and treatment; it is only if dancing is performed excessively and injudiciously that structural changes in the feet are to be feared. This is unlikely to happen in properly conducted classes such as are included in the school curriculum.

Tap dancing similarly is beneficial, possibly more so than ballet dancing, because no abnormal stress is placed upon the anterior part of the foot. The rapid rhythmical movements of a tap dance encourage the proper development and co-ordination of the intrinsic and extrinsic muscles.

Serum Acid Phosphatase Levels

Q.—*(a) Why is the serum acid phosphatase level raised in carcinoma of the prostate? (b) Must there be bone secondaries before it is elevated?*

A.—(*a*) There is no satisfactory explanation for the raised serum acid phosphatase level in carcinoma of the prostate. (*b*) No.

Ointment Bases

Q.—*What are the essential differences between, and individual indications for, the ointment bases listed in the National Formulary, 1952?*

A.—Only four of the ointments included in the *National Formulary, 1952,* can be classified solely as bases: ung. adipis lanae hydrosi, ung. alcoholium lanae, ung. aquosum, and ung. emulsificans. The first three all contain the steroid alcohols obtained from wool fat, and, since these resemble the natural fats of the skin, these ointments are good emollients. They are also readily absorbed and make useful bases for medicaments which are intended to be absorbed. They are thus often used for sex hormones, calciferol, local analgesics, etc. Ung. adipis lanae hydrosi and ung. aquosum are both water-in-oil emulsions, and the difference between them is largely one of consistence. Ung. alcoholium lanae is anhydrous, but is capable of taking up considerable amounts of aqueous liquids, forming water-in-oil emulsions. Ung. emulsificans is also an anhydrous preparation, but aqueous liquids can be incorporated giving an oil-in-water emulsion. Ointments made from this base, especially when emulsified, have the advantage of leaving the skin less greasy when they are rubbed in, and they can much more easily be washed off than fatty or water-in-oil bases. They are readily absorbed. Antiseptics are usually much more active in oil-in-water emulsions than in other types of base. Ointment bases with a wholly fatty base, such as ung. paraffini and ung. simplex of the *British Pharmacopoeia,* are indicated when little or no absorption is required.

Treatment of Fibrositis

Q.—*A man of 28 has severe fibrositis of his shoulders, with large nodules in his trapezii, which prevents his work as a pig farmer and seriously interferes with his sleep. Some relief is obtained with local heat and codeine tablets. He has recently had an arthrodesis for a tuberculous hip-joint, and in the past a renal disorder. There is no obvious source of focal sepsis. What treatment is advised?*

A.—In view of his recent tuberculous hip infection it would be wise to estimate his blood sedimentation rate. If this were found to be raised it would suggest that there was still some activity present, which might be the primary cause of his fibrositis. We must presume that the condition of the chest has been investigated and found to present no evidence of active infection. In the local treatment of the fibrositis, heat and codeine have relieved the pain, as would be expected. To cure the condition, however, it will be necessary actively to disperse the nodules, which will, no doubt, be found on closer examination to be the source of what appears subjectively to the patient to be generalized pain. This can generally be accomplished by injecting accurately into the centre of each 2 to 5 ml. of 1% procaine in saline. The injection should be made rapidly in order to disrupt these localized inflammatory areas. The injections, which may have to be repeated more than once, should be followed up with gradually progressive professional massage aimed at completing the process of dispersing these areas. Aspirin, 10 gr. (0.65 g.), should be given four-hourly during this period, and the addition of small doses of either iodine or thyroid extract may be of additional value. If the patient is overweight it will be necessary to deal with this drastically by means of diet before cure can be expected.

Cold Knees

Q.—*I have a patient, otherwise healthy, who complains of intense coldness of both knees, gradually becoming worse during recent years. Is this symptom a precursor of circulatory disease?*

A.—Measurements of joint temperature indicate that there is little doubt that this area is less responsive than elsewhere to the ordinary mechanism of body temperature maintenance, presumably because of the large amount of bone and the small amount of muscle there. I do not think that the sensation of coldness is a precursor of circulatory disease. Probably it falls into the category of "morbid awareness of physiological states."

The Ship-surgeon's Locker

Q.—*What antibiotics and other drugs with specific actions should be included in the equipment of a ship surgeon for a cruise to Madeira, Brazil, and up the Amazon?*

A.—A supply of sulphonamides, penicillin, streptomycin, aureomycin, and chloramphenicol would be essential. Apart from the diseases which might be encountered in Britain and for which a supply of specific remedies would be necessary, such as are used in practice here, the following disorders might possibly be encountered on such a cruise: (1) yellow fever, for which there is no specific remedy, though it would be important to see that all passengers had been inoculated against it; (2) malaria, for which a supply of quinine, mepacrine, and proguanil should be carried; (3) amoebic dysentery, for which emetine, diiodohydroxyquinoline ("diodoquine"), and carbarsone would be necessary; (4) and Chagas's disease, for which there is no reliable specific therapy.

Boils in the Ear

Q.—*Where can I find information on the treatment of boils in the ear?*

A.—On p. 51 of the book "*Any Questions?*" The book can be obtained for 7s. 6d. (postage 6d.) from the Publishing Manager, B.M.A. House, Tavistock Square, W.C.1.

NOTES AND COMMENTS

Corrections

At the meeting of the Section of Child Health at the Annual Meeting in Dublin, Dr. C. Marcia Hall, speaking of the treatment of tuberculosis in children, said: "Rest in hospital meant rest in bed and from physiotherapy." In our report of this Section Meeting (July 19, p. 154) the word "from" was unfortunately omitted.

In our report of the meeting of the Section of Medicine at Dublin (July 26, p. 213) we should have mentioned that the paper read by Dr. R. Semple was the joint work of Dr. E. Lawson McDonald, Professor A. Kekwick, and Dr. R. Semple.

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