LETTERS, NOTES, ETC.

Cause and Treatment of Stitch

Dr. J. KENNISH (London, S.W.4) writes: It may help Mr. Hollman (*Journal*, March 10, p. 355) and his friends if I suggest that one teaspoonful of confection of sulphur taken the night previous to the cross-country run will probably prevent the "stitch." About fifty years ago my fellow-student runners rarely had stitch after adopting the above treatment. We ran in all weathers—through rain, sleet, and snow. We always wore ordinary light running costumes.

Common Salt for Cleaning Teeth

Dr. H. WATSON TURNER (London) writes: In your "Any Questions?" (Feb. 17, p. 244) you give a most pleasing, simple, and excellent answer under the above heading. For 3½ years during this war I worked as temporary assistant dental surgeon to a county health service, and this question and answer opens up, to my mind, the most important fact of all our dental work—oral and nasal hygiene. School inspections are often far too casual—just a glance and note if the teeth are to be extracted or "filled." I always advise a saline solution as being simple, easily obtained, cheap, and effective as a mouth-wash and gargle for cleaning gums and cheeks, and brushing the teeth and washing the nose.

Relation between Herpes and Varicella

Squad. Ldr. H. R. E. WALLIS, R.A.F.V.R., writes: At the age of 12 I had chicken-pox. Last year, at 29, I developed herpes zoster and was confined to bed at home. Eighteen days after the onset of pain my daughter, aged 16 months, developed chicken-pox, and two days later my wife also succumbed. Neither of them had previously had chicken-pox or herpes. It seems, therefore, that chicken-pox does not confer an immunity against herpes. It would be interesting to know if the reverse is true. Perhaps the mechanism is that when a patient meets the virus he develops chicken-pox if he has not previously been infected and herpes if he has. Another point that may be relevant is that about 28 days before the onset of pain I had acute pain in the sacral region, which I considered at the time to be due to fibrositis caused by exposure to damp. Perhaps this was a prodromal manifestation at the time of entry of the virus into the nervous system. The last contact with a case of herpes zoster was nine weeks before my attack began, and I had not seen a case of chicken-pox for several months. Accounts of other experiences would be interesting. I am afraid I have no access to recent published work on the subject.

Dr. C. COLEY GRAYSON (Birmingham) writes: As another instance of the apparent connexion between herpes zoster and varicella may I cite the following: A girl 6 years old was brought to me on Feb. 26 with a typical herpes zoster of the upper abdominal wall on the right side. (Unusual at that age, I thought.) Her brother, aged 4, was brought to me to-day (March 13) with an unmistakable varicella. The interval between the two cases (15 days) is well within the incubation peiod of varicella. Both children had measles two months ago.

"General" Practice in Australia

A SURGEON with the British Pacific Fleet writes: One of the most impressive things to a medical visitor to Australia is the high standard of general practice. Most Australian graduates after completing their house appointments aspire to travel to England ("go home," as they say) and see some work there. A high percentage achieve their ambition and not only go home, but while there obtain higher qualifications such as the M.R.C.P. and F.R.C.S., with the result that a relatively large proportion of Australian practitioners possess these qualifications. Quite apart from this, however, a sound curriculum and good teaching in the Australian Universities have combined with the natural enterprise found in a young country and fostered by its vast spaces and scattered population to produce a very competent type of all-round country practitioner with much initiative, as the following incident will show. A practitioner "out back" had under his care a boy aged 13 with osteomyelitis of the upper end of the tibia. He operated and drained a subperiosteal abscess, and for a time the boy appeared to be doing well, as the local condition subsided and healing took place. His general condition, however, began to deteriorate; he became cyanosed and dyspnoeic, and developed precordial pain with a fast, weak pulse. The practitioner diagnosed suppurative pericarditis. There was no consultant available from whom to obtain help, and he related quite simply how the only person with whom he could discuss the case was the boy's own father, who agreed that his son was dying and consented to an operation. The practitioner explained the desperate nature of this; he had not only never done the operation but had never seen it done. As the boy was too ill for a general anaesthetic, a little novocain was infiltrated into the presternal tissues as he lay in bed. This intrepid practitioner then very modestly and simply explained that he had been afraid of haemorrhage from the internal mammary artery. So he drilled a hole through the sternum with a perforator and burr. The pericardium bulged into this opening and he incised it, evacuated the pus, and put in a drain. The boy made a good recovery from his desperate condition. Pericardiac surgery in a country homestead by a family practitioner who had not only never previously had any experience of it but had never even seen it performed, and who himself had unaided to make the diagnosis which called for it, indicates a truly high standard of work among practitioners "out back."

Liquid Paraffin and Delayed Dentition

Dr. W. L. ENGLISH (Crewe) writes: From clinical observation babies seem later in cutting teeth than formerly, and when the teeth eventually appear they are often carious and ill developed. One or two doses of calcium and vitamin D subcutaneously show at times an immediate and gratifying acceleration of development in these cases of delayed dentition. It is fairly certain that dentition is a pre-natal issue, possibly as early as the appearance of the enamel and dental germs in the second and third months of pregnancy and embryonic life. The development of these germs depends to a great extent on the environment of the foetus, which is, of course, dependent on the source of nourishment of the foetus—the maternal metabolism. It is generally accepted that the fat-soluble vitamins A and D are necessary for the development of both bone and teeth in the foetus. For the last few years it has become fashionable for pregnant women to take liquid paraffin. The use of this inert substance is insisted on by midwives, and, I fancy, by most ante-natal clinics: expectant mothers would consider it almost a crime if they did not follow the fashion. To what extent has this widespread use of an inert oil been responsible for delayed dentition and caries in deciduous teeth? I understand that liquid paraffin will absorb, and in doing so rob a woman of, the fat-soluble vitamins A and D. So much liquid paraffin ingested, so much fat-soluble vitamin eliminated and lost. If this is fact, the practice of taking liquid paraffin is robbing the foetus of something which is essential to the development of both teeth and bones. Perhaps someone with more knowledge of these matters than I have will give an authorative opinion.

Antibiotic Action of Moulds

Dr. M. COPLANS (Hendon) writes: With reference to the inquiry on this subject by Capt. I. G. Anderson (April 7, p. 504) the following information may prove useful to him as a starting-point for further study: (1) *British Medical Journal*, March, 26, 1927, p. 580. Annotation, "French Experimental Work on Tuberculosis." (2) *Bulletin de l'Académie de Médecine*, Feb., 15, 1927, **97**, No. 7 p. 202, "Nouvelles Recherches sur le Développement du Bacille Tuberculeux. Applications Thérapeutiques," by Drs. A. Vaudremer, E. Puthomme, and J. Paulin. The organism employed appears to be *Aspergillus fumigatus* (not *niger*). There is a reference to Vaudremer's earlier work which appeared in the *Annales de l'Institut Pasteur*, March, 1910. (3) There is also a publication by Dr. Albert Vaudremer, "Le Bacille Tuberculeux. Etudes Bactériologiques, Cliniques et Thérapeutiques," Paris, 1927, Les Presses Universitaires de France. (*Vide* Chap. 20, p. 191, "Traitement par le Liquide de Culture d'*Aspergillus fumigatus* Filtré.") There is an excellent bibliography

Mixed Drinks

Dr. PABLO OSVALDO WOLFF writes from Buenos Aires: Referring to the discussion of "Mixed Drinks and Hangovers" in the *British Medical Journal* of Nov. 11, 1944, I may be permitted to add that the main reason for worse after-effects of cocktails and other mixed drinks than of pure drinks is to be found in the presence of relatively considerable essential oils which mixed drinks very often contain. The same amount of good brandy, in the same concentration, will generally do much less harm than do mixed drinks under equal conditions. The bad effect of those essential (volatile) oils, especially on the heart and the circulation and on the central nervous system, is well known. There exists some literature on the subject; may I quote only one paper written by my late friend Prof. W. E. Dixon, *Brit. J. Inebriety*, 1929, p. 148; another by Brasher, ibid., 1931, **29**, No. 1; G. Guillain, *Bull. Acad. Méd.*, Paris, 1929, p. 538.

Corrigenda

Delay of proofs in the post prevented Major Kendal Dixon from correcting a mistake in his article on "Penicillin and Fibrinolysis" last week. In the second paragraph of column 2 on page 515 the number 1,000,000 units should read 100,000 units.

In the report of the meeting of the Section of Otology of the Royal Society of Medicine (April 7, p. 493) the ranks of the two R.A.F. speakers were incorrectly given. They should be *Air Commodore* E. D. Dalziel Dickson and *Wing Commander* G. H. Bateman.