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Azathioprine in Ulcerative Colitis

Sir,—We were very interested to read the preliminary results of the first double-blind trial of azathioprine in ulcerative colitis (18 March, p. 709). In our view, the authors are right to recommend that at present the use of azathioprine should be reserved for those patients for whom conventional medical treatment is not proving successful. It may well be that the main use of azathioprine in colitis will be as a maintenance treatment to prevent relapse in certain patients or, as in connective tissue disorders (11 March, p. 645), to permit the use of smaller doses of corticosteroids than are necessary to control the disease when used alone.

Sulphasalazine, which has been shown significantly to reduce the relapse rate in ulcerative colitis in a double-blind trial lasting for one year,1 should be regarded as the first line of treatment for a patient with colitis whose disease is in remission. This drug is relatively free of side effects when used in a dose of 2g daily, and no patient of ours who has taken the drug for several years has developed side effects at a late stage.—We are, etc.,

F. Avery Jones

J. E. Linnard-Jones

J. J. Miesiewicz

St. Mark’s Hospital,
London EC1


Costs of Antibiotics

Sir,—For some years the Department of Health and Social Security has been circulating leaflets with drue costs, and no one would bstoite the necessity for keeping these costs as low as possible. However, the latest E.C.L. (106/69 serial 5/72) on the cost of

SIR,—Publications on the probable early legal enforcement of the wearing of seat belts, and your Legal Correspondent’s suggestion (25 March, p. 810) that awards for personal injuries sustained in motor accidents might be reduced in future on account of the plaintiff’s negligent failure to use a belt, fail to take account of the many situations when the wearing of seat belts is positively dangerous unless supported by the presence of firmly-fitting or inbuilt head rests—already present in many cars from enlightened foreign firms.

I refer, from bitter personal experience, to the “whiplash” effect which occurs when a car parked by the roadside, stopped at traffic lights, or involved in one of our recurrent “motor-way fogmadnesses,” may be run into from behind by another vehicle travelling at speed. In such circumstances, the praiseworthy wearing of a seat belt, will, by preventing any significant forward thrust of the passenger, fail to absorb much of the energy engendered and, by that amount, the “whiplash” effect will be doubled or trebled with more disastrous effects on the cervical spine up to a total dislocation and quadriplegia, if not death—unless a head rest is there to prevent this.

The occasional fatal situations, raised by opponents of seat belts, of the outbreak of fire or of plunging into deep water, should not be allowed to prevent legal enforcement of their being worn, but the “set” should, by law, include stable head rests.—I am, etc.,

IAN W. CALDWELL

Southampton

Children’s Tests

Sir,—In many ways I find myself in agreement with Professor J. P. Blandy’s review of Scorer and Farrington’s book Congenital Deformities of the Testis and Epididymis (11 March, p. 699). I cannot, however, agree that treatment with chorionic gonadotrophin is time-wasting and silly.

I do not intend to resuscitate the old controversy as to whether chorionic gonadotrophin is useful in the case of the truly ectopic testicle. I rather incline to the view that it is useful only when the testicle is on its proper line of descent. Nevertheless, in the latter type of patient there is no doubt whatever that chorionic gonadotrophin is very useful. In the first place retractive testicles do not invariably descend of their own accord before the danger point of seven years is reached. I have had successes with boys twice this age. It may be presumed that if the testicles remain high after the age of seven, absolute or relative infertility will be caused. In the second place a great deal of psychological trouble accrues in boys with undescended testicles. They are subjected to constant nagging by their companions.

Surely the sensible, not the silly, thing to do is to treat boys early with chorionic gonadotrophin. If the testicles come down much good is done and much worry by the patient and his parents is obviated. If the testicles do not come down after a six-months’ course the boys should be referred for surgery before their seventh birthday.—I am, etc.,

RAYMOND GREENE

London W.1


15 APRIL 1972