be carried as first-aid equipment. At the first onset of symptoms the adrenaline can be given proximal to the penicillin injection, and this may help to delay absorption.

**Hypophysectomy for Diabetic Retinopathy**

Q.-I have a patient aged 60 with a rapidly deteriorating diabetic retinopathy whose diabetes is well controlled with chlorpropamide. I understand that such cases can now be treated by hypophysectomy. What are the criteria for the selection of such cases, and what is the extent of the morbidity which can be expected subsequent to operation?

A.-Total hypophysectomy may be performed in carefully selected cases of severe diabetic retinopathy. The patient should probably be under 45 years of age, renal function must be adequately maintained with a glomerular filtration rate of more than 100 ml per minute, and the patient must be intelligent and co-operative so that he will follow instructions in the post-operative phase. The retinits should be in an active stage, but it is obviously useless to perform this operation hoping for improvement to eyesight if irretrievable damage has occurred in the retina. If the operation is successful there seems to be a good chance that vision will be preserved or even improved. The patient has to take replacement therapy post-operatively; this includes tablets of cortisone or prednisone, thyroxin, in some cases androgens, and a proportion of patients require injections of vasopressin for up to a year after the operation.

More recently studies have been started in which the pituitary is destroyed by radioactive yttrium implanted through the nose. This procedure is less hazardous for the patients and may be considered for patients in the age group 45-65 years.

**Propantoline and Congenital Deformities**

Q.-Is there any record of propantoline causing congenital deformities when given in the first three months of pregnancy?

A.-As far as I am aware there is no definite evidence that the administration of propantoline during the first three months of pregnancy has been associated with the occurrence of congenital deformities in the foetus. It is important to appreciate that even if there is a record of such an event this is not sufficient to prove cause and effect. The over-all incidence of foetal abnormalities is quite high, and it would have to be shown that the incidence of congenital malformations in infants born to mothers who had taken propantoline was higher than that resulting from pregnancies in which no drugs had been taken by the mother before any suggestion that propantoline had caused a congenital deformity could be entertained.

**Balding in Pregnancy**

Q.—A young woman in the fifth month of her second pregnancy is going noticeably bald. She states that this happened with her first pregnancy too, and that the hair density never recovered. Is this curable, or preferably preventable?

A.—It is usual for some hair to fall out after a confinement, but gradual recovery is the rule. For it to fall out during pregnancy is unusual and might be due to some metabolic abnormality of pregnancy, toxic, or immunological or endocrine, and recovery would depend upon recovery from that state. From the little information given it seems unlikely that any curative or preventive measure can be suggested, but it might be helpful to know more of the patient, her health in pregnancy, her medical, and her family history.

**Crohn’s Disease**

Q.—Is there any treatment for Crohn’s disease in a case where surgery has failed to control it?

A.—In the absence of more accurate information about the case in question it is not possible to give a comprehen-