

Any Questions ?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Cholesterol in Liver

Q.—Does liver contain more cholesterol than other tissue ?

A.—The liver does not contain more cholesterol than any other tissue. The normal concentration of sterols is 300 mg. per 100 g. wet weight and the kidney and spleen contain about the same amount. Whole skin also contains this concentration but much of it is in the epidermis, which has a concentration of 900 mg. The aorta contains from 300 mg. upwards, depending on the amount of atheroma. The highest normal concentration in the body is in the adrenals, which contain 10 g. per 100 g.; whole brain in the adult contains 1.9 g., and the pituitary and testes about 500 mg.

Vitamins for Deafness

Q.—Is vitamin therapy of any use in improving auditory nerve deafness ?

A.—Preparations containing vitamin A with the various factors of the vitamin B complex and other preparations have been used extensively for deafness due to changes in the end organ or nerve of hearing. Some observers have claimed that vitamin A in large quantities does improve perceptive (nerve) deafness, and it has also been suggested that vitamin A may protect against the harmful factors of over-stimulation of hearing by noise. However, vitamin A and the vitamin B complex are not receiving the attention that they formerly did. It has been recently suggested,¹ however, that vitamin B₁₂ may be more effective, and certainly the writer has on several occasions found that vitamin B₁₂ by injection has been followed by a slight improvement in hearing in a small proportion of cases of perceptive deafness.

REFERENCE

¹ Beickert, P., *Arch. Ohr., Nas., u. Kehlk.-Heilk.*, 1955, 167, 636.

A.T.S. in Prophylaxis

Q.—Is A.T.S. of any value as a prophylactic measure when the potentially infected wound is two days' old when first seen ?

A.—Antitoxin is of value only if it can come in contact with the toxin before it becomes bound to body cells. It is impossible to say in any one case when this has occurred, but, if it is logical to give antitoxin in treatment after symptoms of tetanus have occurred, it is surely logical to give it as a prophylactic a day or two after injury.

Allergy to Cosmetics

Q.—What treatment may be given to a patient who has developed an allergy to face powder and lipstick ?

A.—Treatment here lies in the removal of the cause, and sometimes nature is more attractive than art. There are so-called non-allergic cosmetics available which might solve this problem. Alternatively, patch-testing to a variety of powders and lipsticks might indicate preparations to which the patient is not allergic. If necessary, patch-testing to each ingredient of the powder and lipstick would disclose the particular cause of the allergy, and cosmetics omitting those ingredients might then be supplied by the firm.

Face powders do not usually present an insuperable problem, and in the last resort a good medicinal powder, such as "pulvogen," can be prescribed and tinted by the

chemist (as with lycopodium). Lipsticks are more difficult, since eosin (or impurities in eosin) is the usual cause and is present in almost all lipsticks. The sensitization is also in part dependent upon the ease of penetration of the thinner epithelium of the lip. The use of an ordinary barrier cream to the lip before applying the lipstick is sometimes effective.

Stability of Cup Arthroplasty

Q.—Are subsequent pregnancies likely to have an adverse effect on the operative results of a cup arthroplasty for osteoarthritic changes in the hip due to epiphyseal dysplasia ?

A.—Once the cup arthroplasty has become well established there seems to be the likelihood of it being stable or even improving a little as the years go by. Pregnancy should not have an adverse effect.

Fat in Eating-chocolate

Q.—What is the nature of the fat content of eating-chocolate, and what is the likely effect on serum cholesterol levels of the consumption of comparatively large amounts ?

A.—Eating-chocolate, whether plain or milk, contains between 30 and 35% fat. Cocoa butter is used in the manufacture because chocolate must be solid at room temperature but melt quickly at body temperature. Cocoa butter contains mainly relatively saturated fatty acids (iodine value about 37)—palmitic, stearic, and oleic—and only 2% of the essential fatty acid linoleic acid. The likely effect on serum cholesterol levels of consumption of comparatively large amounts is a rise from normal values.

Corrections.—There was a mistake in Table II in the article entitled "Action of Chlorothiazide and 'Oradon,' Alone and in Combination" by Drs. W. J. Poznanski and B. W. Cromie (June 20, p. 1553). The figure for total urinary mercury recovered should have been 849.98 mg. (not 1849.98 mg.).

Professor J. H. HALE has asked us to express his deep regret that the name of Dr. L. H. Lee was omitted inadvertently from the list of authors of the article entitled "Large-scale Use of Sabin Type 2 Attenuated Poliovirus Vaccine in Singapore During a Type 1 Poliomyelitis Epidemic" published in the *Journal* of June 20 (p. 1541).

The dosage of chlorpromazine reported in the article by Drs. J. R. Lawrence and M. J. W. Sando (*Journal*, August 1, p. 113) as being described by Laurence *et al.* (1958) should be 500 mg. intravenously, and not 50 mg. as printed on page 117.

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