

obvious cardiac enlargement and clear symptoms. Occasionally patients with very severe pulmonary hypertension or pulmonary atresia also may have no murmur, but again from cyanosis and symptoms they obviously have severe heart disease.

In general, then, one can say that the only reasonably common condition in which a murmur is likely to be absent is coarctation of the aorta.

Contraindications to Immunizations

Q.—*What conditions in the patient might contraindicate the following immunizations: smallpox, cholera, T.A.B.T., yellow fever, poliomyelitis (Salk and Sabin), influenza, diphtheria, pertussis, tetanus, and the triple vaccine containing the last three?*

A.—What may be termed "general" contraindications to all immunological procedures include severe or debilitating disease, acute infections, long-standing cortisone therapy (most cases), and the proximity of certain other immunological measures, with the proviso that in the face of existing or potential epidemic circumstances protective vaccination takes priority. Other contraindications are set out in the Table.

Vaccine	Contraindications
Smallpox	(1) Age: 1 month (teething troubles, etc.). 65-70 years (danger of coronary or cerebral thrombosis, etc.) (2) Eczema and certain other skin diseases (3) Early pregnancy (1st trimester)
T.A.B. Cholera T.A.B. and cholera ,, ,, tetanus	(1) Age: infants do not require these, though tetanus vaccine may conveniently be given in triple vaccine (2) Over-immunization: persons receiving T.A.B. frequently over a long period may become sensitized and react strongly but without benefit
Yellow fever ..	None, except infants under 9 months (when encephalitis has occasionally occurred)
Poliomyelitis (Salk)	None, except infants under 7 months (interference by maternal antibodies)
Poliomyelitis (Sabin)	None, apart from "general" and the coincidence of diarrhoeal disease
Influenza	None, apart from "general"
Diphtheria	(1) Age: in infants under 6 months there may be interference by maternal antibodies, but this can be compensated for by a reinforcing dose at 18 months (2) Immunity (a preliminary Schick test is desirable in children over 8 to 10 years) (3) Allergic diathesis
Tetanus	None, apart from "general"
Pertussis	(1) Allergic diathesis (2) Personal or family history of "fits," convulsions, or disease of the central nervous system
Triple vaccine (DTP/ Vac)	As for pertussis vaccine; see also diphtheria (1) above

Suicide and Insurance Policies

Q.—(a) *Does a coroner's verdict of "Suicide while the balance of mind is disturbed" in any way invalidate the effects of a suicide clause in an insurance policy?*

(b) *Has the recent Suicide Act made any legal difference to the problem of insurance policies being declared void when there is a special mention of suicide in the terms of the policy?*

A.—(a) A contract of assurance needs to be construed according to its terms, and the "suicide clause" is not the same in all policies. A common clause distinguishes between suicide while insane and suicide while sane, in the former case avoiding the policy during the first six months of cover and in the latter case avoiding the policy at any time (except in favour of certain parties such as mortgagees). This accords with the statement of the law given in *Beresford v. Royal Insurance Co. Ltd.* (1938, 2 All E.R.602) where the assured sought to benefit his dependants by dying by his own

hand while sane and in circumstances to which the suicide clause in his policy had ceased to apply. The court held nevertheless that it was contrary to public policy for the sum assured to be paid, as being a profit accruing from the commission of a crime (which the suicide of the assured then was). The coroner's verdict was relevant in these circumstances.

(b) The rule of law whereby it has been a crime for a person to commit suicide is abrogated by section 1 of the Suicide Act, 1961, with effect on August 3, 1961. The question whether it is still contrary to public policy for an assured while sane deliberately to take his own life to benefit his dependants, although committing no crime in doing so, has yet to be debated in the courts, and the coroner's verdict may still be relevant to this issue.

Work in a Hot Climate

Q.—*How much water and what content of salt should be taken per day by a man doing manual work in a hot, dry climate?*

A.—For hard work in a hot, dry climate at least 12 pints (6.8 litres) of fluid per day is needed, and under extreme conditions as much as 20 pints (11.4 litres). It should be taken frequently (every one or two hours), since thirst is not a reliable guide. If food is well salted during preparation and a liberal addition is made on consumption it should not be necessary to take salt tablets, which themselves may cause some nausea and increase the water requirement. Great care should be taken to avoid sunburn, and during the first week work should be moderate to allow natural acclimatization to become established.

NOTES AND COMMENTS

Puberty Gynaecomastia.—Dr. H. DODD (London W.1) writes: The boys I have treated with thyroid extract (see "Notes and Comments," June 16, p. 1708) had mature breasts so prominent that they were the target for punching practice by their schoolmates. The parents were willing to consider mastectomy. There is more to this than the simplification into hyper- and hypothyroidism.

CORRECTIONS

Detection of Entamoeba Histolytica by Fluorescent Microscopy.—We much regret that the captions to Figs. 2 and 3 of this preliminary communication (June 30, p. 1810) were inadvertently transposed.

In our Special Correspondent's report of the meeting of the British Orthopaedic Association (June 2, p. 1547) Mr. G. B. Northcroft was quoted as saying "The extent of retrograde amnesia was the best estimate of the degree of brain damage." This should have read "The extent of post-traumatic amnesia. . . ." We apologize to Mr. Northcroft for this error.

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