with persistent acne excrete more 17-ketosteroids than normal, but the evidence is conflicting. In the patient described hormonal imbalance may be present and androgen secretion may be raised even though menstruation is normal. Estimation of the 17-ketosteroid excretion would be worth while. In any event treatment with oestrogens should be given—for example, stilboestrol, 0.5 mg., each morning—for three weeks after each menstrual period, but it should be discontinued if irregularity of menstruation results.

Persistent acne may be associated with a congenital defect of the sebaceous glands, sometimes familial, resulting in hyper-activity of the glands. Little can be done to affect this except palliative treatment, including frequent rinsing of the skin with 1% cetrimide solution to remove the sebum. There is little doubt, too, that stress affects the secretion of sebum, and some experimental evidence supports this view. Certainly students with acne often find it becomes worse before an examination. In an unmarried woman of 35 stress may play a large part and androgen secretion may well be raised. A consideration of her condition with these factors in mind might be useful.

Fibrinogen for Haemorrhage

Q.—*When is fibrinogen specially indicated in the treatment of haemorrhage? Are there any contraindications to its use, and in emergency, when the cause of persistent bleeding may be unknown, is there any danger in using it empirically?*

A.—Fibrinogen is specially indicated in the treatment of haemorrhage when the haemorrhage is due to or associated with fibrinogen deficiency. Fibrinogen deficiency may occur as a rare congenital defect or as a result of severe liver disease. Fibrinogen may also be reduced in the newly recognized defibrination syndrome which occurs in some obstetrical cases with antepartum haemorrhage or when a dead foetus is retained. In these latter patients the defibrination is due to removal of fibrinogen either by intravenous coagulation or by fibrinolysis. A similar state may occasionally occur in the immediate post-operative period, particularly following major thoracic surgery. The syndrome is associated with profound collapse and persistent bleeding and sometimes spontaneous bruising; it may be followed by anuria. The blood fails to clot as tested by the Lee and White method, and no clot is obtained on the addition of thrombin. The platelet count is also much reduced.

Persistent bleeding is only very rarely caused by fibrinogen deficiency. Fibrinogen should never be used for the treatment of bleeding when the cause is unknown. In these circumstances whole blood or plasma should be used. If the bleeding is due to deficiency of some blood constituent, it is more likely to be corrected by a fluid which contains all of the factors than by fibrinogen which provides only one. In addition, fibrinogen is in very short supply, and if it is used indiscriminately it will not be available for the obstetric and post-operative cases in which its use may be life-saving.

NOTES AND COMMENTS

Infirmary Mice.—Dr. W. LANE-PETTER (Laboratory Animals Bureau, London) writes: I am not altogether convinced by the explanation given for the disappearance of infirmary mice ("Any Questions?" November 17, p. 1190). Predation by cats might reduce their numbers but would be unlikely to eliminate the mice altogether. This type of predator/prey relationship does not have as a result the elimination of the prey. Other predators, such as wild rats, which are not primarily predators but competitors, can lead to complete elimination, but this is a different biological picture altogether. Control measures such as the use of rodenticides can be completely effective if properly carried out, but this cause of disappearance of mice is hardly likely to have been overlooked. Changes in the methods of handling and storing of foodstuffs, etc., might have produced an environment incompatible with the survival of the mice, but this would not have occurred unless they had been made deliberately to this end and had been fairly radical; such changes, again, would not have been overlooked.

A more likely explanation of the disappearance of mice and a more ominous one is the appearance of a serious epizootic infection. Not all possible serious infections of mice are transmissible to man, but one of the more likely ones, mouse typhoid, is caused by a salmonella. If this is the cause of the mice disappearing, the infirmary should be on the look-out for an outbreak of food-poisoning.

Child Guidance Clinics.—Dr. P. A. TYSER (Cambridge) writes: I have no quarrel with the view expressed by a child psychiatrist and a medical officer of health ("Any Questions?" November 17, p. 1188); both have with admirable brevity dealt with a difficult question. Certain points are of such importance in my view that they require greater emphasis: (*a*) via the child guidance clinic much help is given to adult problems, often the child's need for referral being due to such causes; also many parents can be helped not to repeat incorrect handling with subsequent children. This constitutes an important additional curative function. (*b*) The child guidance clinic should not be considered as a service separate from other mental health services, both preventive and curative; it is an essential part of the whole. (*c*) There is much to be said for locating the clinic within the curtilage of the paediatric department of a hospital; this emphasizes to all that illness can be of both mind and body; the child does not feel it is being segregated; the parents are also made aware of the oneness of mental and physical illness. (*d*) Similarly, the part played by the school health services' educational psychologist service should be closely integrated with the child guidance clinic, since it will also be unearthing problems of a general mental health type as well as specific educational problems; a plea is entered here that educational psychologist services should not be made to too narrow a pattern.

Alcoholic Excess and Mucous Colitis.—Dr. W. W. KAY (Epsom, Surrey) writes: In addition to the points mentioned in your reply to the question about alcoholic excess and mucous colitis ("Any Questions?" October 13, p. 893), it would be useful to consider the relationship of B-vitamin deficiency and achlorhydria to the mucous colitis. After indulgence in drinking, most alcoholics have a B-vitamin deficiency which in severe cases may manifest itself as pellagra with a superimposed thiamine deficiency. Usually this responds to treatment with full B-vitamin complex in substantial doses given parenterally at the beginning. In some cases mucous colitis is related to achlorhydria. A test-meal would decide whether there is achlorhydria in the case under consideration. If there is, then adequate doses of hydrochloric acid with meals would control the diarrhoea, whereas alkaline mixtures are likely to aggravate it.

Correction.—Mr. R. B. WELBOURN writes that, in the second paragraph of his letter on delayed emptying of gastric stump (*Journal*, November 17, p. 1172), instead of "(4) hypoproteinaemic oedema (correct fluid and electrolyte balance)," he should have written: "(4) hypoproteinaemic oedema (treat with plasma or protein hydrolysate intravenously); (5) hypokalaemia (correct fluid and electrolyte balance)."

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