floors ordinarily used are better treated by frequent washing with water. In hospital wards the oiling of floors has not often been demonstrably effective in preventing the spread of infection. However, in conjunction with disinfection and perhaps also oiling of bedclothes, oiling the floor is probably worth while where the risk of cross-infection is high, as in wards for burned patients or those with wounds requiring frequent dressing, or in those for measles patients where there may be a serious risk of secondary streptococcal infection. I doubt whether oil treatment could be justified in general practitioners' surgeries; it might be useful in out-patient departments with wooden floors, but I suspect that other, more direct, routes of transfer of infection would far outweigh floor dust in importance.

Local Reactions to Mersalyl Injections

Q.—*What special precautions, if any, are indicated when giving a course of mersalyl injections in order to avoid local reactions?*

A.—Mersalyl, like other organic mercurials, is irritant when given subcutaneously, so each injection must be placed deeply in the gluteal or deltoid muscles. The injection includes theophylline, which, in addition to its other actions, facilitates dispersal and absorption of the injected fluid. A few patients become sensitive to mersalyl, as to other organic mercurials, developing a local inflammatory reaction with swelling, redness, and pain; sometimes this sensitivity is limited, for a time at least, to one particular compound, and other organic mercurials may be still tolerated. Mercaptomerin sodium is less irritant than other organic mercurials, and can be given subcutaneously. The general precautions appropriate to any intramuscular injection must of course be observed.

Survival after Deprivation of Food, Water, and Sleep

Q.—*What is the generally accepted period of survival for a previously fit adult in a temperate climate (a) without food and water, (b) without food but with water, (c) without sleep?*

A.—(*a*) The longest period reported without both food and water is 18 days. However, it seems likely that the average is probably nearer 12 days.

(*b*) Terence McSweeney, Mayor of Cork, died after 74 days' hunger strike. Other complete fasts recorded have lasted up to 50 days with apparently full recovery.

(*c*) I can find no information about the possible lethal effects of deprivation of sleep in man. Kleitman[1] and Tyler[2] have both studied experimentally the effects of deprivation of sleep in man for periods up to 114 hours, the striking conclusion being that there was little measurable change in the subjects at the end of the experiment.

REFERENCES

[1] Kleitman, N., *Sleep and Wakefulness*, 1939. Univ. Chicago Press.
[2] Tyler, D. B., *Fed. Proc.*, 1947, **6**, 218.

Recurrent Herpes Simplex

Q.—*Is any treatment effective in preventing recurrent attacks of herpes labialis?*

A.—It used to be thought that herpes labialis and other forms of recurrent herpes occurred because there were insufficient antibodies in the patient's blood, but recent work has shown that antibodies are present before, during, and after such attacks, and that, curiously, an attack does not affect their level. Therefore the rational treatment of inoculating the arm from one of the early vesicles in order to induce the formation of more antibodies is not so rational after all, nor is there any known antibiotic that destroys herpes virus. Blank and Rake, who have written a very good book on virus and rickettsial disease of the skin and mucous membranes,[1] are of the opinion that any method which gives the patient confidence and reinforces the suggestion that attacks will not recur is probably the best line of treatment. It is well known that an emotional crisis will precipitate recurrent attacks of herpes.

If the patient is run down the compound syrup of glycerophosphates (*B.P.C.*) might be given, with dried yeast tablets to provide vitamin-B complex (nicotinic acid or the amide in full doses is also thought to be helpful), and one or two injections of the patient's own blood. Sometimes small doses of *x* rays given on the areas of recurring herpes diminish the frequency of the attacks.

It is important to ensure that there is no local infection such as an infected sinus, a bad tooth, or one with dissimilar metallic fillings which might produce irritation of the oral cavity by electrolytic currents. Some cases of recurrent herpes have been satisfactorily controlled by attention to such details.

REFERENCE

[1] Blank, H., and Rake, G., *Virus and Rickettsial Disease of the Skin and Mucous Membranes*, 1955.

NOTES AND COMMENTS

Corrosion from Sweat.—Dr. L. B. BOURNE (S.M.O., A. C. Cossor Ltd.) writes: The answer given to the question on corrosion from sweat ("Any Questions?" January 28, p. 244) is surely not acceptable to medical officers engaged in the supervision of processes in the metal trades. It is impossible in many trades to handle by forceps the articles being made. In fact, in the radio industry hundreds of hours may be spent in assembling a chassis consisting of large metal plates and its component. It is particularly important here to realize that not only must the metals have no marks of corrosion but the electrical properties of the components must not be interfered with in any way. This applies also to the manufacture of radio valves and cathode-ray tubes, where sweat may ruin completely the performance of these highly sensitive pieces of apparatus. No great difficulty is experienced at work if barrier creams are used correctly. After many years' experience it has been found that a high degree of cleanliness can be achieved. An adequate amount of a modern barrier cream (e.g., "kerodex") is placed on the skin of the hands, is allowed to dry in air, and then the hands are washed lightly with soap and water and dried, excess barrier being removed. This appears to be adequate to inhibit the production of sweat for a period of up to two to three hours. The operators have never complained of the greasiness or otherwise of the barrier cream, provided that it is correctly used. Occasionally, where a chassis or other piece of apparatus has been inspected by hands not covered with barrier cream, then all that is required is the slightest amount of trichlorethylene on cotton-wool being applied to the finger-marks. I would also point out that in the watch trade in Switzerland barrier creams are now being used in a considerable number of factories where corrosion would almost certainly ruin the product. Barrier cream has also been used in the photographic departments for many years without complaint.

Corrections.—In an article on the use of chloroethylamines in the treatment of Hodgkin's disease (*Journal*, February 4, p. 252) the chemical name given for "dopan" did not correspond with the structural formula (p. 255). With the systematic chemical notation preferred in Britain, which varies slightly from Continental usage, the chemical name corresponding to the formula illustrated should have been written 5-di(2-chloroethyl)amino-2:6-dihydroxy-4-methylpyrimidine.

In the annotation on serum amylase (February 11, p. 340) we stated that the normal range of serum amylase was less than 200 units per ml., instead of less than 200 units per 100 ml.

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