

general treatment of cataract, these are as numerous as the practitioners who administer them. They have no scientific basis. The least confused would appear to be some method of antigen treatment based on the injection of lens matter. A fairly prevalent method is the use of sodium iodate drops. There is no reason to believe that this is any less futile than the other methods.

#### Keloid Formation and Skin-grafting

**Q.**—A girl aged 13, who is having skin grafts, has proved to be a keloidal subject. The donor sites have formed such poor tissue that it is doubtful whether further grafts can be taken. Have skin grafts been successfully taken from one person to another?

**A.**—The patient whose donor site has become keloidal presents a problem well known to all plastic surgeons. As a rule donor sites of split-skin grafts can be used several times, but where keloidal tissue has formed—and this may occur even where the thinnest skin grafts are removed—great difficulty may be experienced in obtaining enough skin. Usually with the passage of time the keloids subside. Carefully graduated doses of x rays are useful. Skin grafts from another person do not help, for, though they occasionally take for a short period, they usually disappear. Cross-grafting of skin is not satisfactory except in the case of identical twins.

#### Urticaria

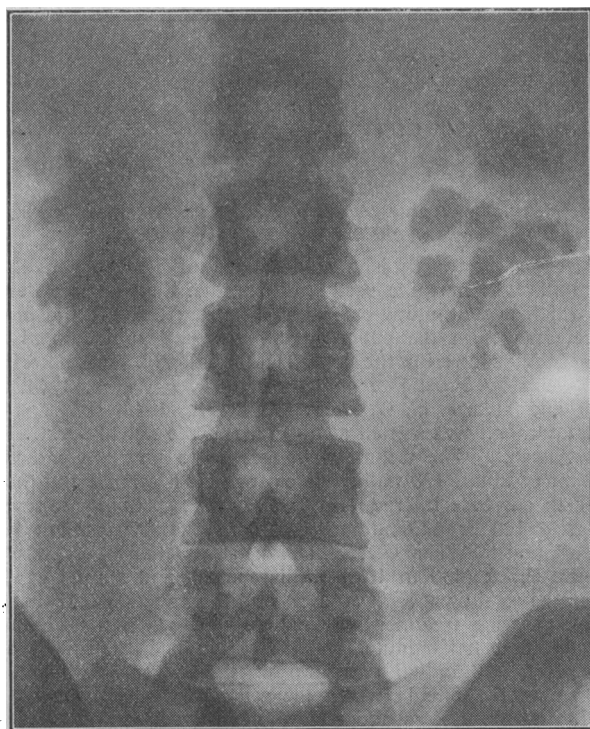
**Q.**—A female aged 58 had urticaria three years ago, lasting nearly two years. Skin tests failed to show sensitivity to any food. Recently another attack started. Can she be desensitized? What treatment would you recommend?

**A.**—Search should be made for a focus of infection. Failing this, stilboestrol is well worth trying. In the allergic type, foods and drugs are the commonest causes. The most likely foods are egg, milk, wheat, fruits, and fish. As skin tests are unreliable in urticaria, food sensitivity can be tested only by trial dieting, excluding from the diet the food or foods suspected for a few weeks and then restoring them and noting the effect. If a specific allergic cause is found, elimination rather than desensitization is the treatment of choice. Non-specific treatments are by vitamin K and autohaemotherapy. "Benadryl" in doses of 50 to 150 mg. gives symptomatic relief in about 80% of cases, but its tendency to cause drowsiness necessitates the first few doses at least being taken at home, preferably in the evening.

### NOTES AND COMMENTS

**Cystine Stones.**—Dr. W. M. CHESNEY (Birmingham) writes: In the answer to the question on cystine stones (May 31, p. 794) it is stated that there is no known method by which they can be dissolved after they have formed. The following brief account of the complete disappearance of a massive collection of bilateral cystine calculi may be of interest. X ray of the urinary tract of a woman aged 25 in October, 1934, revealed a massive collection of bilateral renal calculi. She was then seen by two distinguished urologists, who diagnosed cystine stones and prescribed a low protein diet and alkalization of the urine. They also with some hesitation decided that an attempt should be made to remove the stones from one kidney. From the x-ray film the right kidney appeared the more operable, and in March, 1935, one of them removed during a tedious operation about twenty stones from that kidney, reluctantly leaving a considerable number behind. X ray four months later (July, 1935) showed a "mould stone shadow in the left kidney pelvis and multiple stone shadows in the right kidney. . . ." Subsequently a skiagraph was taken every year up to 1939 (inclusive), and again in January, 1941, and in October, 1944. The films showed a progressive diminution of the calculi up to 1939, when the right side was reported by the radiologist as practically clear and the original large mass on the left had become a very small shadow. On the films of 1941 and 1944 there was "no shadow present to suggest a urinary stone." I am in possession of all the x-ray films except the first (October, 1934), which was unfortunately lost at the time of the operation. Dr. Harold Black, of Birmingham, was the radiologist throughout, and the sentences in inverted commas are extracts from his reports. Reproduced is the film of July, 1935 (four months after operation). The stone shadows on films of later date are so small as to be indiscernible on reduced photographic reproduction of the films. The patient adhered more or less to a low-protein diet until the onset of the late war, when she practically abandoned it. Where a choice in diet is still available, she generally selects the articles of lower protein content. At first she took a pot. cit. and sod.

bicarb. mixture and frequently tested her urine for alkalinity. For several years now she has taken sod. bicarb. only, usually two level teaspoonfuls daily, her urine being tested for alkalinity occasionally.



Presumably the prolonged alkalization of the urine was the chief operative factor in the dissolution of the calculi. It should be added that she became pregnant (first pregnancy) in 1938, refused early evacuation of the uterus (advised as a result of renal function tests), had a normal pregnancy, and gave birth to a healthy female child in 1939.

**Discussion on Homosexuality: Correction.**—Dr. H. MANNHEIM (London, W.C.2) writes: My attention has been drawn to a report on the joint meeting of the Medico-Legal Society and the Section of Psychiatry of the Royal Society of Medicine published in your issue of May 17, 1947, on p. 691, where I am quoted as having stated that homosexuality came under ecclesiastical law "from Henry VIII until 1763." I am afraid the words which I have put in quotation marks are a misquotation. What I have actually said was that homosexual activities had been punishable in this country only as an ecclesiastical crime up to the time of Henry VIII (1533). I did not mention the year 1763 at all.

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