Strunin should look at other anaesthetic areas where the risk is higher.

Brian Westbury
4A Crouch Street, Colchester, Essex CO3 3ES, UK

Manuka honey against *Helicobacter pylori*

All varieties of honey have antibacterial properties due to the osmotic effects of their high sugar content. Manuka honey (from New Zealand) has particularly potent antibacterial activity. This remains the case even when the honey is diluted, thus negating its osmotic effects, and in the presence of the enzyme catalase, thus eliminating activity of glucose oxidase[1]. Al Somal *et al.*[2] reported that, *in vitro*, a 5% manuka honey solution possessed bacteriostatic properties against *Helicobacter pylori*. The Body Shop magazine *Naked Body* highlighted these results and suggested that 'for ulcer relief it is recommended that you eat a tablespoon of the honey spread on bread an hour before each meal.'

We recruited (with informed consent) twelve non-diabetic patients who had positive CLO tests but normal gastroscopies. Active *H. pylori* infection was confirmed with ^{14}C urea breath tests. Six patients were treated with a tablespoon of manuka honey four times a day for 2 weeks and six were treated with honey and omeprazole 20 mg twice a day for the same period. A repeat ^{14}C urea breath test was performed 4 weeks after completion of treatment regimens. This particular batch of manuka honey possessed non-peroxide antibacterial activity equivalent to 11.7% phenol (compared with 13.2% used in the *in-vitro* experiment). All twelve patients remained positive for *H. pylori* as demonstrated by ^{14}C urea breath tests. After the trial they were offered conventional eradication therapy.

We conclude that manuka honey is ineffective at eradicating *H. pylori*. If honey is effective against dyspepsia, it is not through an effect on *H. pylori*.

Dermot P B McGovern
Syed Z Abbas
Gillian Vivian
Harry R Dalton
Gastrointestinal Department, Royal Cornwall Hospital, Truro, Cornwall TR1 3LJ, UK

REFERENCES

1 Cooper RA, Molan PC, Harding KG. Antibacterial activity of honey against strains of *Staphylococcus aureus* from infected wounds. *J R Soc Med* 1999;**92**:283–5

2 al-Somal N, Coley KE, Molan PC, Hancock BM. Susceptibility of *Helicobacter pylori* to the antibacterial activity of manuka honey. *J R Soc Med* 1994;**87**:644

3 Ali AT, al Swayek OA, al Mumayyd MS, Mustafa AA, al Rashed RS, al Tuwaijiri AS. Natural honey prevents ischaemia-reperfusion-induced gastric mucosal lesions and increased vascular permeability in rats. *Eur J Gastroenterol Hepatol* 1997;**9**:1101–7

Music as male competition

Dr Potts has hit on a strange association between composing and violence, suggesting that both may be expressions of sexual competition (May 1999 *JRSM*, p. 270). Why are there splendid female *performers*? Are they too enhancing their reproductive performance?

P A Gardner
18 Crown Place, Woodbridge, Suffolk IP12 1BU

Traumatic facial palsy

Last year in the *JRSM* Hung and Thomas[1] described incomplete recovery in a case of traumatic facial palsy of delayed onset. We have seen a patient aged 85 who

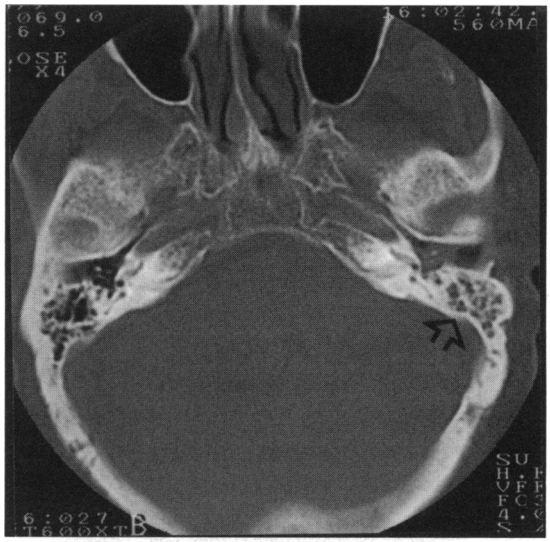

Figure 1 **Computed tomographic scan at middle-ear level**

developed a complete lower motor neuron palsy of the facial nerve 10 days after head injury. Computed tomography showed opacification of the middle ear cleft and ruled out any other intracranial complications. Despite the patient's age, operation was thought advisable, and exploration revealed a fracture line in the mastoid and a bony spicule pressing on the supralabyrynthine segment of the facial nerve. The nerve was decompressed and after two weeks recovery was complete.

Nagarajan Subburaman
K Madhup Chaurasia
Department of Otolaryngology, Pilgrim Hospital, Boston, Lincs PE21 9QS, UK

REFERENCE

1 Hung T, Thomas R. Facial paralysis after a road accident. *J R Soc Med* 1998;**91**:322–3