Caution

The pupillary response is of little value immediately after an arrest. Pupils dilate during cardiac arrest for several reasons. Concentrations of circulating endogenous catecholamines are very high immediately before and during an arrest and exogenous catecholamines are likely to have been given. Atropine may also have been administered. Ischaemia to the anterior chamber can dilate the pupils. Only when hypoxia has been corrected and the effects of drugs allowed to wear off can tests of brain stem function be employed. This may take several hours.

When feeling for carotid pulses, inserting a nasogastric tube, or replacing an endotracheal tube always watch the electrocardiographic monitor. Hypoxia augments many vagally mediated reflexes and stimulation of the carotid sinus or oropharynx under these circumstances may lead to marked reflex bradycardia and asystole.

A man aged 52 has had three attacks of erysipelas affecting the lower part of his right leg since a coronary artery bypass operation. The erysipelas appears to have occurred around the scar from the removal of the long saphenous vein. Is this a recognised complication of such surgery? If the attacks continue would long term penicillin prophylaxis be advisable?

The medial side of the lower leg is a common site for inflammation. Recurrent episodes may be phlebitis or, more usually, the lipodermatosclerosis of chronic venous insufficiency. Recurrent episodes of erysiploid cellulitis may occur in relation to sites of previous injury or operation. It is not specifically related to the removal of vein for bypass grafting. The presence of foreign material such as non-absorbable ligature may keep the focus of infection active. Patients with chronic lymphoedema are particularly prone to infection. The other predisposing condition to exclude is any site of streptococcal ingress to the foot such as chronic or recurrent skin hack, bunion, corn, or paronychia. The commonest entry route of secondary infection in patients prone to recurrent cellulitis is a skin fissure between the toes in patients with athlete’s foot. Attention should therefore be paid to hygiene and antifungal powder should be used regularly. Should the cellulitis recur, and given that none of these factors is present, it might be reasonable to give a long term course of antibiotic, though this depends on the time scale. If the attacks have been coming at frequent intervals a three month course of oral penicillin could be tried. If the attacks have been more many months apart it would seem more sensible to provide the patient with a supply of antibiotic to be started at the first sign of symptoms.—C. RUCKLEY, consultant vascular surgeon, Edinburgh.

Correction

The Mandwa experiment, an alternative strategy

We regret that an error occurred in this paper by Mr N H Antia (3 May, p 1181-3). The introduction stated that the infant mortality rate in India was about 130 per 1000 children. This should have read about 130. In addition, in the discussion section, “90 of every 1000 children” should have read “130 of every 1000 children.” We apologise for these errors.