Correspondence

Is nail trephining safe?

Sir,

Injury to the fingertip or toe often results in a subungual haematoma. Some of these patients, and we do not know the exact proportion, will have sustained a fracture of the terminal phalanx.

If the haematoma is painful, the usual treatment is to trephine the nail.¹ Presumably this converts a closed fracture (if present) to a compound one. This being the case, it seems possible that trephining (or *not* trephining) may increase the potential for osteomyelitis. Local inquiries suggest that such a hazard is purely theoretical—has anyone seen this complication?

We wonder if it is safer to obtain an x-ray and avoid trephining a subungual haematoma if a fracture is present.

Reference

- ¹ Illingworth C M. *The diagnosis and primary care of accidents and emergencies in children. A manual for the casualty officer and the family doctor.* Oxford: Blackwell Scientific Publications, 1978: 79.

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Cimetidine and peptic ulceration in a Meckel's diverticulum

Sir,

Cimetidine is an effective agent in duodenal ulceration,¹ and has been used in the management of gastrointestinal bleeding particularly that due to gastric ulceration.² It has also been used in the treatment of haemorrhage from a Meckel's diverticulum when there is a contraindication to surgery.³ We report the results of treatment with cimetidine in a boy with a Meckel's diverticulum and Duchenne muscular dystrophy.

A 12-year-old boy with Duchenne muscular dystrophy was admitted with a 24-hour history of melaena and fresh rectal bleeding. There had been several episodes of nonspecific abdominal pain. Barium studies were negative but a technetium scan showed an appearance that suggested a Meckel's diverticulum. In view of his condition, treatment with cimetidine 100 mg 6-hourly was started. The boy remained asymptomatic for 3 months and then, while still on treatment, presented with acute generalised peritonitis. At laparotomy a perforated Meckel's diverticulum was removed, histology of which showed ulcerated epithelium of gastric type. Post-operative recovery was uneventful.

Although successful treatment with cimetidine of bleeding Meckel's diverticulum has been recorded³ this experience suggests that there are major shortcomings in this line of management. Although there may be fairly adequate control of pain and even of bleeding, it should probably only be regarded as a short-term rather than long-term treatment. Clearly perforation of a Meckel's diverticulum can occur while the patient is on H₂ antagonist therapy. We confirm that surgery is the treatment of choice for this condition.

References

- ¹ Gray G R, McKenzie I, Smith I S, Crean G P, Gillespie G. Oral cimetidine in severe duodenal ulceration. A double-blind controlled trial. *Lancet* 1977; 1: 4-7.
- ² Dykes P W, Hoare A M, Hawkins C F, Kang J Y. The treatment of upper gastrointestinal haemorrhage with cimetidine. In: Wastell C, Lance P, eds. *Proceedings of the Westminster Hospital Symposium on cimetidine.* Edinburgh: Churchill Livingstone, 1978: 173-9.
- ³ Kirkpatrick R A. Letter: Cimetidine and Meckel's diverticulum. *Ann Intern Med* 1978; 88: 846-7.

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Comparing methods of assessing gestational age

Sir,

One of the more common types of medical investigation is to compare two methods of measuring something. Although this is one of the most straightforward of statistical problems it seems to produce more than its fair share of incorrect analyses.

Dr Cater¹ has compared gestational age derived from a total maturity score (TMS) with gestational age calculated from the date of the last menstrual period (LMP). The two gestational ages were compared for 76 low birth-weight (LBW) babies and 80 'matched controls'. (Why there are 80 controls and what they were matched for we are not told.) The LBW babies were divided into term and preterm groups, presumably on the basis of the LMP.

For each of the three groups—controls, preterm LBW, and term LBW—an unidentified statistical test was performed to compare the mean gestation by each method. If this had been done using a paired *t* test (or a Wilcoxon test if the within-subject differences were nonGaussian) this would have been the correct way of