

rapid lethal action. There will thus be survivors of the initial attack which will multiply and continue the infection if treatment is not continued. Thirdly, there may be some part of the infected area not in close enough contact with the circulation for penicillin to reach it quickly and in adequate concentration. For these reasons total extermination of the invading bacteria by the action of penicillin alone is usually not to be expected; its influence must be maintained until the normal defence mechanism has been enabled to complete its work.

Prevention of Rust on Instruments

Q.—Is there any substance which can be added to boiling water when sterilizing instruments which will prevent their rusting? Is it true that borax serves this purpose?

A.—It is true that rusting will not occur in water containing borax in solution, even when instruments are immersed in it for weeks. This substance is therefore included in the formula of disinfectant solutions, of which the main constituent is formalin or *p*-chlorometacresol, used for the storage of sterile instruments. Two such formulae are:

B					
Borax	..	..	..	..	1.5 g.
Formalin	..	..	..	..	2.5 ml.
Phenol	..	..	..	..	0.4 g.
Aq. dest.	..	..	..	..	ad 100 ml.
B					
Borax	..	..	..	..	1.0 g.
<i>p</i> -chlorometacresol	..	..	..	..	0.2 g.
Spirit	..	..	..	..	0.6 ml.
Aq. dest.	..	..	..	..	ad 100 ml.

The addition of borax to water in which instruments are boiled is usually considered unnecessary, since there is no time for appreciable rusting to occur, unless the instruments are left in the sterilizer for some time after it has cooled. On the other hand, the addition of 2% sodium carbonate has the advantage that it enables boiling to destroy all kinds of bacteria, including spores, which may be unaffected by boiling in plain water.

Ergot and Ergotamine Poisoning

Q.—What are the early and late toxic effects of ergot and of ergotamine?

A.—A comprehensive account of the toxic symptoms produced by ergot and ergotamine is given by von Storch (*J. Amer. med. Ass.*, 1938, 111, 293). The usual form of ergot poisoning is the gangrenous type, in which the premonitory symptoms are general lassitude, mental dullness, vague lumbar pains, cramp-like pains in the calves, and burning pains in the extremities followed by intense waves of heat and cold. The less common form is the convulsive type, usually associated with malnutrition, in which there are contractures of the muscles of the face, hands, and feet.

The first signs of poisoning due to ergotamine are nausea, vomiting, numbness, or tingling of the hands or feet, and muscle pains. The later signs are gangrene of the extremities, which usually remains dry. In a small proportion of patients there may also be insomnia and restlessness, substernal oppression, and vascular pain around the femoral or brachial vessels or in varicose veins.

INCOME TAX

All inquiries will receive an authoritative reply but only a selection can be published.

Practitioner's Expenses

J.F. inquires whether the cost of repairing a consulting room chair and of replacing a divan in his assistant's bedroom is allowable.

* Yes—in both cases.

Cost of Assistant's "Living-in" Accommodation

G.L. asks how much can be allowed for such expenses.

* In addition to the salary paid the principal can deduct sums expended to provide the board and lodging which the assistant is entitled to under the service agreement. No rule can be suggested for calculating the amount except that it should be a reasonable proportion of the general cost of maintaining the private establishment, plus any sums specifically expended for the assistant's benefit.

Letters and Notes

Nocturnal Diuresis

Dr. B. E. READ (Shanghai) writes: Nocturnal diuresis among internees in Shanghai was most pronounced. There is no evidence that I know of to support the theory that this is due to a rice diet as suggested in Dr. C. Romer's letter (Aug. 3, p. 176). The Chinese on a rice diet do not micturate more freely than those in North China on a wheat diet, nor is a greater volume of urine excreted. I attribute the nocturnal diuresis observed to the nervous strain under which internees were living. My personal experience may be of interest. Living in one camp for 15 months in a dormitory of 67 men, I, in common with many of the others, was micturating five to six times a night. This entirely ceased when I moved to a second camp where at first I had a quiet private room. A month later I shared a larger room with a doctor and some time later spent a year in a quiet billet with five other congenial people and had no recurrence of this trouble in an extreme form, though the diet was the same in both camps. Internees were generally unwilling to acknowledge any nervous strain. One man, who before internment was in the hands of the Gestapo for about one month, two weeks after his release said he was much better, having micturated the previous night only fourteen times.

Swallowed Kirby Grip

Dr. A. P. MACDONALD (Newark) writes: In view of Mr. A. M. Desmond's communication (Dec. 28, 1946, p. 1012) the following case is considered worth recording. A child aged 2½ years was admitted to the Newark and District General Hospital on Dec. 19, 1946, with a history of having swallowed a Kirby grip two days previously. There was also a history that the child had been operated on successfully for pyloric stenosis at the age of 7 weeks. On admission, the child did not complain and nothing abnormal was discovered clinically. X-ray examination showed the hair grip to be lying in the stomach. The patient was given stodgy food and cotton-wool by mouth. Further x-ray examination on Dec. 22 showed the Kirby grip still in the stomach, and a small quantity of barium was given for confirmation. The child did not complain of any symptoms and it was decided to wait a little longer. After the barium the patient vomited three times, and the following day, one week after swallowing the foreign body, he vomited the Kirby grip back with a small quantity of barium. The grip measured 2 in. (5.1 cm.) in length.

Disclaimer

Drs. G. F. TRIPP, F. N. NEWNHAM, D. M. THOMSON, A. B. BAXTER, M. J. LINDSEY, T. O. MASON, G. R. FORD, C. F. KNIGHT (Dartford) write: We hereby disclaim all responsibility for recent Press reports on the medical service in Dartford, which were published without our knowledge or consent.

Correction

Dr. J. F. BROMLEY writes: As honorary secretary of the Faculty of Radiologists, I would like to draw attention to the fact that your account in the *Journal* for Jan. 4 (p. 25) of the discussion of carcinoma of the stomach there is no reference to the part played by the Faculty of Radiologists. In fact the bodies taking part in the joint meetings were the British Institute of Radiology, the Faculty of Radiologists, and the R.S.M. Section of Radiology, and the chairman at the first meeting on Dec. 14 was our President, Dr. C. Teall. This was clearly stated in the notice of the meetings issued by all three societies.

A misprint occurred in the report of Sir Allen Daley's speech at the luncheon of the City of London Corporation Health Committee (*Journal*, Jan. 4, p. 24). Under the sub-heading "Hygienist and Surgeon," col. 1, line 21, the date 1885 should read 1855.

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