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.

Blood for Emergency Transfusion

Q.—When an immediate replacement transfusion is needed for obstetric haemorrhage, is it preferable to give blood of the patient’s own group, but not cross-matched, or group O Rh-negative blood?

A.—There is always some risk in giving blood which has not been cross-matched, and this risk is, of course, increased in a woman who has undergone pregnancy. Therefore it is most desirable to make a cross-matching test of some kind and to keep the patient going meanwhile with an infusion of plasma or a plasma substitute, such as dextran. If it is thought that blood must be given immediately to save the patient’s life, then on the whole it is safer to give O Rh-negative blood. One must assume that, if there is no time to do cross-match blood, there is also no time to determine the patient’s ABO and Rh group by careful procedures.

Ocular Effects of Ultra-violet Light

Q.—What is the effect on the eyes of manufacturing operatives who are indirectly exposed to ultra-violet light, the source of which is shaded from direct view? The nature of their work prevents the operatives from wearing coloured glasses. Are there any colourless glasses which would be of use?

A.—Ultra-violet light is absorbed by the superficial ocular structures (the cornea and conjunctiva) and does not penetrate further into the eye. The average minimum exposure required to produce symptoms has been reported to be about 150 foot-candle-minutes measured in terms of visible light. If the exposure is absorbed, it is cumulative. It is unlikely that such intensities of ultra-violet light reach the eyes of the operatives concerned in the question, but a mild chronic blepharocconjunctivitis and increased sensitivity to light might occur after prolonged exposure.Ordinary spectacles of plain glass would absorb most of the ultra-violet light under such conditions. Crooke’s “A” glass is efficient and has little effect on other visible wavelengths.

REFERENCE

Carbon-paper Dermatitis

Q.—Are there any dermatological hazards from frequent contact with carbon paper?

A.—Contact dermatitis due to handling carbon paper is sometimes suspected in young women who work as typists. One would expect such sensitivity to be due to epidermal allergy, and this should be easy to confirm by patch-testing. It is generally supposed that epidermal allergy may arise in respect of almost every substance with which the skin may come in contact. However, allergic sensitivity to carbon paper seems to be very uncommon.

Failure to Ejaculate

Q.—A young man of 24 appears perfectly normal in every respect. Libido and orgasms are normal, but he has never had an emission of semen. Why is this?

A.—The most likely cause of failure of ejaculation, in spite of the normal occurrence of orgasm, is retrograde ejaculation into the bladder. In this, because of incoordination of the sphincter mechanism of the neck of the bladder, the semen passes into the bladder instead of distally along the urethra. Diagnosis depends upon finding spermatozoa in the urine voided after orgasm. The cause is obscure and treatment is ineffective, though occasionally pregnancies have resulted from artificial insemination of spermatozoa recovered by centrifuging the urine voided after coitus. There is no reason to suppose that testosterone injections would be of any benefit.

Failure of ejaculation, in spite of normal erectile potency, may be of psychogenic origin, but in this case there is nearly always failure of orgasm also.

Differential Diagnosis in Amoebiasis

Q.—What are the diet and treatment for chronic intestinal amoebiasis when the stools are negative for E. histolytica cysts, although ulceration of the bowel and abdominal tenderness persist?

A.—The answer to this question hinges on the diagnosis. Persistent ulceration of the bowel—in contrast to ulceration lasting for only a few days after treatment—in the absence of Entamoeba histolytica or its cysts in the stools is more likely to result from ulcerative colitis or schistosomiasis than from an amoebic infection. If stool examination continues to show no evidence of an amoebic infection the diagnosis should be dropped, for ulceration due to E. histolytica can invariably be relied upon to heal after standard treatment.

The question of diet in this case does not therefore arise, since, after proper diagnosis and treatment of amoebic ulceration, the ulcers heal. It may be stated that in general the diet for those undergoing treatment for amoebic dysentery should be light, be low in its content of roughage, and be free from spices, alcohol, and other gastro-intestinal irritants.

NOTES AND COMMENTS

Smoking and Migraine.—Dr. Janet M. Gillison (Ayr) writes: The answer under “Smoking and Migraine” (“Any Questions?” February 20, p. 579) interests me enormously. The expert writes: “Perhaps migraine is due to a lack of noradrenaline in chromaffin stores in the brain.” Is there any published writing expounding this theory? If so, I should be very interested to have the reference. If it is a tentative suggestion, then is any research being done on these lines? This theory seems to me to fit in with the ideas of the aetiology of migraine that come to me from long observations on myself and others.

Our Expert replies: There is as yet no published writing expounding the theory, and it is nothing more than a tentative suggestion. However, research is being planned, and if the suggestion has a basis in fact it should be possible to establish it without great delay.

Correction.—We regret two errors in our report of the symposium on adrenergic mechanisms (April 16, p. 201). It was Otto Locci (not Loewe) who “established the theory of chemical transmission firmly”; and Langley’s initials were J. N., not H. H.

Collected Articles from the “British Medical Journal”

The following books are available through booksellers or from the Publishing Manager, B.M.A. House, Prices, which include postage, are now the same for both inland and overseas. Refreshers Course for General Practitioners, Volume 3 (26s. 9d.). Clinical Pathology in General Practice (22s. 3d.).

Any Questions?, Volume 3 (8s. 3d.).