further in a number of different psychiatric conditions. Reliable evaluation is not possible at present, because of the quality of previous assessments and the absence of controlled reports in the medical literature.

**Presentation**

Pericyazine is available as Neulactil, in tablets of 2.5 mg. and 10 mg., as a syrup, and as a solution for injection.

The basic N.H.S. cost of 50 tablets of 2.5 mg. is 5s. and of 50 tablets of 10 mg. is 13s. 4d.

**ANY QUESTIONS?**

We publish below a selection of questions and answers of general interest.

**Calcium Injection for Cardiac Arrest**

Q.—In what situations is the intravenous or intracardiac injection of calcium chloride likely to be useful in the management of cardiac arrest, and what concentration and total dose are recommended for the average adult patient?

A.—Calcium chloride has been used in the treatment of surgical cardiac arrest for over 40 years. The history of the subject is well reviewed by Kay and Blaclo.

Calcium (with sodium and potassium) is essential to proper cardiac contraction: the perfused isolated heart will stop in diastole if there is no calcium; excess causes systolic arrest (calcium rigor). By perfusion experiments in dogs, Hoff and his colleagues showed that calcium in low concentration is a cardiac stimulant, and that in high concentration it is a cardiac depressant. Redding and Pearson showed that all stimulant drugs, including calcium chloride, are more effective in aiding resuscitation of the arrested dog's heart when acidosis is absent.

In modern coronary care units cardiac arrest in ventricular fibrillation may often be counteracted by a promptly applied direct-current shock of 400 watt-seconds without the aid of drugs. If external cardiac compression has to be continued for more than a minute and before the electric shock is given, then sodium bicarbonate infusion to counteract acidosis and oxygen by intubation, and artificial inflation of the lungs to ensure myocardial oxygenation, will be required before the heart can be defibrillated. Adrenaline may be injected to improve myocardial tone if external cardiac massage is barely effective.

Kay and Blaclo showed that calcium has a direct effect on the myocardium during standstill, thereby increasing excitability and conductivity of the ventricular muscle, rather similar to the effect of adrenaline and digitalis. In surgical cardiac arrest, especially in asystole, they found that calcium chloride was sometimes even more useful than adrenaline.

The place of calcium chloride in human medical cardiac arrest is less definite, being frequently used as a last resort. It is recommended, if the heart beat is weak following resuscitation, that 5–10 ml. of a 10% solution (0.5–1 g.) be injected intravenously or into a heart chamber.

**Contact Dermatitis to Leather**

Q.—Is the substitution of a metal or nylon wrist-watch strap effective in preventing the recurrence of contact dermatitis to leather?

A.—The usual cause of dermatitis from leather is sensitivity to chrome. A chromium-plated wrist-watch strap might possibly be avoided, and many silver-coloured metal objects are plated with chrome. Other metals such as gold or real silver would be quite safe, as would nylon. It would, however, be wise to make sure that the dermatitis has completely cleared before wearing the wrist watch again; otherwise the dermatitis might be perpetuated by non-specific irritation from the friction of any kind of strap.

**Ringworm and Hot Climates**

Q.—Can griseofulvin be taken prophylactically—for example, for a holiday in a warm climate (which otherwise would be spoilt by the development of a florid fungal infection between the toes)?

A.—In many patients it is impossible to eradicate completely a ringworm fungus, and persistent infection may be left in sites such as the toenails and toe webs. In these cases the condition can suddenly spread from time to time, and such attacks can usually be controlled by griseofulvin by mouth given over a period of four to eight weeks. The causes of such a spread are often difficult to determine, but certainly a period in a warm climate might play a part. If a patient with persistent ringworm infection had previously had a severe flare-up in these circumstances it would be quite reasonable to take griseofulvin prophylactically. Though griseofulvin is likely to clear any spread on the toes and feet, it has less effect on ringworm confined to the toes and, and its use in such cases is disappointing.

It must be assumed from the question that the condition is a ringworm fungus infection proved by mycological examination of specimens. The cracking, scaling, and macerated skin between the toes in at least half of the patients is not due to ringworm. In some this is caused by an intertriginous eczematous change, which is also likely to become worse in warm climates. In such a case a preparation such as cicloquinol hydrocortisone ointment (Vioform-hydrocortisone) applied gently twice per day would help.

**Contaminated Water Supply**

Q.—A main public water supply source has become contaminated by diesel oil seepage from the surface to the extent of causing the water from domestic taps to smell of paraffin. Is there any hazard to health in (a) drinking such water, and (b) washing in it, if contamination lasts one week or longer?

A.—It is not possible to give a positive answer to this question unless the precise degree of contamination by diesel oil is known. The human palate can normally detect 1–2 parts per million of refined products and 0.1–0.5 p.p.m. of crude products. These low levels of contamination, though detectable by taste, are not considered prejudicial to health. Pollution of drinking-water at the rate of 30 p.p.m. would be palpable, and probably undrinkable, and might well show an oil film, but it is doubted whether even at this level it would be dangerous unless there was something particularly toxic in the contaminating oil. If the level of contamination is below 30 p.p.m. there should be little danger in using such a water supply for washing purposes.