

not acquired post-natally. Deafness is always more marked during fatigue or illness, because the subject is then unable to make the extra effort normally needed to overcome his handicap. Nothing is at present known which will arrest the progress of the disease. The increase of deafness may be offset by learning to lip-read and by the use of a valve amplifier hearing-aid. Recently fenestration of the labyrinth has been revived; this subject was reviewed in the *Journal* of Sept. 29, 1945 (p. 430). The present-day technique has given much better results in selected cases, though how lasting the improvement will be remains to be seen.

### Arterial Thrombosis

**Q.**—A man aged 68 was suddenly awakened with severe pain in his left calf; rubbing eased it, but the calf remained tender and painful for about a fortnight. Since then he has had intermittent claudication in the leg after walking some 100 yards, and numbness and tingling of the foot. X-ray examination shows scattered calcification of the arteries in both legs. How would you treat this condition?

**A.**—This account leaves no doubt that thrombosis of one of the main arteries has taken place. The most common sites for such obstruction are the femoral artery in the mid-thigh, and the popliteal artery. The symptoms suggest that in this case the block was somewhat lower. The therapeutic indication is to try to increase the collateral arterial circulation in the leg; this may be done by intermittent venous occlusion, by intravenous injections of saline or plasma, or by lumbar sympathectomy. For the precise indications and details the standard textbooks should be consulted.

### Penicillin and Bismuth in Syphilis

**Q.**—A man and wife who contracted syphilis twenty-five years ago have just completed a prolonged course of arsenic and bismuth; they are now symptom-free but serologically still positive. They want to try penicillin. What course of this drug plus bismuth and arsenic would you recommend? At what stage of the arsenic-bismuth treatment should the penicillin be given, and what is the expectation of cure?

**A.**—A good deal depends on what is meant by a "prolonged" course of arsenic and bismuth, and how soon treatment was started after infection. Assuming that each patient has received at least 25 g. of neoarsphenamine or its equivalent and 10 g. of bismuth metal, and that the patients have reached the age of 50 or thereabouts, no further treatment is necessary provided their spinal fluids are negative. Penicillin is not recommended, since this antibiotic is not very effective in reversing resistant serum reactions. However, if the patients insist on its use, a total dosage of about 10 mega units is advised. This may be administered by daily injections of 300,000 Oxford units contained in a slow-release vehicle; bismuth may be given concurrently in doses of 0.25 g. once a week for ten weeks; there is no object in giving arsenic. The expectation of cure, in the sense of reversing the serum reactions, is poor, but, provided their spinal fluids are negative and there is no evidence of cardiovascular disease, there is no reason to suppose that syphilis will materially shorten the life of either patient.

### INCOME TAX

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

#### Expenses arising from Requisitioning of Premises

D. B. was called up for naval service in August, 1939, and served until April, 1947. His house has been requisitioned and requests to de-requisition it have proved fruitless. In the meantime his family have to live in the country and as he holds an appointment in London he is put to considerable expense in visiting his family. Can any deduction be claimed in these circumstances from his income-tax assessment?

**\*\*** No, with the possible exception of the fixed £10 special "war" allowance. The expense would not be regarded as being incurred in carrying out the duties of his employment but rather in his private capacity as head of a family.

## Letters and Notes

### Vitamin B<sub>1</sub> for Herpes

Dr. S. J. Gross (Chirala, British India) writes: With reference to the treatment of dermatitis herpetiformis as recommended by Dr. R. Milton and Dr. T. H. K. MacLaughlin (March 22, p. 402) I should like to suggest another method which to my knowledge has not been described yet. It has been suggested that in herpes the virus passes down the sensory nerves to the skin and produces the lesions there. Vitamin B<sub>1</sub> has been recommended and has been used in the treatment of herpes with doubtful results. Herpes is due to a localized nervous irritation and not to a systemic affection. Therefore I thought that a local application of thiamine might be more successful, and that when applied locally the vitamin B<sub>1</sub> might proceed along the nervous pathways from the skin to the affected nerve ganglion. The following mixture was used for the topical application: 1 ml. of thiamine hydrochloride containing 50 mg. dissolved in 3 ml. glycerin. This medication is applied three times daily to the skin lesions. Soon after the first application the patients notice a soothing sensation, and after the second application they experience a great relief, the itching ceases, and the pains disappear. The following cases may serve as illustrations. (1) A woman 8 months pregnant was admitted with a painful herpes of the lower lip. A number of local applications had been tried unsuccessfully. I painted the lip with vitamin B<sub>1</sub>-glycerin. After the first application she felt better and was able to bear touching of the lesions. After the second application it was noted that the blebs started to burst and to dry up. Patient had no pains any more and was able to eat again. Simultaneously the swelling of the lip began to decrease, and on the next day patient was perfectly well and went home. (2) A nurse 25 years old was admitted with a very painful herpes and herpetiform dermatitis of the buttock and of the inguinal area. On account of the pain she was given morphine injections, and she had different local applications without any improvement. On the third day of the eruption vitamin B<sub>1</sub>-glycerin was applied locally. After the first day she had still some pain, but the itching had decreased. After the second day of local applications pain and itching had disappeared. No new vesicles had formed, and the old eruptions began to dry up and to heal. For the last six months I have been using the topical application of vitamin B<sub>1</sub>-glycerin in these and a number of other cases with the same good results. Thus I have come to regard vitamin B<sub>1</sub> in glycerin as a specific for the treatment of herpes and of herpetiform manifestations. No other treatment was given concurrently.

### Nocturnal Enuresis

Mr. H. P. WINSBURY-WHITE (London, W.1) writes: The answer to the question on enuresis (May 24, p. 749) prompts me to add that the urethra should be carefully examined in obstinate cases; it is essential that urethroscopy is included. The latter procedure can be carried out in all children with this complaint. Residual urine from bladder-neck fibrosis, granulomatosis, or polypoid changes in the posterior urethra, generalized or localized constrictions of the anterior urethra, all play their part and are easy to remedy; moreover the enuresis improves if the local pathology is properly treated. The examination and treatment which I have carried out of several hundreds of these cases along these lines have convinced me of the importance of this approach. If any one of your readers who has not the facilities for urethroscopy in children, but who has the means of making this examination in adults, wishes for conspicuous evidence of urethral pathology in association with enuresis, let him seek out and examine several cases in which the incontinence has persisted into adult life, for urethral changes when present are usually very obvious in such patients.

### Tuberculin Tests: Correction

In the *Journal*, May 31, at p. 793, under the heading "Tuberculin Tests" the statement "If no reaction is obtained after two hours . . ." should have read ". . . after two days . . ."

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