veloped the classical appearances of "surgical" scarlet fever.

In conclusion, while contesting the statement of your correspondents, I should like to concur with their warning about the danger of underestimating one of the most lethal of bacterial pathogens.—I am, etc.,

R. FREEMAN

Department of Bacteriology,
Leeds 2

¹ Freeman, R., *Journal of Clinical Pathology*, 1971, in press.

Dose of Cytotoxic Drugs

SIR,—In a correspondence in your columns (24 March, 1962, p. 869) about the dosage of cytotoxic drugs, I wrote "Some patients will be lucky enough to respond to doses well below the limit of marrow tolerance, but more will respond if the dose is pushed up as nearly as possible to that limit." Dr. B. A. Stoll¹ has recently quoted this sentence, with which I no longer agree. Admittedly, blood-count depression (as with mustine hydrochloride) does not of itself cause symptoms, and so can accompany a good palliative effect. But alopecia and haemorrhagic cystitis (cyclophosphamide), intractable diarrhoea (5-Fluorouracil) or psychotic depression (vinblastine) will negate any palliation achieved; these drug effects substantially increase the miseries of dying.

Moreover, I have come to see that Dr. Stoll was right in 1962, and I was wrong. "Brinkmanship," even if only with the blood-count, does not appreciably benefit the patient with incurable cancer. If I could re-write the sentence quoted by Dr. Stoll, it would now read: "Some patients will be lucky enough to respond to modest doses of any given cytotoxic drug; the remainder should rapidly have their treatment changed." —I am, etc.,

E. H. PORTER

Belvidere Hospital, Glasgow, E1

¹ Stoll, B.A., *British Journal of Cancer*, 1970, 24, 475.

Herniotomy

SIR,—Although text book descriptions of herniotomy in infants appear to imply that it is a simple operation, I personally have not found it so for the following reasons.

The hernial sac, which is an unobliterated portion of the processus vaginalis in the infant, is thin and friable with adjacent constituents of the spermatic cord, vas deferens, and blood vessels firmly applied to it. Separation of these structures from the sac prior to its removal poses some difficulty with the ever present hazards of damage to the vas deferens jeopardizing the blood supply of the testis and splitting the peritoneum of the sac beyond the internal ring. The following simple manoeuvre has been found very helpful in overcoming this difficulty of mobilizing the hernial sac, thus safeguarding neighbouring structures.

On entering the spermatic cord by incising the cremaster muscle the hernial sac is identified with minimal dissection, and a small incision made into it at its presenting most accessible point. Half-inch (1.25 cm) ribbon gauze is then inserted through the opening to pack the lumen of the hernial sac and thus fill it out (Fig.). By so giving the

sac "body" dissecting the neighbouring structures clear of it becomes a simple matter as they become easily identifiable and handled. Only the proximal portion of the sac need be mobilized for excision, the distal portion being left in situ without detriment. —I am, etc.,

L. F. TINCKLER

Department of General Surgery,
Frenchay Hospital,
Bristol

Restless Legs

SIR,—I was interested in your leading article on restless legs (26 December, p. 758). I have known of some people who appear to get this in the evenings after the drinking of coffee. I wonder if this has been observed by others.—I am, etc.,

W. E. BEER

Caernarvonshire and Anglesey General Hospital,
Bangor

Diagnosis of Malaria

SIR,—I would like to make the following additional point to my article on the diagnosis of malaria (10 April, p. 93). Blood films may also be sent to the department of medical protozoology, London School of Hygiene and Tropical Medicine, Keppel Street (Gower Street), London WC1E 7HT. —I am, etc.,

C. C. DRAPER

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London W.C.1

Depressive Illness in Children

SIR,—I read your leading article (1 May, p. 237) with interest and general agreement. No doubt intentionally it avoided the problem of the severely neurotically disturbed child. Such a child, whose normal functioning has broken down both at home and school, is often most effectively helped by a period of inpatient care in hospital. Children admitted to specialist psychiatric units such as ours at the Cassel Hospital find themselves in a setting more akin to a small boarding school than a traditional mental hospital.

The very depressed child, and the frequently associated unhappy family, may respond well to the treatment skills of the specialist staff of these units, when previous

outpatient work has failed. Referral of such children to specialist psychiatric inpatient units is worth considering when a severe depressive or neurotic disorder in childhood fails to respond to other approaches.—I am, etc.,

H. C. CAMERON

Cassel Hospital,
Richmond,
Surrey

Vaccinia in a Patient with Acne

SIR,—Dr. D. G. May (27 February, p. 505) describes a girl with autoinoculation vaccinia in the area of her pre-existing mild acne. Such an event should serve as a warning to us all; it is a useful reminder.

Although not often reported, direct spread of the virus causing a vesicular eruption where it has entered the skin through blemishes (perhaps all but ignored by patient and doctor alike) is not all that uncommon. It happens despite covering with a dressing the vaccination site. Therefore, in eczema notably, but also in acne and some rarer dermatoses, both dissemination of the virus by the patient himself and accidental cross-infection from one recently vaccinated to a non-vaccinated individual is a risk. Furthermore, virasmic spread rather than surface contamination from the primary site of vaccination may give rise to the sometimes lethal eczema vaccinatum.¹

We have recently summarized the many curious as well as dangerous cutaneous complications of smallpox vaccination.²—I am, etc.,

P. W. M. COPEMAN

Westminster Hospital,
London S.W.1

¹ Copeman, P. W. M., and Wallace, H. J., *British Medical Journal*, 1964, 2, 906.
² Copeman, P. W. M., and Banatvala, J. E., *British Journal of Dermatology*, 1971, 84, 169.

Physicians for Chest Diseases

SIR,—I would like to support Dr. D. Davies (17 April, p. 170) in his claim that the chest physician today obtains a reasonable experience of a wider range of medicine. My figures for 1969 show a close similarity to those from his unit.

1969	East Liverpool	Mansfield
Population Consultants	200,000 1	220,000 1
Inpatients		
Tuberculosis	42	33
Lung cancer	43	84
Other malignancies	5	15
Acute infection and cardiovascular failure	237	181
Asthma	31	64
Pulmonary embolus	11	22
Other cardiovascular system	111	82
Other respiratory	60	71
Non-thoracic	56	64
Other	19	—
Total	615	616
Cases per bed	11	19.6

Neither Dr. Davies nor Dr. F. Ridehalgh (16 January, p. 161) mention the age distribution of their patients. No less than 60% of my patients were in the geriatric age