This is commonly used in 0.05% solution also containing 0.5% of cetrimide. Any of these solutions can be coloured with an inert dye if desired.

REFERENCE

[1] Story, P., *Brit. med. J.*, 1952, 2, 1128.

Morphine for Haemorrhage

Q.—*What is the chief reason for giving morphine for haemorrhage ?*

A.—The chief reason for giving morphine when haemorrhage has occurred is that it has been found to diminish the risk of shock. This was the experience of those treating air raid casualties during the last war. The patient who has lost blood becomes anxious and restless and the pulse may become imperceptible. Morphine helps to minimize these ill effects.

Recurrent Bladder Papillomata

Q.—*What treatment, other than repeated diathermy, is there for recurrent multiple papillomata of the bladder ?*

A.—As with every other condition, diagnosis must come before treatment, and the complete diagnostic procedure for recurrent papillary tumours of the bladder includes a cystoscopic biopsy and an excretion pyelogram. The former is necessary for determining the grade of malignancy of the tumour, as many so-called papillomata are in fact papillary carcinomata. If they are of a higher grade than a papillary differentiated tumour they may require irradiation for their satisfactory treatment. Supervoltage *x*-ray therapy for this condition is on trial, but in certain cases total cystectomy is the only curative procedure. An excretion pyelogram is necessary to make sure that there is no primary papillary tumour in the kidney, for if there is the bladder tumours will continue to recur whatever the treatment. In many cases the disease must be regarded as one which affects the whole bladder, and treatment must be applied accordingly.

Genetics of Longevity

Q.—*Have there been any studies carried out on the genetics of longevity ?*

A.—Yes. Extensive family studies were made by Professor Raymond Pearl.[1] More recently twin studies have been reported from America and Germany.[2,3] The family studies show a definite tendency for longevity to run in families. Both the parents and children of long-lived individuals have themselves an increased expectation of life. The twin studies show a tendency for the intervals between the deaths of monozygous twin pairs to be less than that between the deaths of dizygous pairs of like sex. The mechanism of genetic determination of longevity is not known, but is likely to be multifactorial.

REFERENCES

[1] Pearl, R., and Pearl, R. D., *The Ancestry of the Long-Lived*, 1934. Baltimore.
[2] Kallman, F. J., and Sander, G., *J. Hered.*, 1948, 39, 349.
[3] Koch, C., *Act. Genet.*, 1957, 7, 47.

Iron in Wine

Q.—*Which wines contain the highest proportion of easily assimilable iron ?*

A.—Iron in wine comes from two sources, that present in the grapes and that introduced from the metal parts of the presses used in pressing the grapes. The greater part of the large amount of iron that may be introduced during pressing is precipitated and removed in the racking process during fermentation, but the amount remaining in solution may still be larger than that originally present in the grapes.

The concentration of iron in a wine depends primarily on the method and care used in pressing. In general, when great care is used and the grapes are treated very gently at all stages the wines—for example, champagne and sparkling wines—tend to contain the least iron, whereas when less care is necessary—for example, in making red wines—the product contains more. The range in wines normally consumed in this country is from 0.2 to 2.0 mg. Fe per 100 ml. The iron is present in the form of soluble salts of organic and inorganic acids and is probably as readily assimilable as most medicinal preparations of iron.

NOTES AND COMMENTS

Obstetric Prognosis after Fractured Coccyx.—Dr. LOGAN MITCHELL (Leicester) writes: Your reply on the prognosis in fractured coccyx in labour (" Any Questions ? " April 5, p. 843), which ends with the dogmatic statement that " the coccyx will not obstruct labour," cannot go unchallenged. I remember as a houseman having to enlist the aid of the registrar in performing a low-cavity forceps delivery on an elderly primipara. I had employed what I thought to be a reasonable amount of force, without producing the slightest degree of descent. The registrar then removed the blades and made a further vaginal examination. He was satisfied by what he found, reapplied the blades, and exerted traction. The head stayed firm, and the obstetrician's distress became marked. Desperation succeeded wisdom in the traction force employed, and with a crack like the one o'clock gun delivery was effected. The registrar, paler than he was at the beginning of the operation, did another vaginal examination, and felt the now-mobile tip of coccyx protruding into the posterior vaginal wall. There was an obvious furrow on the baby's head, where it had met the obstruction. I questioned the mother afterwards and elicited the not uncommon history of her having fallen across a wooden chair some twenty years previously. May I be equally dogmatic and say that the coccyx *will* obstruct labour ?

OUR EXPERT replies: The experience described by Dr. Mitchell is by no means uncommon. Although it may appear to contradict the sentence quoted, this is only because the words are taken out of their context. The original question and answer were concerned with fracture of the coccyx sustained during a previous labour. The sentence quoted applied to a specific case in which vaginal delivery had already been accomplished in the past. The circumstances described by Dr. Mitchell are different. Even in these, however, it can still be said that the coccyx does not, *by itself*, offer an insuperable obstruction to delivery. If it will not bend backwards, it can be deliberately fractured or mobilized digitally without significant ill effect—provided the cause of the dystocia is recognized.

Daily " Drinamyl."—Mr. L. W. REID (Science Information Department, Smith Kline and French Laboratories Ltd., London, S.E.5) writes: The answer to this question (" Any Questions ? " April 12, p. 902) may be misleading. The answer was, " It is difficult to envisage any harm arising from the daily administration of a single tablet," but the patient was warned against increasing the amount taken. Surely this should have been " without advice from her doctor." One tablet of drinamyl daily is quite a small dose. It is universally given at much higher doses with perfect safety, but, of course, only on the doctor's advice.

Corrections.—We are grateful to Miss WINIFRED FERRIER for pointing out two mistakes in our note about the Kathleen Ferrier memorial at University College Hospital (*Journal*, May 3, p. 1075). She writes: " First, it was not my sister's idea that a memorial fund should be established. What she said was that *when* she got better she would give a concert for the benefit of the hospital. Second, my sister had no throat ailment whatever."

We erred in stating (May 10, p. 1126) that the late Mr. Gerald Robinson was a widower at the time of his death. Mr. Robinson's first wife died in 1955 and he married again in the following year. He is survived by a widow and by a son and a daughter of his first marriage.

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Aitiology, Westcent, London.* ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated.

Authors desiring REPRINTS should communicate with the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1, on receipt of proofs. Authors overseas should indicate on MSS. if reprints are required, as proofs are not sent abroad.

ADVERTISEMENTS should be addressed to the Advertisement Director, B.M.A. House, Tavistock Square, London, W.C.1 (hours 9 a.m. to 5 p.m.). TELEPHONE: EUSTON 4499. TELEGRAMS: *Britmedads, Westcent, London.*

MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the Association. TELEPHONE: EUSTON 4499. TELEGRAMS: *Medisecra, Westcent, London.*

B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.

Br Med J: first published as 10.1136/bmj.1.5080.1192-a on 17 May 1958. Downloaded from http://www.bmj.com/ on 7 February 2023 by guest. Protected by copyright.