Letters, Notes, and Answers

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ANY QUESTIONS?

Viruses of Varicella and Herpes Zoster

Q.—*Is it established that varicella and herpes zoster have a common virus origin? If so, is it explained why this virus should cause the one disease in the child and the other disease in the middle-aged and elderly?*

A.—The viruses of varicella and herpes zoster " cross-react " in complement-fixation tests and " cross-immunize "; they are therefore either the same or very closely related. The usual result of infection entering by way of the upper air passages is dissemination by the blood stream and hence an attack of varicella. In herpes zoster, on the other hand, there is localization in the central nervous system with spread to the affected area of skin. The causes of this localization are not known, but it is possible that the virus may persist in the C.N.S. following an attack of varicella in early life, to resume activity when resistance to it is depressed by some other cause, either local or general.

Some Sulphonamides

Q.—*What sulphonamide preparations are now in use and for what conditions are they the drug of choice?*

A.—To answer this question fully nothing less would serve than a book, and several on the subject have been published. In the 2nd edition of Wesley W. Spink's *Sulphanilamide and Related Compounds in General Practice,* recently reviewed in this *Journal,* an attempt is made to state in tabular form an order of preference by four sulphonamide compounds for 60 different conditions, and this by no means covers the whole subject. The main indications for the principal compounds may be stated in general terms as follows.

Sulphanilamide.—The earliest (apart from prontosil, which is now no longer used) and until 1938 (again with the same exception) the only sulphonamide compound in general use. Fully effective in infections due to haemolytic streptococci, the gonococcus, the meningococcus, in infections of the urinary tract due to *Bact. coli,* proteus, and other coliform bacilli, and in gas gangrene due to *Cl. welchii.* Has the advantages of great solubility and rapid absorption, universal availability, and cheapness.

Sulphapyridine (" M & B 693 ").—The main advantage of sulphapyridine over sulphanilamide is that it is effective against the pneumococcus; its introduction in 1938 brought pneumonia within the scope of sulphonamide treatment. Can also be used in any of the conditions for which sulphanilamide is indicated and is preferred for them by some. Recently reported to be greatly superior to sulphanilamide for treating meningitis due to *H. influenzae.* More liable than any other compound to cause nausea and vomiting.

Sulphathiazole.—Chief specific advantage is its greater effect in staphylococcal infections, which are a strong indication for it, although they are unfortunately not as controllable as, for example, streptococcal infections by any form of sulphonamide chemotherapy. Can also be used in any of the conditions aforementioned, and preferred for them by some. Is less toxic than either of the other compounds in the sense that nausea and vomiting and cyanosis are less severe and less common during its use.

Sulphadiazine.—Full data do not yet exist for assessing the relative efficiency of this drug in various susceptible infections, but it appears to have the same scope of activity as its predecessors, and its efficiency is fully proved in pneumonia. Has the great advantage of almost complete freedom from subjective toxic effects. Very costly and at present very difficult to get.

Sulphaguanidine.—Poorly absorbed and therefore mainly retained in the bowel; sole indications for its use are intestinal infections, particularly bacillary dysentery. Succinyl sulphathiazole is also recommended for this purpose and for disinfecting the colon before operations on it.

In addition to these compounds, there are soluble derivatives for administration by injection and others with more restricted uses. It is unjustifiable to dogmatize about the relative merits of the first three for many purposes: acute streptococcal infections and cerebrospinal fever, for instance, respond well to all, and there can be little to choose between them. Generally speaking, sulphonamide chemotherapy is more successful in acute than chronic infections, and if it is indicated at all it demands adequate dosage, usually not less than 1 g. of the drug four-hourly for an adult. It is futile and may actually do harm to give only a 1/2-g. tablet t.d.s., and useless in most cases to continue treatment for more than a week if no effect has been obtained.

Psychological Impotence

Q.—*I should be glad to know if any effective treatment is available for a case of psychological impotence in a man about 45 years who complains of tiredness, lack of energy, etc. I have tried injections of testosterone, 10 mg. weekly, benzedrine tablets, etc., but with no result.*

A.—The treatment of a case of psychological impotence is psychological, and but little help can be expected from benzedrine or from any other drug if the psychological factors have not been dealt with. Sometimes these factors are obvious and can be eliminated by reassurance, encouragement, and suggestion. At other times they are the result of some deep-seated conflict which can be discovered and satisfactorily treated only by an expert psychologist. This being the case I would suggest that this patient be referred to a competent psychotherapist.

LETTERS, NOTES, ETC.

Liq. Ferri Perchlor. for Sore Throat

Dr. N. CORBET FLETCHER (London, N.W.3) writes: The note by Dr. Ralph Jones (March 13, p. 340) on the administration of liq. ferri perchlor. for sore throats interested me because my father taught me to use it in combination with pulv. potass. chlorat., and, further, to instruct my patients to gargle well before swallowing each dose. Rarely have I known this mixture to fail in my 40 years of general practice. But perhaps the best comment is the fact that many patients who have once tested the mixture return and ask for a bottle of " gargle and swallow."

Mr. J. COLE MARSHALL, F.R.C.S. (London, W.1) writes: I was very pleased to see the letter from Dr. Ralph Jones (March 13, p. 340), and should like to give my experience of the efficacy of liq. ferri perchlor. Some years ago I had a very nasty-looking tonsillitis. I consulted my friend, Dr. Alex Gavin, and he thought I had diphtheria, and took a swab. In the meantime he ordered me 30 minims of liq. ferri perchlor. taken in half a tumbler of soda water every four hours, and I also painted my throat with Mandl's paint. In 24 hours my throat was nearly clear—the swab showed a heavy growth of haemolytic streptococci. A year or two later I got an acute attack of erysipelas in my right leg from a crack between my toes. My leg was scarlet from the ankle to the knee, and my temperature was 103.5° F. I immediately took large doses of liq. ferri perchlor. in soda water and applied glycerin and belladonna to my leg. In two days my leg cleared up and within a week or less I was convalescent I always feel that it is a pity that this old remedy is not more widely sed.

Temperature-taking in Tuberculosis

Dr. P. C. MATTHEW (St. Ives, Cornwall) writes: You state (March 6, p. 308), in answer to a correspondent's query on temperature-taking in pulmonary tuberculosis, ". . . for a half-minute thermometer it is immaterial whether the time chosen is 2 minutes or 5 minutes." This raises a point that has interested me since 1937, when I stayed for a time at Montana Hall, in Switzerland. I noticed there that Dr. Hilary Roche insisted upon 10-minute mouth readings, and he told me that only this gave a degree of accuracy equal to rectal readings. Why does a half-minute thermometer take up to 10 minutes under the tongue to reach body temperature? The answer I think is that the mouth must be closed for 10 minutes before the " under-tongue " temperature equals body heat. Anyone can try this by taking 2-, 5-, and 10-minute readings under the tongue after (*a*) breathing through the mouth, and (*b*) sitting with the mouth closed. The rise to normal in the first case is gradual; in the second rapid. This 10-minute technique is uncalled for in dealing with the ordinary fevers of general practice, but is invaluable in detecting unsuspected temperatures of 99–99.4° F.

Corrigendum

The last sentence of Mr. P. B. Roth's letter on surgery of tendons (April 3, p. 426) should read: " I should very much like to know what results are obtained by others who have a large experience of tendon suture."