Any Questions?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Spasmodic Torticollis

Q.—*What are the current views on the aetiology and treatment of spasmodic torticollis?*

A.—There is considerable deficiency in knowledge of the aetiology of spasmodic torticollis. In some cases the condition is hysterical and may respond to psychotherapy, in others the torticollis may be part of a more generalized extrapyramidal disorder such as post-encephalitic Parkinsonism. It is in the cases of isolated spasmodic torticollis which do not appear to be hysterical that difficulty arises. It is probable, but not proved, that these cases are due to an extrapyramidal lesion, and in a few of them other involuntary movements may occur at a later date. Treatment is unsatisfactory, drugs and physiotherapy usually being largely ineffective. In severe cases surgical measures may be carried out, the most effective being the major procedure of bilateral division of the anterior roots of the upper three cervical nerves and the spinal accessory fibres, although even after this operation some involuntary movement may persist.

Allergy to Plastic Dentures

Q.—*A patient cannot tolerate modern plastic dentures. They cause burning in the mouth, indigestion, and a good deal of general malaise. The plastic used in 1935 did not have this effect. What can be done about it?*

A.—The symptoms listed are consistent with an allergy to the denture material, but one would expect to see accompanying signs of local irritation. Allergy to the modern plastic, methyl methacrylate, is extremely rare but has been recorded, and this material was not in general use in 1935 although it had been introduced a year or two before. The 1935 denture was probably made of phenol formaldehyde resin or one of the other experimental plastics which have since been discarded. These symptoms are also met with among denture-wearing women of menopausal age, when they are usually accompanied by some abnormality in adrenocortical function, or they may be the result of one of the anaemias, of diabetes, or of a vitamin deficiency. These and similar symptoms, frequently without any sign, are not uncommonly met with, and they are more common in females than in males, usually over 50 years of age, and often accompanied by some mild psychological disturbance. Dentures, of whatever material they may be made, are often the exciting cause, but successful treatment depends upon the accurate diagnosis and elimination of the basic cause.

Immunity to Poliomyelitis

Q.—*In a recent epidemic of poliomyelitis in Singapore young adults aged between 20 and 30 appeared to escape infection. They were about 15 years old when an outbreak of poliomyelitis occurred in 1948. Should they now be vaccinated or may they be regarded as generally immune?*

A.—Poliomyelitis is the result of infection with any one of at least three separate viruses which have been shown to be immunologically sharply defined and with little if any protective overlapping. Not only are second attacks theoretically possible, but a large number have been recorded, the two attacks being due to different types. The questioner implies that the age group, 20–30 years, which appears to escape poliomyelitis now, may have been infected (asymptomatically of course) and made immune by an epidemic of the disease 10 years previously. That may well be, and it would be interesting to find out whether or not the same type of virus was prevalent in both epidemics. No subject, however, can be regarded as "generally immune" unless he can be shown to possess antibodies to all three types of virus, a time-consuming investigation for a large number of individuals. They should be given trivalent poliomyelitis vaccine. This is being given now in Great Britain to all persons who have had poliomyelitis before, whether paralytic or non-paralytic.

Mental Effects of P.A.S.

Q.—*Does P.A.S. ever affect the mental capacity of patients who are receiving a course of it for tuberculosis?*

A.—There are no recorded cases of mental disturbance due to P.A.S. As it is now the invariable practice to give P.A.S. in conjunction with either streptomycin or isoniazid, any mental symptoms would almost certainly be due to one of these two drugs and not to the P.A.S. Many patients who are having streptomycin find concentration difficult and complain that the head feels "muzzy." I.N.H. can give very definite mental symptoms: patients complain of irritability, lack of concentration, and a feeling of unreality. With high dosage they may even become maniacal. These side-effects of I.N.H. can be relieved by the administration of pyridoxine, 20 to 100 mg. daily.

Split Lip

Q.—*What is the treatment for an intractable split in the lower lip? The split heals, but is continually broken open when talking or smiling.*

A.—It is probable that the chronic fissure in the lower lip has given rise to some fibrosis and that repeated cracking now takes place because of the resultant loss of elasticity. If this is so it should be possible to feel a persistent thickening of the tissues even after the fissure has temporarily healed. A treatment which may be successful is to excise a wedge of the lip so as to remove the fibrous cicatrix and to obtain first-intention healing without fibrosis.

Corrections.—The final paragraph of the letter from Dr. T. W. Lloyd on the subject of chemotherapy in tuberculosis (August 15, p. 192) should have begun: "I do not wish particularly to advocate the use of streptomycin and P.A.S. in any combination . . ." The word streptomycin was omitted in the letter as printed.

We regret an error in the letter from Drs. W. H. J. Baker and D. R. Christie on the subject of breast abscess (August 15, p. 192). In the third paragraph ". . . resistant strains of a variant phage type . . ." should have read ". . . resistant strains of a variety of phage types. . . ."

We regret that the note in "To-day's Drugs" on the anti-leprosy drug "etisul" stated it had been given orally as well as by inunction. It has been given only by inunction, whereas a closely related compound, sodium ethyl thiosulphate, has been given orally.

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