while T.A.F. is avoided by others because it contains a small amount of horse serum to which a person might be sensitized. A full reinforcing dose of either preparation should give adequate protection provided that the primary course at the age of 5 was complete. The modern trend, however, is towards the use of combined vaccine whenever possible. If the child has already been actively immunized against tetanus, diphtheria and tetanus vaccine (DT/Vac) is an excellent prophylactic for reinforcement.

**Spot Weight Reducing**

**Q.**—Is there any scientific basis for the claims that so-called spot-reducing garments (made of plastic materials) "dissolve fatty tissue" in selected areas of the body by causing excessive local perspiration? Is local vibratory treatment of any value in reducing fat in selected parts of the body?  

**A.**—Apparent fatness may be due to two causes: (1) gain in weight; (2) lack of tone of the abdominal musculature. There is no scientific basis for claims that excess weight will be removed by any form of physiotherapy or any type of garment. A lax abdominal wall will be concealed by a spot-reducing garment but the true form of corset can be remedied by suitable exercise therapy. Vibratory treatment may help indirectly by making the patient conscious of his abdominal muscles and therefore reminding him to contract them.

**Nasal Furuncles**

**Q.**—What can be done for recurrent furuncles in the nose? The patient is allergic to penicillin, and the regular application of "naseptin" cream has been ineffectual.  

**A.**—Perhaps the most common cause of recurrent furuncles in the nose is physical irritation to the nostrils, especially by the fingers. Diabetes should always be excluded, as also should chronic sinus infection and nasal allergy. Trimming of the nasal hair, or the use of a decongestant, may help, as also may the local application of hydrocortisone cream or dilute nitrate mercury ointment. It is, of course, of the utmost importance that no attempt should be made to pull out the hairs, since the nostrils come within the "danger area" of the face.

**Excessive Milk Consumption and Respiratory Infections**

**Q.**—Is there any proved relationship between excessive (1 ÷ 3 pints [0.9-1.7 litres]) a day) consumption of cow's milk in young children and (1) frequency of upper respiratory infections, and (2) hypertrophy of tonsils and adenoids?  

**A.**—There is no known relationship between the excessive consumption of cow's milk and the frequency of upper respiratory infections or hypertrophy of tonsils and adenoids.

**Post-herpetic Facial Neuralgia**

**Q.**—A man aged 55 has severe post-herpetic neuralgia involving the right 5th cranial nerve and complete sensory loss on the right side of the face. The ganglion on the right side has been injected. Is there any likelihood that neurosurgery would help this patient, and, if so, what would be the procedure?  

**A.**—The complete sensory loss on the right side of the face presumably results from the Gasserian ganglion injection rather than from the attack of herpes zoster. Ganglion injection is only very rarely successful in relieving post-herpetic neuralgia, unlike the excellent results obtained in paroxysmal trigeminal neuralgia. The same is also true of operative section of the sensory root of the trigeminal nerve and of trigeminal tractotomy in the medulla, and these procedures would not be indicated in the case mentioned. Long-standing post-herpetic neuralgia is a notoriously difficult condition to treat, but Taverner1 has recently claimed encouraging results with brief interrupted opening of the affected area with ethyl chloride. If, however, his explanation that the relief of pain by cooling the skin depends on adequate afferent stimulation is correct, it is unlikely to be effective in a patient in whom the skin has already been denervated.

**REFERENCES**

1 Taverner, D. Lancet, 1960, 2, 671.

**NOTES AND COMMENTS**

**Withdrawing C.S.F. from Spitz-Holter Valves.**—Dr. R. P. Callaghan (London N.W.6) writes: Your expert ("Any Questions?" June 3, p. 1622) has pointed out why a Spitz-Holter valve should not be punctured to obtain a specimen of C.S.F. However, the indications to investigate this fluid warrant particular attention, because, unlike other drainage operation, a specimen of cerebrospinal fluid which is used for bacteriological examination is not infected and the cerebrospinal fluid is sterile. The question has been considered by the CHSSITUP, and the following is their opinion:

- The shunting of C.S.F. through valve systems either into the right atrium or into the superior vena cava provides an unguarded access for organisms to enter the circulation. It is therefore appropriate to suggest that persistent bacteriemia may be the cause of this child's symptoms which the questioner is investigating. In this condition organisms of low virulence, frequently the coagulase-negative Staphylococcus albus, colonize the valve. By virtue of their low virulence, they do not cause obvious clinical inflammation around the valve but are carried by the flow of C.S.F. through a functioning valve system into the heart to produce persistent bacteriemia, characterized by persistent pyrexia, progressive anaemia, and splenomegaly. Blood cultures are positive, but, since the offending organism is frequently a Staph. albus, there may be a tendency to regard this essential finding as an indication of a contaminated blood culture. Antibiotics given intraventricularly and systemically can only suppress the symptoms. Mr. G. H. Macnab, at the Hospital for Sick Children, Great Ormond Street, has had seven of these cases in a series of over 120 Spitz-Holter valves, and it has been found that the condition cannot be cured until the valve is removed or disconnected.

- Our expert replies: Dr. Callaghan's comment goes beyond the terms of the original question, but he is quite correct in saying that any Spitz-Holter valve which causes persistent bacteriemia, characterized by persistent pyrexia, progressive anaemia, and splenomegaly, is quite an unusual occurrence. It is almost always due to the presence of an organism in the cerebrospinal fluid which has not been removed by the valve. It is not a case of contamination of the fluid which is carried by the valve and injected into the bloodstream, but rather a case of infection of the cerebrospinal fluid by micro-organisms which are present in the blood stream but are not able to enter the cerebrospinal fluid because of the presence of the valve. The question of whether to remove the valve or not depends on the condition of the child and the symptoms which are present.