

while T.A.F. is avoided by others because it contains a small amount of horse serum to which a person might be sensitized. A full reinforcing dose of either preparation should give adequate protection provided that the primary course at the age of 5 was complete. The modern trend, however, is towards the use of combined vaccine whenever possible. If the child has already been actively immunized against tetanus, diphtheria and tetanus vaccine (DT/Vac) is an excellent prophylactic for reinforcement.

Spot Weight Reducing

Q.—*Is there any scientific basis for the claims that so-called spot-reducing garments (made of plastic materials) "dissolve fatty tissue" in selected areas of the body by causing excessive local perspiration? Is local vibratory treatment of any value in reducing fat in selected parts of the body?*

A.—Apparent fatness may be due to two causes: (1) gain in weight; (2) lack of tone of the abdominal musculature. There is no scientific basis for claims that excess weight will be removed by any form of physiotherapy or any type of garment. A lax abdominal wall will be concealed by a spot-reducing garment or by any other form of corset. It can be remedied by suitable exercise therapy. Vibratory treatment may help indirectly by making the patient conscious of his abdominal muscles and therefore reminding him to contract them.

Nasal Furuncles

Q.—*What can be done for recurrent furuncles in the nose? The patient is allergic to penicillin, and the regular application of "naseptin" cream has been ineffectual.*

A.—Perhaps the most common cause of recurrent furuncles in the nose is physical irritation to the nostrils, especially by the fingers. Diabetes should always be excluded, as also should chronic sinus infection and nasal allergy. Trimming of the nasal vibrissae may help, as also may the local application of hydrocortisone cream or dilute nitrated mercury ointment. It is, of course, of the utmost importance that no attempt should be made to pull out the hairs, since the nostrils come within the "danger area" of the face.

Excessive Milk Consumption and Respiratory Infections

Q.—*Is there any proved relationship between excessive (1½–3 pints [0.9–1.7 litres] a day) consumption of cow's milk in young children and (1) frequency of upper respiratory infections, and (2) hypertrophy of tonsils and adenoids?*

A.—There is no known relationship between the excessive consumption of cow's milk and the frequency of upper respiratory infections or hypertrophy of tonsils and adenoids.

Post-herpetic Facial Neuralgia

Q.—*A man aged 55 has severe post-herpetic neuralgia involving the right 5th cranial nerve and complete sensory loss on the right side of the face. The ganglion on the right side has been injected. Is there any likelihood that neurosurgery would help this patient, and, if so, what would be the procedure?*

A.—The complete sensory loss on the right side of the face presumably results from the Gasserian ganglion injection rather than from the attack of herpes zoster. Ganglion injection is only very rarely successful in relieving post-herpetic neuralgia, unlike the excellent results obtained in paroxysmal trigeminal neuralgia. The same is also true of operative section of the sensory root of the trigeminal nerve and of trigeminal tractotomy in the medulla, and these procedures would not be indicated in the case mentioned. Long-standing post-herpetic neuralgia is a notoriously difficult condition to treat, but Taverner¹ has recently claimed encouraging results with brief interrupted spraying of the affected area with ethyl chloride. If, however, his

explanation that the relief of pain by cooling the skin depends on adequate afferent stimulation is correct, it is unlikely to be effective in a patient in whom the skin has already been denervated.

REFERENCE

- ¹ Taverner, D., *Lancet*, 1960, 2, 671.

NOTES AND COMMENTS

Withdrawing C.S.F. from Spitz-Holter Valves.—Dr. R. P. CALLAGHAN (London N.W.6) writes: Your expert ("Any Questions?," June 3, p. 1622) has pointed out why a Spitz-Holter valve should not be punctured to obtain a specimen of C.S.F. However, the indications to investigate this fluid warrant particular attention, because, unlike other drainage operations of hydrocephalus—viz., spinoureteric,¹ ventriculo-subdural,² etc.—the shunting of C.S.F. through valve systems either into the right atrium³ or into the superior vena cava⁴ provides an unguarded access for organisms to enter the circulation. It is therefore appropriate to suggest that persistent bacteraemia⁵ may be the cause of this child's symptoms which the questioner is investigating. In this condition organisms of low virulence, frequently the coagulase-negative *Staphylococcus albus*, colonize the valve. By virtue of their low virulence, they do not cause obvious clinical inflammation around the valve but are carried by the flow of C.S.F. through a functioning valve system into the heart to produce persistent bacteraemia, characterized by persistent pyrexia, progressive anaemia, and splenomegaly. Blood cultures are positive, but, since the offending organism is frequently a *Staph. albus*, there may be a tendency to regard this essential finding as an indication of a contaminated blood culture. Antibiotics given intraventricularly and systemically can only suppress the symptoms.⁶ Mr. G. H. Macnab, at the Hospital for Sick Children, Great Ormond Street, has had seven of these cases in a series of over 120 Spitz-Holter valves, and it has been found that the condition cannot be cured until the valve is removed or disconnected.

OUR EXPERT replies: Dr. Callaghan's comment goes beyond the terms of the original question, but he is quite correct in saying that the Spitz-Holter valve by itself can lead to a meningitis from organisms of low virulence and can perpetuate this meningitis. Indeed, this seems to be a quite serious complication of the valve, and if the meningitis does occur the treatment of the meningitis is not aspiration of C.S.F. by any route but by removal of the valve.

REFERENCES

- ¹ Matson, D. D., *J. Neurosurg.*, 1949, 6, 238.
² Forrest, D. M., Laurence, K. M., and Macnab, G. H., *Lancet*, 1957, 1, 1274.
³ Pudenz, R. H., Russell, F. E., Hurd, A. H., and Shelden, C. H., *J. Neurosurg.*, 1957, 14, 171.
⁴ Spitz, E. B., *Symposium on Pediatric Surgery*, 1957, 6, 1215.
⁵ Cohen, S. J., and Callaghan, R. P., *Brit. med. J.*, 1961, in press.
⁶ Callaghan, R. P., Cohen, S. J., and Stewart, G. T., *ibid.*, 1961, 1, 860.

Correction.—We much regret an error in Mr. Lindsay Symon's preliminary communication (July 8, p. 94). In lines 10 and 11 the doses of isotope recommended by Selverstone and White (1951) and Selverstone and Moulton (1957) should have read, respectively, "0.5 to 1 mc." and "1 mc. or less."

Collected Articles from the "British Medical Journal"

The following books are available through booksellers or from the Publishing Manager, B.M.A. House. Prices, which include postage, are now the same for both inland and overseas.

Refresher Course for General Practitioners, Volume 3 (26s. 9d.).
Any Questions?, Volume 3 (8s. 3d.).

All communications with regard to editorial business should be addressed to THE EDITOR, BRITISH MEDICAL JOURNAL, B.M.A. HOUSE, TAVISTOCK SQUARE, LONDON, W.C.1. TELEPHONE: EUSTON 4499. TELEGRAMS: *Atiology, Westcent, London*. ORIGINAL ARTICLES AND LETTERS forwarded for publication are understood to be offered to the *British Medical Journal* alone unless the contrary be stated. Authors desiring REPRINTS should communicate with the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1, on receipt of proofs. ADVERTISEMENTS should be addressed to the Advertisement Director, B.M.A. House, Tavistock Square, London, W.C.1 (hours 9 a.m. to 5 p.m.). TELEPHONE: EUSTON 4499. TELEGRAMS: *Britmedads, Westcent, London*. MEMBERS' SUBSCRIPTIONS should be sent to the SECRETARY of the Association. TELEPHONE: EUSTON 4499. TELEGRAMS: *Medisecra, Westcent, London*. B.M.A. SCOTTISH OFFICE: 7, Drumsheugh Gardens, Edinburgh.