(1) Aplasia following irradiation accidents where any single dose received was above 400 r, since the risk of death is greater than 50% above this level.1

(2) Post-hepatitis aplasia. The mortality of this severe marrow depression is in the region of 10%.2,3 Moreover, the encouraging figures that Storb presents represent results of transplantation in patients who had not been supported by full conventional treatment—half the patients had bacterial infections at the time of admission and most had received frequent transfusion therapy, both these features prejudicing the successful outcome. As Storb points out, early transplantation before major infection and refractoriness to platelet transfusions occurs would offer much better results.

Now that more is known about the problems of graft rejection and graft-versus-host disease in man it seems right to be optimistic about the future of bone marrow transplantation in aplastic anaemia, and it is to be hoped that this procedure will be applied more often in appropriate cases.—I am, etc.,

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Idiocruxide in Herpes Zoster

STR,—Dr. R. Dawber’s paper (8 June, p. 526) in which he describes a double-blind trial of 5% idoxuridine dissolved in dimethyl sulfoxide (DMSO) topically applied at intervals to the visible lesions in zoster is interesting. However, statements are made in the paper which are inaccurate and must be challenged.

There is little basis for the postulate that “the patients agree with that of others.” After we first showed that the relatafully insoluble idoxuridine could be dissolved in DMSO and that the solution penetrated the skin and was active against herpes simplex virus, we used intermittent topical application of a 5% solution to zoster. We applied it to the whole of the affected derma-tone, not just to the visible lesions. Zoster, after all, is an affliction of the whole nerve, not just of the skin. We observed that not only the visible skin lesions but most of the affected nerve would be reached. While most patients benefited, some did not, though our results were better than Dr. Dawber’s. The reasons for proceeding to trial of a higher concentration of idoxuridine (40% in DMSO continuously applied) are given in the paper Dr. Dawber cites.3 The results were much better; the pain lasted for a much shorter time (median 2.5 days) and, what is more important, this treatment was successful in nearly all cases. We did not “suggest” that 40% idoxuridine in DMSO continuously applied for four days was superior to 5% intermittently applied, we showed that this was so (P<0.00001).

We have since carried out double-blind trials of 40%, 20%, and 5% idoxuridine in DMSO, and have found similar results. We have treated over 1,000 cases with 40% and lately 35% idoxuridine in DMSO continuously applied. Analysis of the results in 300 cases confirms the predictions of the trials. The median duration of pain was three days; 95.5% had pain for seven days or less, 10% for 15% had pain lasting for more than seven days, only one patient had pain lasting for as long as 30 days. Of the 301 cases we have treated, 240 had maceration of the skin which we are falsely credited with having described in the treatment of zoster.

We have monitored our patients carefully for evidence of side effects on hepatic, renal, and bone-marrow function and on the eyes and found none. The statement that idoxuridine in high concentrations should “be reserved for life-threatening conditions such as herpetic encephalitis” is misleading, for there is no sound evidence that intravenous idoxuridine has any consistent effect on herpes simplex virus encephalitis. In view of the variety of toxic effects and the relative difficulties of preparation of intravenous solutions of idoxuridine we and others now use cytosine arabinoside for this purpose.—We are, etc.,

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Removal of Fish-hooks

STR,—The fishing season is now here and with it the inevitable increase in requests for the removal of fish-hooks from various parts of the body. The usual method for removing these hooks in casualty departments is to infiltrate the area with local anaesthetic, push the barb through the skin, snip off the barb, and remove the remainder of the hook. There is, however, a quick and effective method for removing hooks by using a piece of string. I do not think it is well known but as it saves time and trauma and can be done at the patients’ bedside (as I did today) I think it could be more widely used.

The method is illustrated in the figure:

(1) A piece of string about a yard (or a metre) long is tied to form a loop. (2) The loop is passed over the hook and held as close to the skin as possible with the index finger on the left hand and the thumb of the same hand depressing the eye end of the hook, which disengages the barb and ensures that during removal the flat outer edge of the hook presses against the skin. (3) The string is then passed through the eye end of the loop and a sharp pull with a good follow-through and the hook is removed through its point of entry. Advice to have a tauten tenotax injection is wise, and all doctors should know this method. When many times and large hooks are as easily removed as small ones. Its adoption may help our overworked casualty officers, as any doctor can use this “magic” string whenever a small boy, on the beach or by the river, asks, “Please, sir, can you take hooks out?”—I am, etc.,

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Serum Hepatitis Associated with Repeated Acupuncture

STR,—The following report of a case of serum hepatitis after acupuncture draws attention to the possibility of this association. I understand that the needles used were sterilized by dipping them in a 1 in 20 solution of tincture of calendula (marigold flowers).

The patient, a woman aged 28, stated that she had had acupuncture every two to three weeks for the past year. For the following conditions: periodic bouts of depression, acute bronchitis, acute coryza and sore throat, vaginal thrush, and “strained arms.” When she acquired gonorrhoea, however, she was treated with penicillin. She also smoked cannabis and occasionally consumed enough alcohol to make herself frankly drunk. Two days after her last acupuncture session she complained of abdominal colic and loss of appetite and noticed that her urine was very dark and her stools pale. When admitted to hospital eight days later she was apyrexial, jaundiced, the liver was just palpable, and there were a few fading macular lesions on the forearms. The biochemical findings were those of acute

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