

colonic movements in man is being studied but has not yet been reported.

In the majority of patients the clinical results of vagotomy do not reflect any serious derangement of the physiology of the small bowel, of its accessory glands, or of the large intestine. There is as yet no evidence that these changes are nutritionally important, and most patients gain weight after treatment of their duodenal ulcer. This would seem to be in marked contrast to the impaired nutrition common after gastrectomy, although it should be noted that a lengthy follow-up of patients after vagotomy has not yet been reported.

The controversy on the incidence of post-vagotomy diarrhoea is abating, and it is now generally accepted that the incidence of this sequel in troublesome degree is approximately 4%. It should be emphasized in this connexion that the majority of ulcer patients regard the change in bowel habit as an unexpected but happy effect of the operation. The tendency to an increased frequency of bowel movements may be related to the known rise in faecal fat excretion, but it can be argued that it may result from the associated gastro-jejunostomy. Some support for this view comes from the observation that a few patients with troublesome diarrhoea after vagotomy with gastro-jejunostomy have been improved in a marked degree by conversion of the drainage procedure to a pyloroplasty. It must be conceded, however, that patients who undergo vagotomy with pyloroplasty as the initial operation for duodenal ulceration in general show a tendency for a rise in the faecal excretion of fat. The relative importance of the denervation and of the drainage operation merits further study.

REFERENCES

- ¹ Cox, A. G., *Lancet*, 1962, 2, 1075.
² Ross, B., Watson, B. W., and Kay, A. W., *Gut*, 1963, 4, 77.

Premenstrual Symptoms Simulating Colitis

Q.—Do symptoms simulating colitis sometimes occur in association with premenstrual tension? What, apart from symptomatic, is the treatment?

A.—Discomfort and left-sided abdominal pain and even recurrent rectal bleeding associated with the premenstrual and menstrual phase of the cycle can occur when there is pelvic endometriosis involving the sigmoid colon or rectum. This type of case is fortunately rare. As the symptoms could be due to carcinoma of the colon or rectum it is important that a careful examination should be made to exclude this. Examination would include not only a vaginal and rectal examination but sigmoidoscopy, and on occasions a barium enema. Before embarking on surgery for endometriosis involving the sigmoid colon or rectum it would be wise to give the patient a course of one of the modern progestogens such as "enovid," beginning

with 20 mg. a day and increasing the dose if necessary to suppress menstruation completely for a period of at least six months.

Premenstrual symptoms simulating colitis are more often associated, in the absence of a colonic lesion, with the tense, nervous type of patient suffering from a spastic colon. Investigation of the alimentary tract to exclude an organic lesion is essential, and the reassurance which can be given when tests are negative may do much to help the patient. She should be encouraged to avoid those items of diet which by observation she finds are more likely to cause symptoms, and a preparation such as "bellergal" can prove most helpful.

Action of Adrenocorticosteroids in Arthritis

Q.—What is the mode of action of adrenocorticosteroids in the treatment of autoimmune diseases such as rheumatoid arthritis?

A.—Adrenocorticosteroids such as hydrocortisone, cortisone, prednisone, and prednisolone seem to act in the autoimmune diseases by suppressing or in-

hibiting the inflammatory response. They have a similar action in inflammations due to known agents—e.g., physical, chemical, or bacterial agents. There does not seem to be any endocrinal abnormality in the autoimmune diseases, apart from the slight imbalance seen in any acute or chronic disease, so that steroids do not act as endocrine substitutes as, for example, they do in Addison's disease. The mechanism of their action in suppressing the manifestations of inflammation is not known.

Drugs and Anosmia

Q.—Since a course of treatment with tetracycline and chloroquine sulphate two patients have suffered from anosmia. Could this be due to either or both drugs, and is it likely to persist?

A.—I do not know of any case of anosmia due to tetracyclines or chloroquine, nor can I find any reference to it in the literature. However, changes in mucous membranes do occur when the tetracycline group of drugs is given, and presumably this could occur in the nasal mucous membrane and might cause anosmia, although I have never actually heard of this happening.

NOTES AND COMMENTS

Inheritance of Refractive Errors.—Mr. F. R. NEUBERT (Guernsey) writes: In "Any Questions?" (November 2, p. 1113) the statement is made that the eye is fully developed by the age of 15 and that the boy referred to is unlikely to develop myopia. In spite of your references, is this statement quite true?

The eye is not fully grown until the body reaches adult dimensions, which is around 20 years of age.¹ In a large group of children watched constantly it has been observed that myopia can develop at any age up to 20. Although it is most common around the age of 12, 13, or 14 the later age groups are not rare. Without going into the question of genetics it appears clinically that when a child inherits the colour of the eyes of one of the parents it is likely to inherit the optical condition too. The onset of myopia is more common in children one of whose parents is myopic, but this is not necessarily so.

OUR EXPERT replies: Mr. Neubert's comments are based on a number of questionable statements—viz., that growth of stature continues up to 20 years of age (substantially, by implication); that the growth of the eye follows the pattern of that of the skeleton (and not, as has repeatedly been shown, that of the central nervous system); and that inheritance of iris-colour is linked to inheritance of the refraction of the eye (for which, again, there is no supporting evidence and much evidence to the contrary). He is, however, quite right in his last sentence, but this, I fear, only repeats what I have already said.

REFERENCE

- ¹ Duke-Elder, S., *Textbook of Ophthalmology*, 1949. Vol. 4. Kimpton, London.

Intradermal T.A.B. Vaccines.—Lieutenant-Colonel E. E. VELLA (Military Hospital, Tidworth, Hants) writes: On the subject of

intradermal T.A.B. vaccine ("Any Questions?" November 9, p. 1183), may I add one other remark to the most informative answer given by your expert? For intradermal immunization the Army issues a specially prepared vaccine containing 5,000 million organisms per ml.¹ This bacterial suspension is twice the amount contained in the commercially available subcutaneous vaccines, which are made up of 2,000 or 2,500 million salmonella organisms.^{2,3}

REFERENCES

- ¹ War Office Memorandum on Immunological Procedure which Service Personnel and their Families may Need at Home and Abroad, 3rd ed., 1961, p. 24. H.M.S.O., London.
² Parish, H. J., and Cannon, D. A., *Antisera, Toxoids, Vaccines, and Tuberculin in Prophylaxis and Treatment*, 5th ed., 1961, p. 131. E. & S. Livingstone Ltd., Edinburgh.
³ *Active Immunization against Infectious Disease*, 1963, p. 15. Ministry of Health, London.

Corrections.—In the paper on "Laboratory Studies on Rubella and the Rubella Syndrome" (November 23, p. 1296) there were three errors: (a) The fifteenth line of the second column of p. 1297 should have read: "with 1% calf serum," the figures "199" being omitted. (b) The titre of acute serum of patient VL/63/176 DOR (Table II, p. 1298) should have read "<4," not ">4." (c) The second sentence of the summary (p. 1299) should have read: "The isolation rate from throat washings was significantly higher from specimens collected on the first day of the rash than on the second or third days," not "last day of the rash."

In the paper on "Tetanus Prophylaxis" (November 30, p. 1360) the third line of the first paragraph under the heading "3. Sensitivity Reactions to Tetanus Antitoxin" (p. 1363) should have read: "sensitive to horse serum by exclusion of those who had . . ." not "inclusion."