Others were of the opinion that the scheme should be limited in scope and conducted with great care to avoid a phobia. Accompanying letters showed that a large number of practitioners had given much thought to the matter.

The British Empire Cancer Campaign will consider the matter further in the light of this expression of general-practitioner opinion. In the meanwhile, the campaign expresses its gratitude to general practitioners in the country for replying in such large numbers. This is an index of the interest which the problem arouses.—I am, etc.,

London, S.W.1. HORDER,
Chairman, British Empire Cancer Campaign.

Antibiotics and Hospital Staffs

SIR,—Referring to the recent communication of the Ministry of Health (*Journal*, July 4, p. 39) concerning the incidence of sensitivity in nursing staffs handling antibiotics, I would like to draw attention to another side-effect found in hospital dispensers preparing penicillin solutions.

Some time ago the dispenser of the Royal Infirmary, Edinburgh, drew my attention to the fact that three girls dealing with the preparation of penicillin solutions had developed black tongue. It had naturally caused some anxiety to the persons concerned. As care was always taken to use long tubing between the pipette and the operator's mouth the discoloration was due most probably to inhalation rather than actual deposition of penicillin solution in the mouth. The examination of lingual scrapings revealed in all three cases a very scanty bacterial flora but no fungi. Advice was given to interpose a filter consisting of a length of glass tubing packed with cotton wool in the rubber tubing connecting the pipette and the mouthpiece. This device was successful in causing disappearance of the brown discoloration, which has not recurred.—I am, etc.,

Edinburgh. W. TOMASZEWSKI.

SIR,—The articles and news that have appeared in the *Journal* of July 4 (pp. 30 and 39) prompt me to describe the desensitization of a nurse who became sensitive to streptomycin after giving it for several years.

This nurse, a girl of 22, reported to me in December, 1952, complaining of swollen eyelids, conjunctivitis, and puffy lips, with a raised erythematous rash over the upper part of her chest and forearms. These manifestations occurred if she as much as made six beds which had contained patients receiving streptomycin. She was able, however, to work in the linen-room without trouble. A misguided test injection of 50 mg. of streptomycin sulphate produced symptoms as above, but of alarming severity, which were not improved by the exhibition of several antihistamines in large doses.

After much discussion it was decided to attempt desensitization, though not much hope was held out for success. Accordingly we began with a dose of 50 micrograms, proposing to double the dose every other day. In the event it was found necessary to repeat a few doses at the same strength, as a slight reaction occurred. The streptomycin—in the sulphate form—was made up in the dispensary freshly each week, and of such dilutions that the injections never exceeded 0.2 ml. until the larger doses were reached. At first the injections were made subcutaneously, but later were given intramuscularly. The largest dose given was 0.8 g. of streptomycin—it being considered unnecessary to go beyond this.

After the course of desensitization the nurse was returned to full ward duties, which include the giving of streptomycin in both the sulphate and dihydro forms. She very occassionally complains of puffy, cracked lips, but this seems to be associated with the use of lipstick. She has no other allergic tendencies that I can discover, but her father is said to have suffered from asthma.—I am, etc.,

Newdigate, Surrey. W. F. WHEELER.

Tropical Diseases in Britain

SIR,—The omission of onchocerciasis from your annotation (May 16, p. 1096) is unfortunate, if only because irreparable damage may occur before the disease is suspected.

I would warn my ophthalmic colleagues in Britain to bear this condition in mind, the more so because in the initial stages the symptoms may be trivial. A recent case of "glare asthenopia" with 6/4 vision revealed a typical, though mild, nummular keratitis and numerous microfilariae in the aqueous of each eye.—I am, etc.,

Kampala, Uganda. A. J. BOASE.

SIR,—Professor W. Melville Arnott's views on the diagnostic use of emetine in amoebiasis (*Journal*, May 30, p. 1219) will be shared by many country practitioners in endemic areas and particularly in the non-operative diagnosis of deep-seated liver abscess. In this part of Africa, where primary hepatic carcinoma is not uncommon, liver abscess may occasionally give rise to confusion. In both the age incidence is the same—20–40 years as a rule—and a hard, lumpy epigastric swelling may closely simulate hepatic carcinoma, when in reality one is dealing with a small abscess surrounded by firm inflamed liver tissues. In the type of case of which one is thinking aspiration yields an ounce or so of thick greenish pus very unlike the classical anchovy sauce of larger and thinner-walled abscesses, and one remains in doubt as to the true diagnosis.

Liver biopsy would be helpful, but is not free from the risk of haemorrhage, not to mention the delay in obtaining a reliable report, but emetine will readily clarify the diagnosis and set both the liver and the doctor's mind at rest.—I am, etc.,

Nqutu, Zululand. ANTHONY BARKER.

Proguanil-resistant Malaria

SIR,—Dr. S. Avery Jones, in his article entitled "Experiment to Determine if a Proguanil-resistant Strain of *P. falciparum* Would Respond to Large Doses of Pyrimethamine" (*Journal*, May 2, p. 977), expresses the hope that special care will be taken that men of the King's African Rifles serving in Malaya do not return to East Africa with gametocytes of Malayan strains of malaria in their blood. I hasten to assure him that such steps are taken. Amongst African troops the incidence of malaria is extremely low. Sir Neil Hamilton Fairley on a recent visit to Malaya referred to this fact as "a remarkable achievement."

African troops, who are on suppressive mepacrine, continue to take a tablet of the drug (0.1 g.) daily for four weeks after leaving Malaya. Any of them who have developed benign or quartan malaria in Malaya receive a standard course of quinine and pamaquin or of chloroquine and primaquine if this has not already been carried out. At the conclusion of this course of treatment suppressive mepacrine is continued for four weeks after leaving Malaya.—I am, etc.,

Singapore. E. J. CURRAN,
Deputy Director of Army Health, G.H.Q., Far East Land Forces.

Polyarthritis in Rubella

SIR,—I was interested in the account by Dr. I. S. L. Loudon (*Journal*, June 20, p. 1388) of the occurrence of polyarthritis in association with German measles in adults.

I had a similar experience during an epidemic of German measles in March of this year, which involved 30 children and 7 adults. In all the children and two male adults the infection was of the usual mild type. In all five female adults, whose ages ranged from 30–45, and who were all infected by their own children, the infection was severe with marked conjunctivitis and photophobia, a florid rash, a painful generalized adenitis, muscle pains, and polyarthritis. In one case the polyarthritis was so severe that she was afraid to turn over in bed. In all cases the arthritis cleared completely after a duration of 5–10 days.