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## LEADING ARTICLES



## PAPERS AND ORIGINALS



## MEDICAL PRACTICE





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# CORRESPONDENCE



*Correspondents are urged to write briefly so that readers may be offered as wide a selection of letters as possible. So many are being received that the omission of some is inevitable. Letters should be signed personally by all their authors.*

## Postoperative pain

SIR,—Your leading article on this neglected subject (18 September, p 664) is welcome, but there are a number of further points requiring emphasis. Though almost self-evident already, these points became even more obvious in the course of a study of postoperative analgesia with drugs which we hope shortly to publish. This involved questioning patients about pain after upper abdominal surgery and, later, questioning nursing staff who had been, of course, unaware that their administration of analgesic drugs was being scrutinised.

When a questionnaire was administered to patients on the first postoperative day over half put their pain in the most severe category available ("very unpleasant indeed; I would be very unhappy if I had to go through this again"). Yet no patient received all the doses of analgesic drug which should have been available according to the prescription—and usually the number given fell far short of this. As might be expected, the prescribing of the drugs seemed generally to be at once casual and over-cautious; the most common prescription was for "morphine 10 mg up to four-hourly" and this seemed to be considered suitable for almost everybody.

Most patients denied that they were frightened to ask for a dose of analgesic drug but for various reasons they seldom did so; they appeared to think that if they should have it they would get it. In practice, anyway, the number of doses of analgesic administered to those who said that they were not afraid to ask for drugs was the same as the number given to those who said that they were.

Contrary to the suggestion in your article, nurses were not unduly worried about addiction or hypotension after analgesic drugs. They all said that they would give a dose of analgesic to a patient who seemed to be in pain if it was allowed by the prescription. The poor performance in practice may well be due in part to an inability to recognise that a patient is in severe pain when the traditional attitude is to try to conceal pain and keep a "stiff upper lip." Administrative factors, however, are also at work as is shown by the fact that the time at which the greatest number of doses of analgesic drugs was administered clearly depended on the nursing routine.

The drug treatment of postoperative pain is fundamentally unsatisfactory with the drugs at present available; any improvement is likely only to be marginal. The hope would seem to be that the subject will be given more prominence in the education of both doctors and nurses. Patients, too, should be told that asking for an analgesic drug is not necessarily a sign of frank cowardice.

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## Rapid identification of virus infections

SIR,—I read with interest your leading article (11 September, p 601) on this subject and would like to draw your attention to a quick, simple, and accurate laboratory method of detecting virus infections which was omitted from the article.

It is now routine for cytology screeners to be trained to recognise the cytopathic effect of herpes simplex virus in Papanicolaou-stained cervical smears sent to routine cytological investigation for malignant cells, and as a result the cytopathologist is able to provide the clinician with information regarding the presence of genital infection with herpes simplex in his patient. In many laboratories cytological specimens are screened and reported on within 24 h, thus facilitating confirmation of the cytodiagnosis by conventional virological methods while the patient is in the acute stages of the infection.

At this hospital a cytological diagnosis of genital herpes was made in 330 cervical smears (5·3%) from women attending the venereal disease clinic in 1975 and in just over half these cases (55·5%) virus infection was clinically unsuspected when the smear was taken. These observations carry a special significance for, if the association between genital herpes and cervical cancer proves to be other than fortuitous, these patients represent a high-risk group. This extension of the cytological technique is particularly important for the correct management of women attending gynaecological outpatient, family planning, and well-women clinics who are not investigated routinely for venereal disease. The association between genital herpes and gonorrhoea is well documented and a cytodiagnosis of genital herpes in these women should indicate to the clinician the need for bacteriological and serological tests. While these cases are few in number (37 or 0·25% of smears from these sources in 1975), they appear to be increasing.

The application of the cytological technique to the detection of human polyomavirus infection in patients receiving cytotoxic drug