

Beware of Chewing Gum

SIR,—On removing the oral airway from a boy aged 7 who had had an operation for circumcision, I noticed adhering to it a small piece of what looked like chewing gum. Just then the boy yawned and a nurse happened to notice the rest of this chewing gum stuck to the boy's palate. He must have "parked" it there—but when is anyone's guess.

I shudder to think what might have happened if I had dislodged it when inserting the airway. Luckily it was situated well in front and just behind the front teeth, a very fortunate if not sensible parking place.—I am, etc.,

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Herpes Zoster and Varicella

SIR,—I was interested in Dr. R. J. West's description of trigeminal zoster (25 July, p. 222). Present evidence suggests that herpes zoster develops *only* (not usually) in patients previously infected with varicella-zoster virus. Virus is believed to remain dormant after the primary infection, replication taking place by chance or in response to a specific stimulus—in Dr. West's case presumably the dental extraction.

There seems little doubt that in the case described infection took place in utero during his mother's attack of chicken-pox. In two recent personal cases of zoster, both under 2 years of age, there was also clear evidence of maternal chicken-pox during pregnancy. Herpes zoster can only appear when antibody has fallen below a certain level and during zoster this level rises again to give protection, for a time, against a further attack of shingles. The extent of the chicken-pox rash which so often accompanies zoster is presumably determined by two factors: the level to which antibodies have fallen prior to the zoster, and the amount of "spill-over" of virus into the blood.

If this interpretation is correct, then Dr. West's final advice that "dental surgery is contraindicated in any child who may be incubating varicella" is invalid. There is no evidence that a person incubating chicken-pox (primary infection from an external source) will develop zoster. The risk of zoster in a youngster would appear to be confined to those who had their chicken-pox in utero or during the neonatal period, presumably because of immunological incompetence at this time.—I am, etc.,

G. DONALD W. MCKENDRICK.

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London N.15.**Paralysis in Herpes Zoster**

SIR,—In the leading article on this subject (16 May, p. 379) you mentioned the occasional implication of the phrenic nerve in herpes zoster. A comprehensive review of this particular syndrome was published recently,¹ and to the four new cases we there reported can now be added a fifth.

This was an 84-year-old lady in surprisingly good health, admitted on 15 June, with an extensive zoster eruption over the right side of her neck and shoulder (Fig.). She suffered the expected severe neuralgia; and also showed blunting of sensation to pin-prick over the affected areas. She has since made a gradual recovery, but



on remobilization soon noticed considerable exertional dyspnoea on previously well-tolerated activity. Detailed clinical reappraisal showed no cardiorespiratory developments except for a paralysis of the right hemidiaphragm (which moves paradoxically on screening). Despite the absence of previous radiography, there seems little doubt that this is yet another example of phrenic paralysis following cervical herpes zoster.—I am, etc.,

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REFERENCE

- ¹ Anderson, J. P., and Keal E. E., *British Journal of Diseases of the Chest*, 1969, 63, 22.

Labelling of Drugs

SIR,—I report a case of status asthmaticus which was found, quite by chance, to be due to a therapeutic mistake. The patient told me that he could not understand why relapse had occurred because his treatment, which included prednisolone 5 mg. twice daily, had been unchanged for many months. When wheezing began the previous day, he had doubled the dosage of prednisolone, but without any effect except, as he mentioned later, polyuria. After giving hydrocortisone and other drugs, I decided to give him prednisolone tablets and, as I had none with me, I asked for his supply. The label did not state the name of the tablets, but I was assured that they could only be of prednisolone 5 mg., and that they were a fresh lot, opened two days previously. I was about to give him four tablets when I noticed faint marking, which, on magnification, proved to be Neo-naclex.

The error, which was in dispensing, would not have been detected if an unmarked brand of bendrofluazide had been supplied, or if the patient's wife had been asked to give the tablets. Labelling the con-

tainer with the proper name might have prevented the mistake because it would have been a check for the pharmacist and, provided the label was true, for the patient.

How many unexplained relapses are due to patients or others mixing up bottles of unnamed drugs?—I am, etc.,

H. G. FASTON.

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SIR,—The leading article on the complications of gonorrhoea (22 August, p. 420) makes no reference to urethral stricture. Postgonococcal stricture can hardly be placed in the category of "... uncommon to the point of rarity."

The temporal relationship between the acute gonococcal infection and the onset of the stricture may be difficult to determine, particularly in the patient who has repeated infections. There may be a time lag of 10 to 15 years before the stricture makes its presence obvious, and knowledge concerning the effectiveness and completeness of the treatment of the original acute infection may be lacking.

It would seem too early to say that this complication is becoming a rarity.—I am, etc.,

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London W.C.2.**Treating the Elderly**

SIR,—Dr. C. P. Lowther, and others (1 August, p. 271) begin their article by stating: "Many older patients and their doctors believe that almost any decline in health after the age of 60 years is an inevitable and irreversible result of 'old age.' This leads to hopelessness and therapeutic nihilism when doctors face the elderly sick . . ." Whatever patients believe, the suggestion that many doctors believe this is grotesque. Pneumonia and other infections, most kinds of anaemia, carcinoma of the breast, intestinal obstruction, cataract, prostatic hypertrophy, congestive heart failure, and numerous other maladies are all known by every doctor to be remediable in old age. Dr. Lowther and his colleagues have erected an enormous Aunt Sally for the sake of knocking it down.

Ever since my student days I have seen references to "therapeutic nihilism," but I still do not know what it means. Is the doctor who believes that pernicious anaemia is irremediable a therapeutic nihilist? He would be more aptly described as an ignorant fool. Were those who questioned the value of bed-rest for children with systolic murmurs, of elaborate dietary schedules for peptic ulcer subjects, and of eradicating septic foci for the victims of a whole range of maladies therapeutic nihilists?—I am, etc.,

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