R. K. Hinderer   mm 8 8/19   AN-2055 deleted

papers.

The concepts of central control of diaphragm are well supported by the case reports of Dr Korczyn. However, we preferred the other more accepted entity, viz, phrenic nerve palsy, to explain our findings.

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Iron-Deficiency Pruritis

To the Editor.—I read the article "Pruritus: A Manifestation of Iron Deficiency" (236:2319, 1976) and would like to draw attention to work on iron deficiency and generalized pruritus dating back to 1967. Then Sneddon and Garretts[1] described the relationship between itching and iron deficiency.

Also, in 1972 Rook, Wilkinson, and Ebling[2] described this condition, and in 1974 I published a paper[3] describing the relationship of iron deficiency to generalized pruritus in 87 patients.

I would entirely agree with your authors but would disagree that this condition has not been described.

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Infection and Total Joint Replacement

To the Editor.—Total joint replacement, particularly of the hip, is rapidly becoming one of the more commonly performed orthopaedic surgical procedures. Deep infection, involving the prosthetic devices and their anchoring acrylic cement, is the greatest threat to the success of these operations.

We have observed, from our own experience and the reports of others, that a small but substantial proportion of the late postoperative infections, that is, those becoming apparent several months to several years after surgery, can be attributed to hematogenous seeding of the prosthetic joint from distant primary sources of acute or chronic infection. Broadly speaking, two categories seem to be involved: substantial bacteremia from infections of lung, kidney, skin, and other foci of acute infection, and surgical or dental manipulations, such as abdominal surgery, genitourinary procedures, and periodontal and exodontal surgery.

We are taking this means to suggest that all patients who have had total joint replacement, particularly those at high risk of infection (patients with rheumatoid arthritis, on continual corticosteroid dosage or immunosuppressive medication, and with debilitating diseases including malignant neoplasms) be promptly and vigorously treated with appropriate antibiotics for any acute infectious process of bacterial origin. We also suggest that they receive prophylactic antibiotics before, during, and after any surgical or dental manipulation that can produce a substantial bacteremia.

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Late Effects of Botulinum Intoxication

To the Editor.—After reading the article by Barker et al (237:456, 1977) regarding the outbreak of bolulism and the subsequent management of the involved patients, we had occasion to examine their case 1 3½ years after his intoxication. He was seen because of persistent fatigue, intermittent diplopia, and decreased sexual ability. Prior to the patient's botulism intoxication, he was physically and sexually active for his age; subsequent to this, although not incapacitating, these symptoms remain substantially distressing and have resulted in multiple consultations with different specialists.

Barker et al reported good, immediate response to the trivalent botulism antitoxin and further commented that all cases of intoxication returned to normal after a few weeks. Although this is usually the case with botulism intoxication, we believe it is quite easy to overlook, at times, the subtle disturbances that may persist but are not incapacitating. Cherington[1] notes, for example, that recovery may be prolonged but *nearly* total in all patients. Other authors[2] have noted pathological fatigability in long-term survivors of botulism intoxication. Sexual dysfunction, although uncommon, is also not a unique presentation.[3]

We would like to emphasize that despite the fact that most patients subsequently do have a normal general physical examination, important symptomatic complaints may persist, as noted in the aforementioned case and others.

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Laryngeal Coccidioidomycosis

To the Editor.—Platt (237:1234, 1977) is indeed correct that *Coccidioides immitis* is seldom recognized as a cause of pathogenic conditions of the upper respiratory tract. However, his assertion that there are only two other published reports of coccidioidomycosis of the upper respiratory tract, one of endolaryngeal and the other of epiglottic involvement, is erroneous. Oliver[1] described a case of coccidioidomycosis in a 34-year-old man, involving nose, left hand, left index finger, larynx, and epiglottis. Biopsy of cutaneous as well as laryngeal and epiglottic lesions was positive for *C immitis*.

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Considerations on Etiologic Factors in Meat Wrappers' Asthma

To the Editor.—A recent letter (237:1826, 1977) reports interesting clinical and respiratory-function findings in meat wrappers and a nonexposed control population.

Irritative respiratory symptoms and the meat wrappers' asthma syndrome have generally been thought to be etiologically related to decomposition products of polyvinyl chloride (PVC), such as hydrochloric acid and/or minute amounts of phosgene, and not to PVC itself or to the monomer vinyl chloride.

The distinction is important to avoid confusion, especially since different mechanisms seem to be involved.

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