

Proctalgia

Col. N. J. C. RUTHERFORD (Farnham) writes: This correspondence has interested me as I started the subject in the *Journal* in 1929 by asking for suggestions for treatment. Quite a few doctors answered, but "I evermore came out by that same door where in I went." I have had the complaint since the 1914-18 war. The attacks come on at any time, day or night, and the pain can be severe enough to make one halt if walking or sit down if in the house. The only cure I know is heat; at night sit on a hot-water bottle or electric pad; during the day, when or where available, crouch down, semi-sitting, over an electric or gas fire. Another member of my family, a lady, has also had the complaint for over twenty years. In future I shall try the gastro-colic reflex advised by Prof. F. C. Pybus. Threadworms and slight eczema were suggested to me as causes, but did not fit in my case. As I get older I find the attacks come at longer intervals; perhaps I may grow out of them in my octogenarian years!

Dr. N. H. STEIN (Edinburgh) writes: I suggest that the symptoms described under the headings of proctalgia, etc., are due to a prolapse of the lower part of the pelvic colon into the rectum, occurring intermittently and leading to a congested state of the mucous membrane. Incomplete return leads to a small faecal mass being caught in the inflamed area, increasing spasm, and acute pain. The initial cause of the prolapse may be some congenital weakness in this part of the gut, the presence of a polyp, or obstruction by kinking due to the adhesion of neighbouring structures. An adherent appendix would tend to produce this. In many cases, if not in all, it is simply the persistence into later life of the condition of prolapse recognized in young children. In an extreme case, in which this prolapse was easily demonstrable, there was a history of this. I shall be glad to give further details to those interested.

Nocturnal Erections

Dr. WRIGHT LAMBERT (Keighley) writes: Oestrogenic therapy was suggested to me by Mr. H. Hamilton Stewart, of Bradford, for the treatment of troublesome and frequent nocturnal erections in a patient, 58 years of age, on whom Mr. Stewart had performed prostatectomy (5 oz. (140 ml.) of residual urine) by the transurethral route, and whose priapism, without any apparent sexual libido, was not cured by the operation. Stilboestrol, 5 mg. daily, keeps him entirely free from the condition, but he relapses almost as soon as he stops treatment. Mr. Stewart recently suggested that dien-oestrol 0.3 mg. would be equally effective and be less liable to produce untoward side-effects. This patient got no relief from phenobarbitone gr. 1/2 (32 mg.) at bedtime. Whilst oestrogenic therapy for this condition would seem to be based on sound physiology, I cannot see why the androgen testosterone (June 1, p. 864) should be successful. Mr. Hamilton Bailey in the *Medical Annual* (1945, p. 232) mentions Cave's operation, incision of the corpora cavernosa, evacuation of blood clot, and packing with gauze, as having been completely successful in one case.

Nasal Cleanliness

Dr. PERCY TATCHELL (London, S.W.5) writes: The late Sir Buckston Browne was emphatic that by taking snuff he avoided colds in the head. Snuff-taking was a common practice in the last century, with the object largely of preventing infection. This presumably it did by creating a profuse discharge, which washed out the nose. There is no need, however, to take snuff to attain that end; it is easily done manually when washing the face. One may say: "Why not use a spray, is that not better?" People will not be bothered; they use the spray once or twice, and get tired of the paraphernalia and the mess. Besides, a spray by-passes the glutinous mucus found in the wings of the nose, a first-class nidus for bacterial growth. It is only a matter of a few moments to do it with the soapy fingers, and experience will show that soap does not sting appreciably unless sucked up to the turbinate bones. In this region matters can be left to one's natural defences. I believe, by the adoption of this simple routine, the risk of infected colds, all the fevers of adolescence, and such mysterious air-borne ailments as influenza, and the appalling catastrophe of infantile paralysis, can be greatly diminished.

Remedies for Herpes Zoster

Dr. W. H. MARSHALL (East Grinstead) writes: The experience of general practitioners is often different from that of consultants. In my experience pitressin 1 ml. (0.5 ml. for the aged) gives striking relief to almost all cases of herpes zoster if given in the early stage before the rash has finished coming out; the earlier crops lose their pain, and the later ones appear as an erythema and then vanish with little or no vesicle formation. Relief is obtained within five minutes, or at the most half an hour, or not at all.

Dr. HUGH DICKIE (Morpeth) writes: May I give a brief account of an accidental discovery of mine which appears to be a complete

cure for herpes zoster? While acting as M.O. to Oflag IVc in Germany I was desperate to find some relief for a young officer with a very severe attack of dermatitis herpetiformis. I had tried everything in my short range without effect, and, more in an attempt to raise his general tone, I gave him 4 ml. of a liver extract intramuscularly. The next day he was well! No new spots and the pain had gone from the old ones. Five months later he had another attack; same treatment immediately and the whole thing aborted. We then tried this "treatment" on a French lieutenant with a very severe intercostal herpes. This man had some experience of shingles—his wife and mother had both been very ill with it some years previously. On the day after the injection of liver extract I was overwhelmed with a profusion of Gallic thanks—all the pain had gone, no new eruptions, and within a week all the original papules had healed. Next came two British soldiers, with equally startling results. I have now "treated" 7 civilians at home in this way, age range from 26 to 81 years, with herpes ranging from supra-orbital to twelfth dorsal. All cases were treated within the first forty-eight hours of the appearance of the rash, and all responded overnight. Admittedly the number of cases, 10 in all, is slight, but the results are so striking that I feel some publicity should be given to them, and perhaps someone with a more scientific outlook may find the reason.

Contramine for Herpes

Dr. E. S. HAWKES (Budleigh Salterton) writes: May I correct your reply to the first of "Any Questions?" (May 25, p. 822). If you refer to a Medical Memorandum (Sept. 25, 1943, p. 391) you will find my article which gives the inquirer the information he seeks. It will be noted that it does not apply to a few isolated cases, but a series of 15. The remedy is effective only in early cases. It is also most effective in early chicken-pox.

"Cord Round the Neck"

Dr. V. P. ROBINSON (Norfolk) writes: It may be of interest to report that I recently confined a girl aged 16; the cord was round the neck loosely and was easily slipped over, but the child was born dead. A tight knot was found in the cord, which was 39 inches (1 m.) long. Movements had ceased for about two days.

Injections on Board

Mr. C. D. L. STEWART-FORSHAW (Roché Products, Ltd.) writes: Surg. W. S. Parker in referring (May 18, p. 775) to a specially developed "tubonic" ampoule appears to be unaware of the remarkably efficient unit called "tubunic" ampoule syringe (tube unique) originally introduced by my firm some years before the war. This unit is essentially for such emergencies. During the war it was part of the equipment in the Merchant Navy in all lifeboats, and it was also employed by a number of special units of the Services. I am proud to say that it was responsible for saving a number of lives.

Medical Journals for Hungary

Mr. EDWARD FULLER, Editor of the *World's Children*, writes from 20, Gordon Square, London, W.C.1: Some little time ago you very kindly gave publicity to a letter from me, passing on a request from the Save the Children Fund's administrator in Hungary, for British medical periodicals, to help bring Hungarian practitioners' knowledge up to date. A number of your readers generously responded—and some pass on their own copies regularly after use. These—and any prospective new donors—may like to know that I have to-day had a letter from the Hungarian correspondent, who says: "Please thank for me all who are concerned in sending the medical papers. They are of infinite value. They go round among the doctors and will finish their career in the library of the central clinic."

Medical Golf

By courtesy of the Stockport Golf Club the annual competition of the Manchester and District Medical Golfers' Association will be resumed on the course at Torkington on Wednesday, June 26. The Challenge Cup will be competed for by medal play under handicap; the winner will hold the cup for one year, and the captain (Mr. R. L. Newell) will give a second prize. The Walter Gold Medal will be held for one year by the member returning the best gross score, and the Walter Silver Medal by the member returning the best gross score from among those with handicaps of ten and upwards. Prizes will be provided for the winners in lieu of replicas. All correspondence should be addressed to the hon. secretaries, Manchester and District Medical Golfers' Association, c/o British Medical Bureau, 33, Cross Street, Manchester, 2.

Correction

The figure 0.4 in line seven under the subheading "Results" in the article by Dr. R. C. Browne on "Amphetamine and Caffeine Citrate in Anoxaemia" in last week's issue (p. 871) should read 1.2.