### Sensitivity to Morphine

**Q.**—*An elderly doctor with coronary thrombosis has had numerous injections of morphine during the last sixteen years. He has experienced four unusual reactions shortly following an injection, as follows: (1) Six years ago after an injection in the left deltoid region his face and chest were immediately covered with a scarlatina-like rash which disappeared after a few minutes of itching. (2) Four months ago, after an injection in the left forearm, the same rash occurred immediately, with severe dyspnoea and headache. The rash was "burning" so keenly that he had to pull his clothes off. It was nearly half an hour before the symptoms wore off. (3) Three weeks ago, after an injection in the right calf, a rash appeared on the back which on cooling soon faded. (4) One week ago after an injection into the chest wall at 11 p.m. he was awakened many times in the night with cramp-like pains in his chest muscles, both back and front. What is the cause of these reactions, and why do they occur only occasionally? Should the morphine be replaced by some other drug, and, if so, which is recommended?*

**A.**—The cause of these reactions is a release of histamine. The patient has evidently become sensitive to morphine, and a person who is sensitive will suffer from reactions of this kind. It is difficult to say why they occur only occasionally, but it is true that they will become more frequent.

Amidone or phenadoxone might be tried. Both these drugs differ from morphine in structure, and therefore it is quite possible that the patient will not be sensitive to them. Alternatively, the reaction to the morphine could be prevented by taking an antihistamine tablet (mepyramine maleate or diphenhydramine hydrochloride) beforehand.

### Tar Splashes

**Q.**—*In a variety of jobs in industry men occasionally receive splashes of either pitch or tar, and it is necessary for some simple and safe solvent to be available in first-aid rooms for their removal. What solvent do you recommend?*

**A.**—This is a very common injury in industry and many methods of treatment have been tried. The one preferred does not involve the use of a solvent but aims at removing the adhering patch by cetrimide. The splash and immediately surrounding skin are very gently rubbed with cotton-wool soaked in cetrimide, and after a few minutes the pitch comes away in one piece leaving either a blister or a raw area beneath. A blister should be emptied and covered by a sterile dressing. A raw area is better covered by a paraffin gauze dressing with a sterile dressing on top. Deep and extensive burns call for a skin graft.

This method of treatment has largely superseded treatment with solvents which leave a wide area of dirty skin behind—produced by the solution of the tar or pitch. If, however, such treatment is insisted upon toluene (toluol) will be found to be as effective and less painful than most other solvents.

### Circumcision without Anaesthesia

**Q.**—*In "Pye's Surgical Handicraft" (16th ed., p. 359) a method of circumcising infants which is said to have long been in vogue in Australia is described. With no anaesthesia, the freed prepuce is crushed between bone forceps and then excised. There is no haemorrhage and sutures are not used. Up to what age may this operation be performed?*

**A.**—There is a great variety of opinion as to the age at which infants first feel and remember the pain of operations, but circumcision can certainly be performed without an anaesthetic during the first two or three weeks of life without obvious ill effects.

At the centres in which the bone forceps finds favour as an instrument of circumcision the method described is used in children of all ages, and in practised hands gives good results. The disadvantage of this eminently simple procedure is that there remains sufficient of the inner mucous membrane layer of the prepuce to cover the glans, and if contraction occurs at the site of the crushed ring of tissue the skin of the penis is drawn down from the shaft and reconstitutes the condition of phimosis. Many surgeons therefore trim away the excess mucosa after the initial cut with the bone forceps, and, so modified, the method is consistently satisfactory.

### Toxic Effects of Vitamin A

**Q.**—*What are the features of overdosage with vitamin A? At what sort of dose do they appear? Have psychotic changes ever been recorded?*

**A.**—Acute poisoning with vitamin A has been reported in Arctic explorers who eat the liver of the polar bear; half a pound (227 g.) of this contains about 5 million I.U. of vitamin A. There is severe headache, nausea, and giddiness, marked drowsiness, and sometimes cramp. Acute poisoning may occur with doses over 1 million I.U.

Chronic poisoning has been reported mainly in infants and young children; it is unlikely to arise with doses below 100,000 I.U. daily, although a case has been reported of illness following 75,000 I.U. daily for six months. Dry irritable skin is invariable, and the hair is dry and sparse. The nails and teeth may break, and cortical hyperostoses of the ulna and metatarsals cause very tender swellings. The liver is often enlarged.

Irritability, mental sluggishness, and intense desire to sleep have been recorded, but not psychotic changes.

## NOTES AND COMMENTS

**Ringworm from Cattle.**—Dr. A. MIDDLETON BROWN (Bristol) writes: Many years ago as a medical student I contracted an infection of my face by *Trichophyton megalosporon* from a puppy which had been reared at a farm where "Cattle Karry" was prevalent. The kerion lesion developed, and the application of a wide variety of fungicidal preparations was ineffective. The condition was cured by exposure to *x* rays together with manual depilation. Care must be taken to regulate the dosage of *x* rays to prevent subsequent scarring. Your correspondent ("Any Questions?" November 6, p. 1120) should bear in mind the possibility of the infection being carried by dogs or cats to persons who have no direct contact with infected cattle.

OUR EXPERT writes: I quite agree with Dr. Middleton Brown that cattle ringworm may be spread by indirect contact, as I have had one man with this condition who has never been in contact with cattle, but whose son, living in the same house, was in charge of a pedigree herd. They used a common towel, and my patient developed ringworm on the beard area. I have no experience of cattle ringworm infection being carried by dogs or cats, though there is no reason why this should not be possible.

**Correction.**—We regret that in the leading article last week (p. 1213) entitled "Carcinogens in Cigarettes" Dr. R. E. Waller's name was wrongly printed as Walker.

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