tions. This has been particularly important in recipients of bone marrow transplants.19 In Neonatal herpes simplex infection is very rare in Britain. Vidarabine has some effect,20 and early reports of acyclovir treatment are encouraging. More data are necessary, but acyclovir, which is known to be well tolerated in babies, may prove to be the drug of choice.21

Varicella zoster virus is less sensitive to acyclovir than herpes simplex virus, but adequate therapeutic concentrations can be reached by intravenous treatment.

There is no question of the value of acyclovir in the treatment of herpes zoster in the immunocompromised.22 Some benefit has been seen in the treatment of zoster in normal people, but the expense of treatment and inconvenience of intravenous administration may limit its use.2324

There may be a case for early treatment in severe trigeminal zoster if desquamation is likely to be extensive. McKendrick and colleagues have recently reported successful reductions in duration of vesicles and pain and accelerated healing in patients given oral acyclovir.25 If these preliminary results are confirmed early treatment of zoster in general practice should be possible. None of the trials of acyclovir to date have shown a useful effect on postherpetic neuralgia.

In summary, acyclovir is sufficiently potent and non-toxic to use in any severe or life threatening condition caused by herpes simplex viruses I and II and varicella zoster virus. In less severe and recurrent disease it seems sensible to limit its use, as indiscriminate prescribing may lead to increasing resistance and loss of efficacy of a lifesaving drug.

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Ruptured aortic aneurysm: an avoidable disaster

Aneurysm of the abdominal aorta is relatively common: in a Scandinavian series in 1964 it was found in 2% of consecutive routine postmortem examinations. The increasing frequency with which it is being seen by vascular surgeons reflects greater longevity, better diagnosis, wider recognition of the role of surgery, and possibly a real increase in prevalence. Operations for aneurysm have become dramatically more frequent in recent years. In Scotland, for example, they rose from 63 in 1972 to 262 in 1982. An operation is the appropriate treatment unless the patient has a very limited life expectancy (on account of age or illness) or the risk of operation is judged to outweigh the risk of rupture. What are these relative risks?

Untreated, an aneurysm is likely to cause early death. The