NOTES AND COMMENTS

Brucella Abortus in Milk.—Dr. J. Coutts Milne (Farnham, Surrey) writes: In practice investigation on the farm of the problem of Brucella in milk is so easy that it would appear from the reply in "Any Questions?" (July 26, p. 260) that the time one becomes aware that tuberculosis-tested, unpasteurized milk has Br. abortus the herd is probably well infected and possibly has been vaccinated with S19, so that the "ring test" may not show the true value. Is it true that Br. abortus in the milk adds to the difficulties. I understand, too, that the ring test, although valuable for group and herd-pooled samples,1 is not considered of much use in testing individual animals. The obligation to take action rests with the medical officer of health, usually under Section 20 of the Milk and Dairies Regulations, 1949, which empowers him to serve notice for heat treatment if he is satisfied that the milk is infected with disease communicable to man.

REFERENCE

Treatment for Roundworms.—Dr. L. G. Goodwin (Wellcome Laboratories of Tropical Medicine, London, N.W.1) writes: May I respectfully disagree with parts of the answer given in "Any Questions?" (July 26, p. 260)? (1) Hexylresorcinol is not nowadays used very extensively for removing roundworms. Like tetrachlorehylene, it stimulates them before they die. Unless given in cachets, the drug may cause mucosa; whereas, as an emetic it has been known to strip large flakes from the rectal mucosa. What it does to the human gastric mucosa when administered in cachets has not been observed. (2) It is true that a dose of 1 g. of hexylresorcinol is a little less expensive than 4 g. of piperazine if the drugs are purchased as chemical substances. Nevertheless, the dispensing fee for the preparation of cachets costs the National Health Service 4s. (Drug Tariff, April, 1958), the total cost. (3) A dose of 25 mg. of hexylresorcinol is 4s. 4d. A dose of elixir of piperazine citrate B.P.C. containing 4 g. of piperazine, together with the dispensing fee of 1s. 2d., costs about 1s. 8d. The only proprietary preparation of hexylresorcinol listed in The Retail Chemists trade price list (1958) is from four to six times as expensive as proprietary elixirs and tablets of piperazine. (3) The British Pharmaceutical Codex (Supplement, 1957) states that 300 mg. of piperazine adipate is equivalent to 1 g. of the hexylresorcinol, the doses of 25 mg. per kg. of adipate and 50-75 mg. per kg. of hexylresorcinol recommended in "Any Questions?" are therefore far from equivalent in piperazine content. It has been shown that a suitable single dose of piperazine for the expulsion of roundworms can be 4 g., whereas the choice of salt is not important. This dose can be given to all except very small children. It is unnecessary to starve the patient before treatment or to purge him afterwards. Small children are sometimes admitted to hospital in the tropics with toxemia, vomiting, and convulsions caused by massive Ascaris infections. These patients are often severely dehydrated, and it is important that the fluid and electrolyte balance should be restored by parenteral drip therapy before anhæmolysis of any kind are administered.

REFERENCES

Dr. Mary A. Harvie (Hamilton, Lanarkshire) writes: I agree with your expert ("Any Questions?" July 26, p. 260) that in the treatment of roundworm infections one should choose between hexylresorcinol and piperazine adipate or hydrate. Your expert does not mention oil of chanopodium, which I have found to be much more effective than either of these in India. We give oil of chanopodium, 20 ml. for children, and 10-12 ml. for adults, followed an hour later by a saline purgative. I have never met with any ill effects, even in pregnant patients.

Our Expert replies: Dr. Goodwin's authority for stating that hexylresorcinol is not nowadays extensively used is open to question. If the expert is thinking of the tropics generally, it is probably the most commonly used single drug for this purpose. It is true that it irritates mucous membranes, but many cases have been encountered in which cachets have even been chewed without markedly untoward results. During the past 10-20 years the drug has been used extensively and has come to be known as one which is very reliable and singularly free from side-effects. Concerning the second point, Dr. Goodwin falls into the error of presuming that the Journal is read only by those who are practising in the National Health Service. The majority of those who both read the Journal and commonly treat roundworm infections are resident overseas, where to put the drug into a cachet is as convenient and about as expensive as it is to dispense it in a bottle. Regarding the third point, the usage of piperazine in the answer is that recommended by the makers, and, although lower than that recommended by the makers of the citrate and hexahydrate salts, it has been found to be effective. Concerning the final point, when vomiting and convulsions occur in association with ascaries they almost invariably result from intestinal obstruction rather than from toxemia caused by the worms' products. The treatment of such obstruction is a subject which is out of the scope of the question.

In answer to Dr. Harvie's letter, oil of chanopodium is very much more toxic than either hexylresorcinol or piperazine compounds and for this reason is not recommended.

Thermometer Hygiene.—Dr. W. M. Penny (Beckenham, Kent) writes: A convenient disinfectant for thermometers, which does not remove the colour from the figures, is 4% phenol. An ounce (28 ml.) of this, carried in the pocket, may be used for cleansing and the thermometer itself in a glass thermometer-case containing the same solution.

Our Expert replies: Unquestionably 5% phenol is an adequate disinfectant, but there is a risk of causing infection if the thermometer was inadvertently used without being first rinsed free from it, and it has a solvent action on the colouring matter in the graduations. It is mainly for the latter reason that phenolic disinfectants have been considered unsuitable for this purpose. J. B. M. Green and J. B. Penfold1 write of 5% phenol: "...it tends to remove the figures from the thermometer and patients dislike its taste." One of the largest manufacturers of clinical thermometers in this country tells me that recent improvements in the material used for filling the gradations have rendered it more resistant to solvent action, and this no doubt accounts for Dr. Penny's more fortunate experience, but they still do not recommend that thermometers be actually stigered in a solution of phenol: they should preferably be immersed for a long enough period for disinfection (10 minutes should suffice) and then removed from it.

REFERENCE

Corrections.—Dr. R. B. Coles (Northampton) writes: May I correct a small misunderstanding in your report on my occasional paper on warts (August 2, p. 311)? I have not yet organized 100 wart watchers. We have 12 colleagues reporting on warts at the moment, but we are hoping that other people interested in warts will join us.

It has been brought to our attention that the medicolegal report entitled "The Forgotten Swab" (Journal, June 14, p. 1425) stated at line 10 of the second paragraph of p. 1426 that 17 swabs used as mopping packs in the course of the emergency operation had no tapes attached. We understand that all packs used in the European Hospital are double taped 4-6 in. long, firmly sewn on to one corner, and it was Spencer Wells forces which were not attached to the swabs in question. We regret that this incorrect statement should have been made. We are also informed that an appeal against Mr. Justice Mills's decision has been filed for hearing in November, 1958.

Collected Articles from the "British Medical Journal"
The following books are available through booksellers or from the Publishing Manager, B.M.A. House, Tavistock Square, London, W.C.1, or from the Tavistock Square Bookshop, 159-165, Westcent, London. Any Questions?, Volumes 2 and 3 (8s. 3d. each).
