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cillin and to examine the nicotinamide status simultaneously. The level of nicotinamide methochloride in the urine before penicillin was given for the second time was low but above the deficiency level. It fell considerably during dosage to a level indicating a deficiency. After discontinuing penicillin the nicotinamide methochloride level rose higher than before. When at this high level penicillin was given orally for a third time the nicotinamide methochloride output did not fall below that of the nicotinamide deficiency level, and no local changes were observed on the tongue; and only very mild general symptoms were experienced. These findings indicate that oral administration of penicillin can cause a nicotinamide deficiency, as has been found after oral administration of succinyl sulphathiazole or sulphaguanidine by one of us (P. E.) and by Hardwick, by their action on the intestinal flora. Whether the black-tongue symptom, which is rare in human but common in canine nicotinamide deficiency, is partly due to an additional local effect of penicillin on the tongue has still to be investigated. The details of our findings will be published in due course.—We are, etc.,

P. ELLINGER.

Lister Institute of Preventive Medicine.

F. MACKENZIE SHATTOCK.

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## The "Intractable" Vesico-vaginal Fistula

SIR,—The correspondence on this subject is of deep interest to all who have the management of these difficult cases under their care. I am without experience of the conditions existing in Bantu, but in this country there are other fistulae which occur in the bladder at a higher and more lateral level than those located near the urinary meatus; these may involve the ureter as well as the bladder. They are not suited to the approach of Marion Sims.

I would draw attention to an alternative to colonic transplantation, and that is the suprapubic transvesical approach. The bladder is opened by an adequate incision, as in suprapubic prostatectomy, the access afforded is good, the technique is not difficult. In addition to the ordinary case, multiple fistulae are readily closed, and ureteric damage remedied by transplantation of the divided end into the bladder. In all cases the operation concludes with suprapubic bladder drainage. This technique originated, I believe, with the late Mr. Swift Joly, and if it is adopted I cannot think that many cases will call for repeat operations nor for colonic ureteric transplantation.-I am, etc.,

London, W.I.

EVERARD WILLIAMS.

## Carcinoma of the Bladder and Vesical Calculus

SIR,—Since 1833, when Bayle first drew attention to the relationship between bladder calculi and tumour, calculi have frequently been described in association with bladder tumour. Ash (1940), however, in a study of 2,743 cases of carcinoma of the bladder recorded that in no case could he find any association of a calculus with the formation of a bladder tumour. In a recent investigation which I carried out on 189 cases of bladder tumour treated at the Cardiff Royal Infirmary, 6 of the cases had a history either of having passed stones per urethram or of stones having been removed suprapubically prior to the appearance of the symptoms related to the tumour. There was no direct evidence in any of the 6 cases that the calculi were the exciting factor in the production of the tumours. In one other case, however, there was more definite evidence that the bladder tumour may have been due to the presence of a stone.

Case History.—The patient, a male aged 57, was admitted with acute retention. He gave a history of haematuria and frequency of four years' duration. Cystoscopy was impossible. At suprapubic cystotomy I removed a large calculus, the size of a walnut, which had become impacted in the internal urinary meatus. After removal the base of the bladder was inspected but no obvious lesion was observed. There was certainly no obvious tumour growth. Six months later he was readmitted with haematuria of three months' duration. At operation a papillomatous growth was found surrounding the internal urinary meatus at the site where the stone had previously been impacted. Histologically the tumour was a papillary carcinoma with very marked squamous metapiasia present.

Squamous metaplasia in papillary carcinoma was seen histologically in 7 of the tumours of my series, and in all of these tumours there was marked histological evidence of long-standing inflammation. Clinically, 4 of the 7 cases gave a history of chronic renal tract infection over a period of from three to ten years; in the other 3 the history of infection was much more recent. I personally feel that though there is uncoubted evidence that chronic irritation, whether in the form of chronic infection, or of a calculus, or of vesical schistosomiasis, does produce bladder tumours, yet in a number of cases the squamous changes are secondary and arise in a tumour which is already present in the bladder.-I am, etc.,

J. GUNN ROBERTS.

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## Drug Eruption after Sodium Pentothal

SIR,—Drug eruptions due to sodium pentothal, as Dr. G. A. Grant Peterkin (July 13, p. 52) points out, must be exceedingly rare. After using the drug for seven years I had never seen any form of eruption until two weeks ago.

The patient had a tuberculous lung and a hysterectomy for fibroids was to be performed under a spinal anaesthetic. The patient, wishing to be put to sleep, was given 10 ml. of a 5% solution of sodium pentothal and then turned on her side for the administration of the spinal anaesthetic. Within a few minutes and before any antiseptic had been applied to the back, large urticarial weals occurred on the back and quickly spread all over the body. Her eyelids swelled considerably and her lips to a small degree. Fortunately no swelling of the tongue occurred.

The operation was proceeded with under light nupercaine and as the patient was restless a few more mls. of pentothal were given. At the end of the operation all the urticarial weals had subsided but the eyelids were still a little swollen. Next day the patient was

quite well.-I am, etc.,

Bristel.

R. HASTINGS MOORE.

## Total War on Cancer

Sir,—In his interesting paper on this subject (July 20, p. 77) Mr. G. F. Stebbing omits to mention one valuable line of attack and research. It was known to witches, and is a matter of scientific observation to-day, that intractable cutaneous papillomata of many years' standing are curable by suggestion. This discloses the fact that the body can produce, or be persuaded to remove, some simple new growths by activities engendered in the psyche. Emotional states also are known to be a source of variation in the chemistry of gastric secretions. When, therefore, Mr. Stebbing writes "Cancer starts in every case with a single cell or group of cells in the body that revolt, as it were, against the general system," we already have a hint that conflict in the personality may, by its effects on tissue fluids, be the cause of inviting and promoting this daemonic

I believe that authentic cases of spontaneous disappearance of malignant growth, if rare, are known to exist. This would be explainable on these lines, as also the fact that carcinoma of the breast occurs more often on the left, the more unconscious side of the body. For in using dreams to understand the depths of the personality the psychotherapist becomes familiar with the fact that, in our right-handed civilization, the left side of the body and left-handed symbols represent something at a more unconscious level than similar objects represented on the right. Hence an assault on the soma engendered unconsciously in the psyche might well be expected to express itself in a left-sided manner.—I am, etc.,

E. JOYCE PARTRIDGE.

SIR,—Why, in the background of the admirable paper "Total War on Cancer" (July 20, p. 77), is there the suggestion of competition between the wars against different kinds of disease? Why, in fact, is there any hesitation in applying what we have learned of the finance of total war to the struggle for freedom from the ills to which our bodies are now heir?

Having returned from India but a couple of months ago, I cannot attempt to answer these questions, but a visit to Madanapalle in 1944 (to help a doctor with his mathematics) taught me a reply which may be worth stating now. As I