

Swelling of Extremities After Alcohol

Q.—*What could be the cause of swelling of the feet and fingers in an otherwise fit young woman about 10 minutes after taking even a small amount of alcohol? Her feet tend to swell in very hot weather, but not from other causes.*

A.—It is likely that the cause in an otherwise fit patient is a simple allergy, possibly related to local vasodilatation. There are, however, a number of pathological conditions in which undue sensitivity to alcohol is recognized. Patients with malignant lymphomata, particularly of the Hodgkin's variety, sometimes complain of considerable pain after consumption of alcohol.¹ Hypersensitivity has also been noted in carcinoid tumours,² and other features such as flushing, gastrointestinal, and cardio-respiratory symptoms would support this diagnosis. Finally, sensitivity to alcohol as well as to drugs such as barbiturates can occur in porphyria. The last two conditions may be excluded by biochemical examination of the urine for metabolic products of serotonin and for porphobilinogen respectively.

REFERENCES

- ¹ *Brit. med. J.*, 1956, 2, 652.
² Snow, P. J. D., Lennard-Jones, J. E., Curzon, G., and Stacey, R. S., *Lancet*, 1955, 2, 1004.

Tap-water for Injection

Q.—*May ordinary domestic tap-water, after boiling, be used in preparing solutions for injection? What are the contraindications to this practice?*

A.—It would be inadvisable to use boiled tap-water for injection. Some mains supplies may contain viable gas-gangrene spores and these may resist boiling. Tap-water may also be strongly pyrogenic. Whittet¹ has shown that a dose as low as 0.4 ml./kg. of London tap-water is sufficient to cause a mean rise in temperature of 0.59° C. on intravenous injection into rabbits. Steaming of the water for 30 minutes or filtration through a bacteria-proof filter does not prevent this effect. This response is sufficient for the sample to fail the B.P. pyrogen test. Man is usually more sensitive to pyrogens than is the rabbit. Tap-water is often alkaline and may contain several salts. The alkalinity or the salts may react with medicaments and inactivate them.

REFERENCE

- ¹ Whittet, T. D., *Experiments on the Occurrence of Pyrogens in Water and their Removal and of their Pharmacology and Fate in the Body.* (London University thesis, 1958.)

Fissuring of the Finger-nails

Q.—*What is the cause of, and treatment for, longitudinal fissures which extend from the free border of the finger-nails towards the base? There is no history of trauma.*

A.—A lesion of this kind is sometimes due to trauma. It may result from a single injury to the nail matrix or nail-bed, after which the nail-plate grows in such a way as to form a fissure constantly. In some other cases the lesion may result from repeated minor trauma, such as pushing back the cuticle. In other cases a subungual lesion such as a wart or a small tumour may be identifiable. Occasionally eczematous or psoriatic nails may show this kind of lesion. There are, however, other cases where the nail-bed and matrix appear to be entirely normal and the cause of the dystrophy is obscure. Treatment is baffling.

Sahli Haemoglobin Estimations

Q.—*What is the margin of error when a competent person estimates haemoglobin by the Sahli method?*

A.—The accuracy of the Sahli method of estimating haemoglobin was determined by the Oxford group of workers during the war, and it turns out that the coefficient of variation is about 10%. That is to say, one estimation in every 20 may be expected to have an error greater than + or -20%.

These data were obtained with competent trained observers using the same standards. Some observers are

quite unable to match the standard with the unknown, and some Sahli apparatus is designed in such a way that one is prevented from interchanging the position of standard and unknown; this leads to a systematic error.

The estimation of a 10% coefficient of variation is thus the minimum one for trained observers using the best apparatus under optimal conditions.

Sea-bathing and Hypertension

Q.—*Is it safe for people with moderate hypertension but normal renal function to bathe in the sea in warm weather?*

A.—There is no reason for forbidding leisurely sea-bathing to people with moderately severe uncomplicated hypertension. Diving and long-distance swims should, of course, be avoided, particularly if patients are being treated with ganglion-blocking drugs. These patients should be advised to have a companion with them in the water in view of the possible hazard caused by postural hypotension.

Asthma After Autogenous Vaccine

Q.—*A doctor, aged 36, developed severe asthma after beginning a course of autogenous vaccine prepared from a throat swab. Is this an uncommon event? Should he be desensitized with another autogenous vaccine?*

A.—It is most unusual for asthma to develop for the first time after injections of autogenous vaccine. Autogenous vaccine therapy for asthma has been shown to produce no better results than carbol-saline injections¹ and so cannot be recommended. The cause or causes of the asthma should be investigated.

REFERENCE

- ¹ Frankland A. W., Hughes, W. H., and Gorrill, R. H., *Brit. med. J.*, 1955, 2, 941.

Relapse of Squint

Q.—*A boy aged 4 has a relapse of a lateral divergent squint after a successful operation when aged 2. Is a second operation likely to be successful, and when should it be done? Are there any exercises which might be successful as an alternative to operation? There is no error of refraction.*

A.—Unless the angle of squint is very small, exercises are of little value in divergent squint. There is every reason to suppose that a further operation would be successful in the case quoted, and it should be done before the child starts school.

Correction.—In the "To-day's Drugs" comment on pipamazine ("mornidine") (May 14, p. 1500) the large doses causing side-effects were given as 30-600 mg. daily instead of the correct figure 300-600 mg. daily.

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