Correctly, but people with defective colour vision cannot. Anyone passing this test should be able to interpret colour-coded electrical wires, but it is possible that some people with minor degrees of colour defect who fail the Giles-Archer test may be able to perform a practical task satisfactorily.

**Reference**

**Contaminated Well-water**

Q. How can the water in an open and contaminated well be made fit for consumption after it has been covered? After disinfection, should the well-water be chlorinated in the storage tank, and by what method? Is there a simple way of testing the safety of water for drinking?

A. It is assumed that the contamination is bacteriological. Before any action is taken a sample of water should be submitted to the nearest public health laboratory together with full details of the problem. On the results obtained the director of the laboratory will be able to advise generally, and in particular on whether or not it might be wiser to abandon the well. In any event if it is decided to continue the supply of supply every effort must be made to trace the source of contamination and effective steps taken to eliminate it. Chlorination or other treatment of the well-water will then depend entirely upon bacteriological reports on subsequent samples. If the local medical officer of health, in consultation with the director of the public health laboratory, advises that after the removal of the source of pollution the supply can be made potable consideration should be given to the possibility of treating the supply through small domestic filters which are manufactured specially for this purpose. The names and addresses of manufacturers of such equipment are published in the Ross Institute bulletin. This bulletin also outlines simple methods of ascertaining the correct dosage of chlorine and testing for residual chlorine.

**Reference**

**Recurrence Rate in Rodent Ulcers**

Q. Are there any statistics to show the recurrence rate in rodent ulcers that have been treated early and apparently cured?

A. The short answer to this question is that not more than 10% of rodent ulcers recur after apparently successful treatment by irradiation. There is a need, however, to consider recurrences in relation to the site involved and also to the time after treatment. The slow growth of these neoplasms can give rise to recurrence 15 or more years after apparent cure—though this must be very rare indeed.

Detailed statistical analyses of this subject are few in number. The main reasons for this lack of data are that basal cell carcinoma is not a lethal tumour, and the numbers of patients attending hospitals after treatment outgrew the available follow-up facilities. Priority for routine follow-up was therefore given to other types of cancer. This clinical decision was supported by General Register Office, which after 1951 no longer sought routine follow-up for patients registered as having basal cell carcinoma of the skin.

Unpublished papers from the Christie Hospital, Manchester, suggests a probable maximum recurrence rate for all sites of less than 10%.

**Notes and Comments**

Coconut Water as Intravenous Infusion.—Professor K. R. S. Chappell (University of Ceylon) writes: With reference to the answer to this question ("Any Questions?" 28 August, p. 525), we in Ceylon have used coconut water for intravenous therapy in several cases of severe dehydration or toxemia following acute dysenteries, gastro-enteritis, typhoid fever, etc., with no untoward effects. There do not appear to be any risks in the use of this fluid provided the solution is not too rapidly infused. Its high concentration of sodium and magnesium ion to increase the body tolerance to the relatively high potassium levels. The only factor that precludes the use more widespread is the extra work of extraction and preparation for infusion takes a long time and labour. If it can be bottle and kept available for immediate use it is the cheapest intravenous fluid available here for the conditions listed above, one pint (0.6 litre) costing the equivalent of eightpence.

Our expert replies: It is true that the high calcium level (about three times the normal serum level) and magnesium level (about ten times that in normal serum) may explain the lack of evidence of bone demineralisation. Unlike the coconut water, the extract of the coconut and preparation for infusion takes a lot of time and labour. If it is kept and bottled and prepared for immediate use it is the cheapest intravenous fluid available here for conditions listed above, one pint (0.6 litre) costing the equivalent of eightpence.

**Reference**

**Correction**—We much regret several printer's errors and omissions in the preliminary communication "Studies on Antibody Levels during Vaccination of Rhesus Monkeys against Plasmodium Brevifolium" by Drs. G. A. T. Targett and A. Voller (6 November 1965, p. 1104). On p. 1104 line 7 for "Tobie and Coatey, 1961" read "Tobie and Coatey, 1964." On p. 1106 a note should be added: 'This work was carried out at the National Institute for Medical Research, London, and at the London School of Hygiene and Tropical Medicine.'