

## Any Questions ?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

### Post-operative Pain

**Q.**—What are the methods at present available for ensuring the minimum of pain and discomfort after a major lower abdominal operation on a patient who is allergic to morphine? The patient suffers major side-effects from methadone.

**A.**—True allergy to morphine in the form of urticaria, skin rashes, and pruritus is not unknown but is relatively uncommon compared with the patient who is over-sensitive and is made distressed by the side-effects of the drug, such as nausea and vomiting. In view of the statement that the patient "suffers major side-effects from methadone" it is probable that she is in the latter category, and, if so, is likely to react in this manner to any effective analgesic. Pethidine (100 mg.) is a suitable pre-operative drug which has certain advantages over morphine, and it is also effective in relieving post-operative pain. Levorphanol (methorphanin) is another synthetic analogue of morphine which could be used in a dose of 2-6 mg. In an attempt to minimize the possible unpleasant side-effects of these drugs they could be given along with one of the tranquillizers, such as promazine (50-100 mg.) or reserpine (0.5-1 mg.). Alternatively the latter drugs might be tried alone, thus avoiding the morphine group of drugs altogether. Finally it might be suggested that this is the type of patient in whom medical hypnosis might be effective.

### Double Bondage

**Q.**—What is the significance of the  $\Delta$  in the chemical descriptions of the prednisteroids? Has it anything to do with the position of the carbon atoms in the benzene ring?

**A.**—The symbol  $\Delta$  in the description of steroids refers to the presence of an unsaturated double bond in the molecule. Strictly speaking it should be followed by a number to indicate between which carbon atoms the double bond exists. Most of the biologically active adrenal steroids have a double bond between carbon atoms 4 and 5, but only the first number is quoted in the formula, viz.  $\Delta^4$ . In prednisone and prednisolone there is an additional double bond in the A ring and it is between carbon atoms 1 and 2. Although it may be permissible to refer to these compounds as  $\Delta^1$  cortisone and  $\Delta^1$  cortisol, it is better to avoid the term "the  $\Delta$  steroids."

### Marriage of Epileptics

**Q.**—What advice should be given to a girl of 25 suffering from epilepsy about the advisability of getting married to another epileptic? Both suffer from grand mal, starting in the late teens.

**A.**—Epilepsy is probably not a genetic entity, so that the type and degree of genetic determination probably differ from family to family, and some regard must be paid to the family history. However, large-scale studies, chiefly Scandinavian,<sup>1,2</sup> show that in general the risk to the children of an epileptic of themselves developing epilepsy (excluding those who have fits only in the first three years of life) is 3-4%. The comparable risk for a child at random is about 1%. There is little information about the risks to children when both parents are affected; but, since there is no reason to suppose that recessive genes are concerned, the risk will probably only be doubled and so be of the order of 6-8%. Accordingly, if there are no special features in the family history, this couple should be advised that there is a real, but not a high, risk of any

children they have developing epilepsy. Apart from answering the couple's queries on the genetic risks, the family doctor will also need to discuss the social risks to the children, unless the epilepsy in the parents is well controlled.

### REFERENCES

- 1 Alström, C. H. *Acta psychiat.*, 1950, suppl. 63.
- 2 Harvald, B., *Heredity in Epilepsy*, 1954. Copenhagen.

### Working After 60

**Q.**—Is there any statistical evidence to show that working after the age of 60 shortens life?

**A.**—I know of no study which has compared the expectation after the age of 60 among those who work and those who have retired. Such a study would be almost impossible to organize with any chance of getting meaningful results. This is because people do not retire "at random." There is little doubt that the expectation of life of all people who no longer work after 60 is considerably shorter than those who continue to work, simply because many of the former group will have retired because of ill-health. It is obviously impossible to "randomize" retirement, because so many economic, social, physical, and mental factors all play their part in deciding whether a man should retire or not.

## NOTES AND COMMENTS

**Intestinal Hurry.**—Dr. W. W. KAY (Epsom, Surrey) writes: May I supplement your answer to the question about the treatment for intestinal hurry ("Any Questions?" October 4, p. 868)? Some cases of intestinal hurry are associated with achlorhydria and respond very promptly and satisfactorily to moderate doses of hydrochloric acid with meals. In all cases, as in mucous colitis, it is worth while investigating gastric acidity, especially as the tubeless test meal is readily available.

**OUR EXPERT** replies: Many conditions occur in patients who have achlorhydria, the criteria for which have often been lax. There is no reliable evidence that achlorhydria plays any part in the causation of diarrhoea, which is uncommon, for example, in pernicious anaemia. Mucous colitis is an uncertain entity itself and has no proved relation to achlorhydria. The tubeless test meal is not always reliable, and it is not truly quantitative.

**Corrections.**—Dr. P. E. C. MANSON-BAHR writes: I have to point out that there is an error, which may be serious, about the dose of the inoculum of trypanosome-infected rat's blood in the third paragraph of the paper by R. B. Heisch, J. P. McMahon, and P. E. C. Manson-Bahr on the subject of "The Isolation of *Trypanosoma rhodesiense* from a Bushbuck" (November 15, 1958, p. 1203). The dose of inoculum is given as 25 ml., whereas the correct one used was 0.25 ml., following the technique originally set down by Sir David Bruce 47 years ago.

We regret that owing to a printer's error the ferrous iron equivalent of each "plesmet" tablet was listed as 30 mg. in "To-day's Drugs" (January 10, p. 111) instead of 50 mg.

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