started with the ingestion of food which does not require pancreatic and biliary digestion, but which nevertheless stimulates the gastro-intestinal secretions in time for the arrival of the less easily digestible food. Alternatively, predigested foods or a potent pancreatic extract, intimately mixed with the food, may be taken at the start of each meal.

T.A.B. after Typhoid

Q.—*Is it worth giving T.A.B. to a person who has recently had a severe attack of typhoid fever and is going to a country where both paratyphoid and typhoid are quite common? If inoculation is recommended, is the previous attack of typhoid likely to cause a particularly severe reaction?*

A.—Second attacks of typhoid fever are rare, so that there is no indication for immunization against typhoid itself after an attack of the disease. Paratyphoid is a much milder infection and responds to chloramphenicol therapy. It must also be remembered that T.A.B. will not necessarily protect an individual against infection, particularly in countries where the risk of eating heavily contaminated food is considerable. The degree of reaction to T.A.B. vaccination is not likely to be affected by a previous attack of the disease but seems to depend more on individual idiosyncrasy. While, therefore, there is no great likelihood of severe reaction, there seems in this case to be no strong indication for prophylactic immunization.

Dermatitis Herpetiformis

Q.—*What is the best treatment for dermatitis herpetiformis? Is autohaemotherapy any good? If so, how is it given? The patient in question is intolerant of arsenic, and neither chloramphenicol nor sulphonamides have been successful.*

A.—Dermatitis herpetiformis proper is essentially an affection starting in early adult life and lasting very many years, but after the first few years the discomfort abates and ultimately active treatment is not necessary.

Arsenic, which is usually effective in controlling the affection, should not be employed in a chronic disease of this type, neither should chloramphenicol. Sulphonamides as such are of no value, but sulphapyridine, because of the pyridine ring, almost invariably controls the affection and appears to be safe in these patients, though the ordinary safeguards should naturally be employed. Other allied drugs, thiouracil, etc., are effective, but sulphapyridine is the best. 0.5 g. taken with meals three times a day rarely needs to be exceeded. Periodically the blood picture should be looked at. Autohaemotherapy has not proved of much value. It is conducted by taking 5 or 10 ml. of blood from a vein in the elbow and immediately injecting it into the muscles of the buttock.

It should be mentioned that, particularly in older patients, dermatitis herpetiformis, or an exactly similar eruption, may be dependent upon some organic disease, especially malignant disease internally.

Peeling Onions

Q.—*Why do onions make the eyes water?*

A.—The pungency of onions, and presumably their effect on the eyes, is attributed to volatile sulphur compounds. Allyl isothiocyanate, which is typical of this class of compound, is found in the horseradish and other plants.

Deafness on Board Ship

Q.—*I have a slight nerve deafness for the higher tones. I always become quite deaf on board ship, with a tendency to excessive meatal secretion. Why is this?*

A.—One possible reason for nerve deafness becoming more noticeable on board ship would be the constant noise of the ship's engines. Any person with high-tone deafness due to changes in the organ of hearing is likely to find that the hearing becomes less acute in the presence of any background noise. On the other hand, if there is naturally some external otitis causing meatal secretion other than wax, then any increase in the secretion may block the meatus and so make the hearing defect worse. There is no particular reason why sea air should increase a tendency to excessive meatal secretion, though it might be caused by using salt water for washing purposes.

Vitamin B_1 and Parkinson's Disease

Q.—*Does vitamin B_1 have any specific action in Parkinson's disease? A patient is greatly improved on 200 mg. weekly of the vitamin.*

A.—Vitamin B_1 is not recognized to have any specific effect in Parkinson's disease.

NOTES AND COMMENTS

Immobilization in Spinal Tuberculosis.—Dr. K. W. TODD (Port Moresby, Papua) writes: In "Any Questions?" (*Journal*, April 25, p. 952) you were asked the best way of immobilizing cases of spinal tuberculosis. It would appear from the reply that Dr. Rollier's method, despite his experience and eminence, is little known. May I describe it? "Where is the fracture in Pott's disease?" said he. "In the body of the vertebra. Where is the sound structure to form a fulcrum? In the spinous processes and interspinous ligaments. How can you extend the fractured bone and separate the fragments? By nursing in the prone position, preferably with the chest and shoulders raised by the elbows." It was in this admirable position that Rollier's patients had heliotherapy. For greater ease, they had rings tied into the bed to prevent the elbows from slipping. This was just before streptomycin, and it may be that the period of bed immobilization is now shorter, and that a plaster is necessary for ambulant treatment.

OUR EXPERT writes: Rollier's methods are of course well known in this country, but his views are not entirely accepted, and in most hospitals in this country nursing supine with or without hyperextension is considered the preferable method, as only by it can adequate immobilization be achieved. Nursing prone with chest and shoulders raised is used in the early convalescent period to aid muscle recovery. The Rollier method's great disadvantage is that it does not provide adequate immobilization and needs constant supervision.

Filatov's Tissue Therapy.—Mr. E. GORDON MACKIE (Sheffield) writes: In "Any Questions?" (September 12, p. 634) an inquiry about Filatov's tissue therapy is answered—but it is incorrectly stated that "it is not a technique that has been studied elsewhere" (than in Russia). A paper "Placental Implantation for Retinitis Pigmentosa" was read by me at a joint meeting of the Royal Society of Medicine, Section of Ophthalmology, with the North of England Ophthalmological Society on April 20, 1951, in Sheffield. An abstract is to be found in *Proc. roy. Soc. Med.*, 1951, **44**, 977. It compares the results reported by 20 workers (16 non-Russian) in this and certain other ophthalmic diseases and it cites (with references) certain parallel work in general surgery. Your inquirer might be interested in the information thus available.

Correction.—In a letter about neonatal asphyxia published in the *Journal* of September 19 (p. 675) Dr. David Morris discussed Akerren's method of resuscitation with intragastric oxygen. We should have made it clear that the hospital where he described it as being regularly used is the British Hospital for Mothers and Babies, Woolwich, London, S.E.18.

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