Allergy to Citrus Fruit

Q.—*Last autumn and this I have frequently noticed crops of vesicles in infants and young children, on arms, legs, and sometimes the body. Attacks tend to recur over a period of weeks or months; the vesicles are usually irritable, start as red spots, then become blisters, and gradually disappear; they may reappear in a week or so; size 1/8 in. to 1/4 in.; they may become pustular. Mother and clinic usually blame oranges. What are the aetiology and treatment, and does diet or vitamin deficiency play a part in causation?*

A.—The description does not give enough detail to allow of a definite diagnosis, but the occurrence among a number of young children suggests a common factor, and if an unusual form of urticaria can be excluded, and such parasitic conditions as scabies, then it is not unreasonable to suspect oranges, because the citrus fruits are well known to cause allergic reactions of different sorts.

Occupational Cause of Leukaemia and Raynaud's Disease

Q.—*Is there a recognized occupational cause of (a) leukaemia, (b) Raynaud's disease?*

A.—Leukaemia is not generally recognized as a direct occupational disease, but it has been noted as the final phase in some cases of aplastic anaemia following exposure to benzol, and occasionally to *x* rays. A recent case of chloroleukaemia reported in a German benzol worker, for example, was considered to be related to his exposure in so far as the benzol might have had an initial aleukaemic effect followed by over-compensation of the bone marrow leading to leukaemia. (For leukaemia associated with benzol see Weil, P. E., *Bull. Mém. Soc. méd. Hôp. Paris*, 1932, **48**, 193.)

True, Raynaud's disease is not recognized as an occupational condition, but " dead hand " is known as a relatively frequent occurrence in workers using the compressed-air hammer. This is believed to be a local condition due to the concomitant action of cold (partly arising from the compressed air escaping from the tool) and of long-continued muscular contraction and transmitted vibration. (See Leys, D., *Lancet*, 1939, **2**, 692; and Desoille, H., 1937, *Ency. Méd. Chir.*, vol. 8.)

Romberg's Sign

Q.—*What is the mechanism of a positive Romberg's sign? In what conditions is it found? Where can one read Romberg's own description of this sign?*

A.—Romberg's sign is used to demonstrate a defect in the ability to maintain posture. The ability to stand upright with the eyes closed depends upon the afferent impulses from joints, tendons and muscles, and skin. Some of these impulses make the subject conscious of where his limbs are and where his body is in regard to his limbs. Some do not reach consciousness but nevertheless help in the maintenance of posture. All these impulses are co-ordinated and the resulting pattern of nervous activity maintains the postural muscles in the appropriate tonic state, through the efferent nerves. A lesion anywhere in the pathway will give rise to a defect in maintaining posture—for instance, a man with weak muscles cannot stand upright efficiently. Usually, however, the defect is in the sensory, afferent fibres, when inability to maintain posture, giving a positive Romberg's sign, is associated with loss of joint sense. The sign is therefore found in diseases where this defect occurs—for example, tabes dorsalis, disseminated sclerosis, or peripheral neuritis. Romberg's original description appeared in the *Lehrbuch der Nervenkrankheiten des Menschen* (Berlin, 1853), and a translation by E. H. Sieveking appeared in the *Transactions of the Sydenham Society*, London, 1853.

INCOME TAX

Expenses of Employment

A. S. has been employed by the Ministry of Health, it being a condition of his employment that he should attend a course of study and sit for a specified examination. Can he claim a deduction for the study and examination fees?

*** The governing rule is that an expense can be deducted if it is incurred wholly, exclusively, and necessarily in the performance of the duties of the office or employment. The benefit to be derived from the study and the examination in question—e.g., the increase in knowledge and skill, and evidence thereof—will extend into the future, and though A. S. can presumably show that the expense was necessary in that only by complying with the condition could he continue to hold the appointment, it is, we consider, unlikely that he could establish the contention that it was incurred wholly and exclusively in the performance of the duties of his present employment. We cannot therefore advise him to appeal against the view taken by the inspector of taxes.

LETTERS, NOTES, ETC.

Oxalated Blood for Cell Counts

Dr. C. J. C. BRITTON (London, W.1) writes: The answer given under this heading in the issue of Dec. 2 (p. 744) appears incomplete. It omits to mention the very important point of the amount and type of oxalate used. The ordinary oxalate tube, as usually employed in the collection of blood for biochemical tests, contains so much oxalate that a very hypertonic fluid is inevitable, and the results found on delayed counting of such blood are grossly inaccurate, as your correspondent states. If, however, the tubes for collecting the blood are prepared in such a way as to avoid this—e.g., if they contain a mixture of exactly 4 mg. dry potassium oxalate and 6 mg. dry ammonium oxalate for each 5 c.cm. of blood taken—it will be found that the estimation of haemoglobin, the red cell count, and packed cell volume are reliable if performed within 24 hours in temperate climates, or within 2 to 3 days in cool weather. The leucocytes are much more easily damaged and destroyed, and there is commonly about 10% destruction of these cells in 24 to 36 hours. Blood films must always be made when the blood is first collected.

Growth on Ear

Dr. F. S. AIREY (Leicester) writes: I believe your inquirer would find a more precise reply of greater assistance than the one quoted by you (Nov. 25, p. 714). Chondrodermatitis nodularis chronica helicis, as first described by Winkler (painful nodule of the ear), is a clinical entity commonly encountered. The aetiology is obscure, but the lesion occurs mostly in middle-aged men (although I have seen it in a young boy) and always chooses the rim of the pinna. It is essentially a corn, being dependent upon the development of a cartilaginous outgrowth in response to intermittent pressure (perhaps from the hat brim, but more likely the pillow in bed). The visible, palpable " wart " is a nodule of fibrous connective tissue, which recurs after simple excision. Usually it is radio-insensitive. Permanent relief cannot be achieved without removal of the underlying cartilaginous spur. It is important not to limit excision to the actual nodule or a prominence will be left at each end of the arc and favour the development of secondary lesions. It is wise to strip the cartilage (not, of course, deeply) over an inch or so of the rim of the helix so as to avoid further trouble. The slight disfigurement resulting is accepted by most patients as of trivial consequence.

Insect Sprays in Sleeping Quarters

Dr. A. H. DOUTHWAITE (London, W.1) writes: With reference to your recent correspondence on the subject (Dec. 30, p. 874), it may interest your inquirer to learn of one instance in which " flit " appeared to produce toxic effects. An over-zealous housemaid had sprayed the bedroom profusely shortly before bedtime. No precaution had been taken to prevent the droplets falling on the pillows. The windows were opened just before the occupants got into bed. Both of them suffered from dreams of violent action, terrifying apparitions, and other features similar to those produced by deliriants. They awoke within an hour with headache. On changing the pillows and leaving the door open the smell of the fluid soon vanished and the rest of the night was peaceful. A year later the same train of events occurred. Other members of the household in unsprayed rooms did not suffer. On both occasions they had all eaten the same dinner. Presumably the volatile solvent was responsible.

Colt or Filly?

Dr. J. HOBART NIXON writes: Dr. L. Kilroe is correct in his doubts about Rocksand's female impersonation: the race mentioned should have been the St. Leger, not the Oaks.

Corrigenda

There was an inadvertent omission from the report of a case of locked twins received by airgraph from Dr. B. A. Bradlow of Johannesburg and printed in the *Journal* of Oct. 21, 1944 (p. 532). After the words " . . . delivered this twin as a breech presentation," the report should read: " The infant was a female weighing 5 lb. 3 oz. and only had slight blue asphyxia. He then did an internal version, turning the second foetus into a breech, and delivered it in this position. This infant was also a female, weighing 4 lb. 4 oz., and like its sister exhibited only slight blue asphyxia."

On page 57 of the *Journal* of Jan. 13, in the account of a meeting of the British Orthopaedic Association, Col. Stark (New Zealand A.M.C.) was given as one of the speakers. This should have been Col. Stout.

Disclaimer

Mr. HAROLD DODD wishes to disclaim any part in the publication in a weekly periodical of an extract from his article on varicose veins which appeared in the *Journal* of Dec. 23.