

INJECTION METHOD OF TREATING ENLARGED INGUINAL GLANDS IN EARLY CASES OF LYMPHOPATHIA VENEREUM (LYMPHOGRANULOMA INGUINALE)*

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DURING recent years more and more cases of lymphopathia venereum (lymphogranuloma inguinale) are being diagnosed as the clinical features and tests are better understood. If left untreated, or even in treated cases, the disease can result in much suffering and disfiguring due to scarring. Of the local method of treatment chief reliance has been placed on the time-honoured belladonna and ichthyol ointment in the early stages, and fomentations and incision in later periods. The time spent in

* Note.—The nomenclature of this disease has undergone a number of changes, and until a few years ago 'lymphogranuloma inguinale' was favoured by the majority of writers. This name was unsuitable, mainly because the pathological process is essentially unlike a granuloma and the name lymphopathia venereum seems to find most favour to-day. This is the term adopted by Dr. H. S. Stannus in the *British Encyclopædia of Medical Practice*. As uniformity is advisable we have changed the title and text of this paper in accordance with modern usage.—EDITOR, I. M. G.

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from salt by nature and only the milk contains a small quantity, but many dishes, for instance vegetables and soups, are not very palatable without salt. The most suitable dishes are sweet, as sugar compensates for salt in a splendid manner. Soups of oatmeal, barley, peas, lentils, etc., can all be sweetened with sugar. Fresh butter (unsalted) can be added if the state of general nutrition demands. Eggs, boiled or fried, or as an omelette, can be given, and also fruits and nuts. Soon it is possible to add sweet dishes which have been made with milk—custards, puddings, pancakes, ice-cream, tarts and confectionery.

Now on a long visit through India, I publish my views hoping that they will be useful to doctors in the treatment of cholera as well as acute and chronic dysentery.

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palliative treatment can be long and in the end prove to be fruitless.

The following method is published as it has proved its worth and is simple in application. I started using this method in 1932 whilst in charge of the venereal ward in the British Military Hospital (Indian Wing), Mingaladon, in cases of venereal bubos secondary to soft or hard chancres or gonorrhœal urethritis after the ordinary palliative methods had failed. It was also used in cases where though a history of venereal exposure was obtained clinical and laboratory examinations negatived an infection by syphilis, gonorrhœa or soft sore. It was possible that some of the latter cases were cases of lymphopathia venereum. Since then fairly typical cases have been similarly treated with success and the treatment has been extended to cases of bubo due to venereal diseases.

The method

The method consists in the injection of a few minims of equal parts of liquid carbolic acid and absolute alcohol into the enlarged glands. A fine hypodermic needle is selected and the syringe filled with the solution. After the skin has been sterilized with methylated spirit it is stretched and the needle is inserted some distance from the gland; it is then pushed obliquely into the centre of the enlarged gland. After seeing that it is not in a blood vessel the solution is injected. It is advisable to push in a few minims of air to empty the needle otherwise carbolic acid is likely to be left along the track of the needle and slight pain might result. Frequently, a small depressed black spot will mark the site of injection. No pain is felt and improvement in signs and symptoms will be noticed within 24 hours. The enlarged and painful gland will generally subside without proceeding on to suppuration. It may be necessary to give more injections into the same or other enlarged glands after two or three days' interval. The above method is not meant for cases where there is definite softening and commencing suppuration but is useful where the glands are painful and enlarged.

I have treated several cases by this method but a typical case is described below.

A Burmese police constable, aged 22, was admitted to Bhamo Civil Hospital on the 16th May, 1935, on account of hard and painful glands in the left inguinal region. He had developed a small sore on the penis after exposure and this healed up in four days. He had a temperature of 100°F. He was treated with belladonna and ichthyol ointment and tincture of iodine intravenously. There was no improvement, but on the other hand the glands on the right side also became enlarged and tender in spite of applications of antiphlogistine. Carbolic acid solution was injected into the glands on four occasions, on the 21st June, 27th June (two areas), 1st July (two lower glands), 8th July (other glands). Improvement was rapid and sustained and the patient was discharged cured on the 10th July, 1935. He was examined again in November 1935 when the cure was found to have been sustained. The Wassermann reaction was negative.

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ON THE EFFICACY OF THE GONADOTROPIC HORMONES IN THE TREATMENT OF WHOOPING COUGH

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It is characteristic of whooping cough that its incidence is confined chiefly to children below 10 years of age, though occasionally it has also been reported in old people. Persons above the age of 10 and right through healthy adult life are generally immune to the disease, in spite of living in intimate contact with infected children, even though they might not have been attacked previously by any disease having the vaguest semblance of whooping cough. Second attacks in children have also been recorded though only rarely. Further, the vaccines prepared from the organisms isolated from the droplets or the upper respiratory passages of infected children have not been as effective therapeutically as they ought to be if the disease were caused only by infection.

These considerations suggested that, besides any immunity that might have been acquired, there is some other factor which is peculiar only to the period of life between the age of 10 and the end of the adult age that determines the power to resist an attack of whooping cough during this period. One of the dominant features of life at this stage is the activity of the sex glands, and the assumption that the immunity displayed is associated with such activity would be justified, if it could be demonstrated by any means that a temporary stimulation of the activity of the gonads in persons of the susceptible age would act as a curative, as well as a prophylactic, agent. Results of the clinical trials carried out so far have provided sufficient evidence for the correctness of this view.

In the clinical investigation reported in this paper, the stimulation of the gonads was effected either by the oral administration of a standardized preparation of the gonadotropic hormones of pregnancy urine which is described in detail below, or by the injection of Antuitrin 'S'. The latter could not be tried as a routine measure on account of the prohibitive cost and was resorted to only when the oral medication had been ineffective.

*(Continued from previous page)**Summary*

A method of treating enlarged glands in lymphopathia venereum (lymphogranuloma inguinale) as well as in other venereal conditions is described in which 50 per cent carbolic acid in absolute alcohol is injected into them.

A case is described.

The standardized preparation of the hormones for oral administration was prepared in this laboratory by a modification of the method of Davy (1934). Pregnancy urine was acidified with glacial acetic acid to a pH 5 using bromocresol-green as the indicator. The urine was centrifuged or filtered if it did not become clear by centrifugalization. To every litre of the clear urine 10 g. of active charcoal was added and the mixtures shaken continuously in a mechanical shaker for eight hours. The pH was again adjusted to 5 and the charcoal containing the adsorbed hormones was filtered under suction on a hardened filter paper moistened with 1 per cent acetic acid. It was washed well with water till the wash water was neutral to litmus, dried, and stored in a vacuum desiccator at a temperature of 15°C.

The activity of the preparation was tested in each case by the usual biological method using 13 days old, immature, female white rats as the test animals. The rats were selected from a litter in which the animals attained sexual maturity 40 to 50 days from the day of birth. The charcoal adsorbate suspended in distilled water was poured down the throat of the animal by means of a fine pipette. Based on our findings, a rat unit was taken as the minimum amount of the product which produced opening of the vagina and oestrus on the seventeenth day of age, when administered orally in eight equal doses during four consecutive days. One rat unit was contained in 10 milligrams of the preparation.

Five hundred to nine hundred rat units, the exact requirement depending upon the virulence of the disease and the individual variations, were usually found sufficient to alleviate the characteristic symptoms. Where parenteral administration was indicated, 0.25 c.cm. of Antuitrin 'S' was injected daily. After six to twelve injections, the vomiting and the whooping stopped completely. The residual cough was treated symptomatically. The criterion of cure applied was the total disappearance of the whoops and vomiting and a diminution of the cough.

All the cases reported herein were treated under our personal supervision and guidance.

A perusal of the table will show that in all the cases the blood picture had been typical. There was a marked leucocytosis of 12,000 to 30,000 per c.mm. with 46 to 76 per cent of lymphocytes. Twenty cases out of the 23, or 87 per cent, were cured by oral treatment with the hormones or by injection of Antuitrin 'S'; in three cases, or 13 per cent, either treatment failed. The proportion of probable cures to failures in this series is 5.1 : 1. In the therapeutic doses prescribed, the preparation of the hormones did not produce any undesirable symptoms.

No case of whooping cough in old age has come to our notice so far.