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LEADING ARTICLES

Blunt injury to the heart	J BANCEWICZ, D YATES	497	Evaluation of syncope	E M R CRITCHLEY, J S WRIGHT	500
Parathyroid hypertension	A K SANGAL, D G BEEVERS	498	Future history	I S L LOUDON	501
Pneumocystis pneumonia	S B KAYE	499	Pretibial injuries	BARRY M JONES, ROY SANDERS	502

CLINICAL RESEARCH • PAPERS AND SHORT REPORTS • PRACTICE OBSERVED

Failure of renal dopamine response to salt loading in chronic renal disease	I F CASSON, M R LEE, A M BROWNJOHN, F M PARSONS, A M DAVISON, E J WILL, A D CLAYDEN	503
Reduction of ventricular arrhythmias by early intravenous atenolol in suspected acute myocardial infarction	PAULO R F ROSSI, SALIM YUSUF, DAVID RAMSDALE, LYNNETTE FURZE, PETER SLEIGHT	506
Erythropheresis in patients with polycythaemia secondary to hypoxic lung disease	J A WEDZICHA, R M RUDD, M C P APPS, F E COTTER, A C NEWLAND, D W EMPEY	511
Variation in the use of angiography and carotid endarterectomy by neurologists in the UK-TIA aspirin trial	UK-TIA STUDY GROUP	514
Meningoencephalitis associated with Chlamydia trachomatis infection	J M GOLDMAN, C S MCINTOSH, G P CALVER, R M PERINPANAYAGAM	517
Capillary flow velocity in leukaemia	J E TOOKE, D W MILLIGAN	518
Severe myocardial ischaemia induced by intravenous adrenaline	ADRIAN HORAK, RICHARD RAINE, LIONEL H OPIE, ELWYN A LLOYD	519
Late development of incisional hernia: an unrecognised problem	K G HARDING, M MUDGE, S J LEINSTER, L E HUGHES	519
Calcium antagonist withdrawal syndrome: objective demonstration with frequency-modulated ambulatory ST-segment monitoring	V BALA SUBRAMANIAN, M J BOWLES, N S KHURMI, A B DAVIES, M J O'HARA, E B RAFTERY	520
Simultaneous primary infections with Epstein-Barr virus and measles virus in fatal acute encephalitis	MADS MELBYE, PETER EBBESEN, NIELS JACOBSEN, CARL H MORDHORST	521
Association between alcohol consumption and adult pedestrians who sustain injuries in road traffic accidents	S T IRWIN, C C PATTERSON, W H RUTHERFORD	522
Correction: Effects of amiodarone in thyrotoxicosis	SHELDON	522
Can general practitioners predict the outcome of episodes of back pain?	M O ROLAND, D C MORRELL, R W MORRIS	523
Personal medical record card	TONY DOWELL	526
The GP and the Medical Student: Sheffield: non-academic teaching practice	CYRIL GREAVES	528
General Practice in the Year 2000: Two-tier system of primary care	ANN MCPHERSON	529

MEDICAL PRACTICE

Is serum γ -glutamyltransferase a misleading test?	R PENN, D J WORTHINGTON	531
The choking child: back bangers against front pushers	D P ADDY	536
USSR Letter: Campaign for sobriety	MICHAEL RYAN	537
Letters to a Young Doctor: Arranging for study leave	PHILIP RHODES	539
ABC of Healthy Travel: Problems facing the traveller	ERIC WALKER, GLYN WILLIAMS	541
Identification of adverse reactions to new drugs. IV—Verification of suspected adverse reactions	JOFFREY R VENNING	544
Any Questions?		538
Materia Non Medica—Contributions from CAROL COOPER, ALAN OGILVIE, VIRGINIA ALUN JONES		540
Medicine and Books		548
What's new in the new editions?	CLIFFORD HAWKINS	552
Medicine and the Media—Contributions from PAT TURTON, JANE DALGLEISH		554
Personal View	W K COWAN	555
Correction: Ward meetings	GRAFFY	538

CORRESPONDENCE—List of Contents	556
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OBITUARY	564
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NEWS AND NOTES

Views	566
Parliament	567
Medical News	567
BMA Notices	568
One Man's Burden	MICHAEL O'DONNELL 569

SUPPLEMENT

The Week	570
Police and Criminal Evidence Bill and the BMA	
WILLIAM RUSSELL	571
From the CCHMS: Statement agreed on containing costs in private practice	572
Rural dispensing: Joint statement from doctors and pharmacists	574
Review of clinical budgeting and costing experiments	
IDEN WICKINGS, JAMES M COLES, RAY FLUX, LINDA HOWARD	575
Junior Members Forum 1983	578
Business team to inquire into Health Service	578

CORRESPONDENCE

Miraculous deliverance of Anne Green S G Braye, MD, and G Guy, MB.....	556	Asthma in New Zealand H M S Noble, MRCGP.....	559	Chemoprophylaxis of malaria in Africa G H Rée, MRCP.....	562
The Opren scandal I G Cox, MRCGP.....	557	Death from asthma in two regions of England J M H Lloyd Parry, MB.....	559	Moon-boot foot syndrome R Philipp, MFCM.....	562
Ventilation in operating rooms J K Wardle, MRCPATH, and others.....	557	Rugby football injuries to the cervical spine J A Muir Gray, MD.....	559	Doctor's dilemmas Jean Wilson, MB.....	562
Simple rule for calculating normal erythrocyte sedimentation rate A H Walters; J Stuart, FRCPATH, and M W Kenny, MRCPATH; R D Eastham, FRCPATH; C J Eastmond, MD.....	557	Decline in rate of death from ischaemic heart disease in the United Kingdom H Tunstall-Pedoe, FRCP, and others.....	560	Hours of work of junior hospital doctors P Hurst, FRCS.....	562
Smoking in patients with advanced lung disease A T Chamberlain, MSc, and others.....	558	Spina bifida and vitamins A P Read, PhD, and R Harris, FRCP.....	560	Budgeting for pharmaceuticals D Taylor, BSc.....	562
Near miss cot deaths and home monitoring I A H Barker, MRCGP, and Valerie A Barker.....	558	BCG vaccination scars S J Jachuck, MRCGP, and C L Bound, OHNC; B J Mayou, FRCS.....	561	Points Are there two kinds of ward round? (J P Stephenson; B Croft); Safer insertion of pleural drains (K M Hillman); One man's burden (H B May); Failure after total hip replacement (H Phillips); "Size by volume" ski boots (D Finlayson); A new danger associated with airgun pellet injuries (D Cain); Lactin content of slimming pills (D L J Freed); The GP and the specialist: diabetes mellitus (R T Donald); Exact dating of "The Citadel" (J R A Mitchell).....	563
Need our streets be so filthy? G I M Swyer, FRCOG.....	558	The GP and the specialist: obstetrics R M Burton, FRCOG.....	561	Correction: Diploma in medical practice (Lipman).....	563
An absence of alcohol policy J F Moor, MB; R Maggs, FRCPsych.....	558	Intensive attention improves glycaemic control in insulin dependent diabetes R Worth, MRCP, and others.....	561		
		Audits of antibiotic prescribing T H Hughes-Davies, FRCP.....	562		

We may return unduly long letters to the author for shortening so that we can offer readers as wide a selection as possible. We receive so many letters each week that we have to omit some of them. Letters should be typed with double spacing between lines and must be signed personally by all their authors, who should include their degrees. Letters critical of a paper may be sent to the authors of the paper so that their reply may appear in the same issue.

Correspondents should present their references in the Vancouver style (see examples in these columns). In particular, the names and initials of all authors must be given unless there are more than six, when only the first three should be given, followed by et al; and the first and last page numbers of articles and chapters should be included.

Miraculous deliverance of Anne Green

SIR,—We were interested not only by Dr J T Hughes's interpretation of the resuscitation of Anne Green (18 December, p 1792) but also by the possibility that this young woman may represent the only report of the post suspension syndrome in English published work. Examination of Dr Hughes's reference¹ has convinced us that this Anne Green did show the features of this syndrome.

The post suspension syndrome is a clinical syndrome recognised in those countries where self hanging is a common method of suicide^{2,3}—for example, France and Russia. The incidence of suicidal hanging and the incidence of the sexual asphyxia syndrome in this country⁴ would suggest that details of this syndrome and its sequelae should be more widely disseminated, particularly to accident and emergency departments.

The post suspension syndrome presents after unsuccessful hanging, for a variable period of time, that does not involve a drop. The patient presents deeply unconscious with generalised hypertonia. There are limb movements suggestive of decerebration, hyperreflexia with clonus, positive Babinski reflexes, and focal conservation of cranial nerve function, in particular conservation of the pupillary light reflex.² A review of 67 cases has noted the development of pulmonary oedema in some patients.³

The level of consciousness lightens over 24-48 hours, but all patients experience a variable length of retrograde amnesia and a longer period of post traumatic amnesia, which usually encompasses the immediate

recovery period of about 72 hours. There is also a further period when long term and immediate recall memory function are impaired, but this also resolves over several weeks.

The pathophysiology of the cerebral lesion is hypothesised as a combination of anoxia due to tracheal, arterial, and venous obstruction, and syncope due to acute compression of the neurological structures in the neck.

Is there any evidence that Anne Green had this syndrome? Certainly the initiating event was characteristic—suspension by a ligature around the neck after being turned off a ladder. The time course of the suspension was also quite consistent with the development of the syndrome. Her state of consciousness at presentation was such as to convince onlookers that she was dead. When her level of consciousness lightened slightly she was found to have masseteric spasm, ("they wrenched open her teeth, which were fast set"), other signs of hypertonia ("her fingers also being stiffly bent"), and also hyperreflexia ("they thought of letting her bood and no sooner was her arm bound for this purpose but she suddenly bent it, as if it had been contracted by a fit of the convulsion"). Even through these episodes, however, she had some cranial nerve function in that she could open her eyes. Dr Hughes proposes that the ligatures applied to Anne Green during her early recovery may have been compression bandages, but we would suggest that they were restraints to control her decerebrate movements and later her

general restlessness. Her subsequent recovery of mental functions is in accord with the time course and sequence of others with this syndrome. We have no doubt that if today's subtle psychological tests were applied to Anne Green she would show some disruption of manual task performance and memory for several months after her hanging.

We believe that Anne Green experienced the post suspension syndrome in 1650 and that her case exhibits a fact which is still unknown by many doctors today—that is, a hopeful prognosis may be expected in cases of unsuccessful hanging that present with otherwise disturbing and diffuse signs of neurological dysfunction, and most of these patients will show rapid resolution to normal with conservative management.

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¹ *News from the Dead or A True and Exact Narration of the miraculous deliverance of Anne Green.* Written by a Scholler of Oxford. Oxford: Printed by Leonard Lichfield for Tho Robinson, 1651.

² Gay R, Campan L, Feiss P, et al. Pendaïson manquées: a propos de quatre cas. *Nouv Presse Med* 1971;**79**: 484-5.

³ Scheydeker JL, Pozzo di Borgo C, Petitjean G et al. Problèmes cliniques et thérapeutiques posés par les pendaïsons: a propos de 67 cas. *Ann Anaesthesiol FR* 1975;**16**:465-8.

⁴ Central Statistical Office. *Death analysed by cause: Table 36. Annual abstract of statistics 1960-1978.* London: HMSO, 1979.