is now well recognized. Often the patients are referred to hospital as cases of tetanus.¹⁻³ Similar side effects from metoclopramide, commonly given as an antiemetic, are not so well known.

A 25-year-old man was referred to hospital as a case of tetanus, with one day's history of increasingly frequent muscle spasms affecting the face and limbs. His immunization history was uncertain. Though there was no recent history of trauma he had had a paronychia for 10 days, and this was thought to be a likely source of infection.

On examination on admission no abnormality was found, but soon after he started bizarre dystonic movements affecting the tongue, jaw, and both lower limbs. Inquiry disclosed that he had been taking metoclopramide for over 36 hours for nausea. He had had 100 mg (10×10 mg) in all, the last 10-mg dose having been taken an hour or so before the onset of the distress. The only other drug he had been having was sulphamethoxazole-trimethoprim for his paronychia, which had healed. Acute dystonia induced by metoclopramide was considered as the most likely diagnosis, and the patient responded swiftly to a 2-mg intravenous dose of benztropine.

Realization of this rare reaction to this very useful drug is essential and benztropine should be at hand to give intravenously whenever an atypical tetanus arrives at the casualty department of a hospital.

We wish to thank Dr. B. K. Mandal for his help and for allowing us to publish details of his patient.—We are, etc.,

P. S. VENKATESWARAN
A. G. OTTO

Monsall Hospital,
Manchester

- 1 Ramsden, P. D., and Froggatt, D. L., *British Medical Journal*, 1972, 1, 246.
- 2 Mandal, B. K., and Sengupta, P., *British Medical Journal*, 1972, 1, 441.
- 3 Snowden, J., *British Medical Journal*, 1972, 1, 572.

Skin Exfoliation after Renal Failure

SIR,—Exfoliation of the skin associated with acute renal failure has been reported.¹ No further reports have been published, so we report the following cases.

A 26-year-old man had acute renal failure after cholecystectomy. He was successfully treated with mannitol and frusemide. On the seventh day flakey exfoliation of the skin of the scarlet-fever type developed on both hands and feet and also on the back. The skin became hard and dry. Bacterial study did not help in diagnosing the cause. Fungal cultures were negative, and the white blood cell count was normal. The exfoliation persisted for about six days.

A 36-year-old woman had acute renal failure after an instrumental abortion 10 days previously, when some detergent had also been injected into the uterus. After curettage and three peritoneal dialyses she recovered completely. Exfoliation of the skin of the scarlet-fever type with large flakes being shed from both hands and feet, developed in the recovery stage. The skin was hard and dry. Fungi were not found and white blood cell counts were normal.

A 4-year-old child was admitted to the dialysis unit because of acute renal failure after gastroenteritis of unknown cause. He received a peritoneal dialysis and four days later entered the polyuric phase. When he was completely recovered desquamation of the scarlet-fever type appeared on both hands, at the root of the nose, and on the dorsal part of the left foot. Again the skin was shed in large flakes, and again bacterial and fungal cultures and white blood cell counts did not contribute to the diagnosis.

In each case the lesion was present on both hands and feet and desquamation also occurred at the free edge of the finger nails. The fact that all three cases recovered indicates that the skin exfoliation is not a poor prognostic sign in acute renal failure.—We are, etc.,

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1st Medical Clinic of the Naples University,
Naples, Italy

- 1 Monasterio, G., *Le Nefropatie Mediche*, p. 152. Firenze, U.S.E.S., 1970.

Abdominal Distention

SIR,—In adopting the veterinary procedure used for "blown" cattle and using percutaneous decompression on human patients Mr. G. A. D. Lavy (23 September, p. 767) has used a method already advocated by Johann Peter Frank in the late 18th century.

Johann Peter Frank gave an academic address at the University of Pavia on 1 May 1790 under the title: *De Morbis Pecudum A Medentibus Nequaquam Praetervidendis*. In his lecture Frank stressed the great importance of comparative pathology and medicine and pointed out that human medicine had a great deal to learn from the observation of the diseases of animals and of veterinary practice.

The address was published in the 9th volume of the *Delectus Opusculorum Medicorum*, etc. . . . (pp. 235-48), Pavia 1790, and in a footnote on page 247 the author states: "Meanwhile the puncture of a tympanitic abdomen in a human being has been undertaken twice, by CL. DUSSEAU, vid. Journal de Medec. année 1779, p. 308. Samml. auserlesener Abhandl. für practische Aerzte V.P. II. St. p. 241."

This, I hope, will, at least in part, answer Mr. Lavy's query.—I am, etc.,

R. HELLER

Hillingdon, Middlesex

Was it a Drug?

SIR,—Dr. A. A. Lewis's concern (2 September, p. 588) at the vacuum left by the demise of *Proplis*, for all its shortcomings and illogical distinctions, must be shared by many general practitioners. We really have not time to prepare and submit scientific and legalistic justifications to local medical committees or the Department of Health for treatment that we prescribe under the Health Service. We are repeatedly assured that we may prescribe under the N.H.S. any drugs we consider appropriate in the treatment of our patients provided we are prepared to justify our actions when our prescriptions are for preparations vaguely referred to as "borderline substances." The borderline is usually one between foods and drugs and toiletries.

Let us be delivered from the awful doubt about the propriety or non-propriety of prescribing under the N.H.S. items in this limbo by the issue of a list of all proprietary (and non-proprietary) preparations advertised exclusively to doctors that could, in the most liberal possible interpretation of the

epithet, be called "borderline substances." Let it be made a requirement that the manufacturers of preparations declared "non-prescribable" state this fact on their "product data sheets" supplied to doctors. But please let the list be drawn up by a committee that thinks logically. Surely starch-reduced foods for diabetics and salt-free butter for patients on low sodium diets are still foods not drugs. But surely individual or multiple nutritional factors such as vitamins, protein, amino-acids, or minerals (such as iron, calcium, or potassium) are drugs when prescribed for specific single or multiple nutritional deficiencies.—I am, etc.,

K. MEIKLEHAM

Maidenhead, Berks

New Consultant Contract

SIR,—The letter from Dr. D. Lynch (14 October, p. 118) implies that I indicated I was prepared to accept as policy ("A") motion 167 at the A.R.M. in order to prevent a debate on contrary motion 168 from South Middlesex. The facts are that at the time I was invited by the Agenda Committee to comment on the motions submitted for the A.R.M. the National Hospital Medical Staffs Conference had not yet been held. I was not prepared to accept certain motions on the contract proposals other than as references to Council ("AR") until the matter had been debated at the Hospital Conference. In the event, the Conference gave its overwhelming endorsement to the proposals and I was able to accept motion 167 as policy ("A") at the A.R.M.

It is for the Representative Body to decide whether it wishes to debate motions which a chairman of committee is prepared to accept as policy. Later during the A.R.M. the Chairman of the R.B. announced that he had received a letter from representatives of three constituencies requesting a suspension of standing orders in order to permit a debate to take place on motions 165-168. However, the Meeting resolved by the requisite majority to pass to the next business.

It is certainly not my intention to prevent debate on the new proposals. Indeed, I welcome as much debate as possible. Earlier this year 15,000 copies of the proposals were circulated to regional committees for hospital medical services and to other bodies, and there has been widespread discussion in medical staff committees.

Last week, at the first meeting of the Central Committee for Hospital Medical Services in the new session, I indicated that when negotiations had been completed on the new proposals, the results would be submitted to regional committees for their views and comment. I urge all consultants to take that opportunity to join in discussing the final version of the proposals and to ensure that their representatives on regional committees are aware of their views.—I am, etc.,

CLIFFORD E. ASTLEY

Chairman,
Central Committee for Hospital Medical Services
Middlesbrough, Teesside

SIR,—Messrs. D. E. Bolt and P. F. Jones (12 August, p. 414) stated that the work