negative ($p < 0.001$). Interpreted in a similar way, the data presented by Dr Robertson and Ms Skidmore show that 63 of 69 (91%) patients who were seropositive had been addicted for more than three years, compared with 34 of 54 (63%) who were seronegative ($p < 0.001$).

In our paper we also showed that homosexual activity for more than five years was the strongest predictor of seropositivity, and we postulated that an additional factor may be necessary for HIV infection to become established. Such a cofactor may be present in those who have practised a high risk lifestyle for several years, which would account for the apparent failure of HIV infection to spread appreciably outside these groups. Perhaps the most likely candidate for this cofactor is another infection.

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Oral acyclovir in acute herpes zoster

SIR,—Dr M W McKendrick and colleagues make an astonishing statement in their letter (14 March, p 704) when they say "topical idoxuridine is thought to be effective, but we would dispute that this has ever been confirmed adequately." Years ago, my colleagues and I carried out a very elaborate double blind controlled trial.¹ We showed conclusively that 40% idoxuridine in dimethyl sulphoxide applied continuously to the affected segment in zoster was highly effective ($p < 0.0003$). The statistics were performed by Sir Richard Doll's team and our findings have never before been disproved. Dr McKendrick and coauthors are also mistaken in their belief that 40% idoxuridine in dimethyl sulphoxide applied continuously on lint cannot be used to treat outpatients. We have treated hundreds of patients thus with very satisfactory results (35% idoxuridine will do just as well).

I am also surprised that Dr McKendrick and colleagues published the findings of their trial of high dose oral acyclovir without any follow up. The only thing that really matters in shingles is postherpetic neuralgia. They did not refer in their paper to the Oxford double blind controlled trial of high dose intravenous acyclovir.² We had expected that acyclovir might be only marginally effective against varicella zoster from *in vitro* results such as those published by Elion.³ Varicella zoster requires 30–50 times the concentration of acyclovir to achieve inhibition similar to that found with most strains of herpes simplex virus. Though there was probably a quantitative difference between the placebo group and the patients who received 10 mg acyclovir/kg intravenously at long term follow up, some patients in both groups suffered from postherpetic neuralgia.

We know from *in vitro* experiments that vidarabine is several times more effective against many strains of varicella zoster than acyclovir. We treat complicated zoster (zoster of the trigeminal nerve and its branches, zoster of S2 and below, people with motor zoster, and the immunosuppressed) with vidarabine, provided that the patients are not aged over 65. (In older people there may be unpleasant extrapyramidal symptoms, and in such patients we always use acyclovir.) Straightforward, uncomplicated segmental zoster we treat on an outpatient basis with topical 35% idoxuridine applied on lint for four days. I do not believe that

giving large doses of acyclovir by mouth is justified until it has been proved that this method of administration is as good as or better than intravenous administration of acyclovir. Until we have the results of at least six months of follow up we will not know whether the expensive oral treatment advocated by Dr McKendrick and coworkers can be justified.

We still need a really good drug to treat varicella zoster. Bromvinyldeoxyuridine is one such drug, but alas it is not commercially available.

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When a woman asks for a caesarean section

SIR,—I fear that Drs J G Thornton and R J Lilford (14 March, p 703) have read neither my leading article nor the paper on which it commented with sufficient care. Johnson *et al* advocated agreeing to perform a caesarean section, at the woman's request, on dubious medical indications,¹ whereas I held that the obstetrician should advise caesarean section only on clear medical indications, taking a broad view of maternal and fetal mortality and morbidity risks. Thus I can hardly be suspected of promoting women's choice as I adopted the more conservative stance.

Furthermore, I find it very strange that Drs Thornton and Lilford should have dragged in the fact that I was a "defence" witness in the Savage inquiry. My views on women's choice were neither solicited nor expressed in that inquiry, and Drs Thornton and Lilford have had no other opportunity of which I am aware to ascertain my views.

Lastly, the Los Angeles trial of the delivery of the term frank breech should not be dismissed as "much too small" as it did show a much greater maternal morbidity with caesarean section than with vaginal delivery, and as this was a prospective randomised controlled study its conclusions on the fetal outcome of vaginal breech delivery are valuable as most studies have been small retrospective case analyses subject to gross selection bias.

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Bronchial asthma

SIR,—I would like to question two points in Dr H B Valman's otherwise excellent article on childhood asthma (21 March, p 753).

Firstly, inhaled topical steroids have been in use for the past 15 years without any reports of significant side effects.¹⁻³ One of the main problems

in general practice is that asthma is undertreated in childhood. This is unfortunately due to a reluctance on the part of many doctors to use inhaled or oral steroids, which is encouraged by statements like Dr Valman's that there must be good indications for their use. While I agree that this is true, I think that these drugs cause far fewer side effects than the xanthine group of drugs, which are recommended by Dr Valman for use before inhaled topical steroids.

Secondly, Dr Valman states twice that only children above the age of 4 can use dried powder inhalers. Bernstein and Sneh showed that a group of 40 children under 3½ years of age could use the Intal Spinhaler.⁴ Of 10 of these children who were receiving oral steroids before the trial, nine were weaned off the steroid on to Intal by the Spinhaler. My own experience and that of many general practitioners shows that it is possible to teach a child, sometimes as young as 2½, to use a dry powder device or a nebulizer.

The side effects of treatment with inhalers are far fewer than those of oral treatment, and I would suggest that general practitioners, in particular, should try to teach children to use these devices.

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Do adhesions cause pain?

SIR,—Mr John Alexander-Williams (14 March, p 659), discussing the possibility that adhesions resulting from abdominal surgery might cause pain, says: "The blame also rests partly with the neurotic patients themselves, who are desperate for an explanation for their symptoms that will protect them from the feared label of 'neurotic.'"

As one who deals with many letters sent to newspaper and magazine problem pages by distraught patients who have been trying every avenue open to them to find relief for their very real symptoms of distress, I find this sentence very sad. It makes clear to me why so many patients have difficulty in obtaining help with their problems. The fact that symptoms are functional rather than organic does not make them any the less distressing for the patient experiencing them. If doctors themselves regard only symptoms of organic origin as "interesting" and "real" and dismiss patients who have psychogenic pain as "neurotic" it is any wonder that patients themselves seek so desperately for physical explanations for their disease and fear the dismissive label "neurotic"?

Perhaps if more doctors were more willing to regard their patients as whole people who have to function as best they can rather than as collections of organs, which may or may not operate smoothly, there would be fewer surgeons digging into abdomens looking for adhesions as sources of pain. If patients were allowed to admit that their pain might be psychogenic and were not made to feel guilty for doing so life would be pleasanter not only for the patients but also for the doctors.

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