then he is an example of uncomplicated hypertension, presumably essential in nature.

There is no reason to suppose that the blood-pressure readings are at variance with the clinical condition in any way. It is common for mild or moderately severe hypertension to be unassociated with symptoms or with complications, and there is no obvious reason why the blood-pressure reading should not be correct. In view of the lack of complications, the prognosis is good, provided that occult coronary or cerebral-artery disease does not coexist with the hypertension. From the story, however, there is no particular reason to suspect this.

Effect of Cooking on Unsaturated Fatty Acids

Q.—*Are unsaturated fatty acids in vegetable oils converted by heat in cooking into saturated fatty acids?*

A.—Under the normal conditions of cooking, below 240° C., the unsaturated fatty acids in vegetable oils remain unchanged except for slight oxidation. If the oils are more strongly heated (above 300° C.) then they will dimerize to truxillic-acid derivatives, but it is most unlikely that the saturated fatty acids would be formed.

Interdigital Verruca

Q.—*What is the best treatment for interdigital verruca in the foot? Silver nitrate, trichloracetic acid, and nitric acid applications have failed.*

A.—If the diagnosis is correct, the treatment has not been properly applied. The wart can be cured by probing it with fuming nitric acid, using a pointed stick, until the patient experiences a little pain. The whole wart has to be impregnated. It is possible, of course, that the condition is an interdigital corn, in which case this can be removed with a plaster consisting of white cloth impregnated with salicylic acid 30%, creosote 30%, and rubber base 40%, and correction of the orthopaedic fault.

Dermabrasion

Q.—*What can be done to remove superficial scarring of the skin due to past infection?*

A.—The removal of superficial scarring can be carried out with caustic chemicals. The one most used for this purpose was pure phenol. This was painted on to the affected area and resulted in superficial necrosis of the skin. Healing took place after a period of about ten days. This method of treatment does not seem to have been adopted by British dermatologists to any great extent but it has been widely used in some countries with apparently excellent results. Mackee and Karp[1] reported 80% improvement in from 2 to 4 treatments.

More recently, the skin has been abraded with sandpaper or with rapidly revolving wire brushes. This method, known as dermabrasion or surgical planing, has been much used in many countries in recent years. In this country dermabrasion is mainly in the hands of plastic surgeons, but some dermatologists carry out this treatment. It is usually done under local anaesthesia and in suitably selected cases very good results can be obtained. The selection of cases is, however, a matter of some importance, since it is only in relatively few types of scarring that the best results are achieved. When limited areas are treated it may be possible for the patient to return home afterwards, but generally speaking a period of stay in hospital or a nursing home is most desirable.

It will be clear from this that any treatment of this kind should remain in expert hands. Considerable skill is required in the selection of cases, in the technique of carrying out treatment, and in aftercare with its possibilities of secondary infection, which in unskilled hands could prove disastrous.

REFERENCE

[1] Mackee, G. M., and Karp, F. L., *Brit. J. Derm.*, 1952, **64**, 456.

NOTES AND COMMENTS

Peyronie's Disease.—Professor SOURIN GHOSH (Calcutta 12, India) writes: In his answer to the question on Peyronie's disease ("Any Questions?" January 14, p. 146) your expert refers to an article by J. Chesney, which is pending publication, regarding the use of cortisone in Peyronie's disease. We have been using local hydrocortisone in our V.D. department for more than one and a half years, and two of our case notes have already been published.[1] We are continuing to treat this disease successfully.

REFERENCE

[1] Ghosh, S., Ghosh, R., and Sen, S., *Brit. J. vener. Dis.*, 1960, **36**, 186.

Injection of Hydatid Cysts.—Mr. A. F. GRANT (Newtown, Australia) writes: I feel that the answer given by your expert ("Any Questions?" January 28, p. 307) concerning the treatment of hydatid cysts (presumably hepatic cysts) requires some comment. In most cases marsupialization of the cyst increases the morbidity and time of treatment not inconsiderably, as the cyst space invariably becomes infected with secondary organisms. After complete evacuation of the cyst (even though it be contaminated with daughter cysts and grumous material), closure of the cyst space after filling it with normal saline, with or without local antibiotics, has been followed with little, if any, morbidity. Even when there has been some bile staining, I feel that, if the bile ducts are not obstructed, primary closure is the best; at any rate this form of treatment always has to be done where the cyst is deep-seated or has ruptured into the thorax. As regards the use of formalin or iodine and alcohol, it has been my feeling that these substances can harm if they were to leak into the lung or bile ducts. With some wishful thinking, I wipe the emptied cyst duct with eusol. So far there have been no recurrences.

OUR EXPERT replies: Marsupialization was advocated solely as a precaution against contamination by daughter cysts of tissue surrounding the parent cyst. Once such tissues have become sealed off from the parent cyst, primary closure following evacuation of cyst contents is to be encouraged wherever possible. Such a course is preferred to injection of the cyst with formalin or other toxic solution followed by evacuation in a one-stage operation. Except in clinics with much experience of the disease, a one-stage operation without prior injection of a solution of this kind would almost certainly be followed by cases in which hitherto healthy tissue became soiled with living cyst contents. It is, of course, agreed that marsupialization cannot be carried out when the cyst is deeply seated, and the object of doing it is defeated if the cyst has already ruptured.

Corrections.—The date 1657 (April 29, p. 1268) was the date of William Harvey's death, not of Robert Boyle's death as we stated.

We regret that Dr. E. E. Pochin was wrongly reported in certain respects in his contribution at the Canterbury Meeting on the use of radioactive iodine in the treatment of thyrotoxicosis (*Journal*, April 29, p. 1237). He did not state that "no patient under the age of 45 should be considered for treatment with [radioactive iodine]." What he said was, "Quite clearly at present radio-iodine should rarely be used at the ages under 40. Quite clearly at present it should commonly, I think, be used at ages over 60." Dr. Pochin did not state that radioactive iodine was contraindicated "in the presence of large goitres" as such, but only if they were already pressing on the trachea. He was also wrongly reported as stating that recurrence of thyrotoxicosis after treatment with radioactive iodine was "very common." This should have read "very uncommon."

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