LETTERS

Correspondence is welcome on subjects of reasonable topicality on points not justifying a full article. Letters will not generally be acknowledged. The editor reserves the right to shorten letters, though where major editing has occurred this be indicated.

New Physical Signs

Sir,
There must surely be general practitioners who have evolved physical signs as diagnostic aids, but who hesitate to describe them. May I submit two physical signs for your attention?

The first, the Tickle Test, which I have used for 25 years, is amusing and easy to elicit. If tickling a child's tummy causes it to wriggle and giggle it signifies that the abdominal complaint, though perhaps unpleasant is not serious. However even if the pathology is mild not all children will necessarily be amused.

Normally a couch or mother's lap, a warm hand and a little patience are required for traditional abdominal examination, but a child can be gently and easily tickled through its clothes while standing beside its mother or sitting on her lap. I can only suggest that when pain and tenderness are caused by significant acute pathology the child is unlikely to think it funny when tickled.

Appropriate follow-up is always a wise precaution, though I have yet to recall missing any significant pathology from a smiling response.

The second sign is elicited by the Muscle Tweak. Some viral infections, especially the influenzas, cause inflammatory reactions in several tissues including the muscles.

This explains the protean manifestations of such diseases and why patients may have a prolonged convalescence, perhaps feeling sensitive to touch, weak and depressed even for a month or longer.

Thus a patient presenting with diffuse and inconclusive symptoms suggesting perhaps a mild anxiety state or even an early occult pathology may occasionally be in the recovery phase of a low-grade and uncomplained-of infection. The history might be indeterminate or reveal some recent but overlooked mild night-sweats and restlessness. But with a persisting mild myositis and feelings of weakness a simple tweak of a convenient muscle, *such as the upper border of the trapezius in the neck*, elicits pain out of proportion to that expected.

This simple response confirms the inflammatory nature of the complaint in someone who is 'one degree under' and may render unnecessary tablets, tests, referrals and even psychiatric designation, in a person whose recovery can now be happily predicted.

Critical comment would be welcomed and perhaps doctors might offer new physical signs of their own.

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Chlamydial Cervicitis

Sir,
I was interested to read Dr Fox's study of chlamydial cervicitis (November *Journal*, p.721).

We screened 248 women receiving vaginal examinations in three inner city practices and found 8 per cent to have a chlamydial cervicitis. There is definitely a lot of it about!

These studies lead us to question whether it is necessary for general practitioners to diagnose the condition, and if so how. Isolation of the organism is difficult and laboratory facilities are limited. It is easier to estimate antibody levels both in sera and cervical secretions and this may prove a more promising method for use in general practice.

Dr Fox suggests that a high index of suspicion and empirical treatment are the best we can do. If this suggestion were to be made in regard to the management of gonorrhoea by general practitioners it would be rejected, and rightly so. Chlamydial infections are every bit as disastrous for women, and probably occur more frequently amongst general practice patients.

For these reasons we must direct our efforts to improving our ability to diagnose them.

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Reference

Southgate L, Treharne J, Forsey T. Chlamydia trachomatis and Neisseria gonorrhoea infections in women attending inner city general practices. *Br Med J* 1983; **287:** 879-881.

Victualler's Thumbnail—a Condition of Subungual Osmotrauma

Sir,
I here describe an apparently previously unreported hazard of moderr catering, the consequence of small foreign bodies of dehydrated food becoming embedded below the nails.

Case Report. A 32-year-old landlord of a local public house that serves food presented with a two-day history of worsening and by then severe pain in his right thumb. This started after he had been using his thumbnail to remove dried cheese from the inside of a microwave oven. He thought he might have a small piece fast below the nail.

There was a collection of purulent looking material under the distal half of the nail. This was under some pressure and exquisitely tender. Under ring block with lignocaine a central wedge of nail was removed, releasing a small quantity of purulent matter which smelt strongly of cheese.

The patient's relief was immediate and permanent. Apart from the 'pus' there was no other evidence of infection.

The use of the thumbnail to remove tar spots from motor car bodies arguably represents the apotheosis of harmony between man and his modern environment. However such behaviour patterns uncritically transferred to other materials can have dire consequences.

Although apparently analogous, the use of the thumbnail to clean microwave ovens of food debris is far more hazardous due to the dehydrated nature of the food which when confined in a moist warm environment is likely to absorb water by osmosis, producing a painful build-up of subungual pressure.

It is likely that the patient's caseous foreign body was sterile and the absence of any signs of infection other than the purulent appearance of the material (cheese being yellow anyway) suggests that what was removed was reconstituted dehydrated cheese rather than pus proper.

Since many people are likely to find cleaning their microwave ovens with a thumbnail an entirely natural piece of behaviour, I suggest that the manufacturers of this and similar appliances could usefully warn purchasers against the risks of subungual osmotrauma.

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