

can be relieved by stretching the muscle affected; a posture which shortens any muscle group particularly liable to cramp should therefore be avoided.

In the common case where no definite cause can be found for the cramps quinine sulphate, 5 gr. (0.32 g.) twice or three times daily (if tolerated), is sometimes a helpful treatment.

Scalp Dressings

Q.—*What is the best way of fixing a dressing to a laceration of the hairy scalp? Bandages come untied, "elastoplast" is difficult to apply, and collodion is messy to remove and liable to obscure stitches or pull them out when the dressing is changed.*

A.—The questioner raises objections to the most commonly used methods of fixing scalp dressings, and as there are few others it would appear most useful to suggest ways of overcoming the various difficulties mentioned.

It is presumed that the surrounding scalp will have been properly shaved, and if no "stubble" is left it is then quite practicable to dress small wounds with collodion. The suture line itself should be covered with a narrow dressing which is fixed in position by sticking a thin sheet of gauze over. In these circumstances the sutures are not touched by the collodion; they are not disturbed when the dressing is taken off, and the removal of the dressing is not messy. Bigger wounds often need a good pressure-dressing, and for this purpose crêpe or elastic bandages are best. If bandages cannot be really expertly applied, or if they are liable to disturbance by a restless or active patient, they can easily be held in position with a very light plaster-of-Paris head-cap. Both the above methods were extensively used in the war, and they proved entirely satisfactory. It is agreed that adhesive strapping is the least effective method of fixation. Nevertheless, with a careful technique, many have found it quite satisfactory.

In conclusion, it may be wise to remind the questioner that scalp sutures should not be left in longer than three days. The problems he raises are more often experienced by those who mistakenly leave sutures in for an unnecessarily long time.

Keloid after Vaccination

Q.—*A boy of 5 whom I vaccinated some months ago has developed a keloid at the vaccination site. What treatment is advised? Should the keloid be left alone, as it causes no inconvenience, or are there reasons, other than aesthetic ones, for its removal?*

A.—There are no reasons other than aesthetic for treating the keloid following vaccination. It may resolve spontaneously with the years. Resolution would be hastened by giving x rays, 1,000 r filtered through 2 mm. of aluminium, exactly to the keloid, the treatment not to be repeated.

What is Vitamin P?

Q.—*What is vitamin P? Does deficiency of this vitamin give rise to clinical disease, and if so how should the vitamin be administered?*

A.—Vitamin P, or the so-called permeability factor, was first isolated by Szent-Györgyi (1936) in the form of concentrates which contained eriodictin and hesperidin, besides other unknown components. Since then a considerable number of different substances with an effect on capillary fragility or permeability have been identified. In 1946, Javiller and Lavollay listed, in addition to citrin and rutin, quercetol, cyanidol, D-epicatechol, phloretol, coumarin, and esculetol, and suggested that it was doubtful whether the term "vitamin P" should be retained. A state of deficiency is said to exist for the guinea-pig, the rat, and the human organism. In patients suffering from "vitamin P deficiency" capillary resistance is decreased and vascular permeability increased. The clinical symptoms comprise haemorrhagic conditions of the skin (nutritional purpura) which cannot be cured by vitamin C. In 1947 Munro and

his co-workers reached the conclusion that claims that lack of vitamin P could lead to a deficiency disease in man were not convincing. Patients with capillary fragility have been treated with 60 to 120 mg. of rutin per day orally.

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Chlorine Poisoning

Q.—*What toxic effects may be anticipated from prolonged exposure to small concentrations of chlorine? For the last 18 months a research chemist, aged 26, has been exposed to a concentration of chlorine in the air of his laboratory of the order of 0.01 part per million. In addition, for experimental purposes, he makes chlorine by the action of HCl on KMnO₄, and in this way comes in contact with a higher concentration of the gas. He complains of general lassitude and inability to concentrate; physical examination is negative.*

A.—When chlorine is inhaled it reacts immediately with water to produce hydrochloric acid. This is then neutralized in the tissue fluids by reacting with bicarbonate to form carbon dioxide and sodium chloride. If the concentration of chlorine is high, the acid produced will irritate the tissues and produce the usual signs of chlorine poisoning, which are confined to the eyes and respiratory tract. No toxic reactions would be expected from the continued inhalation of concentrations as low as 0.01 p.p.m. In America the permissible concentration for industry ranges from 1–5 p.p.m. Because of the innocuous nature of the reaction products, no remote toxic effects need be feared. Contact with higher concentration will produce irritation of the eyes and respiratory tract. No toxic impurities are likely to be present in the reaction of HCl and KMnO₄. The patient's symptoms must therefore be due to causes other than the direct toxic action of chlorine.

Sterilizing Injectio Adrenalinae

Q.—*What is the best method of sterilizing an ampoule of adrenalinae (as, for example, in preparation for regional anaesthesia)?*

A.—The answer to this question is to be found on page 243 of the *British Pharmacopoeia* (1948), where it is stated that injectio adrenalinae should be sterilized by autoclaving.

Corrections

Dr. Glenys M. Lowdon has written to say that Part I of the paper "Trials of Oral Streptomycin for Infants with Non-specific Gastroenteritis" (September 29, p. 767) came from the department of infectious diseases, University of Edinburgh, as well as from the department of child life and health.

Owing to a misprint the word "not" appeared instead of the word "now" in the penultimate line on p. 816 of the paper by Dr. J. M. Barnes and Mr. D. R. Davies entitled "Blood Cholinesterase Levels in Workers Exposed to Organo-phosphorus Insecticides" (October 6, p. 816).

We regret that there was an error in the penultimate paragraph on page 887 (October 13) of the paper on "A County B.C.G. Campaign," by Dr. P. J. Burke. The third sentence in that paragraph should read as follows: "On Wednesday all non-reactors are tested with 1/100 O.T., and on Friday all the negative reactors are vaccinated."

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