Any Questions?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Treatment of Tuberculous Cervical Adenitis

Q.—*What treatment is advised for tuberculous cervical adenitis?*

A.—Many surgeons believe chemotherapy to be of little value in tuberculous cervical adenitis, except perhaps to protect against a spread of infection when operative measures are being undertaken. On the other hand, Miller[1] and Lincoln[2] consider that chemotherapy is useful. There is general agreement that surgical measures are necessary and chemotherapy of no avail when a gland is softening or fluctuant. The type of operative procedure is also a matter of opinion, some surgeons believing that nothing less than block dissection of the neck is required, while others prefer to incise caseous glands and express the contents. Furthermore, some believe that tonsillectomy is indicated in the majority of cases and others that it is needed only if the usual indications (apart from the tuberculous adenitis) are present.

It is probably fair to say that general measures are of the first importance. These include rest, good food, fresh air, and especially control of associated pyogenic upper respiratory infection. Recovery may then follow without the use of antibiotics and without the need for surgery, provided that none of the glands shows signs of softening. In the latter case a course of antibiotic therapy may still be justifiable in the hope that it will help the adenitis to settle down to an extent that will make necessary only the limited measure of incision of individual glands and expression of the contents. Miller[1] considers complete recovery without softening of a gland or glands sooner or later to be exceptional.

There can be no real objection to the use of chemotherapy if conservative measures are contemplated; there is reasonable evidence that it may be of value. The drugs used are isoniazid, and P.A.S. or thiazosulphone. The two former are usually used in conjunction, and it has been demonstrated that a higher blood level of active isoniazid is obtained when P.A.S. is administered concurrently. Isoniazid may be given orally in doses of 10–20 mg. per kilogram of body weight daily, with a maximum of 400 mg. daily. P.A.S. may be given orally in amounts of 0.5 g. per kilogram daily, with a maximum of 12 g. daily. They should be given in 3 or 4 doses at 4-hourly intervals. P.A.S. may cause anorexia, nausea, and vomiting. Thiazosulphone is given orally, initially in amounts of 0.5 g. per day divided into 4 doses. The quantity is then increased until sufficient is given to produce a blood level of 1–3 mg. per ml. 2½–3 hours after the dose is given. Control by estimating the blood level is necessary at first owing to the frequency of toxic symptoms (leukopenia, haemolytic anaemia, and vomiting) if these figures are exceeded.

REFERENCES

[1] Miller, F. J. W., in *Recent Advances in Paediatrics*, 1958, edited by D. Gairdner, 2nd ed., p. 279. Churchill, London.
[2] Lincoln, E. M., *Advanc. Pediat.*, 1958, **10**, 96.

Infective Hepatitis from Oysters

Q.—*Can the infective agent of acute infective hepatitis be carried by salt-water shellfish?*

A.—Only one recorded instance comes to mind of the agent of infective hepatitis being carried by salt-water shellfish. An explosive outbreak of hepatitis involving some 600 cases occurred in Scandinavia in December, 1955, and was traced to oysters as vehicles of the infection. Sven Gard[1] refers to the outbreak in a recent publication.

In the same publication Melnick[2] refers to an epidemic in Delhi in November, 1955. In this case raw sewage entered the river downstream from the water intake, but, owing to tidal currents and other factors, sewage flowed upstream, producing heavy contamination of the drinking water. Clinical hepatitis was observed in 2% of a population of 2 million. Other water-borne epidemics have also been reported.

REFERENCES

[1] Gard, S., and Alin, K., in *Hepatitis Frontiers*, 1957, Henry Ford Hospital, Detroit, Michigan, International Symposium, p. 169. J. and A. Churchill, London.
[2] Melnick, J. L., ibid., p. 211.

Boiling Babies' Bottles

Q.—*Assuming a normal standard of care and hygiene, is there any need to boil babies' bottles between feeds?*

A.—It is obvious that a baby's bottle and teat must be boiled before every feed to ensure that they are sterile. The hypochlorite method of sterilizing is equally effective, provided that it is carried out scrupulously as recommended in the textbooks and as advised by the makers of "milton." In homes and institutions, where there are several babies, sterilization between feeds is necessary. In the ordinary home with only one baby the bottle is commonly not boiled at every feed, but merely thoroughly washed. This is probably sufficiently safe, at all events in a country such as Britain, where the tap-water may reasonably be expected to be sterile or virtually so. The virtue of boiling the bottle each time is that it is then certain that no organism will be transferred to the baby through the bottle. The same applies to the teat. The hypochlorite method of sterilizing provides almost equal safety, although there are more possibilities of an error in technique. There is a good deal to be said for the method of terminal sterilization of feeds and for making up all feeds at the beginning of the day for those families who can afford to lay out the money on sufficient bottles for the day and who have a refrigerator or some place in which the prepared feeds can be kept cool.

First Shoes

Q.—*When should an infant with normal feet start wearing shoes, and what type of footwear should be worn?*

A.—An infant with normal feet starts to wear shoes when he needs them—i.e., when he starts walking on hard ground or a floor. The shoes are protective in the avoidance of injury, but there is no time when it can be said that an infant should wear shoes. If the shoe is big enough and has a straight inner border it is largely immaterial whether shoes or boots are worn. In either case a small heel is more comfortable.

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