ably considerably less than this, but as the parents are young it would be worth while having chromosome studies done on both parents. If neither has a chromosome abnormality the risk of recurrence is certainly small, but if one or other has a chromosome abnormality the risks of recurrence may be considerably higher, depending just what abnormality is present.

REFERENCE

1 Carter, C. O., *Brit. med. Bull.*, 1961, **17**, 251.

Case of Relapsing Myositis

Q.—*Is there any known form of chronic relapsing myositis which is transmitted by insect or similar vectors? A patient has an 8-year history of recurrent episodes of painful lumps forming in the muscles of the lower limbs unassociated with fever or changes in the blood. Biopsy has disclosed "myositis," with death of tissue and associated arteritis and neuritis. The disease followed the bite of an unidentified and probably tropical insect.*

A.—Myositis of the kind here reported is very unlikely to result from the bite of an insect. The history is more suggestive of dermatomyositis, erythema nodosum, polyarteritis nodosa, or other collagen disease.

Pyomyositis has been reported in the tropics, and in some cases seems to result from death in the tissues of filarial and other worms. This possibility should also be kept in mind.

Information on the erythrocyte sedimentation rate, the white blood cell count and differential count, and the filarial complement fixation test would be needed before considering further the diagnosis of this case.

Sulphinpyrazole for Chronic Gout

Q.—*Should sulphinpyrazole be continued indefinitely in the treatment of chronic gout or can it be gradually withdrawn after a sufficiently long period of treatment, and, if so, how long?*

A.—Sulphinpyrazole (Anturan) can be continued indefinitely in the treatment of chronic gout if necessary. Such uricosuric treatment should be controlled by the level of uric acid in the serum, and if this drops to within the normal range sulphinpyrazole and other uricosuric agents can often be reduced in dosage and sometimes withdrawn for long periods.

Saline Nasal Douche

Q.—*A man aged 69 has for several years had a mucoid nasal catarrh causing some obstruction in the latter part of the night. It is almost completely relieved by sea-bathing, apparently owing to the local action of salt water. Is hypertonic saline a good solution for a nasal douche in this condition, and would anything else be better?*

A.—As a rule anything but isotonic saline used as a nasal douche will cause discomfort and irritation, and if hypertonic it may even increase the amount of nasal discharge. If the patient does not live by the sea maybe his relief from mucoid nasal catarrh is because he is at the seaside rather than that he gets seawater up his nose. This is suggested because in nasal allergy, a prominent feature of which is mucoid nasal catarrh, a visit to the seaside often alleviates the condition.

Tranquillizers in Infectious Hepatitis

Q.—*A male patient aged 40 in the eighth week of infectious hepatitis has developed psychological deep breathing. What sedative or tranquillizer drug could be given which would not further damage his liver cells?*

A.—In the eighth week of an attack of infectious hepatitis of normal severity one would expect the patient to be well on the way to recovery, and certainly jaundice should be minimal or certainly decreasing. In such circumstances neither sedative nor tranquillizer drugs have special hazards for a patient with liver-cell injury. Certainly the danger of precipitating or exacerbating hepatic encephalopathy is unlikely, though symptoms and signs of this complication would be a complete contraindication to using these drugs.

Phenobarbitone in the usual therapeutic dose of 30 mg. twice a day would be a suitable way of producing mild sedation. There is no reason why phenothiazine drugs or monoamine-oxidase inhibitors should not be used, since they are probably not more toxic in the presence of liver-cell damage—provided, that is, that liver disease has not been caused by them in the first place. It is important to check on this possibility.

The chances of worsening the liver disease with drugs of this type is small, since the liver damage is thought to be a hypersensitivity phenomenon with both groups of drugs and thus found in only a very small percentage of patients treated. There is, however, a tendency (probably quite sensible) not to treat one liver-cell disease with a drug which can produce a similar type of lesion, albeit very rarely. The danger with these drugs is again probably the increased susceptibility of patients with encephalopathy to their action rather than just an effect on liver-cell function.

I think, however, that the questioner would be well advised to use reassurance for these symptoms in large doses, and, if necessary, phenobarbitone in much smaller ones.

Stress Incontinence after Perurethral Prostatectomy

Q.—*A patient aged 58 who had a perurethral prostatectomy for simple prostatic enlargement four months ago still suffers from stress incontinence. A recent I.V.P., urethroscopy, and cystoscopy showed nothing abnormal. Is this usual, and will it be self-curing?*

A.—It would not be fair to describe stress incontinence after perurethral resection of the prostate as "usual," but it can occur. The condition may improve spontaneously, but there should be some signs of this four months after operation. Perineal exercises may help, but if nothing abnormal was found at urethroscopy the prognosis should be guarded.

Microwave Cooking

Q.—*To what extent do (1) deep freezing, and (2) microwave rapid cooking of foods affect their nutritional and vitamin content?*

A.—In itself deep freezing does not cause loss of nutrients. Losses occur, however, during the preparatory process of "blanching" or scalding which many foods require before being frozen. This treatment will cause partial destruction of thermo-labile nutrients such as vitamins B_1 and C. The extent of these losses is presumably about the same as in foods preserved by other methods, such as canning, and is dependent on the nature of the food and on the duration of the blanching procedure. Losses from frozen meat occur as "drip" during thawing.

Research on microwave cooking is still in an early stage in Britain, but evidence from the U.S.A. indicates that its effect on nutritive values varies greatly in different foods. The reports most favourable to the microwave method of cooking meats claim that losses of nutrients are no greater than in conventional cooking.[1] Less favourable experience, however, suggests that beef and beef loaves lose more vitamin B_1 and more dripping when cooked by microwaves than when roasted conventionally.[2] In pork microwaves appear to be less destructive. Microwave cooking appears to dry the meat up unduly and to reduce its palatability.

Reports on the microwave cooking of vegetables seem to be more encouraging. Some experiments have indicated that losses of vitamin C are about the same as in conventional cooking,[3] but in others microwave cooking has favoured the retention of vitamin C.[4,5] The superiority of microwave cooking in this respect is readily understandable when it allows cooking to be done without the addition of water, which extracts vitamin C from the food during conventional boiling. Palatability changes in vegetables caused by microwaves seem to be less noticeable than in meat, and are sometimes favourable.

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1 Noble, I., and Gomez, L., *J. Amer. diet. Ass.*, 1962, **41**, 217.
2 Kylen, A. M., McGrath, B. H., Hallmark, E. L., and Van Duyne, F. O., ibid., 1964, **45**, 139.
3 —— Charles, V. R., McGrath, B. H., Schleter, J. M., West, L. C., and Van Duyne, F. O., ibid., 1961, **39**, 321.
4 Campbell, C. L., Lin, T. Y., and Proctor, B. E., ibid., 1958, **34**, 365.
5 Gordon, J., and Noble, I., ibid., 1959, **35**, 241.

Notes and Comments

Correction.—In our report of the Second International Congress of Exfoliative Cytology (5 June, p. 1493) we should have given Dr. Kirkland's address as Adelaide, not Sydney. We regret this error, and also misreporting a passage in his speech which should have been as follows: "The latter condition [carcinoma-in-situ] and invasive carcinoma displayed both triaster and quadraster forms in section, which were not seen in dysplasia."