

would not necessarily be expected among patients who were being screened for glycosuria.

REFERENCE

- ¹ Freeman, A. G., *Brit. med. J.*, 1958, 1, 1149.

B.C.G. Vaccination and Infantile Eczema

Q.—*Is it safe to B.C.G.-vaccinate a child who has infantile eczema?*

A.—There is no objection to B.C.G. vaccination in patients with infantile eczema. It may provoke a temporary aggravation of the eczema, but that is amenable to treatment. The contraindication to smallpox vaccination, on the other hand, is that the eczema may be subject to superimposed viral infection, which is a grave complication and may prove fatal.

Macrohyperglobulinaemia or Myelomatosis ?

Q.—*With peripheral blood picture and bone marrow examination suggesting aplastic anaemia and no abnormality seen in the bones, could any diagnosis be possible except multiple myeloma when the serum protein levels are: total proteins, 11.8 g.%; albumin, 2.4 g.%; globulin, 9.4 g.%. This occurs in a female patient aged 68 with no history of numerous x-ray examinations or constant drug ingestion.*

A.—I think it would be helpful to know whether there was marked rouleaux formation when the peripheral red blood cell count was being done, the electrophoretic picture of the proteins, and whether the skeleton, particularly the skull, shows any radiological evidence of myelomatosis. On the evidence presented one would think of macrohyperglobulinaemia as a likely diagnosis, but myelomatosis should also be considered. The former often shows features very strongly resembling acute leukaemia.

Hazards from Naphthalene Flake

Q.—*What are the risks in working with naphthalene flake?*

A.—Although naphthalene poisoning in industry occurs rarely, naphthalene is a toxic material which volatilizes at room temperature. It is absorbed through the skin and from the respiratory and gastro-intestinal tracts. The effects which have been reported in man are acute nephritis, jaundice, haemolytic anaemia, and optic neuritis. Cataract has been reported in experimental animals. It is irritating to the skin and to mucous membranes, particularly to the conjunctiva.

Men working with naphthalene flake should be protected from the risk of inhalation of the vapour and from irritation of or absorption through the skin. The eyes should be protected by suitable goggles.¹⁻³

REFERENCES

- ¹ Fairhall, L. T., *Industrial Toxicology*, 1957. Williams and Wilkins Company, Baltimore.
² von Oettingen, W. F., *Poisoning*, 2nd ed., 1958. W. B. Saunders Company, Philadelphia and London.
³ A.P.I. *Toxicological Review—Naphthalene*, 2nd ed., August, 1959. American Petroleum Institute, New York.

Nurse's Infection During Employment

Q.—*A nurse in a general hospital has developed a severe chest infection, and the sputum contains staphylococci resistant to most antibiotics. Shortly before becoming ill there was an outbreak of staphylococcal infection in her ward. Is she entitled to claim industrial injuries benefit, and, if so, what evidence would be required?*

A.—The condition described is not a prescribed industrial disease, so that any claim would be considered under the provisions relating to "accident arising out of and in the course of" employment. "Injury by accident" in this context is in contradistinction to "injury by process," so that it would be necessary to show that an incident or series of incidents, which could be regarded as accidents, caused or contributed to the origin or progress of the disease. If it is shown that the infection is the result of contact at a

particular time during the employment it is immaterial that the hour or the day cannot be identified. Clearly in the case cited important evidence in favour of a claim would be that the phage types of the staphylococci were the same in the nurse's infection and in the ward outbreak during which she had been in attendance.

Hydrated-lime Marking of Football Pitches

Q.—*Is there any danger to the players through the use of a hydrated-lime mixture for marking football pitches? It is proposed to use 84 lb. (38.1 kg.) of lime mixture to 25 gallons (114 litres) of water, but the possible danger of a child falling on a freshly marked football pitch and getting some of the lime in his eyes has been raised.*

A.—It is very unlikely that ocular damage could occur from the use of such a mixture.

NOTES AND COMMENTS

Treatment of Ménière's Disease.—Mr. M. SPENCER HARRISON and Dr. L. NAFTALIN (Lincoln) write: In "Any Questions?" (December 24, p. 1900) it is stated that the most successful conservative treatment of Ménière's disease is limitation of salt and fluid intake. If carried out satisfactorily, this treatment will keep the attacks at bay in more than half the cases, but, as it is a difficult and unpleasant regime to most patients, there can be little doubt that such a diet is seldom rigidly adhered to. The purpose of the method appears to be to iron out fluctuations of body electrolytes. It is far simpler for the patient to take a supplement of Na and K, which has a similar effect on the body electrolytes, so that the results of this treatment are considerably better than those of a restrictive regime. We hope to present results in a series of cases of the supplementary form of treatment in the near future. It seems unlikely that any form of treatment can affect cochlear end-organ cells which have already degenerated or progressed far towards degeneration, but in a high proportion of cases the hearing will improve a little or remain stationary and the attacks cease if an adequate conservative regime is maintained.

OUR EXPERT replies: There is no doubt that a low sodium and limited fluid intake is effective, and if, as has been suggested, a supplement of sodium and potassium will be effective, then this would be less irksome to the patient than following a fairly strict diet.

Correction.—Professor W. M. Davidson has asked us to state that in his paper "Sex Determination: Diagnostic Methods" (December 31, 1960, p. 1901) he inadvertently transposed the words mesonephric and paramesonephric in the section headed "Somatic Sex" on page 1903. In the paragraph on *Development of the Sex Ducts and External Genitalia* the words "mesonephric (Müllerian)" and "paramesonephric (Wolffian)" should read "paramesonephric (Müllerian)" and "mesonephric (Wolffian)."

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