T.A.B. Cholera, and Smallpox Vaccination

Q. What is the youngest age at which T.A.B., cholera, and smallpox vaccines can be inoculated in a country like Pakistan or during an epidemic? If it is considered that children under 1 year of age should not be inoculated, would you please give the reason?

A. Enteric fever and cholera are very rare infections in infancy, and young children who become infected usually have mild attacks. The inoculation of infants under 1 year of age with T.A.B. or cholera vaccines is therefore not recommended. For children of 1–5 years, one-quarter to one-third of the adult dose is given, and for older children half the adult dose. Smallpox can be a severe infection in infancy, and in a country where this disease is still prevalent the bulk of infection falls on children under 5 years of age. The newborn infant usually derives some passive immunity from the mother through the placenta, and the best time to vaccinate is between 2 and 6 months of age (optimum 3–4 months).

Sensitization to Actinic Light

Q. For the third summer in succession the skin of a woman aged 42 has reacted rapidly and severely on exposure to sunlight. The affected areas do not become tanned but remain pink, and subcutaneous nodules develop. The patient was in the Engadine in 1939 and was often exposed to strong sunlight, but there was then no reaction. Is there any reason for this late development of sensitivity? I would be grateful for advice on prevention and treatment.

A. The development of sensitization to actinic light may arise at any age and for no obvious reason; sometimes there is a familial tendency. At times, however, it is an accompaniment of metabolic changes associated with a focus of infection or gastro-intestinal dysfunction, or with endocrine imbalance as at the menopause. A careful overhaul and the correction of any fault would be wise. The taking of drugs, such as sulphonamides, may determine the onset. In idiopathic cases epidermides or antihistamines by mouth, or injections of a gold salt in small dosage, may help. Protective applications are, however, generally necessary, and there are many effective ones, including para-aminobenzoic acid, yellow paraffin, titanium dioxide, tannic acid, quinine hydrochloride, and ichthyol powder. Paraaminobenzoic acid 13% in a cold cream or emulsifying base is suitable, or equal parts of "siccocolm," yellow soft paraffin, and Halden's base.

Infection of Seminal Vesicles

Q. What is the best method of treating a gonorrhoeal infection of 20 years' standing in a man aged 60? The focus is believed to be in the seminal vesicles. Massage, sulphonamides, penicillin, vaccines, etc., have been ineffective. Would vasotomy and injection of seminal vesicles be likely to be successful?

A. It is probable that the infection is no longer gonococcal, but that the condition is now due to other organisms; it might be well to have any urethral discharge and prostatic-vesicular secretion expressed by massage examined bacteriologically with special reference to Trichomonas vaginalis and pneumo-pneumonia-like organisms. It would be unwise to try vasotomy in a patient aged 60 unless his condition is serious, and it is by no means certain that any benefit would accrue. Unless a specific organism is isolated it would be better to try short-wave diathermy applied to the prostate and vesicles every few days. Aureomycin is well worth a trial if available. It is possible, of course, that the focus is in the urethra; this can be confirmed or excluded by urethrosopic examination.

Effect of Alcohol and Tobacco on Fertility

Q. Would you please advise me of the investigations carried out on the effect of smoking and of alcohol on fertility?

A. Repeated intoxication with alcohol has been shown to have a deleterious effect on spermatogenesis in rats (C. Lane Roberts and others, Sterility and Impaired Fertility, Hamish Hamilton Medical Books, London, 1948, 2nd ed.), but the writer has not seen any account of experimental work dealing with nicotine. In view of the known damage caused, mainly to the testes, by certain bacterial toxins and chemical agents, it is not unreasonable to assume that chronic alcoholism and excessive smoking may lower fertility, and many writers mention it as a possibility without producing evidence to support it. If these conditions ever have such an effect, it is likely to be difficult to prove it, because in practice they can rarely be separated from associated factors which might affect fertility. For instance, excessive smoking and drinking tend to occur in individuals who are overworked or exposed to severe mental stress or who are leading an unnatural and unhealthy life in other respects. Again, even if fertility is lowered the effect might not be directly due to the action of alcohol and nicotine on the gonads—it might be accounted for by poor appetite and malnutrition, which are the common features of addiction. It has been added that, although certain individuals may be susceptible, everyday observation makes it clear that fertility often continues unimpaired despite such excesses.

Notes and Comments

Antiseptics for Minor Dressings.—Dr. Rupert Palmer (Lydd, Kent) writes: In an answer to a question on "Antiseptics for Minor Dressings" appearing in your "Any Questions?" column (September 17, p. 661) the statement is made that "mercury perchloride is not to be used as it is exceedingly deleterious, and should never be applied to the body except, possibly, to the intact skin." This is complete and utter nonsense. The late Mr. Percy Legge, a senior honorary surgeon to King's College Hospital, under whom I was trained, used perchloride in varying strengths as a routine dressinging. Cases of poisoning were never seen, and I suppose "to be applied." I have used for the past twelve years a solution of 10%, sodi sulphas 1 in 2,000 perchloride as a routine wet dressing for all kinds of wounds large and small, skin abrasions, discharging boils, etc., with unvarying success. I have never seen any untoward sign at any time.

Corrections

Dr. Geoffrey Bourne (London, W.1) writes: Owing to a typing omission in my letter (September 24, p. 704) you to on distinction awards the point of my quotation from Pasteur has been missed. What Pasteur said was, "Tout le monde politique est contre moi." The occasion for this remark was his attempt to fight against the false dogma of spontaneous generation, and in this fight he was almost isolated in his opposition to the Académie Française and all it stood for in the way of subservience to tradition.

Mr. L. Fatti (Johannesburg) writes: May I draw attention to a small point arising in the article on Direct Inspection of Communicable Diseases at the Cape of Good Hope in the Aorta with a Thoracoscope," by Belcher and Dr. F. E. de W. Caley (Journal, August 6, p. 137)? A personal communication is attributed to me dated 1949, stating that I had used this procedure before performing Blalock's operation. I think this error in the date has been made, since Blalock died in February, 1948, for South Africa. I performed the operation first in 1947, and referred to it frequently before leaving England. Since then I have used it with increasing frequency for refining the diagnosis in various types of abnormality of the heart and great vessels, including coarctation of the aorta. The procedure is here becoming part of the diagnostical armamentarium of these diseases. Publication of the method has been delayed until a variety of cases has been accumulated to demonstrate its different aspects and uses.

Messrs. Butterworth and Co., Ltd., the publishers of Modern Trends in Diagnostic Radiology, which was reviewed in the Journal of September 24 (p. 688), write: Unfortunately the last paragraph in the excellent review is liable to give readers the impression that they will be unable to obtain a copy until the "second edition" is available. This is not the case. We are not doing a second edition yet, and the reviewer must be referring to the second printing.

In Dr. B. G. Grettow-Watson's communication (September 17, p. 651) the letters D.P.H. appeared instead of C.P.H.