chloride in it; this naturally reduces the activity of the solution, and it eventually becomes inert. It is necessary to have the solution slightly acid, in the first place because adrenaline itself is only very sparingly soluble in water and must be converted to the hydrochloride or another salt, and secondly because it is more stable in somewhat acid solution. Various substances may be used to prevent or retard the decomposition of adrenaline. Sodium metabisulphite in a concentration of 1 in 1,000 is the chemical favoured at present, but other antoxidants are useful, and glycine in a concentration of 1 in 500 is also effective.

Thorotrast and Sarcoma Formation

Q.—*Is there any evidence that the intravenous injection of "thorotrast" may lead to sarcoma formation at a later date?*

A.—Yes. Several authors, including G. Roussy, C. Oberling, and M. Guérin (*Bull. Acad. Méd., Paris,* 1934, **112**, 809), have shown that the injection of thorium dioxide may produce sarcomata in experimental animals, and especially in the rat. More recently H. E. MacMahon, A. S. Murphy, and M. I. Bates (*Amer. J. Path.*, 1947, **23**, 585) have provided evidence which, although derived from a single case, nevertheless indicates that thorotrast may also act as a sarcogenic agent in man. The patient had been given thorotrast intravenously for visualization of the liver, and by this means it was possible to make an accurate diagnosis of hepatic syphilis with gumma. Following specific therapy the patient made a clinical recovery. After sudden death twelve years later, necropsy confirmed the diagnosis of syphilis and in addition revealed fatal haemorrhage from a sarcoma of the liver, with widespread irradiation injury chiefly affecting the liver and the haemopoietic system.

Introduction of Cholera into Egypt

Q.—*How did cholera get to Egypt last September?*

A.—Despite the fullest inquiry and investigation by the Egyptian Government the source and mode of introduction of cholera into Egypt last September were not discovered. It seemed likely that infection had been occurring before the first cases were recognized in an Egyptian village on Sept. 22, 1947. The infection presumably came from one of the endemic regions in India, from which in the past there were three possible routes to Egypt: (1) the long land route through Afghanistan and Iran—nowadays most unlikely; (2) by the Persian Gulf to Irak and on to Syria and the Mediterranean; (3) by the Red Sea direct to Egypt. To these must nowadays be added the air routes from India via Egypt and Arabia. In spite of rumours and allegations there was no evidence to suggest that the Royal Air Force or the British Army was responsible for last year's introduction of cholera into Egypt.

Antrochoanal Polypi

Q.—*Are antrochoanal polypi usually associated with anosmia? In a case in which the antra have been cleared the anosmia persists. What treatment is advised?*

A.—Antrochoanal polypi are not, as a rule, associated with anosmia. They are almost invariably unilateral, and to cause anosmia mechanically must be large enough to block both choanae completely. If the ethmoids are clear probably no further treatment will help.

Renal Rickets

Q.—*A woman 28 years old suffered from rickets at the age of 1½ years, and is now a typical "rickety dwarf." At her age is there any possible hope of straightening the bones of the legs by operation?*

A.—If this patient is suffering from ordinary rickets due to lack of vitamin D there is no reason at all why the legs should not be straightened by osteotomies. The age of onset, however, and the fact that she is a dwarf strongly suggest that she may have "renal rickets." In these patients kidney function is so poor that an anaesthetic or an operation will often precipitate a fatal uraemia. Therefore, before any decision is made for or against operation, renal function should be thoroughly tested.

Penicillin for Actinomycosis

Q.—*What is the recommended dose of penicillin for actinomycosis?*

A.—The dose of penicillin should be large and should be continued for a long time: 250,000 units every six hours or 500,000 twice in the 24 hours would be about the dose necessary for a severe infection of thorax or abdomen. Half that dose would probably suffice for a face or neck infection. The drug must be administered for a month or two continuously. When given in concentrated form the injections are not too painful, but procaine hydrochloride should be put in the syringe in order to diminish the discomfort.

NOTES AND COMMENTS

Liquid Paraffin for Cooking.—Mr. P. ROCHE, Editor of *The Retail Chemist*, writes: Although the answer to the inquiry made under this heading (April 17, p. 769) recommends that "its use [liquid paraffin] as a substitute for vegetable oils in salad creams and cooked products generally should be prohibited by law," it does not indicate that there is still in operation a Government Order which deals with this very point. I refer to the Control of Petroleum Order, 1944, S.R. & O. 1944, No. 171, which says in effect that no person shall use any liquid paraffin (B.P.), except for medicinal purposes, except when having a licence to do so. Obviously any general member of the public using this substance for the purposes you mention is breaking the law, and, although one can assume that it has been contravened time and time again, I doubt whether an offender has yet been charged, although the Order has been in force now for over four years. This seems to be another instance where the multiplicity of Orders precludes their being effectively enforced, presumably because of the lack of inspectors. Even if there were sufficient, which heaven forbid, it would not be easy to see that every housewife used liquid paraffin for medicinal purposes only, particularly when she can buy it with no questions asked. The matter takes on another serious aspect when supplies have reached the fixed price stores and yet the dispensing chemist has not been able to obtain sufficient to meet prescription requirements. Would it not be better, therefore, if the channel of distribution is limited to that of the chemist, who can at least obtain a verbal acknowledgment that the liquid paraffin he sells is going to be used for "medicinal purposes" only?

Killing Habits of Leopards.—A correspondent in W. Africa writes: Under "Any Questions?" (March 13, p. 530) you answer a question about leopards. I think I can help in answer to (*d*). Some years ago a woman was brought into hospital with a cut head. On inquiry I found that a leopard had jumped at her and had given her one blow with its paw—claws extended. She had a small puncture just above the middle of one clavicle, a clean cut through the ear and right across the scalp to the other ear, and two quite clean cuts parallel to this one and about two inches in front and behind it. They were about four or five inches long. As far as I could make out the puncture in the neck was made by the fifth claw, the main cut by the middle claw, and the other two by the index and ring fingers (if leopards have such things). The woman was almost scalped, and was shocked. She had not lost much blood. Cleaning with flavine and suturing were followed by rapid healing. It appeared that the leopard had been disturbed by the woman and had given her a pat in self-defence. There was no suggestion of "leopard men" in that area. The cuts were very clean.

Corrections

The name of the Medical Director of the Empire Medical Advisory Bureau was misspelt in our issue of April 24 (p. 809). It should be Dr. H. A. Sandiford.

In the letter by Dr. I. H. Milner (April 24, p. 807, line 10) the word "complicated" should be "uncomplicated."

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