Drug Treatment of Cancer

Dr. G. R. USMAR (Boston, Lines) writes: With reference to the most interesting answer under this heading (Aug. 25, p. 271) on Oct. 17, 1944, I saw a patient suffering from a large fungating cancer of the right breast; operation with radical mastectomy was performed. She was given stilboestrol 1 mg. t.d.s. Within one week bleeding ceased. The district nurse noted that skin was beginning to appear around the edges. By January the skin had been completely reformed. The general condition of the patient was greatly improved. This was probably due to the external appearance of the cancer, for she did not gain weight, though her appetite had vastly improved. In May, 1945, she began to deteriorate in health, and in June, 1945, she died of cachexia due to secondary lymph and secondary in thoracic vertebrae. However, this drug treatment was most beneficial to the patient's point of view, and she was most happy in her last year. Of course I made a point of informing the relatives of the ultimate outcome (for they were inclined to hail stilboestrol as a miracle).

Constriction Ring

Lieut.-Col. F. R. W. K. ALLEN writes from the Indian Military Hospital, Poona: It appears from a case reported in the American Journal of Obstetrics and Gynaecology, 1943, that adrenaline may sometimes relax a constriction ring of the uterus. Deep chloroform or ether anaesthesia may have a similar effect, but the rural practitioner may only have chloroform at his disposal. Venetustine is alleged to have much less relaxing power on the uterus than either chloroform or ether. Adrenaline by injection and chorofrom by inhalation is liable to induce auricular fibrillation. A number of textbooks on obstetrics recommend both injections of adrenaline and deep chloroform anaesthesia in the case of non-heart-damage with delivery has become imperative. Is there really danger in a combination of adrenaline injections and deep chloroform anaesthesia in such a case? Could amphetamine (methadine) be substituted for adrenaline to avoid the possibility of an auricular fibrillation with a reduction in the relaxation of the constriction ring? I have only once felt a constriction ring, and that was of a mild degree. After a forceps delivery I was waiting for the birth of the placenta. There was no haemorrhage, but we wished to return the patient to her bed and have the delivery table ready for the next case. I tried gentle expression without avail, so I passed my hand into the uterus and found a constriction ring about half-way between the external “os” and the internal “os” of the fundus of the placenta with lying free above the ring and there was no difficulty in drawing it out. The parturient was not injured by either of my operations.

Psychism in Pregnancy

Dr. W. H. NELSON (Perth, Western Australia) writes: In the Journal of April 14 (p. 543) there was a query about psychism in pregnancy. Many years ago I attended a pregnant woman suffering from vomiting of an intractable nature and profuse psychism, so much so that her face was usually in the spitting dish the whole day long. Irritation of the spittle. She had already lost three pregnancies on account of this condition. I tried a few standard remedies—memb. bis. co., chloroform in capsule, etc.—without success. Then I gave her 20 gr. of chloral hydrate at night, alcohol, taken in water, every two hours for three doses, and then every four hours. The effect was miraculous, and when I saw the patient the next day I did not recognize her, as the face was quite normal, only showing the burnt areas at the corners of the mouth. The symptoms vanished with the first dose, and the vomiting also ceased. She had to continue taking the drug three times a day throughout the carrying period, as the condition recurred as soon as she stopped it. In the end she had a normal son, and everyone was happy.

Nocturnal Cramp

Dr. SIMMONS GOODING (Grays) writes: With reference to your correspondent’s inquiry (Aug. 18, p. 240) about the prevention of nocturnal cramp, it may be of interest to him to know that following an abundance of olive glutinous I personally suffered with very acute attacks of nocturnal cramp in the calf muscles of the right leg. To remain in bed during an attack was quite impossible owing to the severity of the pain. Various preparations of morphone and codeine, nembutal, alcohol, amyl nitrite, etc., all proved quite ineffectual. On the advice of my colleague, Mr. L. Casin, F.R.C.S., I finally tried prostigmin, taking half a 15-mg. tablet each night on retiring to bed. I derived considerable relief from this drug, which, with the proviso that I took none while at work, certainly relieved the symptoms and made the nights more bearable.

Venerology

Lieut.-Col. HENRY RICHARDS writes: In the Army medical jargon a venerologist is an officer with a special knowledge of the diagnosis and treatment of venereal diseases. I have been hoping that some classical scholar would register an authoritative protest against the use of the word in this sense. The persistence of the term would be a regrettable addition to medical nomenclature. In the first place the word is a hybrid, derived from Latin and Greek. Secondly, the word cannot possibly have the meaning now fastened to it. Venerologist can only mean one with a knowledge of venery. Hence a venerologist cannot be a person with a knowledge of rectal and venereal diseases.

An Unusual Cause of Intestinal Obstruction in a Newborn Baby

Dr. H. R. UNWIN (Yecovil) writes: The following unusual case occurred recently in my practice. A baby boy of 6 lb. 7 oz., and meconium birth and was starting to vomit. An examination of the rectum by the little finger showed that it was normal as far as could be reached, and no meconium was found on the examining finger. Gastric peristalsis was visible after it, which was on the forerunner of a feature of the case. A laparotomy was performed and the following state of affairs was found. Torsion of the caecal end of the ileum had taken place through three complete turns. This had been possible because of the ileum had with, resorption habeis cysticoccus. The baby lived for two days after the operation and then died with symptoms of unrelieved obstruction. No post-mortem examination was performed. It is probable that a paraileys ileous developed.

Anatomical Nomenclature

Mr. A. HOLMAN writes from University College Hospital: Surely it is time that surgeons in general, and the authors of surgical anatomy books in particular, made an attempt to use the B.R. system of nomenclature. At present, the system of the B.R. and then, on entering hospital, he has the further burden of learning obsolete synonyms. If this state of affairs were rectified it would materially ease the student’s task of learning what is, and what is not, an unsinning subject.

Sleep-walking

Dr. M. N. PAI writes: Some suggestions have appeared in the Journal on the treatment of sleep-walking. The causes of sleep-walking may be classified as follows: (1) Psychogenic, (2) sleep due to (a) anxiety states, or (b) genita-eccyctomia—e.g. hysteria. When not sleep-walking a patient often talks or shouts in his sleep. Sometimes he may open the door and walk a long distance before waking up. (2) Post-epileptic: (a) following a non-epileptic attack, (b) as an epileptic equivalent (instead of a fit). Here the patient usually gets up from his bed and almost immediately returns to it, or gets into another one if one is available. He seldom walks more than a few yards. A positive E.E.G. may be difficult to tell but certainly is present. (3) Psychogenic: In this group, there is usually a history of mental strain, or hysterical malingering. Here, apart from walking, the patient carries out very complicated actions requiring careful thought and previous planning. There is always an immediate gain. Careful observation at night may be invaluable. (4) Post-infective: following meningitis, encephalitis lethargica, and chronic cerebral abscesses. Here the patient may wander aimlessly in an apparently confused state. Other signs and symptoms help give large doses of sedative at night; (1 b) psychotherapy and suggestion—e.g. hypnotism. (2) Epanutin at bedtime. 3 and 4 are difficult to treat.

Hospitals Day, Oct. 2

The Secretary of the London Hospitals Street Collections Committee writes: May I call attention to the first street collection in aid of London’s hospitals since the coming of peace? Hospitals Day will be on Tuesday, Oct. 2. Collectors are urgently needed, and volunteers should offer their services to their nearest voluntary group or to Lord Luns, Chairman, Hospitals Day, 36, Kewings, W. C. 2.

Corrections

In the question and answer headed “Propulsive Periods in a Young Girl,” published in the Journal of Sept. 15, p. 374, the dosage of thyroid was given in error as 1 gramme daily. This should have been 1 gr. and 1/2.

In the question and answer on “Oil-in-water and Water-in-oil Emulsions” (Sept. 15, p. 374), it was said “the bivalent alkaloids, earths and trivalent gases invariably give rise to water-in-oil emulsions.” This should have read, “trivalent bases.”

In a question and answer discussing the use of trypanocide (G.P.I., Sept. 15, p. 374) it was stated that bismuth and arsenic may be given “concurrently or alternatively.” This should have read “concurrently or alternately.”