I am assured by an outstanding electrologist that plucking does distort and callous the offending and adjacent follicles, to make later electrolysis more difficult, and that over-enthusiastic plucking with tweezers rammed into the follicle may give rise to the pitted scarring, which is identical to that seen after the use of a "do it yourself" kit. She insists that there are no cases where the hair growth is so heavy or widespread that electrolysis is impracticable.—I am, etc.,

IAN W. CALDWELL

Chairman,

B.M.A. Dermatologists Group Committee

Southampton

Childhood Leukaemia and Pregnancy Viraemia

SIR,—The discovery that Drs. A. M. Adelstein and J. W. Donovan (16 December, p. 629) believe they have made—namely, that chickenpox in pregnancy may lead to the subsequent development of leukaemia in the child—bears implications of such importance in preventive medicine and antenatal care, and carries also such risk of premature acceptance by the non-medical world with resulting publicity disturbing many pregnant women, that their article must be subjected to immediate critical scrutiny.

Using the authors' line of argument, could it not be said, for example, that if 0 deaths from malignant disease in children occurred after maternal rubella in pregnancy when 0.40 deaths were expected then rubella in pregnancy confers some form of protection? It is all a matter of statistical significances, but seeing this absurd contradiction in the results the reader will wish to have it demonstrated how 2 may be significantly greater than 0.15 when 0 is not significantly less than 0.40. The authors give no account of having applied tests of statistical significance to those results which contradict their hypothesis as well as to the one result which favours it, though this would have been a demonstrable test of their statistical methods.

Strip the article down to its essentials and we are left, basically, with a claim that a hypothesis is confirmed by two deaths in a study of 270 cases. I can accept, for example, that 2,000 actual deaths is a number significantly higher than 150 expected, or 200 greater than 15. I will even accept that in certain circumstances 20 real is significantly greater than 1.5 expected—that is, 1 or 2. However, where the decimal point lies is very important in such comparisons, for events are being compared not measurements. Therefore the statement that in a study of 270 cases 2 deaths is "a statistically significant excess ($P < 0.01$)" over an expected number of 0.15 deaths must not be accepted without challenge when the authors have omitted to indicate what tests of statistical significance were used and to provide the reader with all the figures required to demonstrate their calculations.—I am, etc.,

C. M. D. EDMONDS

Rugby, Warwick

Measles Vaccination and Tuberculin Test

SIR,—It is disquieting to learn from Dr. Mary J. Wilmers (16 December, p. 655) that there has been a recent increase in

tuberculosis in children. Unless there is an exceptional situation in the area from which the Queen Elizabeth Hospital for Children, London E.2, draws its patients it is difficult to understand why this should be.

A steady decline in the incidence of tuberculosis in the western world has been the pattern of our time, and children have not been excluded from this beneficent revolution. The clearest evidence is the great fall in the tuberculin reactor rate both in children and young adults over the past 25 years. In some recent years not a single child in Northern Ireland has suffered from tuberculous meningitis. In 1960 it was found possible to close the hospital for children with respiratory tuberculosis and in 1964 that for children with bone and joint tuberculosis. The total number of beds now provided for the treatment of adults with tuberculosis in a population of about 1½ million is 130, of which only 80 are occupied. Ten years ago 1,030 beds were provided.

The suppression or depression of tuberculin sensitivity by a previously administered antigen such as measles vaccine (to which Dr. Wilmers draws attention) is an interesting phenomenon. I observed it on one occasion after smallpox vaccination. It must be remembered however that tuberculin anergy has been found in as many as 30% of the patients in some series of cases of tuberculous meningitis. A patient's failure to react to tuberculin should not cause the physician to dismiss tuberculous infection from consideration.

I find it difficult to understand the practical implication of the recommendation of the American Academy of Pediatrics that "where a tuberculin skin test is to be performed at approximately one year, it should be performed before measles vaccination." Who are these children who are to be tested at one year and why are they to be tested? If they are infant contacts of tuberculous persons they should be tested immediately they come to notice and not in relation to some schedule of immunization.—I am, etc.,

H. G. CALWELL

Whitehead, Co. Antrim

Nitrazepam and the Elderly

SIR,—Drs. J. G. Evans and E. M. Jarvis (25 November, p. 487) describe an interesting syndrome which they attribute to the use of nitrazepam in the elderly and of which they claim to see six or seven cases a month. I doubt whether such a syndrome is at all common or, if it is, whether it is due to nitrazepam.

Ever since May 1970 barbiturates have not been prescribed in this practice and for much longer they have not been prescribed for the elderly. Instead we have used nitrazepam, which is safer in accidental overdosage, is not habit forming, and in our experience, does not cause confusion in the correct dosage. This has already been suggested in a previous letter.¹ We have confirmed that it is possible to cut down the prescribing of hypnotics to a considerable extent by using this preparation, and apart from the transitory development of nightmares when changing from a barbiturate to nitrazepam—which can be eliminated by making the change-over more gradual—we have encountered no side effects. We have

certainly had no symptoms similar to those reported by Drs. Grimley Evans and Jarvis made known to us. A discussion with our consultant geriatricians here confirms that they too have not seen this particular problem in their unit.

There is no doubt that many old people in the community are suffering from a degree of ill health due to their sleeping tablets, but in our experience this is not so with patients taking nitrazepam. We have found that many such patients, having had their sleep pattern restored, are able to reduce their dosage or leave the treatment off altogether. One of the most important aspects to be considered when starting any patient on any treatment is to assess for how long such treatment is going to be necessary. We would agree that there is no place for prescribing barbiturates in the elderly, but we would not agree that nitrazepam should join the barbiturates in not being prescribed for our geriatric patients. With nitrazepam in the correct low dosage for a limited but adequate period of time no problems have been encountered.

Dichloralphenazone, although safe and satisfactory as an hypnotic, causes a considerable gastrointestinal distress to many elderly patients, and this preparation is not therefore the hypnotic of first choice when another equally effective, trouble-free hypnotic is available.—I am, etc.,

FRANK WELLS

Ipswich

¹ Wells, F. O., *British Medical Journal*, 1970, 2, 361.

Hemifacial Spasm

SIR,—May I please be allowed to comment on your leading article (16 December, p. 624) in which is discussed hemifacial spasm.

I reported the results of treatment of 14 patients with severe spasm 10 years ago.^{1,2} Since that time I have increased the series of patients followed up to 23, with some further few operated on but not followed up to the full three years. Seventeen of these have had really good results, four have had further surgical intervention and the results are now good, and two have been surgical failures.

I also started on the lines described in your leader and regret that in my experience both cases reported by Potter³ are likely to recur within three years certainly and probably in 18 months or less. A more radical approach seems to me essential. In the course of time perhaps we will understand the exact aetiology of the condition and be able to treat each case on its own merits.—I am, etc.,

RICHARD BATTLE

Saxmundham, Suffolk

¹ Battle, R. J. V., *British Journal of Plastic Surgery*, 1963, 16, 257.

² Battle, R. J. V., *Plastic Surgery*. London, Butterworths, 1964.

³ Potter, J., *Journal of Laryngology and Otology*, 1972, 86, 889.

SIR,—Your leading article on hemifacial spasm (16 December, p. 624) fails to emphasize the facility with which return of seventh nerve function and of spasm may take place even after complete section of the nerve. Several methods of treatment of this troublesome condition have been tried over