immersion foot (WWIF) is also known as tropical immersion foot[1] or paddy-field foot[2] and became recognised relatively recently as a complication of prolonged immersion of the feet in water in the warmer areas of conflict such as Vietnam or the Philippines. It differs from trench-foot in not being associated with systemic disturbance, recovering rapidly (in one to three days), and the onset of the syndrome being hastened by increase in temperature. There is no femoral lymphadenopathy or fever, and the affected area is confined to the plantar surface of the foot. Although the moon-boot syndrome has features in common with tropical immersion foot, it differs in that the foot was not immersed in water and occurred in a cold climate.

From this experience, two recommendations are made: firstly, whenever possible thermally insulated boots should not be worn continuously for long periods and, secondly, if prolonged wearing is unavoidable a search should be made of the interior of the boots and any impervious layer that might enclose the foot should be removed. The more drastic preventive measure suggested[1] for tropical immersion foot of spreading silicone grease over the feet each day should not be necessary among well-nourished, hydrated, and healthy skiers.

[1] Allen AM, Taplin D. Tropical immersion foot. *Lancet* 1973;ii:1185-9.
[2] Anonymous. Paddy-field foot. *Lancet* 1967;i:1043.
[3] Beeson PB, McDermott W, Wyngaarden JB, eds. Immersion foot (trench foot). In: *Cecil textbook of medicine*. 15th ed. Philadelphia: W B Saunders, 1979:1309-10.

Nuffield Department of Anaesthetics, Radcliffe Infirmary, Oxford 0X2 6HE
C E BLOGG, MB, FFARCS, consultant anaesthetist

Lateral epicondylitis presenting as jailer's elbow

Lateral epicondylitis is a common and usually self-limiting condition which rarely leads to prolonged disability. As Cyriax commented as long ago as 1936,[1] however, a protracted course is not unusual in those cases where the condition develops as a result of occupation. The following two case reports illustrate an unusual occupational hazard leading to protracted discomfort.

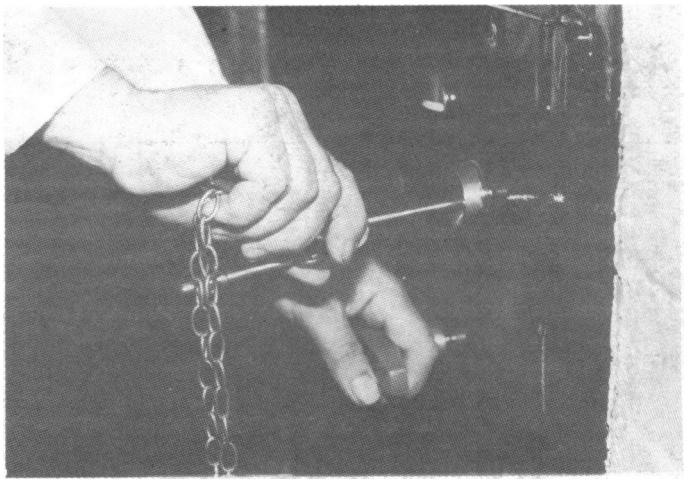
Case reports

Case 1—A 47-year-old previously fit police constable was employed as a warrant officer at a magistrates' court. His duties included acting as jailer on three or four days a week, and this work entailed opening and closing the cell doors up to 80 times a day. Towards the end of 1979 new doors were installed in the cells, the locks of which were extremely stiff. Within six months he started to complain of pain in the left elbow, and by the autumn of 1980 the symptoms were so severe that he was referred to an orthopaedic surgeon, who diagnosed tennis elbow. He was referred for physiotherapy. His symptoms persisted and a subsequent local steroid injection gave only transient relief. Finally, in June 1981, an operation was performed, the extensor origin being detached and the orbicular ligament being partially divided. The symptoms slowly settled over the ensuing nine months. As a result of this problem he was off work for a total of 22 weeks and was on light duties for 16 months during a period of two and a half years.

Case 2—A 45-year-old policeman employed as a warrant officer at the same magistrates' court presented in December 1981 complaining of pain in the right elbow. Examination showed moderately severe lateral epicondylitis. The elbow was injected with hydrocortisone with good relief of symptoms. By March 1982 his symptoms had recurred and he mentioned spontaneously that the most troublesome activity was the opening and closing of cell doors, which he had been doing more frequently since his colleague (case 1) had been placed on light duties. After two further local steroid injections, and having been advised to avoid further cell duties, the problem disappeared.

Comment

Opening this cell door required the simultaneous turning of a handle and a key (figure). No problem was experienced until the doors were replaced, whereupon two officers employed on the same duties developed similar lesions. The problems apparently disappeared after attention to the locks.



Method of opening cell door.

Repetitive gripping and twisting movements, as performed in opening the cell doors, may predispose to the development of epicondylitis. The cases are important, however, not so much as an illustration of a rather bizarre occupational hazard but rather because they show that even a relatively trivial condition may lead to prolonged disability. The cases are reported in the hope that greater awareness of the occupational hazards of such repetitive manual tasks may decrease their incidence and the consequent litigation between employee and employer.

I thank Dr A O Frank and Mr I Busfield for allowing me to report these cases.

[1] Cyriax JH. The pathology and treatment of tennis elbow. *Journal of Bone and Joint Surgery* 1936;**18**:921-40.

Department of Rehabilitation, Northwick Park Hospital, Harrow, Middlesex HA1 3UJ
THOMAS PRICE, MRCP, senior registrar in rheumatology and rehabilitation

Madness, from Charles Bell's *Essays on the Anatomy of the Expression in Painting*, 1806.