copper, such as is experienced by workers in copper foundries, will cause haematochromatosis. I. J. Cunningham (*Biochem. J.*, 1931, **25**, 1273) remarks on the catalytic effect of copper on the oxidation of "dopa" (3:4-dihydroxyphenylalanine), which is the precursor of melanin, the pigment in hair. Copper and its effect on health is discussed in *Industrial Medicine*, 1947, **16**, 368. A detailed discussion on hair-colour change can be found in *J. Amer. med. Ass.*, 1943, **121**, 161.

Malignant Deposit in Pelvis

Q.—*For the last year a woman of 51 who had a carcinoma of the breast removed three years ago has been having backache, never localized, but most frequently in the lumbar region. X-ray examination reveals an osteoarthritis of the spine; there is also a "spot" in the pelvis which may indicate the presence of malignant deposits. A blood examination shows her alkaline phosphatase level to be 5 units per 100 ml.—this, I am told, does not support a diagnosis of malignancy. Would you please give your view?*

A.—Osseous metastases during the early phase of their development give rise to indefinite signs on radiological examination, and in such cases repeated radiography at monthly intervals is of value. Estimations of the alkaline phosphatase concentration in the blood are of limited value. It is true that in some cases of osseous metastases the figure is raised, but it may be normal, and conditions other than this may cause changes in the alkaline phosphatase level. This patient should be kept under careful observation and further radiological examinations of the pelvis carried out at intervals.

Blood Transfusion in CO Poisoning

Q.—*Has replacement blood transfusion ever been tried in cases of coal-gas poisoning? Six to eight pints (3.4 to 4.5 litres) would seem to be enough if the patient is in real danger.*

A.—Blood transfusion has been used in the treatment of carbon-monoxide poisoning. Special care must be exercised to ensure that the circulation is not overloaded, because such overloading would have serious, and very possibly fatal, effects on a heart already dilated and weakened by anoxia. The method adopted must therefore be one of replacement, as the question suggests, but the quantities mentioned are excessive. Blood transfusion should not be regarded as a routine requirement in cases of coal-gas poisoning. Most of the patients reaching hospital alive will have eliminated a considerable proportion of the carbon monoxide, and other lines of treatment, such as the administration of oxygen with carbon dioxide, will give satisfactory results in the majority of cases.

Allergy to Animal Fat

Q.—*Is it possible to desensitize a patient who is allergic to animal fats? He is unable to eat an average amount of animal fat without developing small pustules on his chin; this also occurs after shaving with soap containing such fat. He is not allergic to vegetable fats.*

A.—Desensitization to a food is of doubtful value and is rarely advisable. The best treatment is its complete avoidance, when the hypersensitivity is frequently outgrown. It is most unusual for a person to be allergic to all animal fats, nor are pustules a common manifestation of spontaneous allergy. More usually the sensitivity is to the products of individual species of animal.

Penile Herpes or Verrucae

Q.—*A young man aged 24, with no history or signs of specific venereal infection, has developed a chain of papilla-like processes about the size of a pin's head in the coronal sulcus. These bodies do not resemble venereal warts; there is no phimosis and no other evidence of balanitis. Applications of glacial acetic acid caused temporary "whitening" of these papillae, but they have not disappeared. What alternative treatment would you suggest? Is the condition progressive, and are any serious sequelae likely in the patient or his wife?*

A.—From the information given, the lesions appear to be either herpes or verrucae—probably the former. Unless they are giving rise to unpleasant symptoms, no treatment is indicated; should treatment be deemed advisable, keeping the parts dry and powdering with talcum are recommended. Such methods as circumcision, excision of the affected epithelium, or destruction with the electrocautery are unnecessarily drastic and are contraindicated. For warts such as are commonly seen in connexion with a chronic urethritis, podophyllin resin *B.P.* 25% or less in liquid paraffin is remarkably successful; the surrounding parts should be protected with a film of petroleum jelly and the podophyllin applied with a swab and allowed to dry; if necessary, a second application may be made after a few days.

The condition described is not likely to be progressive, though it may take a considerable time to clear up; nor is it likely to cause any serious sequelae in either the patient or his wife.

Transient Giddiness

Q.—*What are the causes and treatment of momentary transient vertigo? I have many patients—non-smokers, non-drinkers, with normal blood pressures, and aged 40 to 60—who complain of momentary giddiness after stooping, on looking up to the sky, or on rotating the head.*

A.—Probably some of these are not cases of true vertigo. Thus, momentary dizziness after stooping is often caused by a temporary cerebral anaemia due to poor vascular tone, and the subject should derive benefit from physical exercises, particularly for the abdominal muscles. The other cases are probably due to abnormal proprioceptive or ocular impulses. Thus, rheumatic affections of the cervical joints and muscles may be a factor. In the ocular cases, or in those with true postural vertigo, phenobarbitone or other sedatives should help.

NOTES AND COMMENTS

Keloid.—Dr. F. PIERS (Nairobi) writes: A correspondent asked which was the best treatment for keloids ("Any Questions?" Feb. 26, p. 377). Your expert, in his reply, advised *x*-ray treatment and excision of the scar. With great respect I beg to disagree with him, especially as regards excision. Keloids invariably recur and assume a more unpleasant character after surgical interference. I have recently seen a young Greek woman from Abyssinia who had, originally, a small keloid over the sternal region. This was twice excised by competent Italian surgeons, and each time the result had been a more extensive and unsightly recurrence of the keloid. The method of choice is, in my opinion, radium treatment: repeated surface applications with heavy filters (to exclude all but the hardest beta radiation). A report of two cases in which this method gave excellent results was published by W. Lutz (*Dermatologica*, 1947, **94**, 315). The pictures accompanying the article supply convincing evidence of the value of this method.

Corrections

In the leading article on "Diphtheria Prophylactics," which was published in the *Journal* of April 23, p. 715, it was stated that the number of notified cases of diphtheria in 1947 was 3,941 and of deaths 198. These figures, however, relate to children under 16 only. The figures for the whole population, obtained from the quarterly returns (corrected notifications) issued by the Registrar-General, are 5,609 cases of diphtheria notified in 1947 and 244 deaths.

Dr. D. DAVIES writes: In my paper on "Acute Porphyria and Associated Electrolyte Changes" (May 14, p. 846) in the fourth paragraph "chronic porphyria" should have read "congenital porphyria."

Dr. JAMES OVERTON writes: In my recent article on the topical use of "vioform" in dermatology (May 14, p. 840), an error has been brought to my notice. In the first paragraph on p. 841, dealing with the pharmacology, "*In vitro* it inhibits *Staph. aureus* and *Bact. coli* in a dilution of 0.025%," should have read "0.025% 'vioform' in bouillon." This is another method of stating 0.025 parts per thousand.

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