solution of potassium permanganate (1 in 4,000) with subsequent scraping with the edge of a glass slide and the application of iodine, dithranol, or other fungicide. Fractional doses of x rays may be tried, either alone or with these measures, but no treatment is very successful, and treatment even after surgical removal fails in a considerable proportion of cases. Some fungi penetrate more deeply into the nail substance than others and are in consequence less easily cured.

Worn Incisors

Q.—Can anything be done to improve the appearance when the upper incisors begin to wear down in middle age?

A.—The remedy is the construction of porcelain or acrylic crown jackets. The discoloured enamel is removed from the teeth and replaced by a shell of porcelain or acrylic resin. With this method of crowning the nerve of the tooth is left intact.

Allergic Rhinitis

Q.—What investigations should be carried out to establish a diagnosis of allergic rhinitis and what is the treatment? Is there any known association between allergic rhinitis and glucose tolerance or gastric acidity?

A.—The patient should be asked about the mode of onset and any seasonal incidence of the symptoms, and about his occupation and environment, with special reference to any food, dust, or other specific factor which might be a cause of the symptoms. Any substances suspected can be tested by appropriate cutaneous tests to ascertain if the patient is sensitive to it. If such sensitivity is established, treatment in avoiding the allergen where possible, a carefully graduated course of injections to desensitize the patient, or if multiple sensitivity is present, a combination of these.

Many allergic patients have some degree of achlorhydria, and children who suffer from asthma have low blood sugars in over 60% of cases.

"Chloromycetin" and Hoarseness

Q.—Can chloromycetin ever produce hoarseness or aphonia?

A.—The most serious "toxic" effect of chloromycetin is the production of mucous membrane lesions. These commonly affect the tongue, pharynx, and throat and give rise to infection, oedema, and pain. "Black tongue" has been described. The lesions are probably due to yeast infection, and it has been suggested that induced riboflavin deficiency may be a factor in causing these changes. Hoarseness and aphonia might well result, but the writer has not seen it reported. Less commonly, proctitis, vaginitis, and perineal irritation may occur and may persist for a few weeks after treatment is stopped. Nausea, anorexia, and diarrhoea are common symptoms during chloromycetin administration.

NOTES AND COMMENTS

Punch-drunkness.—Dr. Ernst Jokl (Pretoria) writes: May I refer to your note in "Any Questions?" (September 30, p. 793). The point I wish to make is that punch-drunkness is not a single syndrome. In our first communication on the subject in 1933 the late Eric Guttmann and I made a distinction between two kinds of chronic impairment encountered in boxers—viz., behaviour anomalies indicative of psychopathic traits, and neurological or psychiatric conditions resulting from head injuries. As regards the former there are on record cases of "viciousness when drunk," "murder committed from jealousy," "boisterousness," "subnormal intelligence," "malingerer," "vagrancy," "simple dementia," and "euphoria and delinquency." These are not always to be found in the same case and Critchley has recently contributed further evidence. Sometimes there are neurological symptoms. Sometimes there are none. The question of the relation of the abnormal behaviour and boxing is often difficult to answer. Conditions which are commonly caused by head injuries in the ring include parkinsonism, cerebellar signs, dysarthria, epilepsy, paroxysmal headache, and hemiplegia. Post-mortem studies in boxers have shown subdural haematoma (many cases), early delayed subarachnoid haemorrhage, multiple layers of congealed blood (pschymeningitis haemorrhagica interna), haemorrhage into the pons, petechial haemorrhages into the cerebellum, petechial haemorrhages into the mid-brain, oedema of the entire brain, oedema of the skull, meningeal irritation, and meningeal petechiae. Laceration of the brain, and septic meningitis. Ex definitione, punch-drunkness is a state of gradual deterioration. But, disregarding for the moment the psychopathic group, the cerebral complications have not usually been considered in the literature and are assumed to be similar to those responsible for acute injuries. In fact, virtually every variety of symptom described in Rowbotham's textbook on head injuries has been observed in boxers. The multiplicity of anomalies encountered renders unacceptable the assumption of a single syndrome of punch-drunkness.

REFERENCES

1. Michel, med. Wochr., 1933, 80, 560.

Prickly Heat.—Dr. Mary E. Egerton (Free-town, Sierra Leone) writes: I feel it is a pity that the readers of "Any Questions?" should not be reminded of the wartime discoveries with regard to the prevention of prickly heat (October 7, p. 847). By the issue of salt tablets the armies in tropical areas succeeded in reducing the incidence of all disabling due to heat, including heat rash and prickly heat. My own work on this subject hardly deserves mention, being infinitesimal by comparison, but I have now and again proved the efficacy of saline drinks to prevent prickly heat in the European newborn baby. All European babies born at the Prince Christian Hospital, Free-town, are at once put on to slightly hypertonic saline drinks instead of the usual boiled water, and by this means we have prevented the distressing prickly heat to which their sensitive skins are prone. Babies who have been smothered, or are exposed to severe heat, are also given a teaspoonful of saline in an attempt to alleviate a condition so easily curable.

Dr. C. J. Wilson (Kenya Colony) writes: In the Journal of October 7, in "Any Questions?" (p. 847), occurs the statement: "Is there any truly specific treatment for prickly heat?" Can the author of this statement deny that the application of a mercurial lotion is invariably successful in curing prickly heat, and therefore can claim to be specific treatment (see Journal, 1948, 1, 76, 229, 317, 525, 573, and 811)? When prickly heat at last generally recognized for what it is—namely, a fungus infection at once curable by a mercurial application of requisite strength (my preference is for an aqueous solution of corrosive sublimate, 1:500)—perhaps we shall have to admit that there is no longer be avoided and may persist for a few weeks after treatment is stopped. Nausea, anorexia, and diarrhoea are common symptoms during chloromycetin administration.

Correction.—Reporting a meeting of the General Medical Services Committee (Supplement, November 18, p. 206) we erroneously said that acute primary (including influenza) pneumonia is not notified. It is in fact notifiable.

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