

own adrenals are for a time unable to produce the normal supply. Stoppage of the drug should therefore be gradual, the dose being progressively reduced over one or two weeks.

There is no additional risk from repeated courses. Some disorders respond less well a second time, but sensitivity to the drug does not develop.

The amount of cortisone absorbed from a spray in allergic rhinitis would be small and unlikely to have any adverse systemic effects.

Mental Exercise

Q.—*What is the general educational value, in terms, for example, of increased mental agility and ease of association, of regular attempts to solve difficult crossword puzzles? Has there been any research work on this so far as children are concerned?*

A.—How much does doing one thing help us to do something else? The answer used to be, "A great deal." But this is not so any longer. One of the arguments advanced in favour of the old type of classical education was that translating from and into an ancient language was good "mental exercise." Similarly, geometry was good practice in reasoning and so on. William James carried out one of the early investigations on transfer of training, as it is called, at the close of the nineteenth century. His subjects were used to discover whether memorizing one thing made people any better at memorizing other things. His results were entirely negative. More recent work has, on the whole, given similar results, and the whole argument seems to have been based upon the fact that the abler pupils tended to have a more rigorous academic course at school, and tended to do well in after life whatever their job might be. They did well, however, not because of their rigorous schooling but because of their ability. As one research worker in this field put it, "If the abler pupils should all study physical education and dramatic art, these subjects would seem to make good thinkers. These were, indeed, a large fraction of the programme of studies for the best thinkers the world has produced, the Athenian Greeks."

It is, however, true that common elements and techniques exist between many different kinds of task. Through these common elements and techniques one field of study may produce valuable results in another. So far as crossword puzzles are concerned, it is clear that by doing them we enlarge our vocabularies, though the words we learn may not come readily into ordinary conversation or writing. We should also acquire a certain resourcefulness in trying out different kinds of solution. This would certainly help us in decoding a cipher, and the persistence and ingenuity required might confer still further general benefits.

To sum up, we should not look for too much of general educational value from our crossword puzzles, but we may expect something. In any case, they are good fun and worth doing for their own sake.

Vocational Guidance for the Mentally Retarded

Q.—*Where may skilled advice be obtained on the type of employment likely to be suitable for a patient who is somewhat mentally retarded? What agencies exist to help such people find the type of employment recommended?*

A.—Many institutions for the care of mental defectives now make it their chief aim to train these patients in simple industrial tasks and to help them to become self-supporting members of the community. Psychological assessment and vocational advice are given at out-patient clinics run in conjunction with these hospitals. For those who are not in institutions but who are too severely handicapped to enter normal employment there exist some 272 occupation centres which provide training in manual skills. These are controlled by the local health authorities (in London, by the Mental Health Department of the L.C.C.). Where the handicap is less severe, advice on suitable employment can

be obtained at the local youth employment bureau of the Ministry of Labour. Older patients should first be registered as disabled persons, after which they can receive advice and preferential employment through the disablement rehabilitation officer at the Labour Exchange. Advice on special cases can also be had from the National Association for Mental Health, 39, Queen Anne Street, London, W.1.

"Wind" in the Young of Mammals

Q.—*Human infants are distressed if their "wind" is not brought up after feeds, and often this is a laborious process which makes a sleepy child restless and irritated. Other mammals seem to suckle their young without such troubles. Has the human body some peculiar defect to account for this, or is the difficulty with our infants due to some departure in our habits from the natural?*

A.—It is probable that most mammals swallow air when eating and drinking. It is difficult to see how it could be otherwise, and indeed calves have been observed to belch after suckling.

It is possible that the problem is more acute in the human baby because in its case a full meal is taken in a limited time. Many other mammals are suckled intermittently, so that the amount of air and food in the stomach at any time is likely to be less, and a fully distended stomach, such as must commonly occur in the human baby after a full feed, must be rare. The wind can be brought up without much trouble in most human babies if it is done after about two-thirds of the full feed and again at the end of feeding. It is uncommon for a baby to have difficulty in eructating air, but if it does the infant will then often be uncomfortable. There is no reason to suppose that such a difficulty is due to any aberration in human anatomy or habit.

NOTES AND COMMENTS

No Diastolic Reading.—Dr. F. M. RIFKIN (Salford) writes: I was interested in the question on the diastolic reading ("Any Questions?" April 6, p. 840). This is a phenomenon that every doctor notices and is unable to explain. I have found from my own experience that a low diastolic pressure of between 40 and 60 mm. Hg can be obtained in nearly if not all of these cases by using extremely light pressure with the stethoscope on the brachial artery. I have come to the conclusion that where people have these "soft" pulses with low diastolic pressures, even medium pressure with the stethoscope can continue to act on the brachial artery in place of a sphygmomanometer cuff. This is a simple matter to prove, because in cases where it is impossible to obtain a diastolic reading, even if it is 80 or 90 mm. Hg, if one puts a stethoscope on the brachial artery without using the sphygmomanometer cuff and listens, gradually increasing the pressure of the stethoscope on the brachial artery, one will hear the diastolic come through.

Correction.—Last week on p. 1133 we wrongly stated that Dr. H. L. Glyn Hughes had retired as S.A.M.O. of the South-east Metropolitan Regional Hospital Board. He retires on October 31.

Books of "Any Questions?" and Refresher Course Articles.—The following books are available through booksellers or from the Publishing Manager, B.M.A. House. Prices include postage. *Any Questions?*, Volumes 2 and 3 (8s. each); *Refresher Course for General Practitioners*, Volumes 2 and 3 (26s. 6d. each inland, 26s. overseas); *Clinical Pathology in General Practice* (22s. 3d. inland, 21s. 9d. overseas).

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