Limitations of Chemotherapy in Tuberculosis

SIR,—A warm welcome must be given to the report (May 31, p. 1157) of the Medical Research Council on "Prevention of Streptomycin Resistance by Combined Therapy" and to the related article on "Chemotherapy of Pulmonary Tuberculosis in Young Adults." As you indicate in the generally admirable summary in your leading article, these investigations should serve as a model for such clinical trials, but the sentence, "With the publication of these reports the standard treatment for tuberculosis, at least in this form, may be said to be defined," may be misunderstood, and whether "form" refers to tuberculosis or to treatment may mislead the hasty reader.

The authors of these masterly reports, who state (p. 1167) that their findings relate to short-term results only, make no such claim. The reports deal with a particular variety of pulmonary tuberculosis in a selected age group treated by chemotherapy in a particular way, and at the end of six months of combined chemotherapy 75% were sputum-positive. Experience would lead one to fear that, without other forms of treatment, that proportion would rise with an extended period of observation. Often chemotherapy, even in the kind of tuberculosis dealt with in the reports, is but a means of bringing the patient to a stage, otherwise unattainable, when more radical treatment can be undertaken. Too often streptomycin is lavishly prescribed in forms of pulmonary tuberculosis in which it is ineffective, to the ultimate detriment of the patient who, left with a resistant strain of organism, may need it desperately at a later stage. It would be a pity if in the general acclamation, which these reports so richly merit, their scope and the limitations of present-day chemotherapy should go unheeded.—We are, etc.,

W. L. YELL.
N. A. NEVILLE.

Chelmsford.

Side-effects of Dihydrostreptomycin

SIR,—The report of Drs. Peter O. Leggat and John H. Gifford (May 10, p. 1008) on a woman with pulmonary tuberculosis exhibiting an uncommon side-effect of dihydrostreptomycin therapy prompts me to record a similar experience.

Two adult patients suffering from tuberculous meningitis required daily administration of cisternal streptomycin over a period of several weeks. Dihydrostreptomycin was used (before its harmful effect upon hearing was realized) in one case and streptomycin in the other. Prior to the use of the cisternal route, no diplopia or paralysis of the external ocular muscles was evident. Within a short time of each cisternal injection a coarse horizontal nystagmus and diplopia developed sufficient to interfere with the patients' pleasure in reading a book. These features persisted for the greater part of the day, and had nearly always disappeared before the cisternal puncture on the following morning. In one case, there occurred in addition a temporary weakness or complete paralysis of the lateral rectus muscle of the left eye a few hours after some cisternal streptomycin injections. This feature also persisted for the rest of the day, but had disappeared the following morning. When these two patients were able to revert to the lumbar route for intrathecal streptomycin the phenomena described no longer occurred.

It seems reasonable to ascribe these features to the intrathecal streptomycin, the cisternal route being in a position to affect the vestibular organs, the vestibular nerve, and even the vestibular nuclei in the brain stem to a greater extent than the lumbar route. There does not seem to be any explanation why the sixth cranial nerve should be involved in the case described here and the fourth nerve in the case described by Drs. Leggat and Gifford.—I am, etc.,

A. R. SOMNER.

Edinburgh.

Bone Marrow Depressed by Thiosemicarbazone

SIR,—We wish to report the occurrence of two cases of severe panhaemocytopenia in tuberculous women undergoing thiosemicarbazone therapy. In each case treatment was commenced with T.B.1 (*para*-acetylaminobenzaldehyde thiosemicarbazone), this being replaced by "ethizone" (*para*-ethylsulphonyl benzaldehyde thiosemicarbazone) when this preparation became available.

Case 1.—This woman was given T.B.1, 100 mg. daily for three months, from November, 1951, to February, 1952. On February 16 this was changed to ethizone, 100 mg. daily. She was well until May 5, when she developed bleeding of the gums. A week later she was admitted, with bleeding gums, purpura, and severe vaginal bleeding—haemoglobin 1.9 g. (13%), W.B.C.s 2,200 (24% neutrophils), platelets 58,000; bleeding time 15 minutes. Sternal marrow was at first qualitatively normal, but on May 19 was grossly hypoplastic.

Case 2.—This patient was given T.B.1, 100 mg. daily for six weeks, followed by 150 mg. daily for a further 18 weeks. In February, 1952, the drug was discontinued for a period of two months. On April 23 treatment was recommenced with ethizone, 150 mg. daily. Within 24 hours she had malaise, with fever and vomiting, but continued to take the drug. A week later she first noticed purpuric spots and that she was becoming pale. On May 20 she was admitted with extreme pallor and a purpuric rash—haemoglobin 2.8 g. (19%), W.B.C.s 2,300 (7% neutrophils), platelets 69,000. The sternal marrow was hyperplastic.

At the same time a considerable number of other cases in this district have been treated with thiosemicarbazones without serious ill effects. Cases of bone-marrow depression due to thiosemicarbazone therapy have been described before, particularly in the German literature. Therefore, we are not reporting a new condition. However, the reaction in our patients was unusually severe, and we feel that such cases should be brought to the attention of all doctors liable to prescribe this drug or to have the care of patients undergoing this form of treatment.—We are, etc.,

V. U. LUTWYCHE.
D. A. BREWERTON.

London, N.W.10.

Family Advice

SIR,—It is a commentary on the medical profession of our time that many patients avail themselves of the opportunities for extra medical advice offered by many magazines, including the successful *Family Doctor*.

The letters which come to a good-class magazine are of a surprisingly intelligent kind, and I would roughly classify their writers as follows: Those who do not wish to consult their doctor, or who frankly doubt his opinion (a small minority); those whose doctors are too busy or too unapproachable to explain the diagnosis or give details of the treatment they have ordered, such as diet; those who are too embarrassed to consult someone they know about intimate matters; and, lastly, those whose doctors are frankly uncooperative about the subject in question. In this last category comes the frequent request for information about facilities for preparation for "natural childbirth" during pregnancy, and for the names of sympathetic doctors, midwives, hospitals, and nursing-homes to which the reader can go for her confinement. There appear to be many intelligent young mothers who, having been made aware through reading or the testimonies of friends of the possibilities of a completely satisfying, conscious childbirth, are disheartened and thwarted in their efforts to find co-operation from our profession in achieving this.

I should welcome comments and suggestions for dealing with this sort of request. Just how many nursing-homes, hospitals, and public health authorities are interested in helping these enthusiastic young mothers, and is there any kind of register of them so that such people can be directed there if the private doctors prove unhelpful or even hostile?—I am, etc.,

GWYNETH M. COTTERELL.

Croydon.

Absence of Appendix

SIR,—With reference to the question and answer ("Any Questions?" May 26, 1951, p. 1215), and subsequent correspondence (July 14, 1951, p. 116, and September 15, 1951, p. 676), on absence of the appendix, I feel the following case may be of interest.

A negro woman aged 33 years consulted me for backache and attacks of abdominal pain. Two uterine fibroids were felt on examination and she was advised myomectomy. In accordance with my usual custom, on completing the myomectomy I proceeded to the removal of her appendix. The caecum appeared normal, but the terminal inch (2.5 cm.) or so of the ileum was adherent to the apex of the caecum. As the appendix was not immediately apparent, this part of the ileum was carefully dissected off, as I expected to find an appendix there. A thorough search (including palpation of the caecum) failed to reveal any trace of the appendix. The ileum was resutured back to the caecum and the incision closed. Recovery was uneventful.

This seems to me to be a definite case of complete congenital absence of the appendix.—I am, etc.,

Georgetown, British Guiana. N. N. IOVETZ-TERESHCHENKO.

Skin Rash at Cheltenham

SIR,—Your note on the recent epidemic skin rash at Cheltenham (*Journal*, May 31, p. 1203) quotes me as thinking it to be the same as that recorded by Schuppli from Basle in 1946 (not 1944).

Dr. G. B. Dowling drew my attention to Schuppli's report when the first Cheltenham cases appeared, and the resemblance is certainly close; but there is some doubt as to the complete similarity of the two epidemics. An exact cause has not been found for either, and therefore it would seem best at present to note that they are alike, without suggesting that they are identical.—I am, etc.,

Gloucester. ROBERT BOWERS.

Preventing Severe Surgical Shock with A.C.T.H.

SIR,—The medical memorandum by Mr. Alfred Beck (March 22, p. 636) was of considerable interest to us. For the past year we have been using A.C.T.H. before, during, and after surgery in selected cases. It seemed to us that there was good reason to believe that A.C.T.H. would often prevent or modify shock in long and severe operations. In the majority of cases in which the method has been employed we have felt convinced that shock has indeed been greatly lessened.

The technique has been to inject 10 to 20 mg. (units) A.C.T.H. (in an adult) some hours before operation and again after a lapse of four to six hours. Some patients have received further amounts on return to the ward. If the patient's condition permits, we think it wise to limit the A.C.T.H. to three or four doses, because there is some evidence that healing is delayed. Two of our patients had "burst abdomens," both having received A.C.T.H. for several days. This could be explained on other grounds possibly, but it has made us cautious.

We have applied the method in more than 40 cases now, and they have all been long and severe operations. Six "porta-caval shunts" (Mr. P. Theron), two pelvic exenterations (Mr. G. Charlewood), and several oesophagectomies are included.

As yet we have not used cortisone, but think it may be useful when a patient who is acutely ill has to undergo an operation. A.C.T.H. has been disappointing in some of these cases. This is perhaps to be expected, since the suprarenals probably have little reserve under these conditions.

It is our intention to submit a paper on this subject in the near future; but it is difficult to present it in a scientific manner because of the absence of controls. We are convinced of the efficacy of the method, and it does not seem justified to withhold it, if there is serious risk to life, in order to obtain controls.—We are, etc.,

D. C. DEVITT.
J. C. NICHOLSON.
K. B. VETTEN.

University of the Witwatersrand, Johannesburg.

Tragedy of Involutional Depression

SIR,—I wish to call attention to the lamentable state of affairs concerning the frequent lack of recognition of involutional depression, and the consequent denial of adequate treatment of this common psychiatric illness. In the last few years it has been my lot, in the course of my duties as a psychiatrist, to see scores of cases of this disorder, the majority of which, unfortunately, had been allowed to suffer untold misery for long periods before eventually they came within reach of specialist attention. This condition, as a rule, responds so dramatically to E.C.T. that in my view it is highly deplorable to deny this modern treatment to patients suffering from this distressing malady. Apart from the sufferings of the patient and the risk of suicide, the illness frequently entails considerable hardship to the patient's family, and in the aggregate no little loss of working capacity to the nation as a whole. Patients suffering from this complaint are often labelled as psychoneurotics or plain hypochondriacs, or quite often they are made to go through the whole gamut of costly and elaborate investigations before finally, after a long delay, they are referred to the psychiatrist. If all patients of the age group in question suffering from depression of some weeks' duration were promptly referred for opinion to the psychiatric physician a great deal of avoidable misery would be averted.—I am, etc.,

Cheddleton, near Leek, Staffs. CHARLES BORG.

Arterial Occlusion During Fit

SIR,—I was interested to read Dr. W. L. B. Leese's medical memorandum (April 19, p. 854) on the case of spontaneous arterial occlusion during an epileptic fit. A few weeks ago I saw in consultation a very similar case, the only difference being that this was induced by insulin.

A woman aged 48 was given insulin shock treatment for depression. Full limb oscillometric study had previously shown a normal peripheral vascular tree. In the latter stages of treatment she complained of pain on exertion in her right leg. A few days later she was suddenly seized with violent pain in her right leg, and examination showed complete occlusion of the right iliac, femoral, and profunda arteries. A subsequent arteriectomy confirmed this. With lumbar sympathectomy the circulation improved, and at present it seems as if the patient will lose only the terminal phalanges of the foot.

As there is no evidence of peripheral arterial disease elsewhere, one wonders how much damage to the intima of an artery can be caused by such therapy. Obviously this is a matter which requires fuller investigation.—I am, etc.,

London, W.1. E. M. HERBERT.

Pulmonary Embolism

SIR,—May I beg the hospitality of your columns to challenge Mr. McNeill Love's statement (April 26, p. 920) that any surgeon who fails to balance his patients' heels on a pillow is morally responsible for subsequent pulmonary embolism? There is no evidence that this manœuvre has any effect on the incidence of thrombo-embolic disease, nor that unconscious recumbency for an hour or so is a factor in its pathogenesis. This is indeed fortunate, as otherwise sunbathers, and people who make a habit of going to bed at night, would be in constant mortal peril. It is difficult to believe that such mild pressure could cause thrombosis in the well-cushioned muscle veins whilst leaving the superficial veins unscathed. It is even more difficult to ignore the much greater pressure on the buttocks.—I am, etc.,

Barnet, Herts. V. J. DOWNIE.

Discharge of Certified Mental Patients

SIR,—It is a pity that the amended Section 72 of the Lunacy Act, 1890, should have received such undeservedly harsh criticism (May 31, p. 1193). It is possible that conditions vary from area to area, but in my experience relatives of patients are by no means as unreasonable as alleged, and they rarely abuse the new freedom given them. With very few exceptions they accept the advice of the hospital specialist. In the difficult case I have been able to persuade the appropriate relative to take the patient out on trial (Section 55), and this will demonstrate that the patient is not fit to be out; the added weight of the family doctor's opinion will help here, as Dr. C. A. Watts points out (May 31, p. 1193).