

ANY QUESTIONS?

We publish below a selection of questions and answers of general interest.

Hormones in Treatment of Fibroids

Q.—Is any hormone treatment of value in the treatment of fibroids?

A.—The short answer is that hormone treatment is of no value in the treatment of fibroids. Fibroids are muscle tumours of the uterus, and I know of no hormone treatment that will cause them to diminish in size. Fibroids requiring treatment should be removed surgically.

It may, however, be said that fibroids are often associated with other disturbances of uterine function, including abnormal uterine haemorrhage. In these cases emergency treatment to stop severe haemorrhage may be given in the form of testosterone propionate 100 mg. intramuscularly. This will be ineffective if there are submucous fibroids, and a patient in such condition requires urgent investigation and treatment in any event.

Painless Olecranon Bursitis

Q.—What is the treatment of a painless olecranon bursitis?

A.—A painless olecranon bursitis will not interfere with the function of the elbow unless subjected to repeated trauma. If treatment is requested for cosmetic reasons a bursitis of recent origin may respond to aspiration followed by compression bandaging. If the swelling recurs the sac should be dissected out completely.

Oral Contraceptives and Carpal-tunnel Syndrome

Q.—Is there any association between oral contraception and the carpal-tunnel syndrome?

A.—The slight fluid retention which sometimes occurs in women taking oral contraceptives might well be expected to cause compression of the median nerve in the carpal tunnel. No clear description of such an occurrence has been reported, but paraesthesiae have been noted without mention of their precise distribution.

Underfloor Heating and Health

Q.—Is electrical underfloor heating in any way harmful to health? Could it cause swelling of the legs and feet in adult physically handicapped persons living in a hostel?

A.—Provided the temperature of floors does not rise above 75° F. (23.9° C.) or at most 77° F. (25° C.), when the room-air temperature is in the comfort range (about 68° F. (20° C.)), underfloor heating is not injurious to health.^{1,2} In Britain, unless there are exceptional losses of heat by draughts or by window areas, comfortable

internal temperatures can be attained without exceeding this floor temperature. This is not true of countries with extreme cold, such as Canada, where supplementary heating may be required.

Although controlled studies do not seem to have been done, excessive swelling of the legs and feet should not occur even in old, handicapped persons provided the difference between floor surface and air temperature is not excessive.

The floor temperature can be readily measured by sticking the bulb of any mercury in glass thermometer to the floor with plasticine and reading after two to three minutes. A possible drawback of heated concrete floors is that there is a lag in thermostatic temperature adjustment because of the thermal capacity of the floor.

REFERENCES

- 1 Nevins, R. G., and Flinner, A. O., *Trans. Amer. Soc. heat. air-condit. Engrs.*, 1958, **64**, 175.
- 2 Chrenko, F. A., *Brit. J. industr. Med.*, 1957, **14**, 13.

Immunity to Tetanus

Q.—Is there any evidence that there is a naturally acquired immunity to tetanus? Are there any tests which will detect such immunity?

A.—There is no evidence to show that man can acquire immunity to tetanus naturally. Although ruminants, such as cattle, sheep, and goats, can acquire such immunity and produce detectable amounts of antitoxin in their blood, other mammals, such as man, monkey, and horses, are highly susceptible to the disease. Adults and children are equally susceptible, and an attack of tetanus produces no more than a transient state of immunity.

Maternal antibodies are transmitted through the placenta and give short-lived protection to the newborn child, but lasting immunity in man can be produced only by immunization with tetanus toxoid.

Oral Poliomyelitis Vaccine in Pregnancy

Q.—What are the latest views on the administration of oral poliomyelitis vaccine in (1) a previously unvaccinated expectant mother; (2) booster vaccination in a previously vaccinated expectant mother?

A.—The administration of live virus vaccines, including oral poliomyelitis vaccine, should if possible be avoided during early pregnancy on general grounds. Nevertheless, there is no definite evidence to show that oral poliomyelitis vaccination during pregnancy has any ill effect on the mother or the foetus.

Oral poliomyelitis vaccine is given as a routine to infants in this country, and as a result up to 80% of their family contacts may be infected with attenuated polioviruses.

The mother, who is usually the closest contact, may be pregnant again, but there is no evidence to show that either she or the foetus suffers as a result of introducing poliovirus infection into the home.

Three abortions and three stillbirths occurred among one group of twenty-nine women vaccinated during the first trimester of pregnancy,¹ but the numbers were too small for any definite conclusions to be drawn. The feeding of oral poliomyelitis vaccine to previously unvaccinated or vaccinated expectant mothers appears to be safe so far as the mothers are concerned, but the absence of antibodies in some mothers, especially those not previously vaccinated, makes the question of safety to the foetus an important consideration.

REFERENCE

- 1 Just, M., and Burgin Wolff, A., *Schweiz. med. Wschr.*, 1963, **93**, 1551.

Potassium Citrate in Urinary Infection

Q.—Potassium citrate given to a patient with chronic urinary infection makes her sick. Are there any other alkalinizing agents that do not have this effect?

A.—The question does not include any information about the cause of the "chronic urinary infection," but I presume that the cause has been found and is not amenable to correction. Even so, it is not clear why the urine has to be made alkaline.

Certain urinary antiseptics are said to work more efficiently in an alkaline medium. When these drugs are used in acute urinary infection there is therefore a theoretical advantage in trying to make the urine alkaline. In practice this is very difficult to achieve, even in patients who are not made sick by large doses of potassium citrate.

In chronic infection there is no point in trying to make the urine alkaline, because most of the relevant organisms will grow happily at a pH of 8 or more. Therefore if potassium citrate makes the patient sick it should be discontinued. It has no useful antiseptic properties in itself.

Fortifying Spirits

Q.—A patient is fortifying his spirits and brandy with 90% alcohol, and then adding water. Is this more harmful than the drinking of undiluted spirits?

A.—Spirits sold in this country usually contain 40% of pure ethyl alcohol. There seems to be little point in fortifying these unless the final concentration of alcohol is raised above this level. The alcohol in neat unfortified spirits taken on an empty stomach is irritant. The immediate result is spasm of the pylorus and, if enough is taken, nausea and vomiting. Over a period of time those who drink a lot of neat spirits usually develop chronic gastritis. All these effects will be enhanced if the concentration of alcohol is increased. Of course, if the amount of water added is sufficient to give a final concentration of 40% of alcohol or less these considerations do not apply. The only reason for doing this would seem to be easy access to a source of duty-free alcohol.