the patient denied vigorously that she had ingested either of these drugs, but thin layer chromatography of the patient's urine showed a peak corresponding to propranolol. By the time this result became available the patient had discharged herself. She did not attend for follow up and was not readmitted to this hospital. Her general practitioner reported a long history of personality disturbance and antisocial behaviour, including alcohol abuse, domestic violence, and child neglect; offers of psychiatric help had been refused.

Comment

The clinical features of cardiovascular collapse, atrial asystole and junctional bradycardia, convulsions, and rapid recovery are well documented after overdoses of β blockers.^{2,3} The ready availability of the drugs and the findings on chromatography provide circumstantial evidence that propranolol was the cause of this patient's symptoms, but we were unable to retrieve any serum for assay.

Factitious illness due to ingestion of drugs (for example, diuretics, laxatives, insulin, thyroxine, or

warfarin) is well recognised.⁴ Patients may seem quite plausible and may be rigorously investigated. We know of no reports of repeated overdoses of β blockers that have led to the insertion of a permanent pacemaker. The pacemaker may have been lifesaving in our patient as it maintained a reasonable heart rate during her most severe episode.

Surreptitious ingestion of drugs should be considered in any patient presenting with a bizarre or unexplained illness. A careful history taken from a relative or acquaintance, exploring the social background and availability of drugs, may give a clue to the true nature of the illness.

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Should recent dental treatment exclude potential blood donors?

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In at least some blood collection services potential donors who have had dental treatment within three days before donation are excluded^{1,2} to avoid the possibility of donated blood being contaminated by bacteria owing to bacteraemia after dental treatment. There is ample evidence that bacteraemia occurs after certain forms of dental treatment,³ defined as extraction, scaling, and surgery including the gingival tissue by the working party of the British Society for Antimicrobial Chemotherapy.⁴ Although bacteraemia is probably transient, there is little conclusive proof. Therefore we investigated the duration of bacteraemia after dental extraction.

Patients, methods, and results

Twenty two male and two female patients having dental extraction agreed to participate in the study and signed a consent form approved by the area dental ethical committee. All patients were fit and were not receiving antibacterial treatment. The skin overlying the right antecubital vein was scrubbed with povidone-iodine for 30 seconds and swabbed with 70% (vol/vol) isopropyl alcohol. A 19 gauge butterfly cannula was inserted into the vein and secured in place with adhesive tape. Ten ml of blood was collected before a local anaesthetic was given and at five, 15, and 30 minutes after completion of the extraction. The four samples of blood from each patient were injected into Oxoid blood culture bottles (Oxoid, Basingstoke, Hampshire) and incubated at 37°C for at least seven days. Subcultures were taken daily and inoculated on to Columbia agar supplemented with 7.5% horse blood, vitamin K, and haemin and incubated anaerobically at 37°C for four days. Representative colonies were subcultured to obtain pure cultures and identified by the criteria of atmospheric requirements for growth and microscopic morphology after Gram's staining and by the Analytical Profile Index 20A and 20 Strep.

Eighteen of 24 patients developed detectable bac-

teraemia after dental extraction. The number of samples positive for bacteria decreased to eight by 15 minutes after extraction, and with one exception bacteria could not be isolated from the samples collected at 30 minutes. The table shows the bacteria isolated; at five minutes *Streptococcus milleri* was the commonest (seven samples); followed by *S sanguis* I (six), *S mitis* (five), and *S sanguis* II (four). In 10 samples a single species was isolated, in two two species, and in six three or four species.

Number of positive bacterial cultures obtained from blood collected up to 30 minutes after dental extraction in 24 patients

Organism	5 Minutes	15 Minutes	30 Minutes
<i>Streptococcus milleri</i>	7	2	
<i>S sanguis</i> I	6	1	
<i>S sanguis</i> II	4		
<i>S mitis</i>	5	3	
<i>S mutans</i>	2		
<i>Peptostreptococcus</i> spp	1		
<i>Bacteroides intermedius</i>	1		
<i>B melaninogenicus</i>		1	
<i>Veillonella</i> spp	2		1
<i>Lactobacillus fermentum</i>	2	1	
<i>L acidophilus</i>	1	1	
<i>Actinomyces naeslundii</i>	1		

Comment

Despite the use of careful techniques, which confirmed bacteraemia in 75% of cases at five minutes after extraction, only one sample collected at 30 minutes gave a positive result. As extraction is the dental procedure most likely to cause bacteraemia the results suggest that the risk of bacteraemia persisting for more than an hour after dental treatment is negligible. As a result there seems to be no justification in excluding a potential blood donor if he or she has received dental treatment more than one hour before.

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