

The occurrence of such symptoms might cause a woman to examine her breasts more closely and to attempt expression and thus reveal some secretion which would not otherwise have been noticed. This sort of explanation of the finding of secretion about the time of a period is tentatively suggested. It assumes that the amount of secretion is small. If, however, there is a free supply of milk such as would warrant the term galactorrhoea, and which occurs in the absence of manipulation of the breast, the explanation might not be acceptable. Galactorrhoea sometimes occurs as a sign of a corpus luteum retention cyst or of a disturbance of pituitary function (including tumour formation). The latter is not likely in this case, because the phenomenon has been intermittent over the course of years. A temporary disturbance of the ovarian cycle is more probable.

If no evidence of pituitary or ovarian disease can be found, the occurrences should be regarded as being of no importance and as not requiring any treatment other than advice to avoid interfering with the breasts.

Refractive Changes in Diabetics

Q.—*It has been stated that the presence of diabetes should be considered in adults requiring frequent changes of glasses, since a tendency to myopia is associated with a high blood sugar level, and hypermetropia may be observed concomitant with a low concentration of sugar. Why is this? Is it due to a varying concentration of glucose in the fluid media of the eye?*

A.—It has long been known that refractive changes occur in diabetics in whom the sugar content of the blood varies rapidly; the tendency is for myopia to develop with a high sugar level in the blood, hypermetropia with its sudden decrease. The actual mechanism determining these changes is unknown, but it is not due to a varying concentration of glucose in the fluid media of the eye. The evidence is fairly conclusive that the changes in refraction are associated with alterations in the lens, possibly due to osmotic effects; but it is not clear how these act.

Sterilization of Rug Made by Tuberculous Patient

Q.—*I have a patient with pulmonary tuberculosis who has a positive sputum. As a hobby he has started making wool rugs. The first one is completed and I should be grateful if you would let me know how this can be sterilized without damaging it.*

A.—It is probable that hanging the rug out in the fresh air and sunshine for four days in succession would render it quite harmless. For maximum safety, however, exposure to steam at a pressure of 5 lb. per square inch (0.35 kg. per square cm.) for 30 minutes is advised. The local chest clinic will probably have an arrangement with a hospital or the local authority for getting this done.

Laburnum and Other Poisonous Plants

Q.—*What is the active poison in laburnum seeds? The seeds when eaten cause vomiting, diarrhoea, drowsiness, and collapse. Can you advise a suitable reference to poisonous plants and shrubs, which includes antidotes?*

A.—The poisonous principle of *Cytisus laburnum* is the alkaloid cytisine, $C_{11}H_{14}ON_2$. Some years ago Laidlaw¹ reviewed recorded cases of poisoning and produced evidence for the responsibility of cytisine, emphasizing the narcotic-irritant action and similarity to nicotine. As with most poisonous plants, treatment is directed to elimination of the poison rather than to application of an antidote, and he states: "The treatment of laburnum poisoning in man resolves itself into removal of the poison by emetics or stomach-tube and the treatment of symptoms as they arise. Radziwillowicz has shown that cytisine is readily excreted in the urine; diuretics, therefore, seem to be indicated. In a number of cases hot baths seem to have been beneficial." Later investigations have added little or nothing to this work; no therapeutic application of cytisine has been made.

The best small book on poisonous plants in Europe, including all important species occurring in Britain, their pharmacology, and treatment of cases of poisoning, is by O. Gessner,² but it is unfortunately in German. In English there is a popular work of some age by the Rev. Professor G. Henslow³ which has no up-to-date successor. Much information, but only incidentally referring to human poisoning, is to be found in the books by H. C. Long,^{4,5} the first of which has detailed references.

REFERENCES

- ¹ *Proc. roy. Soc. Med., Therap. and Pharm. Sect.*, 1912, 5, 10.
- ² *Die Gift- und Arzneipflanzen von Mitteleuropa*, 1931. Heidelberg.
- ³ *Poisonous Plants in Field and Garden*, 1901. London, S.P.C.K.
- ⁴ *Plants Poisonous to Livestock*, 1924. Cambridge University Press.
- ⁵ *Poisonous Plants on the Farm*. Ministry of Agriculture and Fisheries Bulletin No. 75, 1938. London, H.M.S.O.

Supernumerary Kidneys

Q.—*In a recent post-mortem examination a small accessory kidney was seen on the left side. I would like to know the approximate frequency of this finding, and I would be grateful for a reference to any recent review on the subject.*

A.—Supernumerary or accessory kidneys are very rare. The reported cases have been collected and reviewed by H. E. Carlson.¹ He traced records of 51 cases, of which 4 were diagnosed pre-operatively and 32 came as a surprise to a surgeon when operating. Supernumerary kidneys are generally smaller than their companion kidney. Their function is always greatly reduced and they are generally found below the normally located and functioning kidney. The ureters are generally bifid, but complete duplication is not infrequent and ectopic ureteral orifices are not uncommon. Carlson points out that there is wide variation in the pathological findings in both the supernumerary and non-supernumerary kidneys, and he summarizes these in the tables which accompany the article referred to above.

REFERENCE

- ¹ *J. Urol.*, 1950, 64, 224.

Incidence of Hydronephrosis in Prostatic Obstruction

Q.—*What proportion of cases of prostatic enlargement with symptoms have hydronephrosis or hydroureter? Is there any difference in incidence on the two sides?*

A.—Figures given by Kretschmer and Squire¹ showed that in the period 1933–7 44% of their patients with prostatic obstruction had hydronephrosis or hydroureter, and in the period 1945–7 33%. They claimed that the incidence was diminishing with earlier treatment. There was only a small difference, at the most 1%, in the incidence on the two sides in their cases; unilateral hydroureter is, however, sometimes seen and can be related to unilateral prostatic enlargement in a few instances. As a rule dilatation of the ureter precedes dilatation of the pelvis and calyces.

REFERENCE

- ¹ *J. Urol.*, 1948, 60, 1.

Corrections

We regret that in the *Journal* of February 5 (p. 362) Mr. Eric Johnson, M.P., was recorded in our Parliamentary report as being a member of the Labour Party instead of the Conservative Party.

The tuberculosis attack rates were wrongly quoted as per 100 instead of as per 1,000 in the penultimate paragraph of the leading article in last week's *Journal* (p. 403) commenting on the Rhondda Fach survey.

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