Treatment of Urinary Schistosomiasis

SIR,—In the leading article "Chemotherapy in Schistosomiasis" (15 January, p. 128) no reference was made to trichlorophon (metriphosphate) for treating urinary schistosomiasis. This drug was used to treat hundreds of infected people in Tanzania with results which were uniformly excellent.¹⁻³ There were no toxic side-effects when 7.5 mg/kg were given by mouth at intervals of two or more weeks, there was no evidence of cumulative effects, and the capsules being tasteless were readily accepted by patients. Under favourable conditions the permanent cure rate is 100%. The drug is very cheap, much cheaper than antimony, niridazole, or hycanthone.

Trichlorophon does not cure patients with intestinal schistosomiasis.⁴—I am, etc.,

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1 Forsyth, D. M., and Rashid, C., *Lancet*, 1967, 2, 909.

2 Macdonald, G., Forsyth, D. M., Rayski, C., and Rashid, C., *Annals of Tropical Medicine and Parasitology*, 1968, 62, 407.

3 Davis, A., and Bailey, D. R., *Bulletin of the World Health Organisation*, 1969, 41, 209.

4 Katz, N., Pellegrino, J., and Pereira, J. P., *Revista Sociedade Brasileira de Medicina Tropical*, 1968, 2, 237.

Irritable Hip in the Adult

SIR,—The two interesting cases reported by Drs. D. H. R. Jenkins and J. Lewis (15 January, p. 182) are similar to the eight cases described by ourselves.¹

Aspiration was performed on seven of our cases. Cloudy yellow fluid under pressure was obtained in five, and proved sterile in each. Two cases were diagnosed confidently and one provisionally as rheumatoid arthritis. One patient was diagnosed as rheumatoid arthritis (palindromic), and one as "palindromic rheumatism." One patient possibly suffered from Reiter's syndrome.

We would like to stress the wisdom of treating these patients as acute bacterial arthritis, until proved otherwise. For this reason, aspiration is advocated and the exhibition of antibiotic until the culture report is obtained.—We are, etc.,

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¹ Lass, R. W., and Shepard, E., *British Medical Journal*, 1962, 1, 1312.

SIR,—I read with some interest the letter from the department of traumatic and orthopaedic surgery at the University of Wales (15 January, p. 182).

As far back as 19 October 1971 I wrote to the medical officers of health at the London Boroughs of Hackney and Islington pointing out that synovitis of the hip or the so-called "irritable hip" is very common in children and during the last 15 years I have seldom been without one such patient in the wards for observation. It is, on the other hand, extremely rare to have an undiagnosed painful hip in young adults, which makes it very remarkable that during the last few weeks I have seen no fewer than five, four of whom have required admission and traction to relieve the pain in the hip. In no case

was a diagnosis established and sedimentation rates and blood studies were quite normal as were x-rays. In one patient, who was pregnant, x-rays were not taken, but she had relief within three days of traction being applied to the hip whereas she was virtually unable to walk on admission.

I could find no geographical connexion between the cases but I thought it proper to draw their attention to the unusual circumstances. No epidemic cause was traced by the medical officers of health.

Since that date one further case has presented. Of the six, five are men aged 50, 49, 42, 32, and 21. One is a coloured West Indian. The woman is 27 and a coloured West Indian but the area of this hospital contains a very large immigrant community. One male patient subsequently developed an effusion of the knee which was not accounted for, but this also subsided spontaneously.—I am, etc.,

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Tapetoretinal Degeneration

SIR,—In the interesting article on retinotapetal degeneration by Mr. Brian Harcourt and Mr. David Hopkins (22 January, p. 202) it is pointed out that the b-wave of the electroretinogram is due principally to electrical changes occurring in the bipolar cells of the retina. However, an alternative view, and one that has a considerable amount of circumstantial evidence to support it, is that put forward by J. Dowling.¹ This considers that the b-wave is almost exclusively due to depolarization of the glial (Müller) cells, as this is the only cell type that reveals by intracellular recording potential changes of similar shape and amplitude to the b-wave. Furthermore, the alterations in the b-wave and glial cells' potentials are very closely correlated during dark adaptation. It may be considered that gross retinal neuronal activity leads to a net increase in extracellular potassium, which is sufficient to depolarize the highly potassium-sensitive glia. This view also has the merit of equating the b-wave with such gross retinal activity, as the E.R.G. is used in most cases as a monitor of overall activity.—I am, etc.,

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¹ Dowling, J. E., *Investigative Ophthalmology*, 1970, 9, 655.

SIR,—Mr. B. Harcourt and Mr. D. Hopkins rightly emphasize the behavioural disturbance in children with unrecognized visual failure (22 January, p. 202), but their clinical accounts have other more disturbing implications.

In their four patients there is good evidence of impaired brain function, with a suggestion that in three of the children deterioration occurred. Though behaviour was said to have improved after appropriate school placement, there is no further information provided from psychological testing. I wish to suggest that all the patients probably suffer from an organic dementia, of which fluctuating behaviour problems are

one aspect, and that serial psychological evaluation will provide objective evidence for this process.

Tapetoretinal degeneration, as described by Mr. Harcourt and Mr. Hopkins in children of school age, is the commonest presenting feature of Batten's disease, the juvenile form of so-called amourotic family idiocy. In this progressive hereditary disease dementia may span a decade or two and can easily be overlooked in the early stages, at a time when the electroretinogram is absent. Usually it is in the relatively advanced stages of the disease that other neurological abnormalities with a more obvious pigmentary retinopathy and fits occur.

A diagnosis of Batten's disease must be considered in any patient of school age who develops a tapetoretinal degeneration, especially if behaviour problems coexist. Batten's disease can be relatively easily confirmed by histological examination of a full thickness rectal biopsy or of the appendix, in which heavy intraneuronal deposits of so-called lipofuscin are seen. Similar deposits occur in cerebral neurones but a brain biopsy is not necessary because of the diagnostic value of mucosal examination.—I am, etc.,

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St. Elsewhere's v. The Moderns

SIR,—Dr. M. J. Chamberlain's "Personal View" (22 January, p. 240) is a forceful presentation of what can go amiss at one extreme of the hospital staffing structure. Modern optimum treatment for any single individual patient usually demands a great diversity of skills, both clinical and laboratory, and Jack-of-all-trades can no longer claim to be master of any. The trouble is to strike a balance, and the frills, though in some cases desirable, may become unnecessary fripperies.

Direction and communication are in fact what is most gravely needed where multiplicity of specialists exists under one roof. Someone should, indeed must, assume the final over-riding responsibility regarding any one patient, and it is clearly the general consultant who should, advised by but not subservient to his colleagues of more particularized skills, undertake this task. It is probably a medical outpatient who suffers most in this respect. The peregrinations of an inpatient can be fairly well controlled by the physician who has charge of the bed, and the surgical case is not commonly subject to so many vicissitudes. Even here the modern nursing pattern has for many clinicians disturbed the feeling of assured continuity in the management of their ward patients. The point does not require to be laboured but just as the best possible treatment cannot be provided in the sort of hospital milieu outlined by Dr. Chamberlain so, at far greater expenditure, it is not achieved in one of too great complexity.

Finally, any consultant desirous of time for research should, of course, be allowed to have it, but on the other hand how pitiable is he who, allocated so many sessions for research under the terms of his hospital appointment, has not the desire or the expertise to employ the hours allocated.—I am, etc.,

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