Abnormalities of the heart and lungs, and the hands and arms for any gross defect or recent injury. Any sign of infection, or of inflammation of the head, body, or limbs, would debar a man from fighting. The hernial orifices should be palpated and the mobility of the legs tested.

The boxer should not fight again for at least four weeks after a knock-out or a cut of the brow or face which requires suturing.

Adoption and Tuberculosis

Q.—Is a past history of pulmonary tuberculosis in one of a couple who wish to adopt a child regarded by registered adoption societies as an absolute bar to adoption? If not, what steps do such societies take to assess the suitability of the prospective adopter from this point of view, and what surveillance is required?

A.—A past history of pulmonary tuberculosis in one of a couple who wish to adopt a child is not regarded as an absolute bar to adoption by all adoption societies, though all adoption questions have to be seen against the background of an enormous preponderance of would-be adopters over available children, the proportion being at least ten to one. Where there is a past history of pulmonary tuberculosis in an otherwise entirely suitable couple, societies ask for a detailed report and medical history from the family doctor and an up-to-date report from the chest clinic or chest department to which the patient has attended. The prospective adopter may be declined or accepted on the basis of this information, or the reports may be referred further to a consultant acting as adviser to the adoption society.

So far as the adoption society is concerned, surveillance cannot be continued beyond the three months’ probationary period; but the local authority, which knows about the adoption, can continue to supervise the case. Once legally adopted, the child is in the same position as if it had been born to the adoptive parents. Adoption societies often advise protection of the infant by B.C.G. inoculation before or immediately after placement.

Ergot in Criminal Abortion

Q.—What are the hazards of ergot when used for the purpose of criminal abortion?

A.—When ergot is used for the purpose of criminal abortion it carries two hazards—those of acute and chronic poisoning. In the acute stage it is not unlikely to produce abortion, and therefore the possibilities of sepsis, haemorrhage, and shock are necessarily present. The other symptoms of ergotism, such as muscular spasm and cramps and even acute maniacal states, may also occur, but it is doubtful if they would be persistent or fatal. In the chronic form of poisoning which would result from repeated ingestion of ergot over a period of weeks the usual symptoms of ergotism, such as gangrene of the extremities, epileptiform convulsions, mania, and formation, are likely to ensue. For chronic ergotism to develop it would be necessary for the ingestion of ergot to be virtually continuous; single attempts at abortion in repeated pregnancies would not result in chronic ergotism.

"Irreversible" Insulin Coma

Q.—How should one manage a patient having insulincoma treatment who fails to respond to the tube feed and to 50-100 ml. 50% glucose intravenously? In a recent fatal case the urine was loaded with sugar for some hours before death. What biochemical control is advised in such cases?

A.—One of the difficulties in "irreversible" coma is that, until the shock stage has passed off, no glucose is absorbed from the stomach. If large doses of insulin have been given, the glucose given intravenously is very quickly dealt with. Thus, in the absence of absorption of sugar from the stomach, 150 ml. of 33% glucose, given intravenously, can be dealt with by the body in an hour and a half, and the patient may then again become hypoglycaemic. It is possible for a patient whose urine is loaded with sugar from a previous intravenous glucose injection to lapse once again into a state of hypoglycaemia. The only way to avoid this is to do repeated blood-sugar estimations to ascertain the exact state of the blood sugar till absorption from the stomach starts again; or to give intravenous glucose injections sufficiently often to ensure the maintenance of an adequate blood-sugar level. Testing the urine alone is insufficient for the reasons already stated.

There is some evidence that cortisone and corticotrophin may help the symptoms of "irreversible coma" if given early on, since these hormones also help to rectify the disturbed sugar metabolism. For fuller details of the management of these cases, including the giving of vitamins, intravenous salines, etc., the standard textbooks on physical treatment in psychiatry should be consulted.

Congenital Dislocation of Head of Radius

Q.—What is known about the aetiology of congenital dislocation of the head of the radius? How and when is the condition likely to be diagnosed, and what treatment is advised? What is the prognosis?

A.—Congenital dislocation of the head of the radius is rare—so rare that there is a very poor description of it in any of the standard works. No large series has been written up in recent times. The aetiology is unknown, as in most congenital defects. It is, however, often associated with other congenital anomalies.

Diagnosis may not be made for some years after birth, since the symptoms—limitation of movement of the elbow—are not very obvious and may remain unnoticed. There are three varieties of dislocation—anterior with limited flexion, posterior (the commonest) with limited extension, and a very uncommon lateral displacement. Occasionally the condition is associated with chondrodystrophy, and there is elongation of the radius and subsequent dislocation, though this perhaps can hardly be classed as a true congenital dislocation. If the limitation of movement is sufficiently troublesome, excision of the head of the radius is a reasonable operation from which an improved range of movement can usually be expected.

Correction.—We regret that in Dr. L. J. Bruce-Chwatt’s letter (Journal, April 21, p. 918) the number of school-children who took pyrimethamine regularly for a period of two years was printed as 20 instead of 200.

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