diseases such as Reiter's disease, psoriatic arthritis, and certain types of osteoarthritis. In these instances when there is evidence of peptic ulceration it is reasonable to give the drug in suppository form, as there are then minimal gastro-intestinal side-effects and the drug is absorbed adequately from the rectum.[5]

Dr. G. H. ROBB (Southmead Hospital, Westbury-on-Trym, Bristol) writes: I was surprised to read that your expert recommends aspirin in delayed release form for the treatment of rheumatoid arthritis in the presence of peptic ulceration. It has been shown[6] that aspirin has a toxic action on the gastric epithelium even when the contact is purely from the circulation, and acute gastric erosions have been produced in this way. Paracetamol is an acceptable alternative to aspirin in the treatment of rheumatoid arthritis and causes no gastro-intestinal haemorrhage.[7]

OUR EXPERT replies: Enteric-coated aspirin has been found in practice to have little deleterious effect on the stomach in patients with peptic ulceration and rheumatoid arthritis. In the few patients who do develop dyspepsia other medication should be used, as suggested. However, paracetamol, though effective, is seldom as satisfactory as aspirin in the management of rheumatoid arthritis. Phenylbutazone suppositories, as suggested by Hawkins and Fawns,[5] are certainly feasible but expensive, and often, metaphorically at least, distasteful.

REFERENCES

[1] Stephens, C. A. L., Yeoman, E. E., Holbrook, W. P., Hill, D. F., and Goodin, W. L., *J. Amer. med. Ass.*, 1952, 150, 1084.
[2] Benstead, J. G., *Brit. med. J.*, 1953, 1, 711.
[3] Shields, W. E., Adamson, N. E., and MacGregor, J. B., *J. Amer. med. Ass.*, 1953, 152, 28.
[4] Beutler, E., and Bergenstal, D. M., *Gastroenterology*, 1953, 25, 72.
[5] Hawkins, C. F., and Fawns, H. T., *Brit. med. J.*, 1959, 2, 740.
[6] Lynch, A., Shaw, H., and Milton, G. W., *Gut*, 1964, 5, 230.
[7] Goulston, K., and Skyring, A., ibid., 1964, 5, 463.

Corrections.—We regret an error in the title of the letters by Dr. T. W. Baillie and Mr. A. M. Hassim (21 November, p. 1327). This should have read "Vasopressor Activity of Ergometrine."

We regret an error in the letter on "Studies on Glucose Metabolism" by Dr. Alexander R. P. Walker and his colleagues (28 November, p. 1394). The fourth sentence in the second paragraph should have read "In no case did urine-sugar concentration exceed 250 mg./100 ml."