Letters, Notes, and Answers

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Telegraphic Addresses.—EDITOR, *Aitiology Westcent, London*; SECRETARY, *Medisecra Westcent, London*.
B.M.A. Scottish Office: 7, Drumsheugh Gardens, Edinburgh.

QUERIES AND ANSWERS

Prevention of Herpes Labialis

Dr. D. Ockman (Kearsley) writes: I note with interest the letter from Dr. R. F. Price (February 15, p. 262) in which he recommends that herpes labialis be "aborted" by spt. vin. rect. I wonder, however, if herpes labialis *should* be aborted. I regard this condition as the manifestation of some form of neurocutaneous detoxication mechanism, rather like a boil, and think that to "send it back" is opposing the natural biological mechanism. One might as well seek to abort the excretion of sweat! Is the constant plastering of such skin conditions as psoriasis, pityriasis, etc., with different ointments similarly ill advised? Insufficient attention is paid to the important excretory function of the skin. The prevention of disease must surely come from the prevention of the basic aetiological factors rather than from the attempts to obliterate the natural end-results of natural mechanisms. The opinions of some of your readers on this subject would be of great interest to me.

"C. E. G." (Furze Croft, Hove) suggests to "H. A." (February 1, p. 182) that the cause of herpes labialis should be sought in the condition of the teeth and pharynx.

Treatment of Psoriasis

Dr. P. W. A. Agnew (Enfield) writes in reply to "S. A." (February 15, p. 262): I have had excellent results in treating a case of severe psoriasis, involving both legs, elbows, and scalp, with the use of the ultra-violet mercury vapour lamp. The treatment has extended over a period of twelve months, twice weekly, with increased time and shortened distance at each exposure. The patient has reached the nearest point to a complete recovery that I have seen with this disease.

Double Meningeal Infection

Dr. Frank Bodman (Bristol) writes: The case of double meningeal infection reported by Drs. K. J. Guthrie and T. Anderson (February 8, p. 193) presents some intriguing features. The chief puzzle is, Where did the Gaertner's bacillus come from? The authors claim that they have excluded the food supply, the nursing staff, other patients in the ward, and members of the child's family. This leaves only the child itself. Now this combination of infections has occurred before; as the authors point out, a relapse of meningococcal meningitis turned out to be a Salmonella meningitis in one case, and in another case a meningococcus was found in the blood stream one day and the next day a blood culture showed *Bact. suipestifer*. Perhaps I have read too many detective novels, but is not a possible solution of the mystery the criminal in disguise? Is it too much of a bacteriological heresy to suggest that the meningococcus mutated to *Bact. enteritidis*? That perhaps each type of meningococcus has its *alter ego* in the Salmonella group? How much influence has sulphonamide therapy on the metabolism of the meningococcus? Might the coccus be more likely to survive if it could mutate into bacterial form? It must be obvious that I am not a bacteriologist, but I should like to hear their opinions.

Diphtheria Incidence

Dr. W. P. Meldrum (Bedford) writes: I think the explanation Dr. R. M. Courtauld (February 8, p. 226) requires is that epidemics of diphtheria, like some other infectious diseases, occur in cycles, and it looks as if an epidemic may be expected. Unless immunization is secured and maintained on a sufficiently large scale epidemics cannot be prevented. That is the experience gained in Canada and the United States. During epidemics there is some demand for immunization, but not sufficient; therefore the prevalence of cases is associated with immunization. On the other hand, when there is no immunization in intervals of absence of diphtheria, there are also, of course, no cases or very few. The fact to remember is that the attack rate, death rate, and fatality rate are much higher among the non-immunized than among the immunized. That is the reason for advocating immunization. If Dr. Courtauld will refer to the *Supplement* of December 21, 1940 (p. 58) he will find some very conclusive figures.

Income Tax

Appointment: Payment of Rent

"M. S." holds a salaried appointment and lives in a house at the hospital, for which he pays a rent of £100 per annum by deduction from his salary. Is he liable on the £100 which he does not receive in cash?

*** Yes. The point was decided in 1933 in the case of Osborn *v.* Swyer.

LETTERS, NOTES, ETC.

Definitely Indefinite

Dr. G. Llewellyn Davies (Hove) writes apropos of our annotation on the King's English. This no doubt is a stale complaint, but cannot you do something to cure the average doctor of whatever estate, degree, or kind from using the word "definite" or "definitely"? It is high time he was cured or he will soon be getting it mixed up with that other abomination "actually," which occurs three or four times in every sentence uttered by some of our patients. The word "definitely" or "definite" seems to act as a sort of moral prop to so many people when they are really not quite sure. That acute appendix which we suspect and which won't yield the physical signs we expect and which an extra hard "dig" with the finger *appears* to make yield up its secret; that tooth which the dentist is trying to convict or trying to absolve—yes, we are sure there was a *definite* pain or tenderness. If so and one is sure of it, why the redundancy "definite"? It is a matter for congratulation, perhaps, that no one has, so far as is known, been "contacting" any wonderful diseases lately; but that is perhaps among the things to come.

*** "Definitely" has had too long a run in slipshod speech as a variant of "yes," replacing its older cousins "absolutely" and "quite." Dr. Llewellyn Davies rightly protests against the use by medical men of "definite" when they mean "indefinite."

The Late Sir Pendrill Varrier-Jones

Mr. W. A. Sibly, M.A., Headmaster of Wycliffe College, writes with reference to the obituary notice of Sir Pendrill Varrier-Jones (February 8, p. 220): In Sir Humphry Rolleston's account it is stated that Sir Pendrill was educated at Epsom College and at St. John's College, Cambridge. As a matter of fact he went to Epsom College as a very small boy and came to Wycliffe College when he was 14 years of age, and remained at Wycliffe until he was 19. It was from Wycliffe that he went to St. John's College, Cambridge. So much did he appreciate his Wycliffe connexion that he founded a scholarship, called the Margaret Varrier Scholarship, from Wycliffe to Cambridge some years ago, and at the time of his death he was the president of the school.

Etchings of Westminster Hospital

Mr. Iain M. MacLean, editor of *The Broad Way*, writes from Westminster Hospital, London, S.W.1: Through the courtesy of your columns I should like to draw the attention of all those who qualified from Westminster Hospital to the following. Many of you, although not contributors to *The Broad Way*, may wish to know that the following series of etchings of the hospital will be published (as a free supplement) in the next four issues of our gazette: the hospital (1) in 1734; (2) in 1834; (3) in 1924; (4) in 1939. The artist is one of our present students, and the etchings are suitable for mounting and framing. The first issue of *The Broad Way* containing one of these etchings will be published soon, and if any old Westminster man would like to make certain of getting all the issues will he please communicate with me.

Tubunic Ampoule Syringes

Discussing the administration of morphine to air-raid casualties, correspondents in the *Journal* have referred to the success they have had with the tubunic ampoule syringe. Roche Products Limited write to say that they are issuing omnopon, 1/2 grain, in this new packing, which is of British design and manufacture.

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