frequent intervals, partly to assess our attempts to modify the fatal course of the illness, and partly to bring what comfort and support we can to the patients and their relatives in the face of the inevitable.

Some years ago, a suggestion that this degenerative disease might be metabolic in origin and correlatable with aminoacid therapy led one of us to try the effect of high dosage of aminoacids, glycocyamine and betaine,¹ but that idea, like all others, proved totally ineffectual. Later we ventured into a similarly fruitless (and unreported) essay using raw liver.

Currently, the concept of the "slow virus" as a possible cause of various and mysterious disorders, ranging from kuru to multiple sclerosis, led us to consider the possibility that the causative agent of motor neurone disease might also be a slow virus, damaging the motor cells of the motor system and acting in the same way as the polio virus over a very lengthy period. There is no factual basis for such an idea. Consequently, the emergence of idoxuridine as an antiviral agent proved only too great a therapeutic temptation, and we accordingly embarked upon the enterprise which is here reported without enthusiasm.

Ten unselected successive cases were treated. It so happened that eight were female and two male, although this does not represent our normal sex distribution. Ages ranged from 28 to 68 years. Idoxuridine was given as an intravenous infusion composed of 1.5 g. of the active substance and 500 ml. of 5% dextrose, over a period of three hours. The solution must be made up fresh each day as it deteriorates rapidly, and an infusion was given on five successive days.

We scored the patients' muscular power limb by limb on the arbitrary scale used in the betaine and glycocyamine trial.¹ Examinations were made before treatment and then at two-monthly intervals. The treatment had absolutely no influence on the course of the disease and five of the ten patients have already died at the expected time of two to five years after the onset of their disease. The remaining five are worsening steadily. On the other hand, there were no serious adverse reactions: there was no loss of hair; in three cases the platelet counts fell to 150,000/cu.mm. with a rapid return to normal. One patient already bed-ridden developed a calf vein thrombosis which settled spontaneously in the normal way. A minor psychological benefit accrued temporarily in the patients' relatives in that something was being done.

Our conclusion is that this form of treatment in the dosage employed is totally ineffective.—We are, etc.,

L. A. LIVERSEDGE.
W. R. SWINBURN.
G. M. YUILL.

University Department of Neurology
Royal Infirmary, Manchester.

REFERENCE

- ¹ Liversedge, L. A., *Lancet*, 1956, 2, 1136.

Comminuted Skull Fracture in a Neonate

SIR,—I wish to report what must be a rare complication in the use of Ventouse forceps. After an uneventful pregnancy, the mother—a primipara—went into labour at

term. Labour was prolonged, and Ventouse forceps were applied unsuccessfully at 40 hours. Lower segment caesarian section was performed two hours later owing to maternal and fetal distress and borderline cephalopelvic disproportion.

Appar scoring at 1 minute was 6 and spontaneous respiration was established at 2 minutes. On examination the baby, a female, had severe moulding of the skull and a superficial abrasion of the scalp at the site of application of the forceps. The circumference of the head was 13½ in. (33 cm.), and the weight 6 lbs. 3 ozs. (2.73 kg.). The baby was rather irritable and unhappy and resented handling. She appeared to be somewhat hypertonic.

Lumbar puncture produced a faintly straw-coloured fluid containing occasional lymphocytes and red cells, protein 110 mg./100 ml., sugar 90 mg./100 ml. It was sterile on culture. Subdural tap was negative. X-ray of skull revealed a few separate bony flakes in the region of the posterior fontanelle.

She was kept under observation and sedated with phenobarbitone. There was gradual improvement, but on discharge at 2 weeks she still showed signs of mild cerebral irritation.

She has been seen on three occasions in the follow-up clinic. On the last visit at the age of 10 months she was doing very well and free of symptoms. Her general progress and development were satisfactory, and complete physical examination was negative, with no residual signs of brain damage. Repeat x-ray shows complete healing of the fracture.

I wish to thank Dr. G. Rajan, consultant paediatrician, for allowing me to publish this case.—I am, etc.,

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From Soft to Hard Drugs

SIR,—In his interesting study of drug users in a London remand home Dr. P. J. Noble (10 January, p. 102) found that within a short period of 2–4 years approximately 20% had progressed from soft (mainly amphetamines and cannabis) to hard drugs, and he concluded that the real proportion was likely to be even higher in view of the under-reporting to the Home Office. However, as Dr. Noble himself says, a

remand home population of drug takers is selective, and even his soft drug takers group contained a high proportion of disturbed personalities. Moreover, as confirmed by Dr. Noble, progression to hard drugs is likely to be higher among those takers of soft drugs with more disturbed personalities. Therefore, progression from soft to hard drugs among a random sample taken from the majority of adolescent drug takers would probably occur in considerably less than one fifth of the users.

Similarly, a recent inquiry among approximately 50 cannabis smokers concerning the percentage of their smoking friends known to have progressed to hard drugs, found it to be over 10%.¹ However, the great majority of the drug users interviewed were smokers who had become heroin addicts. Among them, and particularly among those seen in prison (likely on the whole to be more disturbed personalities) the proportion of smoking friends known to have gone on to hard drugs was much higher than 10% whereas among those with a relatively normal personality (such as cannabis-smoking students) such progression was generally reported to be very rare.

Thus in the whole sample the estimated proportion of "escalators" was regarded as likely to be markedly above the average, and the percentage of average cannabis smokers proceeding to heroin likely to be considerably below 10%. Incidentally, in the case of cannabis smokers, progression is probably more likely to L.S.D. than to heroin; progression to heroin may be relatively more common in amphetamine abusers.—I am, etc.,

M. M. GLATT.

St. Bernard's Hospital,
Southall, Middx.

REFERENCE

- ¹ Glatt, M. M., *British Journal of Addiction*, 1969, 64, 109.

Employment of Psychiatric Patients

SIR,—Together with social work and nursing colleagues, I have become concerned at the effect of recently introduced regulations upon the employment prospects of patients in this hospital.¹

It seems to me that patients in a psychiatric hospital who are suitable for rehabilitation and whom we are striving to re-establish in the outside community are now at a disadvantage. If they work more than eight hours a week or earn more than £4 they lose entitlement to benefit under the National Insurance Scheme. To purchase a self-employed stamp is financially prohibitive. On the other hand, they may be quite unable to convince an employer that they are worth say £20 for a week's work (that is, wages plus insurance plus S.E.T.).

It is likely that a large number of long-stay patients are affected and some modification of the regulations seems to be urgently required.—I am, etc.,

J. K. W. MORRICE.

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Aberdeen.

REFERENCE

- ¹ *New National Insurance Flat Rate and Coordinated Contributions*. Ministry of Social Security Leaflet N.I.167, H.M.S.O., London, 1969.