

the form of plain water or 1/5 normal saline solution, up to 3 litres being thus given in 24 hours. The intravenous route is to be employed only when rectal fluid is not tolerated. After three days of this regime small quantities of fluid food may be given by the mouth as the first step towards introducing the sort of diet described above, and the morphine should be stopped.

Pipetting of Volatile Solvents

Q.—*Apart from the risk of getting a mouthful, is there any serious hazard in the frequent pipetting (30 times a day) of volatile substances such as chloroform? A research chemist has to do this in chromatography, and is anxious about it. Are any special precautions indicated?*

A.—The solvents used in chromatography vary so widely in their toxicity that it is difficult to lay down any specific safety rules for such procedures. Those procedures involving the use of volatile solvents "running" on paper, etc., demand the use of well-ventilated rooms or exhaust ventilation and fume cupboards. The technique is widely used, and, as it is being developed continuously, new materials, some of comparatively unknown biological activity, are constantly being introduced.

The hazards of chromatography are certainly not confined to pipetting but are more likely to be met in the general handling of the solvents and exposure to their vapour, especially during "runs" on paper. Chemists are sometimes surprisingly unaware of the toxic properties of substances they handle, and, like doctors in touch with infectious disease, they often but not always "get away with it." Good reference books such as Dr. Ethel Browning's *Toxicity of Industrial Organic Solvents* (H.M.S.O., 1952) should be available, and manufacturers are usually able to supply advice on the toxic hazards associated with the use of their products.

Safety pipettes, which avoid the need for sucking by mouth, are available for use with very poisonous or otherwise dangerous liquids—for example, acids. There is no reason why they should not be used for chloroform, though it is doubtful if their use would reduce the risk from handling chloroform in unsatisfactory environmental conditions.

Curved Penis and Sexual Capacity

Q.—*A young man intending marriage has sought advice because his erect penis curves slightly to the left, so that the tip is offset by about 2 in. (5 cm.) from the median plane. The flaccid organ appears normal. What are the causes of this? Is penile curvature of this degree liable to interfere with satisfactory intercourse, and what steps, if necessary, should be taken to correct it?*

A.—I suspect that actually the penis in question is quite normal, for I have often listened to young unmarried and inexperienced men describing the alarming peculiarities they have noticed in themselves, and have afterwards found nothing wrong with them at all. A small degree of curvature is normal. A pathological curvature would be due to fibrous cavernositis, and this is exceedingly rare in the young. But let us suppose that it actually exists in this case. He can still be assured that it will not prevent coitus or get worse, or interfere with micturition. If this young man has any difficulties in coitus on marrying, it will be because he has developed a sexual neurosis and fears that he may find himself impotent. Emphatic reassurance is what he needs most.

Vitamin A and Ichthyosis

Q.—*Is vitamin A of value in the treatment of ichthyosis? If so, in what dosage and for how long should it be administered, and should any variation in dosage be made for age?*

A.—There is clearly an important relationship between vitamin A and keratinization. Clinical experience shows that a small proportion of patients with ichthyosis benefit from the administration of vitamin A whether or not there

is a low serum level of vitamin A. Questions of absorption and utilization may enter into the problem, but there are many other factors involved in ichthyosis, including the genetic, hormonal, and climatic. Doses of 100,000 to 250,000 i.u. daily may be given for two to three months, depending on the age of the patient, to determine empirically whether it is of value in a particular case. If helpful, then courses of treatment governed by the response should be given. Toxic effects on the liver are recorded, but are rare with this dosage.

A Good Head of Hair and Cancer

Q.—*During the past four years whilst engaged in general practice I have seen about 15 men die of cancer, mostly of the stomach, bronchus, or prostate. All were over 50 years of age, and I noticed that all had a good head of hair. Is there a recognized relationship between growth of hair and the liability to cancer, or are my observations just due to coincidence?*

A.—There are no records of this association in easily available cancer literature, but it would be unwise to dismiss your observations as coincidental.

Dangers of Selenium in Dandruff Shampoo

Q.—*Selenium sulphide is contained in a shampoo for dandruff ("selsun"). The makers give most careful instructions about thorough rinsing after use and cleansing of the hands. What are the dangers if these instructions are neglected?*

A.—Selenium sulphide is known to have a chemical action on keratin and may therefore damage the horny tissues of the skin and nails if it is used indiscriminately. This, no doubt, is the reason why the makers recommend careful cleansing of the hands after the use of "selsun." It should not be assumed from these instructions that the proper use of selsun carries any notable risk. The writer has known patients use selsun with gross neglect of the makers' instructions without any harm resulting. If the material is used as instructed there is a wide margin of safety.

NOTES AND COMMENTS

Corrections.—It is regretted that one of the formulae in the answer to the question on significance and the standard deviation ("Any Questions?" September 10, p. 692) was printed incorrectly. The standard deviation of the difference between two randomly selected observations from the same population should have been given as $\sqrt{2}\sigma$, not $\sqrt{2}\sigma$.

We much regret that Professor F. A. E. Crew's name was wrongly spelt in the heading to the review of the *Medical History of the Second World War—Army Medical Services* (Administration, Vol. II) published in our issue of September 3 (p. 605).

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