range of active movement of the shoulder once a day to prevent the development of a stiff or frozen shoulder. Aspirin, particularly at night to induce sleep, may be helpful.

In very rare but important instances the differential diagnosis is immeasurably wide, and pain is extremely severe. Opening this abscess-like area is often possible by a wide-bore needle, but, if not, by incision. This affords immediate relief. Deep x-ray therapy has been advocated in the past, but in my experience is not helpful.

"Safe Period" and the Menopause
Q.-Can the "safe period" be relied on as a contraceptive measure when the periods become irregular during the menopause?
A.-The short answer to this question is that the safe period as a contraceptive measure can be relied on only when the menstrual cycle is reasonably regular. Ovulation is believed to precede menstruation by about fourteen days, but as the menopause approaches ovulation may occur at longer intervals and cannot be predicted by calculations based on a regular menstrual cycle. Also anovular cycles are frequent as the menopause approaches. This makes calculation of the safe period by means of a basal temperature chart difficult. Fertility is not enhanced in menopausal women, as is popularly supposed, and it is reasonable to believe that a woman is unlikely to prove fertile one year or more after her last menstrual period has occurred.

Pruritus Vulvae with Glycosuria
Q.-A diabetic woman, well controlled on insulin, has a low renal threshold and consequent glycosuria. Can anything be done for her severe pruritus vulvae, for which there is no other apparent cause?
A.-Infection with Candida albicans is a common cause responsible for pruritus in such patients, even in the absence of discharge or inflammation. It should be sought by direct examination of scrapings and by culture. Relief would follow the use of nystatin pessaries at night, nystatin ointment locally, and one nystatin tablet thrice daily after meals for three weeks. Apart from this, 1% hydrocortisone in a silicone barrier-cream applied two or three times a day should relieve the patient.

Rh Factor of Father
Q.-Under what circumstances is it ever advisable to take a father's Rh factor? If he is Rh-negative and the mother Rh-positive, how would one assess the relative effects on a mother and child (whether first or second child)?
A.-The short answer to this complex question is that it is always useful to know the father's Rh factor in dealing with a rhessus-negative mother. If he is

rhesus negative then all children born to this couple will be rhesus-negative and thus free from all risk. One of the difficulties is that laboratories cannot always deal with the large numbers of rhesus tests that would thus be involved. A simple expedient is to persuade the father to become a blood donor, in which case his rhesus group will be automatically determined and the result communicated to him.

If the father is rhesus-positive and the mother has had no pregnancies or injection or transfusion of rhesus-positive blood the risk to a first child is negligible. Risks to subsequent children will depend on whether antibodies develop as a result of bearing a rhesus-positive child. The rhesus factor of the baby is very useful in giving a prognosis and should always be taken. A rhesus-positive father may be heterozygous, so that in theory half of the children will be rhesus-negative. When it is essential to know whether the father is homo- or heterozygous—when, for example, a mother bears a badly affected child—this can be done by special techniques, but in routine hospital practice is done only exceptionally owing to the difficulty of obtaining the test sera.

Wind from Root Vegetables
Q.-Why do root vegetables tend to cause flatus and even colic? What, other than abstention, can be done to prevent this?
A.-Root vegetables contain a considerable quantity of cellulose and fibrous material, and this is responsible sometimes for flatus, and, conceivably, colic, though the latter is more usually caused by uncooked cellulose—as, for instance, after eating a lot of orange pith. Some amelioration of the symptoms can be given by taking these vegetables in the form of a purée. It is now possible to buy tins of vegetable purée, or the vegetables may be dealt with by a domestic liquidizer or mixer.

Ulcerative Colitis and Pregnancy
Q.-What is the best course of treatment in proved ulcerative colitis in a young married woman? How dangerous is pregnancy for her? The condition has been present with frequent exacerbations for over four years.
A.-Ulcerative colitis runs a protracted course, and although there is no specific treatment symptoms can be kept in check by a variety of measures. The diet should be soft, with a minimum of cellulose or vegetable roughage. It must have an adequate calorie value together with ample supplies of vitamins.

Codine phosphate 1 g (32 mg.) may control the bowel habit during remissions but is not so successful when exacerbations occur. These relapses should be thoroughly treated and a period of bedrest may be required. Salicylazosulphapyridine 1 g., four times daily by mouth may be given in short courses. Corticosteroids have been shown to be beneficial in a large number of cases, but in a young married person the possibility of side-effects should be weighed against the severity of the disease. They may be given orally and in the form of retention enemas of hydrocortisone.

Pregnancy is not contraindicated in this condition unless the disease is of considerable severity and the patient's general condition is poor, or unless local disease in the colon has led to stricture formation or to polyposis.

Inheritance of Spina Bifida
Q.-Is a woman who suffers from spina bifida likely to hand on this disability to her children?
A.-No adequate family studies are yet available on which to base a direct answer to this question. It is probable, however, that the risks to the children of a woman with spina bifida are of the same order as those risks to the sibs of such a patient—that is, between 2 and 4%.

Congenital Defects in Incestuously Conceived Children
Q.-Is there an increased risk of inheritance of defects and deformities in children born of an incestuous relationship?
A.-In children born of an incestuous relationship there is an increased risk of those defects and deformities which are due to the child being homozygous for autosomal recessive genes. In a small personal series of ten such children two died before the age of 18 months with probably recessively determined disorders and a third has a congenital heart defect.

NOTES AND COMMENTS
Loss of Potency.—Dr. G. L. RUSSELL (London W.1) writes: There will be few to dispute the conclusions of your expert ("Any Questions?" October 5, p. 855) about the disappointing effects of testosterone and oestrogens: but there is a method of helping impotent patients which is worth mentioning. It is the (unfortunately named) coitus-training apparatus—a penile splint which, while it cannot of course guarantee orgasm, does at least ensure that the penis enters the vagina and that the duration of coitus shall be as long as is desired.2 A considerable number of men, not all of them elderly, owe to this simple device the satisfactory revival of sexual activity when all other remedies had failed. It would be a pity "to advise the patient to accommodate himself to the deficiency " before giving this method a trial.

REFERENCES

Correction.—In Table I in the paper by Dr. A. N. Exton-Smith and colleagues (October 26, p. 1037) the figure 5.19 (for nurses' score) should have read 5.11. The amended figure is still significant at 1%.