the oval window, or the vestibular nerve may be cut. Tetra-
ethyI-ammonium chloride is used to reduce high blood pressure
but, so far as the writer knows, has no place in the diagnosis
and treatment of Ménière's syndrome.

Sprue and Malignant Disease

Q.—Does sprue predispose to malignant disease? If a
patient with sprue developed a carcinoma of the bowel
lumenary could not be undertaken because of the weakness
and emaciation, and death might be wrongly attributed to
the sprue.

A.—There is no reliable evidence that sprue predisposes
to malignant disease. With adequate treatment most cases of
sprue respond rapidly and satisfactorily enough to permit
exploratory operation where indicated.

Gonorrhoea, Syphilis, and Penicillin

Q.—A patient who was successfully treated with penicillin
for gonorrhoea four months ago has developed a primary sore
in which Spirochaeta pallida has been found. The Wasser-
mann reaction is negative. (a) What is the prognosis in these
cases? Does the fact that penicillin has been given make cure
more difficult? (b) The patient had unprotected intercourse
with his wife about a month before the first sign of the sore,
but not after that. Is there any danger that she might have
been infected on this occasion, which was presumably during
the incubation period?

A.—(a) The prognosis is good provided adequate treatment
is given promptly. There is no reason to suppose that the
syphilis will be more difficult to cure because the patient
was treated with penicillin for gonorrhoea. (b) There is a risk
that the patient may have infected his wife, but it is small;
it would therefore be wise to keep her under observation for
at least three months, with periodical clinical and serological
examinations.

Retardation of Growth

Q.—(a) Has an anti-growth hormone definitely been isolated?
(b) What is the substance that might be called the dominant
number of the anterior pituitary growth hormone? (c) Can
such substance be utilized to prevent the growth of cells in
certain organs of the human body to the exclusion of cells in
other organs of the body?

A.—(a) No. (b) There is no such substance, but experi-
mentally the giving of certain hormones, such as oestrogens,
will inhibit initial secretion of the pituitary gonadotrophic
hormone and subsequently all other hormones, including the
growth hormone. Thus Zondek produced dwarfs in mice so
treated, together with hypogonadism, and pituitary gland
showed loss of the granules of both the eosinophil and the
basophil cells, and sometimes a large chromophobe adenoma
was also produced. Clinically it is difficult to stop somatic
growth or to inhibit the development of acromegaly by such
methods, but relative success in the latter is sometimes obtained.
(c) No.

Keeping Qualities of Aspirin

Q.—Does aspirin in a mixture deteriorate appreciably? Is
it best to prescribe aspirin in tablet form?

A.—Aspirin is a somewhat unstable chemical, hydrolysing in
the presence of water into free salicylic and acetic acids. In
mixture form it decomposes fairly rapidly, and even in powder
and tablet form it cannot be relied upon to keep for prolonged
periods, particularly in a moist atmosphere. The odour of
acetic acid on opening the container is an indication of de-
composition, and if this odour is strong one may suspect very
appreciable deterioration.

Acute Cystitis

Q.—What is the prognosis in a man of 70 with some pro-
static enlargement who had an acute cystitis twelve years ago
and a recurrence two months ago? The urine was freed from
the infecting organisms—Bact. coli and Str. faecalis—after a
course of sulphadiazine. Can treatment with sulphonamides
be continued with impunity, and are further relapses likely?

A.—It is very difficult to get rid of a urinary infection in
the presence of residual urine, and in this case there is likely to be
residual urine. The best method of treatment is either by means
of calcium mandelate or by the use of the sulphonamides. As
a sterile urine was temporarily obtained after taking sulpha-
diazine there is no reason why this should not be repeated.
Sulphamazethine is probably even less toxic than sulphadiazine,
but if either of these preparations is taken in moderate doses
and with plenty of fluids for only a week no harm will be done.
OCCASIONAL relapses are likely, but in time a higher resistance
of the infecting organisms may be developed. Provided the
residual urine does not increase, the outlook is satisfactory.

Nerve Deafness and Syphilis

Q.—What is the best treatment for a patient aged 65 with
marked arteriosclerosis of the limbs who is now rapidly develop-
ing nerve deafness? He has positive Wassermann and Kahn
reactions and has had a full course of penicillin without effect.
Is it advisable to use argentum nitricum? A previous Wassermann
reaction has been quiescent for years apparently, and the positive
Wassermann reaction was only accidentally discovered. Would
tryparsamide and bismuth arrest the nerve deafness?

A.—It would be wise to obtain the opinion of a neurologist
on whether the nerve deafness is due to syphilis, which seems
at least problematical. The full effects of penicillin in certain
forms of syphilis are often not apparent for some months.
Assuming the patient has had at least five muga units, further
antisyphilitic treatment—such as treatment by carbonate of
sodium—should be maintained. If the condition has not improved by then, injections
of oil-soluble bismuth, given twice weekly, might be worth try-
ing. Tryparsamide should not be employed. In view of the
condition and age of the patient the prognosis is far from good.

NOTES AND COMMENTS

Loss of Weight after Hysterectomy.—Dr. A. RUSSELL (Edinburgh)
writes: I trust you will permit a suggestion concerning the answer
to the query describing the loss of weight after hysterectomy ("Any
Questions" July 10, p. 117). The slowly progressive loss of
weight with wasting apparently confined to face, upper limbs,
and trunk—the lower limbs remaining "quite muscular"—might
due to a progressive lipodystrophy. You will agree that this con-
dition may arise in cases in which cramps in the lower limbs
are being treated with an atropine-like preparation. You might
be associated with atrophic lesions of the hypophysis, ovarian
lesions, etc., so that the pathology implied in the question may not be
unrelated. The concentration of the wasting in the face, together
with the unimpaired general condition, would appear to give added
support to the diagnosis suggested.

Corrections

In our report of a meeting of the combined Sections of Child
Health and Radiology on Friday, July 2 (Journal July 17, p. 162),
Professor A. MALCOLM LAMBERT, of the Edinburgh Royal
Infirmary, said that in reply to the query describing how weight
was regained after a hysterectomy ("Any Questions"). Dr. A. Glausmann
"mentioned that in 23 out of 25 cases, all malignant cases were curable."
This should read "not all cases were fatal, which is quite commonly assumed". The reference
to a raised basal metabolic rate in cases of medulloblastoma was
also incorrect and should have read: "Topper had found that in
each intracranial tumours, whether benign or malignant, the
basal metabolic rate was lowered, whereas in all malignant tumours in
other parts of the body it was raised." The phrase "staggering was
a common first symptom" should have been deleted, and Wilms's
tumours are, of course, radiosensitive. "The inguinal glands were
enlarged..." should have read "were not enlarged..."

We regret that in the letter from Sir Frederick Menzies (July 17,
p. 171) an error occurred in the printing of the first line of the second
paragraph. It should read: "Not one of these men ever received
any public recognition of their great services to London..."

There was a misprint in the report of the visit of the
Section of Pathology to the Strangeways Research Laboratory at
Cambridge (July 17, p. 160). Reference was made to an important
discussion on the histogenesis of the radiation treatment
of cancer by "Dr. A. Glausmann and Dr. F. G. Spears."
This should have read "Dr. A. Glucksmann."

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