

Tinned Orange Juice

Q.—How does the vitamin content of orange juice from tins compare with that of fresh oranges? Is it reduced by the canning processes?

A.—Orange juice is mainly valuable as a rich source of vitamin C. Although this vitamin tends to be unstable to heating and storage, any competent manufacturer can adopt precautions during the canning of the juice which will ensure the preservation of almost all of its original contents of vitamin C. A statement of the vitamin C contents on the label of the can makes the manufacturer legally responsible for his product containing the amount indicated. Glass containers would appear to offer no advantages over cans, except possibly when the juice has to be stored for unusually long periods.

Desquamation of the Soles

Q.—What is the cause of recurrent irritation followed by superficial desquamation of the soles of the feet, especially over the metatarsal heads? The condition first developed in a healthy boy of 8 years towards the end of the summer, after wearing sandals without socks for a few months, but has recurred after wearing socks and boots for several months. The skin appears normal until desquamation occurs, but the preceding irritation—which lasts several weeks—is most tiresome. The skin between the toes appears normal.

A.—The possible internal causes of the attacks of irritation and desquamation described are an allergy to drugs, a focus of sepsis, or emotional and nervous causes. In the latter case an accompanying hyperidrosis would be probable. The pompholyx of nervous origin is closely allied. Local causes would include possible sensitization to rubber soles or some other element of the footwear, and—less likely from the history—fungous infection.

Whisky Rash

Q.—I gave a patient some injections of penicillin and then the patient took some whisky (after the fourth daily injection). Within a few hours the patient developed an urticarial rash, which in the course of a day or so spread all over his body. He felt very ill and ran a temperature of 101 to 102° F. (38.3 to 38.9° C.) for a few days. Treatment cleared up the trouble after four or five anxious days. Now this patient finds that every time he has a drink of whisky he breaks out in an urticarial rash. He is very anxious to know if he will always have this trouble, as he is very fond of his drink.

A.—There is unfortunately no indication of the time that has elapsed since the development of the first rash and the subsequent attempts at drinking whisky. It is, however, highly unlikely that the patient has developed a sensitivity to whisky. The probable explanation is that the whisky acts as a peripheral vasodilator and causes a reappearance of the rash, which has not completely subsided. Should the unfortunate patient still be experiencing this difficulty he should try taking 50 mg. diphenhydramine hydrochloride ("benadryl") about half an hour before taking a drink, and if this is not sufficient the dose could be increased till the symptoms are suppressed.

Calcified Veins and X Rays

Q.—Is there any known relationship between exposure to x rays and calcification of veins? A man aged 66, employed as a radiographer, has been complaining of pain, heaviness, and weakness in his legs. A radiograph has disclosed calcification in the veins of the thigh. What is likely to be the cause?

A.—There is no known relationship between x rays and venous calcification. It is, in fact, a rare condition, unlike arterial calcification, which must not be confused with it. Old thrombosis, particularly that caused by sclerosing injections for varicosity, is the commonest cause. If this

is excluded general metabolic diseases such as hyperparathyroidism, in which renal lithiasis, osteoporosis, and hypercalcaemia occur, must be sought. Unless a specific cause is found the treatment is symptomatic—by the use of oral analgesics and a supporting bandage.

Chloroform and Trichlorethylene

Q.—Is there any truth in the belief that the use of chloroform after trichlorethylene analgesia during labour is specially dangerous?

A.—There is little published work to indicate whether the previous administration of trichlorethylene increases the dangers of chloroform anaesthesia. The extra danger involved is probably small compared with the already considerable one of the chloroform itself.

NOTES AND COMMENTS

Holiday T.A.B.—Mr. ANDREW HICKS (Nairobi) writes: I was in a somewhat similar position to your questioner ("Any Questions?" June 6, p. 1289) last year before coming out here with two children aged 11 months and 4 years. Inquiries among my colleagues, clinicians and pathologists, revealed a general consensus of opinion similar to your expert's. However, within a few months of arrival I came across a case of paratyphoid B in an infant of 11 months, and practitioners out here say that such a happening is by no means a rarity. I would suggest that the later months of the first year of life are a dangerous time from this point of view, as the child is crawling and walking, is widening the scope of his diet, and popping all sorts of interesting things into his mouth. Might not an upper limit of six months be safer than twelve? The position is simplified here, there being available a specially diluted alcoholic vaccine for young children, which has produced very little local or general reaction in my experience.

OUR EXPERT writes: Acute gastro-intestinal infection (food-poisoning) with the Salmonella group of organisms can certainly occur, and is sometimes severe in infants. I suspect that the paratyphoid infections that occur at this age mostly fall into this category, and it is doubtful if prophylactic vaccination will give much protection against this kind of infection. But I agree that there is no harm in giving an infant of 6 months injections of a suitably diluted vaccine.

Midge Repellents.—Dr. J. T. INGRAM (Leeds) writes: With reference to the question on this subject ("Any Questions?" July 18, p. 162), some patients are protected against midges by taking ephedrine, $\frac{1}{4}$ gr. (16 mg.), once or twice a day. An old-fashioned repellent, used as local application, is cod-liver oil. It can be effectively dispensed in a non-greasy base with phenol and oil of citronella to mask the smell.

Corrections

In our report of the meeting of the Section of Anaesthetics (July 25, p. 216) the name of the speaker who gave an account of 500 cases of hypotension should have been given as Dr. W. N. ROLLASON, of Hull.

The diplomas of Surgeon Rear-Admiral T. N. D'Arcy, C.B., C.B.E., should have read L.R.C.P.&S.I., and not L.R.C.P.&S.Ed., as stated in the list of promotions in, and appointments to, the Venerable Order of the Hospital of St. John of Jerusalem (*Journal*, July 18, p. 146).

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