poisoning. The great danger of paraffin poisoning is inhalation into the lungs, and anything which might avoid the amounts of paraffin a poisoned child may have in his stomach is most unlikely to endanger his life, but a teaspoonful in the lungs may be fatal. Neither gastric lavage nor emesis should be attempted in comatose patients, convulsing patients, or in those who have taken strong acid or alkali.

There is no really satisfactory "all-purpose" emetic. Common salt or mustard (two tablespoonsfuls or one tablespoonful, respectively, to a glass of warm, not hot, water) are as good as any. Copper sulphate is probably unobtainable in an emergency, tartar emetic is dangerous, and the action of ipecacuanha is too slow. Tickling the back of the throat alone or after giving salt and water should be tried, and in this respect a "failed gastric lavage" may be of value. Apomorphine is rather uncertain in its action in children, and may fail to cause vomiting while at the same time increasing the intensity of toxic depression. It is particularly likely to do this in children who show, or may be going to show, shock or depression (e.g., after poisoning by ferrous sulphate or by sedatives), and in such cases it should not be used. Otherwise apomorphine may be used (1/60 gr—1 mg.—subcutaneously in a toddler), but it has not found much favour in this country. If one injection of apomorphine fails, it should not be repeated.

Gastric lavage presents problems. It is a frightening procedure for a child, is very difficult if no medical help is at hand, and is not always effective in its object. Nevertheless, children may refuse to take oral emetics and apomorphine may be contraindicated, and in these numerous cases gastric lavage should be attempted. The child should be restrained with an encircling, tightly drawn sheet or blanket, and the tube is probably best passed through the nose. A catheter with extra holes cut can be used. It is advisable to wash with 20 to 40 ml. at a time, and a large syringe may help if the tube tends to block. If large quantities of water are used, the effect is to drive the stomach contents into the intestine, which is undesirable except in cases of ferrous sulphate poisoning. Even a "successful" gastric lavage should not be allowed to give the practicioner a feeling of security. In a child who is already severely ill it may be better to send him straight to hospital for supportive therapy instead of spending time on gastric lavage.

Christmas Purgation

Q. Should children—and adults—have a purgative after their Christmas dinner?
A. For children the answer is emphatically no. With adults the answer is slightly different. By the time adult life has been reached people should have learnt to control their own bowel habits, with or without the use of purgatives. If a grown man has found that purgation after a heavy meal prevents unpleasant consequences, he should be encouraged to continue with this habit, but on the strict understanding that he does not inflict his whim on others.

Going Home After the Party

Q. Does going out into the cold potentiate the effects of alcohol? If so, by what mechanism?
A. There is no experimental evidence showing that exposure to cold increases the effects of alcohol. But it is not uncommon to obtain a history of a sudden increase of symptoms on going from a hot to a cold environment. Thus, the driver of a car who has been drinking may experience nausea on getting out of his car into the cold atmosphere outside, may vomit, and then develop symptoms so striking as to attract the attention of the police. It is not easy to explain this effect. It may be connected with a reflex vasodilatation of the vessels of the skin, and when an individual who has ingested alcohol is exposed to cold for any length of time the internal body temperature falls. This would tend to depress the central nervous system and add to the somnolence produced by alcohol. Alcohol is undoubtedly dangerous to those who are liable to be exposed to severe cold, and this is well known to Alpine guides and Arctic explorers.

Risks of Handling Radioactive Isotopes

Q. What are the risks to nurses and doctors during the handling of radioactive isotopes for clinical use?
A. The risk diminishes in proportion to the care taken in handling the radioactive material and should become negligible if the precautions recommended by the Medical Research Council and other bodies interested in the protection of workers are adopted (see Introductory Manual on the Control of Health Hazards from Radioactive Materials). These recommendations are stringent and call for constant vigilance, but the experience of well-run establishments in which these recommendations are carried out shows that the hazard is indeed negligible.

NOTES AND COMMENTS

Disinfecting the Band.—Mr. T. Pearton (Joint Principal, the College of Piping, Glasgow) writes: I read with interest the answer to a correspondent's query on how to sterilize a set of bagpipes ("Any Questions?" October 4, p. 789). The methods suggested to disinfect the various parts of this instrument are not entirely satisfactory and I am prompted to give the following technique used by the College of Piping.

Method: cloths, clothes, bag cover can be sterilized by boiling. All parts of the bagpipe are taken to pieces and the cloth used to render the joints airtight is cut away and burned. Attempts to sterilize the sheepskin bag by boiling or chemical disinfection are unsatisfactory; it should simply be burned. The leather valve in the blow-pipe and all reeds are burned. Sterilization of the wooden parts presents a more difficult problem as immersion in severe disinfectants such as lysis blackens the ivory and attacks the wood. It is desirable to sterilize the wooden parts in as rapid a manner as possible, as immersion in liquids for any length of time may warp the wood on drying. As noted, the most pathogenic organism likely to be associated with the bagpipe is the tubercle bacillus, and the destruction of this organism is the principal aim. Contamination would probably be from flecks of spumon blown on to the blow-pipe and other parts, and if disinfection is to be adequate the procedure would be to ensure that all traces of contaminating material are completely removed by thoroughly washing with soap and water, incorporating 5% "dettol" with the thorough removal of gross contamination, rapid disinfection with 5% dettol in methyleated spirit would be possible and immersion for five minutes would be sufficient. After washing away the dettol all parts, the instrument is dried with a clean cloth. New thread is wound round the joints, a new valve is connected, a new pipe bag is tied in, and new reeds inserted. The above method has been found satisfactory and does not damage wood, ivory, or silver. Certain types of varnish may be affected by the spirit, but re-varnishing can be done at a low cost. In the case of plastic mouthpieces and mountings, these should not be immersed for longer than the five minutes sufficient for disinfection.

Correction.—It is regretted that the word "linguets" was printed recently in the Journal (December 13, p. 1289) without the usual inverted commas to indicate that it is a registered trade mark.

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