Sore Throat

SIR,—During the past three years I have noted a series of cases where patients have presented with a "sore throat and fever" without any obvious disease in the visible part of the fauces or pharynx. The patient often complains of headache and the muscular pains associated with an attack of influenza. There is no loss of voice or hoarseness. Further questioning always elicits pain on swallowing as the real cause of the soreness. The exact location of the affected part may be palpated by placing the forefinger on the great horn of the hyoid bone on the side of the throat indicated by the patient.

This condition is found in patients of all ages. It is probably a toxic fibromyositis involving the attachment to the hyoid bone of the hyoglossus and constrictor pharyngis medius muscles. Treatment is symptomatic by warmth to the skin and codeine tablets before meals. The condition usually subsides in a few days. In persistent cases, or where the threshold for pain is low, an injection of procaine solution gives instant relief.—I am, etc.,

Hornchurch, Essex. I. H. J. BOURNE.

Nicotine Dosage

SIR,—I was shocked to read that Dr. John D. Spillane (*Journal*, December 3, p. 1345) had injected intravenously into four sick volunteers 2 and even 3 mg. of nicotine acid tartrate. He does not mention having himself tried such a dose. I was not surprised to learn that after 2 mg. had been injected Case 4 "became pale, perspired, breathed heavily, and was frightened." His symptoms strongly suggest acute nicotine intoxication, which I have myself experienced. Although symptoms were less alarming in his other cases, the degree of tolerance to nicotine induced by previous smoking,[1] and how recently smoking had taken place before the injection, would influence their severity. I found that 0.1 mg. of nicotine sulphate intravenously induced in me quite a powerful nicotine action, yet Spillane used 20 and even 30 times this dosage.

May I suggest that before investigators administer toxic drugs to their luckless patients they first try them on themselves?—I am, etc.,

Wallasey, Cheshire. LENNOX JOHNSTON.

REFERENCE

1 Johnston, L. M., *Lancet*, 1942, 2, 742.

Antenatal Pulmonary Embolism

SIR,—In two recent papers attention has been drawn to the surprising rarity of antenatal thrombophlebitis and to the even greater rarity of antenatal pulmonary embolism.[1 2] The following case therefore seems worth mentioning.

A woman, aged 36, with a history of two previous normal pregnancies, was seen by me in July, 1952. She was then eighteen weeks advanced in her third pregnancy. All findings were normal, and progress was uneventful until the 27th week, when she developed a superficial thrombophlebitis on the dorsum of the left foot. She was advised to rest and apply local heat to the part. One week later there were signs of subcutaneous thrombophlebitis on the inner side of the calf. She was ordered to bed forthwith, and treatment with kaolin poultices and daily intramuscular penicillin was given. Despite this, the condition began to spread upwards along the saphenous vein to the thigh. There was no oedema, nor any other evidence of deep venous thrombosis. The use of anticoagulants was thought to be contraindicated, but a consultant surgeon was asked to see her with view to ligation of the vein. By this time, however, the condition appeared to be subsiding, without further extension, and ligation was not advised. The patient was kept at complete rest and the treatment continued as before. A week later, while still in bed, she suddenly collapsed and died immediately. There was no doubt that she had succumbed to a massive pulmonary embolus.

The incidence of antenatal thrombophlebitis, in midwifery practice as a whole, must surely be greater than hospital records alone would suggest. Yet death from pulmonary embolism during pregnancy would seem to be excessively rare, both in domiciliary and hospital obstetrics. It is quite evident that the number of these cases in which anticoagulants have been given is, as yet, too small to provide the basis for a reliable opinion as to their value. From a general practitioner's standpoint, however, it is obvious that admission of the patient to hospital is strongly advisable. In a case where the process is spreading, but still confined to a superficial and easily accessible vein, as in the one here described, there could hardly be much risk in ligating the vessel, and a fatal outcome might be avoided, without the additional hazard to the foetus which anticoagulants have been found to introduce in some cases.—I am, etc.,

Newtownards, Co. Down. C. G. WARNOCK.

REFERENCES

1 Gordon, R. R., and Dean, T., *British Medical Journal*, 1955, 2, 719.
2 Sibthorpe, E. M., ibid., 1955, 2, 1063.

Ban on Heroin

SIR,—The marked division of opinion among doctors as to the indispensability of heroin is at first sight difficult to understand, but the explanation I think lies largely in the fact that very few of us are really in a position to know, from our own limited experience, the true facts of the case. And this applies as much to consultants and specialists as to general practitioners. One cannot help thinking that very few of those in favour of the ban, including the members of the Medical Advisory Committee of the Ministry of Health, can have had much experience of the type of case for which heroin is chiefly required—the last incurable stages of cancer. Cancer is a vast subject, and even a surgeon who specializes in that disease is naturally mainly concerned with its earlier stages, and may have little time or opportunity to study the details of the management and care of patients towards the end. I would go further and say that, apart from the patients themselves, the people best qualified to know the truth in this matter are not doctors at all, but nurses—the matrons and ward-sisters of the special institutions where cancer patients go to die. A doctor who merely visits a hospital, however frequently, cannot have the same intimate understanding of the individual patient's reactions to different drugs as the nurses who carry out the treatment and are with the patients day and night.

Up to the time of my retirement from general practice a year ago I was for 13 years in charge of a small 32-bed hospital, St. Columba's, in London, entirely devoted to the care and treatment of hopeless cancer cases, and I visited them every day. Rather more than 200 new patients passed through our hands each year, so that my experience of these cases was an exceptionally large one. Cancer unfortunately takes a long time to kill, and the last hopeless stages may continue for many months. Of course we were familiar with all the pain-relieving drugs. For some of our patients the less potent ones were sufficient, at any rate for a time; but most of them sooner or later required either morphine or heroin to make life at all bearable. Many were seriously upset by morphine and could only be kept comfortable by heroin. By trial and error and individual study of each patient (to a degree probably only possible in a small institution) we found out how best to bring relief. The dosage required was often a large one, and might have to be repeated several times a day for months at a time.

Well cared for both physically and spiritually, with a great deal of kindness and plenty of drugs, these dying patients remained on the whole surprisingly comfortable and happy. But, inadequately treated, cancer in its later stages can be quite as horrible as it is commonly supposed to be. It would be a cruel shame if thousands of innocent but unfortunate people in this country were submitted to severe, prolonged, and unnecessary pain and suffering for the supposed benefit of drug addicts in other lands. I may add that in my ordinary private practice I hardly ever had occasion to use this drug.—I am, etc.,

Jersey. NORMAN A. SPROTT.

SIR,—The emotions let loose through the banning of heroin go strange ways, as Dr. J. H. Beale's letter (*Journal*, December 10, p. 1450) shows. May I point out to him that the United Nations Organization is not a sinister organ-

ization bent on "world government by any means in their power," but an organization formed by the governmental representatives of the various member States, alas not yet universal, whose only power of coercion so far is, regrettably, only moral, and whose aim among other things is to prevent war and increase the health and happiness of mankind?

Belonging to such an international organization, as Great Britain does, means voluntarily giving up part of the country's sovereignty and thus forming new bonds of international loyalty, previously unthinkable. If Dr. Beale regrets this development he is still thinking in pre-first-world-war terms.—I am, etc.,

Nottingham. G. FIELDING.

SIR,—On September 18, in a letter to the *Scotsman*, I protested against the proposed ban on heroin. I pointed out that the drug was used by most doctors only rarely and mainly in distressing or painful terminal illness, when it can sometimes give great mental tranquillity as well as pain relief.

I also remarked that Dr. H. Berger (who is a consultant in internal medicine to the U.S. Public Health Service) had given an address at the Third International Congress on Criminology in this country in September. I am surprised that more publicity was not given to his remarks at that time and since. In that address he said, or was reported as saying, that he was sorry to see us making the same mistake as his own country, which banned heroin thirty years ago and to-day has an enormous illicit heroin addiction problem compared with anything here. He thought the ban would merely open the field to the illicit peddling of heroin here.

Fortunately there are now some faint signs that the Government may be prepared to reconsider this matter. Let us indeed hope so, for the ban can only increase heroin addiction through illegal channels, and that at the cost of denying the drug to those few sufferers who might benefit from its medical use. One thinks particularly of the more distressing cases of terminal illness who must end their days at home in mental if not physical misery because of the lamentable shortage of hospital beds for this type of illness.—I am, etc.,

Edinburgh, 11. ROBERT C. MCLAREN.

Physiotherapy

SIR,—It is wise, before a discussion on how to administer a remedy, to ascertain first if it is any use at all. Mr. R. H. Beckett is, I am sure, right when he avers that different ways of giving radiant heat have slightly different physical effects (*Journal*, December 10, p. 1449). But surely the point is whether radiant heat has any medical value at all, however given. If (as I maintain) it is a pure placebo, the way it is given is immaterial; the only criterion is whatever pleases the patient most.

The common indication for physiotherapy is maintenance or restoration of power and painless mobility in the moving parts. Heating the skin when the lesion lies more deeply within the moving part involves treating the wrong structure. Medicine aims at a diagnosis leading, whenever possible, to such treatment as affects the lesion. Hence radiant heat may possibly be useful in skin conditions, but cannot be indicated in the treatment of the moving parts, for the simple reason that they lie out of reach, whether the rays are administered with much circumstance by a physiotherapist or in a rough and ready way by the patient to himself at home.

Radiant heat has a positive disadvantage, as well as the negative one of treating the wrong tissue. Its use means that rational treatment is being denied the patient, though he may not realize it. Much of physiotherapists' work is stultified in advance by a prescription of heat-and-massage or heat-and-exercises, when accurate measures that do reach the lesion are indicated. After all, it was only before the days of surgery that appendicitis was treated by a hot poultice. Nowadays, by means of precise exercises, deep massage applied to the lesion itself, manipulation, traction, local analgesia, or hydrocortisone, an effective treatment can be brought to bear on almost any disorder of the moving parts. Surely this renders radiant heat a complete anachronism.—I am, etc.,

London, W.1. JAMES CYRIAX.

Treatment of Post-herpetic Neuralgia

SIR,—As a teacher and examiner of the Chartered Society of Physiotherapy for about 15 years, I feel that the technique of treatment used for histamine iontophoresis, as suggested by Dr. L. Engel (*Journal*, December 3, p. 1391), is, to put it mildly, most extraordinary.

Surely the improvisation of "saucepan cleaners—enclosed in a wet lint-bag" for electrodes is both unnecessary and potentially dangerous. Is it of no account that every trained physiotherapist, in order to prevent dangerous local and general effects (of which perhaps Dr. Engel is not aware), uses a special size of pad electrode and a maximum current of 100 milliampere minutes (10 mA. for 10 min.)? This maximum is, of course, progressed to very carefully by about a minute a treatment. I might also add that the English used in the letter would leave the beginner in doubt as to where the urticarial rash has to appear.

Is it also really possible that Dr. Engel does not know that histamine ionization has been used as a pain reliever in post-herpetic neuralgia and other conditions for at least 20 years? And this carried out with considerable success in spite of the absence of culinary equipment.—I am, etc.,

London, W.1. JOYCE MASSEY.

Post-partum Haemorrhage

SIR,—Dr. J. G. Dumoulin's letter (*Journal*, December 10, p. 1449) refers to the reduction in the post-partum haemorrhage rate which can be obtained by the use of intravenous ergometrine given at the time of the crowning of the foetal head. As he states, similarly good results can be obtained by the use of intramuscular ergometrine with hyalase.

At Hackney Hospital we have been giving ergometrine, 0.5 mg. intramuscularly, with the crowning of the head, routinely at all deliveries except those where intravenous ergometrine seemed specifically indicated by reason of long labour, general anaesthesia, forceps delivery, multiple pregnancy, maternal anaemia, ante-partum haemorrhage, grand multiparity, etc. In 836 consecutive vaginal deliveries recently examined there were 30 post-partum haemorrhages—an incidence of 3.5%. In 8 of these cases (27% of the total incidence) the ergometrine had been omitted because of precipitate delivery or other reasons; 60% of the haemorrhages (18 cases) were less than 30 oz. (0.9 l.) in amount, and 66% of them (20 cases) followed normal labours. I believe that our figure of 3.5% can be reduced to about 2% by closer adherence to the method outlined.

The wholesale price of one ampoule of ergometrine is about 6d., while the ergometrine and hyalase preparation costs about 3s. 4d. per injection. I suggest, Sir, that the reduction of post-partum haemorrhage can thus be achieved by the above method more easily than by the intravenous use of ergometrine, and at considerably less expense than the routine use of ergometrine and hyalase would entail.—I am, etc.,

London, N.W.3. H. E. REISS.

"Modern Health Series"

SIR,—As my father is not here to reply to your reviewer's remarks about this series (*Journal*, December 17, p. 1489), I feel I should try to do so, even though I have a vested interest as being chairman of the firm which publishes the books.

The questions your reviewer raises are natural ones, but they can never be precisely answered either way. Those interested would, however, have been better able to make up their minds on the subject had your reviewer quoted—instead