

be pointless, and the child can be spared the trauma and potential danger of this procedure. How helpful serial x-rays can be was demonstrated in one of 3 cases presented; more than 12 hours after ingestion, 1.2 gm. of ferrous sulfate could still be detected in the stomach, and the pills were successfully removed by further induced emesis. Cathartics should be given, combined with enemas if necessary. Demulcents such as milk, oil, or egg whites may be used to prevent absorption of the iron as it passes through the gut. Bicarbonate or phosphate ions can be provided to decrease the solubility of the iron. Very rapid transit times through the intestine can be achieved so that nearly intact iron tablets can be retrieved in the stool. Exchange transfusion is probably the most sufficient method for removal of the absorbed iron from the blood stream and body tissues. -- Cond. from J. Am. Med. Assn. References & Reviews

- 247 Toxicity of Tetramethyl Lead Solutions to Mice and Rabbits. N. Castellino, A. Rossi, and R. Mole. *Brit. J. Ind. Med.* 20, 63-65 (Jan. 1963).

A solution of tetramethyl lead, used as an antiknock agent in gasoline, was given by injection and inhalation to mice and by injection to rabbits. The signs of poisoning are described. Deaths might be delayed until 10 days after dosing. -- Authors' abst.

- 248 Cutaneous Histopathology of Thallium Poisoning. R. M. Schwartzman and J. O. Kirschbaum. *J. Invest. Dermatol.* 39, 169 (Sept. 1962).

The authors describe the histopathological and gross skin changes which occur in thallium poisoning in dogs. Thirteen dogs with thallium poisoning were studied. The diagnosis in each case was confirmed by spectrographic examination of the animal's urine. Tissue specimens were obtained from 10 reddened and 3 scaling or crusted patches of axillary skin. Thallium has a toxic effect on epidermal cells and alters the process of keratinization. Striking dyskeratotic and necrolytic changes are noted in the skin and hair follicles. Massive parakeratosis, spongi-form abscess formation and induction of telogen (resting phase) follicles are the prominent features. Though the induction of telogen is characteristic of thallium intoxication, it is not unique to the disease. The presence of thallium in the biopsy specimen (from a reddened patch of axillary skin of a dog) gives added support to the argument that the metal exerts a direct toxic effect on the cutaneous system. The absence of thallium in more advanced lesions (scaling, crusted) may be explained by the fact that the metal was excreted with epidermal and follicular exfoliations. -- J. Am. Med. Assn. References & Reviews

- 249 Outbreak of Foodborne Illness Attributed to Tin. S. Warburton, et al. *Public Health Repts.* 77, 798-800 (Sept. 1962).

An outbreak of gastrointestinal distress among a party of women who attended a bowling league banquet led to identification of a fruit punch as the probable cause. Investigators found a high concentration of tin in the punch which they concluded had resulted from improper storage of the relatively acid beverage in a 5-gallon milk can which had been recently relined. Although tests for copper, zinc, and cadmium were negative, the possibility that other toxic chemicals were present in the retinned can was not eliminated. -- Public Health Eng. Absts.

- 250 Urinary Delta Amino-Laevulinic Acid and Porphobilinogen in Lead-Exposed Workers. A. J. de Kretser and H. A. Waldron. *Brit. J. Ind. Med.* 20, 35-40 (Jan. 1963).

Of 100 workers exposed to lead in varying degrees, 34 had a urinary delta amino-laevulinic acid (ALA) concentration of above 0.6 mg./100 ml. and a further 35 had an ALA concentration of between 0.3 mg. and 0.6 mg./100 ml. In only 20 of the workers was the urinary porphobilinogen concentration above 0.1 mg./100 ml., two of these being above 0.2 mg./100 ml. No significant correlation was found between the urinary concentration of ALA and coproporphyrin, nor was there correlation between the ALA and urinary lead levels, in fact the highest level of ALA was associated with a urinary lead of less than 200 micrograms/liter. A raised urinary lead was always associated with a raised ALA. -- Authors' abst.

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