Torsion of the Spermatic Cord

Sir,—I should welcome an opportunity warmly to support Mr. Robin Burkitt’s plea for manipulative reduction in his medical memorandum on torsion of the spermatic cord (Journal, August 11, p. 345). In my last few months in the Canal Zone my interest was keenly aroused in this subject, and the following extract is a comment I made in my quarterly surgical report at the close-down of the last military hospital there.

A case of torsion of the testis was seen during the quarter, it being surprising that this was the first case of acute torsion of the testis seen during the last six months. It is of interest that all three cases were successfully treated conservatively. The first case occurred in a sergeant who was riding in the back of a truck; the second in a captain who was lying on his stomach firing a rifle on the range; the third in a civilian who was gardening. All cases were in the age group 25 to 35, and in all the testicle affected was the right. All complained of a continuous sickening pain in the testis, in all cases there was acute tenderness and slight swelling of the right testis, and there was a palpable twisting of the spermatic cord immediately above the epididymis. In the first case seen, initial tentative attempts to untwist the cord appeared to be causing the patient extreme pain, and he was therefore informed that an operation would be necessary to enable the untwisting to be performed. Operation was, however, flatly refused on the grounds that he was to sit an important examination the next day which he could not miss.

He begged the writer to make further attempts at the untwisting immediately, promising that he would stick out all pain caused until the manipulation was successful. Reassured by the patient’s declared disregard for further pain caused, the testis was rapidly and easily rotated through one revolution clockwise seen from below. There was an immediate disappearance of the severe pain, and the twist in the cord was no longer palpable. In both the succeeding cases, fortified by the above experience, the untwisting was rapidly accomplished without any distress to the patient, by a gentle but deliberate manipulation as before. In all cases the relief was immediate, and the patients returned home immediately without any recurrence.

It is remarkable that, of all the several textbooks I have been able to refer to, only one mentioned the possibility of conservative treatment for acute torsion of the testis, and that very briefly. The stress being laid in all cases on immediate operation to perform the manipulation. It would seem that the factor of success by deliberately approached conservative treatment of this condition is far from being as widely recognized as it should be.

Strictly speaking, torsion of the cord and intravaginal torsion of the testis are separate clinical entities, the former occurring in association with an imperfect descent of the testis, usually in adolescence; and the latter in association with the normally placed organ, usually in the third or fourth decade of life. It is a strange chance that, in 20 months in Army hospitals, in an Army with a majority of young National Service men, I have seen no cases of torsion in the younger age group, but three in the older. It would appear, however, that manipulative reduction can be equally successful in both types. It is noteworthy that the clockwise rotation needed for reduction in these right testes and the anti-clockwise rotation of Mr. Burkitt’s left-sided case. I found that successful manipulation produced an immediate relief of the severe pain, and there was no mistaking on reappearance the return to normal size of the cord immediately above the testis. Thus any doubt that the original thickening palpated might have been part of an epididymo-orchitis is removed. Incidentally, all my three cases were referred to hospital with a diagnosis of epididymo-orchitis. As a final pleau against unnecessary operative reduction, I would submit that manipulation under a short anaesthetic might occasion-ally be all that is necessary as a second line in the more squeamish patient. Normally, however, manipulation could, and should, be a G.P. treatment.—I am, etc.,

KENNETH I. E. MACLEOD.

No Doctor at Sea

Sir,—Dr. S. J. Lloyd (Journal, August 11, p. 363) may consider the International Code of Signals defunct, but in my experience of ten years in the Royal Navy and Merchant Navy I have proved invaluable on many occasions. That it is international is its greatest blessing.

I recall that on one occasion when in a liner in the Indian Ocean I had a whole night of exchanges with the chief officer of a tanker in the Persian Gulf after his captain had been taken ill. I had just completed a four months’ trip in a cargo ship which did not normally carry a doctor; the chance of talking over problems of medical care with the master and officers in their own surroundings provided an unusually valuable opportunity of finding out what the crew of a cargo ship may be up against. On one passage they had buried 23 men at sea.—I am, etc.,

Brighton.

W. S. PARKER.

Medical Advertising

Sir,—The rapid advance of therapeutic science has a natural concomitant in the increasing number of advertisements by pharmaceutical houses appearing in medical journals. This presents problems both to industry and to the press. There is a necessity for both parties to conform to the need to inform the general practitioner about its products; and on the part of the press a duty to ensure that such announcements do not offend against editorial standards. But what are these standards? It is here, perhaps, that journals have a function which they do not fulfil; and there would be a gain by parties if editors could so mould advertisements that it became a serious factual comment presented in a striking and attractive form. Unfortunately, however, editorial judgment seems to be entirely a matter of whim, as a recent case brought to my notice illustrates.

The advertising manager of a journal of the first repute accepted a contract from a firm actively engaged in research work in a certain field of therapy. For a short time the space was used in a conventional manner. It was then decided that all advertisements should be written in the form of scientific appraisal of therapies similar to the one being recommended and the raison d’être of the new therapy thereby established. The copy-writer was scrupulous to point out what was fact and what was conjecture in his argument. Yet this announcement was refused (it was, in fact, accepted by all the other journals to which it was submitted) on the grounds that other advertisers might be offended. It was made clear in correspondence that the editor did not object to claims being made for the product in much more sweeping terms than any statement of the manufacturer. What he did object to was any hint that the claims made by other products might be better. This may be an emergence of a controversy which has for the last twenty years been blown about this particular field of medical thought.