- Bailey & Love (1981) *Bailey & Love's Short Practice of Surgery*, 18th Edition, 600.
- Du Toit J. G. A. & De Muelenaere P. F. R. G. (1982) Isolated fracture of a cervical rib: a case report. *South African Medical Journal* 62(13), 454–456.
- Kaye R. J., Johnson M. & Sproed R. P. (1984) First rib fracture secondary to shoulder restraints. *New England Journal of Medicine* 310(26), 1748.
- Newman R. J. (1984) Chest wall injuries and seat belt syndrome. *Injury* 16(2), 110–113.
- Salam A. A., Eyres K. S., Magides A. D. & Cleary J. (1991) Anterior dislocation of the restrained shoulder: a seat-belt injury. *Archives of Emergency Medicine* 8, 56–58.

Rare diseases do occur: an acute presentation of Huntingtons Chorea

Sir

Huntington's Chorea is an uncommon disease with a worldwide prevalence of 5–10 per 100 000 (Hayden, 1981). It usually presents to the general practitioner, psychiatrist or neurologist. Recently with the advent of biochemical predictive testing, individuals at high risk are screened.

A 43-year-old man was brought to an A&E department by his two employers (for whom he worked as a gardener), late one evening. The employers complained that over the past 4 months the man had become increasingly listless, apathetic and his cerebration had become dulled but could offer no explanation for the urgency of the consultation. The patient himself had not noted these symptoms but he has noted that he could not always 'control his limb movements'. He had a family history of an obvious autosomally dominant inherited disease characterized by dementia, movement disorder and early death (for which his family in Jamaica had never sought medical advice).

Examination of cardiovascular, respiratory and abdominal systems were unremarkable. Examination of his nervous system demonstrated choreiform movements which were more marked in his face and upper limbs and an odd gait with repeated standing on his toes. At this time a presumptive diagnosis of Huntington's Chorea was made and the patient referred for psychiatric and neurological appraisal. Psychiatric assessment showed him to be apathetic but to have no obvious signs of dementia at the time of examination.

Investigations revealed immunological signs of treated syphilis, a normal serum copper and a CT scan of the brain showed reduction in volume of the head of the caudate nucleus and dilatation of the lateral ventricles (changes considered to be pathognomic of Huntington's Chorea).

The diagnosis of Huntington's Chorea was made, he was offered genetic counselling and his children were offered further genetic studies. He was treated with Tetrabenazine which improved his chorea. One year subsequently he was lost to follow up.

A full literature search has revealed no examples of emergency presentation of Huntington's Chorea. We believe that this is the first person to have presented 'acutely' to an Accident and Emergency department with Huntington's Chorea.

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REFERENCES

Hayden M. R. (1981) *Huntington's Chorea*. Springer Verlag, Berlin.

Stick stuck in stoic

Sir

I was interested to read the Case Report of A chicken bone in the rectum (Davies, 1991). As stated in the article toothpicks are not an uncommon cause of perforation of the GI tract.

The wanderlust of the ingested cocktail stick has been reported earlier as causing alarming complications and even death (Kasthuri & Savage, 1988). I describe a further brief excursion of the 'travelling tooth pick' (Cockerill *et al.*, 1983) which has now chanced upon a short cut from the digestive tract to the outside world, happily on this occasion, without causing serious injury.

A 59-year-old uncomplaining resident of a community care unit was noted to have a small inflamed swelling in the right anterior triangle of his neck which was thought to be a superficial infection. Three days after it was first noticed a foreign body appeared at the surface of the abscess. This was extracted by a nurse who found it to be the tip of an 8 cm wooden cocktail stick. This had been accidentally swallowed with a sausage five days previously. Following its removal all inflammation settled and there were no complications.

Swallowing of cocktail sticks frequently occurs because of hurried consumption of food especially when taken with alcohol. The demented and those with diminished palatal sensation due to denture wearing are at greater risk. Everyone should be made aware of the potential dangers of these unnecessary additions to food, and especially those concerned with the preparation of food in institutions. If sticks are really necessary they should be easily visible to the consumer, the standard wooden cocktail stick is all too easily disguised.

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REFERENCES

Cockerill F. R., Wilson W. R. & Van Scoy R. E. (1983) Travelling toothpicks. *Mayo Clinical Proceedings* 58(9), 613–6.

Davies D. H. (1991) A Chicken bone in the rectum. *Archives of Emergency Medicine* 8, 62–64.

Kasthuri N. & Savage A. (1988) Cocktail stick injury: A fatal outcome. *British Medical Journal* 296(6620), 498.