Our patient gave a clear history of contact sensitivity to Elastoplast. Patch testing confirmed her sensitivity to colophony and the unfortunate cross reaction to her Christmas tree. She declined to consider any of the other 249 species in the Pinaceae family this year and opted for an artificial tree. She was advised not to get too close to other people’s trees—and not to get plastered.

I thank Dr C M King for performing patch testing.

2 Cronin E, Calman CD. Allergy to hydrobetic alcohol in adhesive tape. Contact Dermatitis 1979;4:57.

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**Girning as a cause of respiratory obstruction**

Girning is the dialogue form of the present participle of the verb “to gurn,” which is defined in the Oxford English Dictionary as: “to show teeth in rage, pain, disappointment, etc.; to snarl as a dog; to complain persistently; to be fretful or peevish.”

In its first meaning girning has come to describe a distortion of the face for the purpose of entertainment or competition to produce the ugliest face. Festivals of girning are held in the north of England each year. The most accomplished exponents of the art of girning tend to be edentulous gentlemen of mature years.

**Case report**

Such a patient, aged 64, presented himself for anaesthesia for repair of a recurrent left inguinal hernia (figure: left). This was accomplished without incident. During recovery and after removal of the tracheal tube, however, we observed that total respiratory obstruction was produced by passive protrusion of the mandible by a manoeuvre that is commonly performed to preserve the pharyngeal airway in a comatose patient. In this case it resulted in the upper lip totally occluding the external nares (figure: right). With the mouth closed respiration was impossible. The obstruction occurred only when the patient’s dentures were removed.

**Comment**

It is now known that the genioglossus muscle contracts rhythmically during the inspiratory phase of respiration in subjects who are awake and during normal sleep.1 This probably holds the posterior third of the tongue away from the posterior pharyngeal wall and so preserves a clear pharyngeal airway.

In cats, however, the onset of anaesthesia abolishes the phasic contractions of genioglossus.2 On the assumption that this also occurs in man, it provides an explanation for the pharyngeal airway obstruction that almost invariably accompanies the onset of anaesthesia, though not normal sleep. It also provides a logical reason for the two manoeuvres that are used to preserve the pharyngeal airway. These are extension of the neck at the atlanto-occipital joint and protrusion of the jaw, both of which increase the distance between the genial tubercle and the third cervical vertebra and so tend to lift the tongue away from the posterior pharyngeal wall. It was this second manoeuvre that ironically resulted in total respiratory obstruction in our patient.

We are indebted to Mr A E Kark and to the patient for permission to report this case.


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**THE WAY WE LIVE NOW: PARTY REGrets**

Ever since the end of the war the BMJ has held a large Christmas party for the “Friends of the Journal,” not so much for the medical good and the great (those whom the Germans so touchingly call the Prominente) as for everybody who has helped us in the year—referees, leaders writers, advisers, staff, and printers. We send out no fewer than 716 invitations and some 400 actually come to the party, consuming between 6 and 8 pm last week, for instance, 200 bottles of sparkling wine, 150 bottles of Malvern water, 20 whole salmon, 16 turkeys, 1500 sausage rolls, 100 mince pies, and countless other goodies that Mrs Edwards Currie would disapprove of.

For the hosts the party is a high spot of the year, the start of Christmas and enabling us to thank many friends who work for little reward. But until a few years ago the office was snowed under with acceptance letters. Then we introduced the sensible Irish system of “regrets only,” and analysis of these might form a basis for a PhD thesis (written in 2006 by the mythical Philadelphia student, invited to cow new recruits to the BMJ who question our obsessionism). A total of 224 people invited replied with regrets, six by telephone and 14 in their own hand; 21 wrote nice personal letters and the rest replied formally—in a few cases very grandly, with their secretaries pulling out the stop marked Braggadocio (“Professor Gradgrand has asked me to reply to your invitation on his behalf and tender his apologies that . . .”). Everybody except me seems to escape the British weather at this time of the year, but only five gave this reason (three raised envisured hassle with mentions of India, China, and South America). Two respondents were examining and one consultant was on emergency duty that evening. One serious point was the discovery of how many other important medical events were happening in London that evening—the Rock Carling lecture at the Royal College of Physicians, the Bradshaw Lecture at the Royal College of Surgeons, and the BLAT film trophy award at Barts, to mention only three. Just as London o'clock has a committee to stop Mahler’s 1st symphony being played too often, shouldn’t somebody start a medical booking agency to stop overlap?

My only regret from this analysis, however, is that of an obsessiona granarian; we oldies have lost the battle between “due to” and “owing to.” The former is not a prepositional phrase, but an adjective—yet 25 of our regrets used “due to a prior engagement” compared with only nine who used the correct form. I know that the Cambridge school believes that language is correct whenever over half the population uses a particular word or phrase, but should the BMJ make all of our friends take an English test before deciding whether to invite them next time?—STEPHEN LOCK, Editor, BMJ.