

## Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

### Corticosteroids in Latent Amoebiasis

SIR,—Two adult males have recently been admitted to the Hospital for Tropical Diseases, London, for the treatment of intermittent diarrhoea and bleeding per rectum.

In the first case, a European from Colombo (no recent treatment had been given), repeated examination of stools by direct and concentration methods, examination by sigmoidoscope twice, in the course of which bleeding ulcers were revealed, and a barium enema suggested a diagnosis of non-specific ulcerative colitis. Treatment by retention enemata of hydrocortisone hemisuccinate was begun. The treatment was temporarily suspended for one week to enable the patient to go out to attend to urgent business. On his return to the hospital he felt much better, but his stools contained blood and mucus. Examination of the stool and scrapings from the ulcers revealed swarms of *E. histolytica* trophozoites and cysts to a degree one rarely sees in Britain.

Immediately thereafter a European from Hong Kong was examined here. He was being treated in London for non-specific procto-colitis by a distinguished surgeon who had carefully excluded amoebiasis by the usual means. The treatment consisted of "predsol" suppository (prednisolone 5 mg.), one twice daily, for over a month. On examination here a most profuse infection with *E. histolytica* trophozoites was found in his stool. The ulcers on scraping yielded copious evidence of amoebic infection.

It would appear desirable to pursue this line of inquiry and to find out if oral or local application of corticosteroids will unmask latent infection of the bowel with *E. histolytica*. Several workers<sup>1 2 3</sup> have suggested that cholesterol acts as a growth factor for *E. histolytica*, and recent work by Sharma<sup>4</sup> confirms this. Whether corticosteroids have any such action by altering the environmental or nutritive condition of *E. histolytica* is a matter which would require further investigation.

I am very grateful to Sir George McRobert for allowing me to publish these findings and also for his help and guidance.

—I am, etc.,

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#### REFERENCES

- <sup>1</sup> Snyder, T. L., and Meleney, H. E., *J. Parasit.*, 1942, **28**, Suppl., 11.
- <sup>2</sup> Rees, C. W., Bozichevich, J., Reardon, L. V., and Daft, F. S., *Amer. J. trop. Med.*, 1944, **24**, 189.
- <sup>3</sup> Hansen, E. L., and Anderson, H. H., *Parasitology*, 1948, **39**, 69.
- <sup>4</sup> Sharma, R., *Trans. roy. Soc. trop. Med. Hyg.*, 1959, **53**, 278.

### Night Calls

SIR,—The interesting study of night calls in one general practice published in your issue of November 28 (p. 1169) makes several points which require further comment. For example, to obtain a comparable picture of night work in other general practices, it is important to know the number of calls to which the practitioners did not think it was necessary to go, or where they were able to give advice to the messenger directly or over the telephone. As the 258 night calls studied included maternity work, one would also like to know the routine followed in this partnership. Do the partners attend when the head is on the perineum only, or do they attend

throughout labour as far as they can? These questions are important when the figures of one partnership are used as a basis for generalizations.

A larger series of night calls does not bear out all the points made in the article referred to. The South-east Scotland Faculty of the College of General Practitioners has conducted an investigation into the same problems. Preliminary results were published in the *Health Bulletin*,<sup>1</sup> and full tables and results were exhibited at the Annual Scientific Meeting of the British Medical Association in Edinburgh in July, 1959, at the College of General Practitioners Stand.

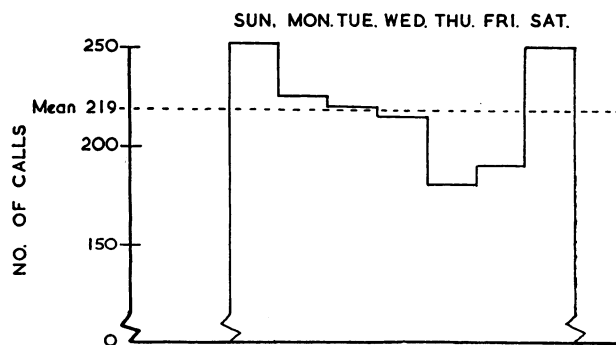
The investigation of "Emergency Calls in General Practice" was undertaken to discover the conditions for which family doctors were summoned in an emergency during one year in different types of practice. An emergency was defined as a "call in which there was said to be urgency (by the caller) regardless of the hour of day and night." On this definition, all attended night calls were recorded during one year by 38 family doctors in different practices during 1956-7.

The South-east Scotland Faculty results confirm the often argued point, that night calls are influenced by epidemics, seasons, and days of the week, and that there is a definite difference in rural and urban practice. The difference of urban and rural practice appears in Table I, where a curious tendency is noted for the town patient to send more readily before midnight, as against the country patient, who tends to send in greater proportion after midnight.

TABLE I.—Percentage Distribution of 1,548 Night Calls

	Urban	Rural	Total
9 p.m.—12 p.m. . . . .	61.9%	52.8%	58.7%
12 .. - 3 a.m. . . . .	14.0%	18.9%	15.7%
3 a.m.—6 .. . . .	10.0%	10.4%	10.1%
6 .. - 9 .. . . .	14.1%	17.9%	15.5%

It may be that the number of calls per night is distributed at random within seasons or during epidemics, but this requires further investigation. In the College series it was found that night calls did not occur at random throughout the year, but showed definite variations for the seasons. The Figure shows the variations for the days of the week; in this series this difference was statistically significant ( $P < 0.01$ ).



Daily distribution of night calls (9 p.m.—9 a.m.) recorded by 38 family doctors in S.E. Scotland, 1956-7 (College of General Practitioners).

That epidemics have a definite bearing on night calls is shown when during the September-October, 1957, local influenza epidemic (which is not included in the College investigation) the number of night calls increased to 37.8 per 1,000 patients in an Edinburgh group practice, whilst during July-August, 1957, it was 13.4, and during November-December, 1957, the rate was 14.7 per 1,000.

It is interesting to note, and is presumably the final proof of the relationship between certain epidemics and night calls, that the "new calls" during the day increased also by more than double during the September-October epidemic.