Cortisone and A.C.T.H. in Hypopituitarism

SIR,—The stimulating article (September 8, p. 564) by Dr. V. K. Summers and Professor H. L. Sheehan raises several interesting points. It is noteworthy that cortisone therapy proved beneficial in their hands, clinical improvement lasting for 12 to 15 days after stopping the drug. There seems little doubt but that cortisone is proving effective in ameliorating the clinical picture in this distressing condition. Their experience with A.C.T.H. appears, however, to have been much less happy, both patients developing severe headaches within the first seven days of therapy, one passing into coma for a period of five hours and subsequently becoming hemiplegic for some days.

I have now given seven courses of A.C.T.H. to five patients with this condition, total dosage averaging 310 mg. given six-hourly intramuscuarly over a period of one to two weeks, and one six-day course of intravenous therapy, dosage totalling 120 mg. Since starting these clinical trials in January last I have not seen the therapeutic complications noted above, and progress on and after therapy has been satisfactory, clinical improvement lasting at least four weeks after therapy in each case and usually longer than six. In this condition only small doses need to be given; I am inclined to think that even smaller doses than I have been giving may give equally good results. Thorn and his associates (*New Engl. J. Med.*, 1950, **242**, 783) state that patients may be maintained in excellent general condition on a relatively small dosage, 5–10 mg. every 6 to 12 hours being sufficient. I would therefore like to range my eight uneventful satisfactory courses of treatment with A.C.T.H. against the two reported by the above authors, as I find from conversation with colleagues who have also treated these cases with A.C.T.H. in similar and larger doses that uncomplicated improvement is the rule in most cases.—I am, etc.,

London, W.1. F. DUDLEY HART.

Penalties for Sexual Offences

SIR,—Correspondence on this subject, like that on its near relatives corporal punishment, capital punishment, and the psychopathic personality, is unequalled for becoming circular. The sample published in your issue of September 15 (pp. 672–3) is a good example of this, in that the familiar tussle between the would-be medical man, the moralist, and the man with the simple practical solution is well represented. The issue common to all these subjects is whether we do, or do not, regard "perverted" behaviour as being symptomatic of illness. Because it touches on this issue, Dr. H. Osmond's letter, though it may overrate the purely organic aspect, is a more satisfying answer to Dr. H. Ward-Smith's indignation than is Dr. G. W. Fleming's own spirited rejoinder. The correspondence might be more fruitful if, instead of mixing the issues, contributors would choose between discussing the medical point of view and that of the moralist.

If perversion is considered to be a medical subject, the first need that strikes one is that of more exact knowledge. Does castration, for example, reduce the likelihood of perverted behaviour? Proof of this is not impressive, and the Danish experiment has thrown little light on this point. In the present state of knowledge, the suggestion of castration followed by psychotherapy is strongly opposed by many psychotherapists, who feel that even the harmless requirement, under the Criminal Justice Act, of compulsory treatment is a great handicap in therapy. It is difficult to conclude that castration owes its appeal, as a suggestion, to anything other than its punitive quality. Our ignorance is such that, while no man of sensibility doubts that homosexual seduction is a bad thing for an adolescent boy, strict medical evidence on this point remains very obscure.

If the moral issue be considered paramount the letters of Dr. Ward-Smith and Dr. G. Orissa Taylor become more truly relevant; but doctors writing as moralists are unlikely to add much to the enormous literature through many centuries on the ethics of the subject. However, even strong religious feelings should not make one overlook the fact that the punishment meted out to the man in question was not unusual in its severity, that public opinion is far from silent, and that all but a small proportion of the population approve of such savage penalties being awarded from time to time in our courts. No practising overt homosexual man capable of thought can escape the knowledge that discovery means utter disgrace and ruin and that betrayal is the rule rather than the exception. The fact that such knowledge is such an indifferent deterrent suggests that pathological processes of the mind are involved.

The community would benefit from greater unity in the medical profession on this subject. If perversion is a medical subject it is worthy of study using all the resources of modern scientific method, so that we may equip the jurists with instruments more effective than crude punishment to use in the common task. If the moralists are to continue to mould public opinion without medicine considering itself to be involved, we must at least stop misleading the courts into the belief that medical treatment will help. In such a case the medical profession must be prepared to stand on one side and leave the field clear to those who are able to bring scientific method to its study. The least we can do is to clarify our correspondence on these subjects in our journals.—I am, etc.,

London, W.1. KENNETH SODDY.

SIR,—Dr. G. W. Fleming (August 11, p. 363) and Dr. H. Ward-Smith (September 1, p. 549) appear to present two extremes of view. It is impossible to pronounce judgment on the matter without knowing the actual facts of the case, and these are not reported. Whatever the facts, the offence was either a misdemeanour or a felony, and the punishment was 18 months' imprisonment and deprivation of pension.

By all means let the rear-admiral be imprisoned and, if possible, subjected at the same time to psychiatric treatment. The deprivation of pension, however, is another matter and has wide implications. The capital sum necessary to produce a pension of £1,000 per annum is something in the neighbourhood of £33,000. It follows therefore that in addition to the prison sentence the admiral has been fined £33,000 or, alternatively, £1,000 per annum for the rest of his life. If he is married and has a family (unlikely but possible) his wife and children have also been punished for his offence, which is quite unjust. Would the State in the case of any other citizen who had amassed a capital sum of £33,000 by his past labours and who had committed the same offence fine him such a sum? Certainly not. To this extent therefore the sentence is out of proportion to the crime and is a double sentence for the same offence.

A pension is defined in my dictionary as "a stated allowance to a person in consideration of past services; a yearly sum granted by Government to retired public officers." It is in fact deferred pay. Instead of allowing a man to make provision for his retirement by paying him so that he can do so the State sets aside a certain sum to provide a pension for him. This is what the National Health Service does. A most pertinent point therefore arises. Are doctors, employed in any branch of the National Health Service, "public officers"? In the years to come will some unfortunate doctor who has been convicted of a misdemeanour or a felony (and it is the conviction, not the nature of the offence, which, I understand, determines the deprivation) be mulcted of all the deferred pay his lifelong labours have earned him?—I am, etc.,

Harrow, Middlesex. J. B. WRATHALL ROWE.

SIR,—I would suggest that the need to study the problem scientifically, and to support the work that the Institute for the Scientific Treatment of Delinquency is doing, is greater than the search for a punishment that fits the crime. Public opinion has not advanced as rapidly as we like to think.

Thirty years ago A was sentenced to 18 months' imprisonment for an offence against a young girl, his daughter. One year ago, his son, B, was sent to prison for five years for assaulting a young girl, who was A's grand-daughter and also sexually precocious. B may not have been a good man, but he was not a wholly bad man. Six months previously he appealed desperately for medical help and was in fact sent to hospital in the hope that he would be helped and society protected. This did not reduce his sentence, nor has he received the promised treatment in prison to date. B has lost his house, his job, his pension, and maybe his wife. What of the third generation, C? One is already known to be sexually precocious. B's four children have to be maintained by the State in institutions which, like prisons, foster homosexuality and behaviour difficulties. Can the law and medicine not do better than this? Surely society has mishandled the problem of sexual offenders in the past and the time has come for scientific study and prevention.—I am, etc.,

Colchester. H. N. DAVY.

*** This correspondence is now closed.—ED., *B.M.J.*

Legal Termination of Pregnancy

SIR,—We have read with interest ("Any Questions?" September 8, p. 622) the very clear answer to a question on legal termination of pregnancy in Britain. It may interest your readers to learn that in Sweden new legislative measures have been introduced widening the scope of their law. The present Swedish Abortion Act became effective in 1939, and has been amended several times, most recently in 1946.

Under the Act, legal abortions are permitted on certain specified medical, socio-medical, humanitarian, and eugenic indications. Abortion on medical grounds is permitted when the birth of a child would endanger the mother's life, owing to sickness, malformation, or general weakness of the woman. A socio-medical indication exists when, "in view of the woman's living conditions and other circumstances, it may be anticipated that her physical or mental strength would be seriously impaired by the birth and care of the child." Humanitarian reasons apply when the pregnancy has resulted from rape or other unlawful coercion or certain sex crimes. Eugenic indication for lawful abortion exists whenever it is anticipated that the child by inheritance will be insane, imbecilic, or seriously handicapped by sickness or malformation. When the woman is a carrier of such inheritance she must generally undergo sterilization.

Permission for legal abortion is granted by the socio-psychiatric committee of the Medical Board, made up of a rapporteur representing the board, two members appointed by the Government, and two deputy members. Except in cases of eugenic indication and when the woman is declared mentally incompetent, abortion may be carried out without reference to the committee if, in the opinion of a medical officer in consultation with the physician performing the operation, it is considered necessary. In emergency cases, any practitioner is permitted to perform an abortion without consulting a medical officer or referring the case to the medical board.

The number of legal abortions has increased considerably in recent years, particularly since the amendment of the Act in 1946, when the socio-medical indication was added. The number of criminal abortions, however, appear to have diminished since then. Sweden has thus reformed her law, and, from the many desperate appeals for personal help we receive from women (and from men on their behalf), we believe that it is urgently necessary in this country to widen the range of indications for legal termination of pregnancy.—We are, etc.,

London, W.2.

JANET CHANCE,
Chairman.

ALICE JENKINS,
Hon. Secretary.
The Abortion Law Reform Association.

Treatment of Trypanosomiasis

SIR,—Dr. K. Robertson's report (September 1, p. 546) of a case of trypanosomiasis observed in England may suggest to the inexperienced that a course of treatment with suramin alone is normally adequate when infection has already advanced to the stage where the cerebrospinal fluid shows increases of protein-content and cell-count. It should be emphasized that improvement of more than a temporary nature is exceptional at that stage of the disease unless the suramin (if used at all) is supplemented by some such drug as tryparsamide, which is known to be efficacious in late-stage trypanosomiasis. In the case described by Drs. J. E. Cates and M. B. McIlroy (August 18, p. 401), which prompted Dr. Robertson's letter, a full course of treatment by suramin alone also seemed to lead to recovery, but the patient relapsed a year later.—I am, etc.,

Oxford. E. M. LOURIE.

Referred Pain

SIR,—Dr. E. G. Herzog (September 15, p. 674) asks why we experience somatic, in addition to visceral, pain. The reason is that, if a pain is severe enough, it is felt throughout the relevant segment (Kellgren, *Clin. Sci.*, 1938, **3**, 2). It is the extent of the dermatome, not of the myotome, that governs the size of the painful area (Cyriax, *Rheumatism and Soft-tissue Injuries*, p. 42, 1947). His example of myocardial pain referred to the upper limb bears out this fact. The heart is derived from segments T 1, 2, and 3, and the first thoracic segment stretches as far as the ulnar border of the hand. Indeed, I have seen one case in which pain of myocardial origin was felt exclusively at the inner side of the elbow.

The mechanism by which pain is referred was revealed by the experiments of Woolsey, Marshall, and Bard (*J. Neurophysiol.*, 1941, **4**, 1) on monkeys. Electroencephalography showed that stimulation of a given area of skin gave rise to an electrical reaction in a fixed and minute area of cortex. Increase in the intensity of the stimulus led to a corresponding increase in the number of cortical sensory cells affected. Such spread to adjacent cells would obviously be interpreted by the patient as an enlargement of the painful area. The mosaic forming the sensory cortex is arranged dermatome by dermatome, and the extensive reaction resulting from a strong stimulus is confined within the limits of the area of cortex corresponding to that dermatome. This is the reason for the patients' common statement that at first the pain was confined to a small region—usually somewhere near its source—but spread widely within the relevant dermatome as it became more severe.—I am, etc.,

London, W.1. JAMES CYRIAX.

Tomato-skin Ileus

SIR,—Dr. J. K. Willson-Pepper's letter on a case of prune-stone ileus (July 28, p. 238) draws fresh attention to the rare but interesting and well-recognized surgical emergency of intestinal obstruction due to food. Ward-McQuaid's comprehensive paper on this subject (*British Medical Journal*, 1950, **1**, 1106) was followed by an interesting correspondence in your columns, in which various articles of diet were mentioned—a pickled onion and an orange pith (Banham, **2**, 109), pieces of grapefruit (Jackson), and a bolus of mango fibres (Gilges, **2**, 787). A recent case in which tomato-skins were to blame may perhaps be added to the list.

A man aged 76 was admitted to hospital on May 28 with a history of 48 hours' duration of acute intestinal obstruction. On examination a well-marked "ladder pattern" was present and a small swelling (of which the patient was unaware) was detected in the right femoral region. A diagnosis of strangulated Richter's femoral hernia was made, and under general anaesthesia the swelling was exposed by a horizontal incision. A small femoral hernial sac was found, empty of contents except fluid welling into it from the general peritoneal cavity. A lower right paramedian