

of alkali for several days, together with a high water intake. A diet low in salt and high in protein is desirable. Inclusion of vitamin C in large amounts is considered advantageous. -- Condensed from Chem. Absts.

- 75 Preliminary Observations of Uranium Metal On Wound Healing With Reference To Gas Formation. W.F. Neuman, Roberta Allen and B.J. Mulryam.
Atomic Energy Commission Unclassified Documents-2476 (UR-50), 5pp.
(Jan. 13, 1949).

Small scale tests were conducted to determine whether uranium caused gas-formation when exposed to tissue fluid. In-vitro experiments and in-vivo experiments using rabbits were carried out. It is clear that uranium metal did not result in gas-formation when exposed to tissue fluids. The apparent absorption of gas in the in-vitro experiment probably resulted from the solution (as a bicarbonate complex) of some partially oxidized uranium. Clinically, if gas-formation is observed in wounds containing uranium metal, it appears justifiable to assume that bacterial contamination is responsible for the gas-formation. -- Nuclear Sci. Absts.

- 76 Mercury Poisoning from Fingerprint Photography.
J.N. Agate and M. Buckell. Lancet 257, 451-454 (Sept. 10, 1949).

The standard method of developing latent fingerprints with mercury-with-chalk powder is described. Out of 32 men engaged regularly on such work, seven were found to have evidence of chronic mercurialism. This appears to be a new form of a long established occupational hazard. Exposures in excess of 250 hours per year are considered to constitute a definite risk. Urinary mercury estimations were of no assistance in diagnosing individual cases or estimating exposures, but the average excretion of the group was abnormally high. -- Authors' Summary

- 77 Acute Phosphorus Poisoning. H.J. Rubitzky and R.M. Myerson.
Arch. Intern. Med. 83, 164-178 (Feb. 1949).

"Acute phosphorus poisoning constitutes a serious medical and public health problem, as indicated by its high mortality and the easy accessibility of substances, especially rat poisons, which contain yellow phosphorus. A brief review of the historic aspects of phosphorus poisoning and a description of the properties and preparations of phosphorus are presented. The three clinical stages of acute phosphorus poisoning are described, with stress on the importance of the garlicky odor to the breath and the presence of luminescent vomitus. Data on 16 patients with acute phosphorus poisoning admitted to the Boston City Hospital are presented and the clinical course of three described in detail. The pathologic changes taking place in acute phosphorus poisoning and the changes occurring in the metabolism of carbohydrates, fats and proteins are described. The treatment of acute phosphorus poisoning is presented." -- Bull. Hyg.