



patient–doctor conflicts over CPR.

There is general agreement among physicians that CPR after cardiopulmonary arrest in a nonmonitored area is futile in all but a few cases. Futility would seem to be absolute for patients who, before their cardiopulmonary arrest, had poor functional status combined with advanced organ disease or certain other conditions that clinicians easily recognize. In my experience, conflict most often arises when patients do not understand this and instead regard the physician's decision to re-

frain from CPR as a withdrawal of care.

In the case of the patient with advanced cancer who wants to survive a little longer to see a relative who is due to arrive soon, Weijer and colleagues recommend a time-limited order to attempt resuscitation. But if such a patient were to experience a cardiac or respiratory arrest, CPR would be rendered no less futile by the anticipated arrival of a relative. The authors contradict the literature they cite by accepting the false, and conflict-engendering, notion that

CPR can be an appropriate treatment option for a patient like this. The reason for refraining from CPR is precisely because it is not.

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Reference

1. Weijer C, Singer PA, Dickens BM, Workman S. Bioethics for clinicians: 16. Dealing with demands for inappropriate treatment. *CMAJ* 1998;159(7):817-21.

Temporary henna tattoo with permanent scarification

With the advent of the contemporary pop group the Spice Girls, many children and teenagers are ornamenting themselves with temporary tattoos. A popular dye for such tattoos is henna.

Last summer, a henna tattoo was applied to the left arm of a 4-year-old white boy with a history of sensitive skin. Within hours, the tattooed area became itchy and inflamed, a reaction that lasted well

over a week, until the dye disappeared. In the area where the dye had been applied and where the inflammatory response occurred, marked keloid scarification resulted. The scarification took the form of the tattoo design and was still prominent 8 weeks after the tattoo was applied (Fig. 1).

Henna is a dark reddish vegetable dye whose active agent is a hydroxynaphthoquinone. It is obtained from the dried leaves of the *Lawsonia* tree, which is native to North Africa and Asia. This compound has been used for thousands of years in Egypt and India and is still widely used for the colouring of hair and the ritualistic staining of the skin in Arab countries, India and Pakistan. Henna is relatively safe, and only one case of contact dermatitis has been reported.¹ This is the first reported case of acute contact dermatitis with keloid scarring associated with henna. It suggests that on rare occasions temporary tattoos may become permanent.

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Reference

1. Cronin E. Immediate type hypersensitivity to henna. *Contact Dermatitis* 1979;5:198.



Fig. 1: Geometric keloid scars on left arm in pattern of temporary henna tattoo.

Remember residency's good times too

I am sorry that Dr. Robert Patterson recalls so many negative experiences from his residency years and so few positive ones.¹ My experience was the opposite.

Certainly the work was hard. I had 57 medical patients to look after in my first residency, the hours were long, and the deaths — especially those of young women my own age who died of tuberculosis — were traumatic. Occasionally I was bullied, especially by senior registrars.

But there were so many positive things to offset the hardships. Unlike Patterson, I never fell asleep while driving, for on £100 (\$540) a year plus keep I could not afford a car. And even if I could have afforded one, there were few to be had in post-war Britain.

I still recall insignificant things: the thrill of locating the head of a tapeworm, the birth of “my” first baby (in a miserable Glasgow slum), the “plop” of a dislocated shoulder being returned to its socket, the 48 split scalps sutured on hogmanay revellers, the clandestine radiography performed at night to save the radiologist from being called in. From the start I was given responsibility, and nothing but the best was accepted. I