Robertson³ recommends the use of intravenous anti-histamines to help counteract the Parkinsonian side-effects.

I wish to thank Dr. B. D. Corner for permission to publish this case, and Messrs. Smith Kline and French Ltd. for supplying information on the drugs concerned.

—I am, etc.,

Southmead Hospital,
Bristol.

R. E. MIDWINTER.

REFERENCES

- ¹ Bateman, C. R., *Canad. med. Ass. J.*, 1961, **85**, 759.
- ² Baldridge, E., Miller, L. V., Dyce, B., and Haverback, B. J., *Clin. Res.*, 1962, **10**, 83.
- ³ Robertson, W., *Amer. J. Dis. Child.*, 1960, **100**, 290.

A Ward Resuscitator

SIR,—At any hospital where acutely ill patients are treated there exists the possibility of sudden respiratory emergencies on the wards. Only too often it is found

that the essential apparatus is hard to find and deficient in necessary items when assembled. There exist various resuscitators utilizing room air, but for the neurological patient the use of oxygen seems indicated. Accordingly the set illustrated herewith has been standardized at the National Hospital, Queen Square, for distribution to each ward and to the x-ray department, recovery room, and out-patients. It will be seen that the essential items are clipped in labelled positions in a "perspex" box while the oxygen key is chained and riveted to the stand. The equipment is adequate for

patients with tracheotomy as well as normal individuals. Oxygen cylinders are checked by the dispensary twice weekly and must be more than half full.

The advantages of this set are: (1) It is ready for immediate use; (2) being transparent, it is immediately noticeable should anything be missing; (3) the handbag unit is carried ready assembled so that no mistake can possibly occur.

The original prototype shown above was made by Mr. Noel Nelson, of the engineer's department.—I am, etc.,

R. ATWOOD BEAVER.

National Hospital for Nervous
Diseases,
London W.C.1.

Spontaneous Rupture of the Right Ventricle

SIR,—I have been very interested in the paper by Dr. Bernard Knight (November 3, p. 1167) and the subsequent letter by Dr. David Bowen (December 8, p. 1544) on the subject of spontaneous rupture of the right ventricle. Both authors were kind enough to quote the work of Piggot and myself, but neither has apparently seen a later paper reporting seven cases.¹

In our experience rupture of the right ventricle usually occurred in patients who had been long bedfast and who had attempted sudden exertion. The pericardium did not always contain a large amount of blood, so that pericardial tamponade was not always the obvious cause of death. Histological examination of the muscle in the region of the rupture usually showed characteristic changes of fatty infiltration.—I am, etc.,

Geriatric Research Unit,
St. John's Hospital,
London S.W.11.

TREVOR H. HOWELL.

REFERENCE

- ¹ *Geriatrics*, 1957, **12**, 711.

Polythene in Dermatology

SIR,—Dr. S. Patrick Hall-Smith's preliminary communication on "polythene" coverings in dermatological treatment (November 10, p. 1234) confirms my impression that this new form of treatment is of great beneficial effect in various recalcitrant dermatoses.

The bugbear here in this climate, however, is that many patients develop miliaria rubra, folliculitis, and boils. I have been able to overcome this disadvantage more or less by using the polythene dressing or gloves at night only, and sealing the dressing with a wide rubber band instead of "scotch" tape.

I do not think that this form of treatment is suitable for cases of lichen planus hypotrophicus as the pruritus seems to be aggravated by the occlusion.—I am, etc.,

Bulawayo, S. Rhodesia.

H. J. KINGSLEY.

Diuretics and Leg Ulcers

SIR,—There are several basic factors to be understood before any success with therapy for varicose ulcer can be achieved. Dr. D. B. Fox, in an excellent paper on this subject (November 24, p. 1370), certainly goes some way to achieving this goal. The main aims are to produce an adequate arterial capillary blood supply to the ulcer's growing edge, which must be free of oedema and pathogenic organisms, and to remove the venous flow away from this edge by external pressure. Dr. Fox emphasizes two of the main factors required to achieve this:

1. Elimination of bacterial infection from the ulcer and its surrounding tissue. This can be done by a suitable broad-spectrum antibiotic in a sufficient concentration at the site of the infection. One must eliminate so far as possible the stasis and extra capillary pressure of oedematous tissue and give the antibiotic orally or parenterally. The infection is usually a combination of a low-grade erysipelas and/or a cellulitis.

2. The oedematous tissue is a difficult problem, but, like Dr. Fox, I have found that orally diuretics are essential in the majority of cases. I personally use "hygroton" tablets at three and four days' interval in a week. This particular diuretic has a more prolonged action than its competitors and is more acceptable to the patient, as they rarely feel they've "been drained