Javert and Stander (1943) on the basis of 27,000 births give the high figure of just 3%, but some of the malformations included were of a relatively minor character. As pointed out by Carter (1950), however, it is possible that most series based on births in hospitals give too high a figure if, as is usual, emergency admissions are not separated from the booked cases. Taking the evidence as a whole, the figure of one in forty is probably too high if what constitutes a serious abnormality is fairly strictly interpreted and if it includes only those cases in which the malformation is apparent at birth. If, however, one includes also such errors of development, abortus, and constitutional abnormalities as are manifested early in life it seems a reasonable estimate and an approximate one to quote to parents.

Sensitization to Bee-stings

Q. A lady has kept bees for over ten years, and has been stung many times with little effect. Two days ago, however, after a sting on the arm, she developed an itching rash within minutes of the sting, apparently of an urticarial nature, her tongue swelled, and she had slight difficulty in breathing. A capsule of "benadryl" eased matters, and a day later she had only a swelling of the arm and forearm. I am wondering what will happen if she gets another sting, as the question of continuing bee-keeping depends on this coming summer. 

A. The writer's experience is that bee-keepers are enthusiastic and often are not easily amenable to reason. We, as medical men, can but advise, and the advice in this case is: no further bee-keeping if the person wishes to be certain of avoiding further generalized reactions. It is agreed that occasionally a sensitized person may be stung and have but little reaction, but the chances are so very much against this possibility that the risk cannot be advised. It is also a possibility that the next sting may be followed by a more severe reaction, and it would seem but common sense to avoid endangering life.

Sinus Tachycardia and Neurosis

Q. An intelligent active professional man, aged 34, with severe neurotic traits, experiences attacks of palpitation which are provoked by emotional strain and by slight exertion or excitement after eating a meal. The palpitation is in the nature of a sinus tachycardia, developing gradually and ending gradually; it occasionally reaches 150 per minute and may last eight hours, provoking apprehension and sometimes nausea and faintness. Past history and clinical and electrocardiographic examination are negative. Reassurance and phenobarbitone have no effect. Can you suggest a drug which could be taken a short time before any of the provoking circumstances mentioned above are encountered?

A. There is no drug which will prevent attacks of sinus tachycardia in psychoneurotic subjects, other than sedatives, and these are relatively impotent, as in the present case. The patient has two alternatives. Either he may learn to tolerate his symptoms, knowing that they are innocent and cannot harm him, or he should consult a psychiatrist and obtain direct treatment for his psychoneurosis. The latter is advised in view of the severity of his symptoms.

Horseshoe Kidney

Q. What is the treatment for horseshoe kidney? I have a patient with this condition, and he suffers from periodical attacks of renal colic which are increasing in frequency.

A. In the condition of horseshoe kidney the ureters usually pass anterior to the isthmus, and it is not uncommon to find a dilatation of the ureters above this level, and, while more so, a dilatation of the renal pelvises. The exact connexion of the two conditions is not always easy to explain, but in some cases at any rate there is good reason to assume that there is mechanical obstruction owing to the relationship of the ureters to the isthmus, and therefore an operation is sometimes performed for the division of the isthmus. When operating upon a horseshoe kidney for the calculi which are sometimes associated with the condition the opportunity may be taken of dividing the isthmus in the hope of encouraging better drainage from the kidneys.

In the case described by your correspondent it would seem that such an operation is indicated and that relief from pain should result. Before making a final decision, however, it will be desirable to examine all the radiographs which have been taken presumably some of them are excretion urograms—and probably to carry out bilateral ascending pyelography to get more precise information about the renal anatomy. If urography shows that the kidneys are not obstructed, then it will be very doubtful if benefit would result from the operation of dividing the isthmus.

Sulphur and Rheumatoid Arthritis

Q. How does sulphur act in early cases of rheumatoid arthritis?

A. The suggestion that sulphur is of value in rheumatoid arthritis is based on tenuous clinical impressions and not on scientific observations. Its use is only sanctioned by tradition, and there is no factual evidence of its efficacy or of the mechanism by which it is alleged to act.

Faecal Fats in Pancreatic Disease and Sprue

Q. I understand that lipolytic enzymes are secreted by the intestine as well as the pancreas. Is there any point, therefore, in determining split and unsplit fat determinations in cases of the sprue syndrome? In what circumstances tests in suspected sprue, is there any risk to the patient in giving a diet containing 50 g. fat per day?

A. Lipolytic enzymes occur in intestinal bacteria as well as in the succus entericus. In cases of pancreatic disease, with complete absence of pancreatic enzymes on duodenal intubation, there may therefore be normal splitting of faecal fat. Differentiation of faecal fats into split and unsplit fractions is of such limited value that its discontinuance seems reasonable. For the differential diagnosis of pancreatic disease and the sprue syndrome intraduodenal intubation is preferred. Fifty grammes of fat may safely be used for balance tests in suspected cases of sprue. In general, sprue patients tolerate this amount of fat well, provided that fats containing a high proportion of long-chain saturated fatty acids are avoided.

REFERENCES


NOTES AND COMMENTS

Substitutes for Morphine.—Dr. R. H. Freedman (Glasgow) writes: I find that the tendency to vomit after a morphine injection ("Any Questions?" September 23, p. 737) may be lessened or prevented by dissolving the morphine tablet in an ampoule of "coramine" (1.7 ml) rather than in sterile water.

Correction.—In the section of the educational number (August 26, p. 520) containing information about the special diplomas in the various branches of medicine we omitted to mention that the Royal Medico-Psychological Association has recently instituted a Diploma in Psychological Medicine, the first examination for which was held in November, 1949.