Correspondence

Alcoholism

Sir,—I would like to reassure Dr. J. J. MacSorley (25 November, p. 487) that the National Council on Alcoholism is not solely concerned with itself and the alcoholic addict. The National Council's activities at the moment are directed towards the discovery of the alcoholic who refuses, through sheer fear of social censure, to consult a doctor or a religious counsellor. For centuries past alcoholism has been mankind's best hidden secret. The more alcoholics the information centres discover the more we shall be able to present to the public known scientific facts about this disease, and this will form part of wider prophylactic measures to deal with it. Since the aetiological factors of this disease are unknown and no one form of treatment is applicable to all alcoholics, the National Council on Alcoholism entirely endorses the view that prevention is better than cure, and therefore the education of the public, indeed of our own medical colleagues, is of paramount importance.—I am, etc,

E. LINCOLN WILLIAMS,
President,
National Council on Alcoholism.
London W.C.2.

Paraparquat Poisoning

Sir,—In your correspondence column Dr. K. A. Mourin (25 November, p. 486) has referred to the report of a case of suicide in Israel by subcutaneous injection of paraquat from Dr. Ch. Ailgog and Dr. E. Tal (16 September, p. 721), in which the transient occurrence of a right facial palsy was observed between the second and fifth days, and has reported a case of his own in which a right lower motor neurone facial palsy developed four days after a febrile episode with sore throat and general malaise, and 10 days after a trivial exposure to paraquat, occasioned by smoking a cigarette rolled with unwashed hands.

There is no doubt that, as Dr. Mourin indeed suggests, the association with paraquat in his case is coincidental. The paresis in the 721st Israel case was accompanied by signs of pyramidal tract involvement (also transient), loss of abdominal reflexes, and the presence of Oppenheim's sign—conceivably due to temporary vascular disturbances or other local toxic effect following the systemic absorption of a fatal dose. Dr. Mourin's case was clearly a peripheral lesion of the facial nerve (Bell's paralysis), with the fairly common history of a preceding nasopharyngeal infection. Indeed, in the case of vesicles on the right fauces suggests the possibility of a ganciclovir herpes zoster infection. The initial neurological symptoms observed in animal experiments with paraquat, as referred to by Drs. Ailgog and Tal, were seen only in a proportion of animals after single lethal intraperitoneal doses (30–75 mg. ion/kg.), and consisted of hyperexcitability, violent forced movements, and stiffness and incoordination of gait. In no species have lesions of peripheral nerve been produced.

The burning sensation of the tongue in Dr. Mourin's case can, however, certainly be attributed to exposure to paraquat, since it has a pronounced irritant action on mucous membranes, which is the main reason for insisting that concentrated solutions should be handled with care. In spite of extensive

Salmonella in Tortoises and Terrapins

Sir,—Dr. T. L. Newman (4 November, p. 296) was no doubt right to draw attention in his letter to the possibility of human salmonella infection arising from contact with infected tortoises. Terrapins are also imported into this country in large numbers and present a potentially greater hazard because they are aquatic.

A family of two adults and two children were recently under investigation for an infectious illness, in symptoms including fever and mild diarrhoea. They had acquired a small Spanish terrapin (Clemmys leprosa), which was not healthy from the outset and died soon after the two children fell ill. Cultures from the terrapin yielded Salmonella poona. Although no salmonella was isolated from any member of the family and the two children were shown to have an adenovirus type 7 infection, nevertheless the serum of the elder child agglutinated an H suspension of Salmonella poona to a titre of 1/40. This suggests that she may have passed through an inapparent infection. Further inquiry showed that the infected terrapin came from a batch of 5,000 imported from Tunisia. Very few of these still remained on the market, but the water from the tank in which they had lived yielded Salmonella montevideo and Salmona. sultre.-

American reports show that terrapins and their relatives are often infected by salmonellas, including serotypes which are regularly associated with human infection. The water in which infected terrapins are kept is likely to contain salmonellas for long periods, in spite of frequent changes of water. Terrapin owners are much more likely to acquire infection by repeated exposure to infected water than are the owners of tortoises, which are terrestrial in habit and likely to be killed when imprisoned as pets in tanks. The large numbers exported annually could lead to their elimination from the countries of origin.—We are, etc,

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References


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the laboratory, where it is checked against part three by the person removing the blood from the blood bank refrigerator. Even if the person is colour-blind they can presumably read, and we lay great emphasis on the proper use of hospital numbers. Both medical and nursing staff receive repeated indoculation, and all house-surgeons are interviewed at the commencement of their appointment. The system is not foolproof, especially as we suffer in part from the disadvantages of dispersal. However, it does induce a greater awareness of the dangers inherent in the commodity which we are handling, and I would be glad to supply further details to anyone who might be interested.

I am convinced that some system can be evolved to meet the requirements of any hospital, but it must be rigorously enforced. The price of safety is eternal vigilance.—I am, etc.,

Institute of Laryngology and Otology.
D. A. OSBORN.
London W.C.1.

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