Sulphonamides in Measles

SIR,—I was very interested in the observations recorded (April 21, p. 567) by Dr. J. Frankland West. He writes that he would be interested to know whether similar results have been experienced.

I have just experienced a similar successful result by treatment with sulphadiazine. This was given to a boy aged 5 years when I found him to have a temperature of 100.5° F., with no physical signs, and it was given in the hope that, should some serious condition develop that would later need such treatment, a good start would have already been made. I did not then have reason to suspect developing measles, which did come on after three days. The attack was surprisingly mild, with very slight cough and no inflammation or any soreness of the eyes; there was a very sparse rash, and the whole condition cleared up within 48 hours.

This child's sister, a year older, developed measles. She was first seen by me when the rash and other symptoms made the diagnosis obvious. At that time it did not occur to me that the chance giving of sulphadiazine to her brother had any beneficial effect on the attack of measles, and she was not given this drug; she had a most severe attack, with a higher temperature, very sore discharging eyes, a very profuse rash, and a marked lengthening of the attack.

More extensive statistics on the effect of this drug on measles would, I consider, be most useful.—I am, etc.,

London, N.W.1. M. D. RIPKA.

SIR,—I should like to testify to the highly beneficial effects of sulphathiazole in measles. In the recent epidemic, in which I saw some 106 cases, I gave it at first to the more severe cases, and its effect was so striking that I began giving it to nearly all cases, with equally almost astonishing results. The epidemic though heavy was only mild, in that spring measles is generally milder than the winter type.

I am convinced that, pneumonitis or no pneumonitis, sulphathiazole is also a "specific" for measles. The usual complications, particularly otitis media and pneumonia, thanks to sulphathiazole, worked out at less than 6% with no deaths, while the duration of the illness was curtailed by half. I wish to emphasize that, while the majority of cases were mild, there were many severe cases too.—I am, etc.,

Kennington. H. J. POWELL.

SIR,—I treated nearly all my cases during the recent epidemic with sulphanilamide and got excellent results. I gave sulphadiazine to one patient, whom I suspected was developing measles, merely because a friend who was with me (we were stopped on the road on Easter Monday while on our way to see a patient of my friend) had some sulphadiazine in his car. The child did develop measles, and I switched over to sulphanilamide with the usual good results. This may interest Dr. J. Frankland West, whose letter has prompted this.—I am, etc.,

London, W.11. RALPH JONES.

SIR,—Dr. Frankland West's experience with sulphadiazine in measles prompts me to send in mine. A couple of years back I had fourteen cases in a girls' residential school. It was a severe epidemic of measles, to judge only from the temperature, which ranged between 103.5° F. and 105° F. at the peak of the illness, and there were no complications, due undoubtedly to the same sulphadiazine. The ages of the patients were from 5 to 15; all of them were given 1 g. of the drug as an initial dose, followed by 0.5 g. four-hourly till the temperature was normal. In no case was treatment begun before the diagnosis of measles was established before the appearance of the rash. In every case except the 5-year-old patient the rash had faded and the temperature dropped to normal in 48 hours. In the only resistant case this took 96 hours. The patients, moreover, suffered little "illness" once under the influence of the drug, and returned to a normal diet more quickly; in fact their worst phase was while waiting for the rash to appear.

This does raise the question of the period of isolation in such cases, and also of the immunity they developed. There was no question of their well-being. A factor strongly brought out was the good effect on their skins. Those who had previously suffered from acne seemed to have procured a new skin!

A child of 6 months, seen last month with a temperature of 102° F., a persistent cough, and a rash, and also diagnosed as suffering from measles by another medical man, lost rash, temperature, and cough on 0.15 g. sulphaguanidine twice a day for a period of 3 days. This latter drug I have found extraordinarily effective in this dose 2-hourly for the influenza which seems to correspond clinically with the "genuine" disease and which responded poorly to both sulphathiazole and sulphamezathine.—I am, etc.,

Hereford. T. PIRES.

Sulphonamide Therapy in Otitis Media

SIR,—I have read with great interest as a country practitioner your correspondence on sulphonamide therapy in otitis media following the letter of Mr. A. R. Dingley (March 24, p. 422). Does he yet realize that the vast majority of cases we general practitioners see are at an early stage, which he, as a consultant, will rarely be called to see? I find that the pain is almost invariably relieved after the second dose of the drug, but the drum must be inspected frequently and carefully if the occasional case which proceeds to suppuration and requires timely paracentesis is to be detected. If this routine is carried out competently with an adequate auriscope, and some means of testing hearing, I regard the treatment as absolutely safe.

Parents are beginning to realize now that we can do more than give anodynes if called to treat their children in the early stages. Furthermore I find that if an attack can be aborted early there is no longer that increased liability to subsequent attacks in the presence of nasopharyngeal infection, which invariably follows a first attack when suppuration and discharge have taken place.—I am, etc.,

Bakewell. SINCLAIR M. EVANS.

"Predisposition" to War Neuroses

SIR,—Dr. Frederick Dillon in his letter (April 21, p. 570) says that in my article (March 31, p. 444) it is suggested that "predisposition to breakdown under war conditions can be correctly estimated from the occurrence of nervous and mental illness in the family and personal history of the patient and from a poor work record." I would not dare to suggest that it is possible to estimate *correctly* when a patient is likely to break down even under stress of war. Many patients fulfil these factors as to predisposition and are able to withstand the shocks and stresses of war. On the other hand, if these factors are to be ignored why do the great majority (I cannot give the exact figure) of the admissions to this neurosis centre satisfy these conditions?

Surely the control group can be supplied by those patients who are admitted to the surgical side and who show no evidence of neurosis and no predisposition in the form mentioned. Even some of those with *no* predisposition break down if the stresses are severe enough.

I agree with Dr. Dillon that a number of neurotics have made excellent soldiers, but these are the exception rather than the rule. I also agree that mildly obsessional persons often have excellent work records, but when they develop obsessional neuroses the work does suffer as a result. Abnormal personality traits alone of whatever type do not constitute predisposition, but when added to the other factors mentioned, surely the risks of a neurosis developing in such an individual are considerably increased when exposed to the stresses of war.—I am, etc.,

Sutton Emergency Hospital. LOUIS MINSKI.

Malaria in West Africa

SIR,—I was most interested in the article by Squad. Ldr. D. G. Ferriman on the diagnosis of malaria in West Africa (March 10, p. 328), and especially the section on subclinical malaria. This condition and that of clinical malaria—i.e., cases in which positive blood films are not found—are forming the majority of the cases seen out there to-day.

Although no reference is made to the period during which the data were obtained, it appears that it would be before 1944, because during that year the suppressive dosage of mepacrine was increased from 0.2 g. twice weekly to 0.1 g. daily. With this change of dosage there has been a very definite change in