enced find small retractile ones without undue difficulty; hence my disbelief of accounts of bringing testicles out of the abdominal cavity.

Drs. J. Brunet, R. R. de Mowbray, and P. M. F. Bishop in their paper on the management of the undescended testis (*Journal*, June 14, p. 1367) use the terms "retractile testicles" and "superficial inguinal pouch," but neither define them nor give any reference to the paper in which they were first defined.¹ The statements in this paper are either incorrect or else they destroy the whole basis of hormone treatment. Perhaps some day the anatomists will investigate them, and if they are found accurate, rewrite their accounts of the region.—I am, etc.,

London, W.1.

DENIS BROWNE.

REFERENCE

- ¹ Browne, Denis, *Brit. med. J.*, 1938, 2, 168.

Treatment of Parkinsonism

SIR,—I have read the article written by Drs. William Hughes, Janet H. Keevil, and Irene E. Gibbs (*Journal*, April 19, p. 928) giving their results of a trial with a new remedy—Ciba 10870 or 3-phenyl-3(β -diethyl-aminoethyl)-2,6-dioxopiperidine hydrochloride. The method they use was not satisfactory for the following reasons:

The total number of patients treated was only 16 and these are insufficient to prevent the favourable results represented being due to pure chance. Furthermore, this figure was further diluted by three patients being rejected from the trial due to symptoms from the withdrawal therapy.

The investigators' clinical judgment is not put to the test as recommended by Gillhespy and Ratcliffe.¹ Their statement that "the general impression was that the new preparation was equal if not superior to any therapy in current use" is simply not true, as none of the patients included in this trial was receiving "disipal" (β -dimethylaminoethyl-2-methylbenzhydryl hydrochloride) or "pacatal" (10-(1-methyl-3-piperidylmethyl)-phenothiazine), and only one was receiving "lysivane" (ethopropazine hydrochloride).

Drug or Combination of Drugs

Drug or Combination of Drugs	No. of Patients Receiving Drug
"Disipal" (β -dimethylaminoethyl-2-methylbenzhydryl hydrochloride)	86
"Lysivane" (ethopropazine hydrochloride)	53
"Pacatal" (10-(1-methyl-3-piperidylmethyl)-phenothiazine)	34
"Artane" (benzhexol hydrochloride)	20
"Cogentin" (benztropine methanesulphonate)	17
"Disipal" + "lysivane"	46
"Hyoscine spansule capsules" + "hysteryl spansule capsules"	28
"Disipal" + "pacatal"	10
"Lysivane" + "artane"	7
"Pacatal" + "oblivon C" (methylpentynol carbamate)	5
"Disipal" + "artane"	5
"Disipal" + "thephorin" (phenindamine tartrate)	5
"Lysivane" + "oblivon C"	3
"Pacatal" + "lysivane"	3
"Disipal" + "oblivon C"	3
"Artane" + "pacatal"	2
"Lysivane" + "thephorin"	1
Trial mixture (procyclidine hydrochloride, methedrine hydrochloride, hyoscine hydrobromide)	18
"Disipal" + "lysivane" + "artane"	16
"Lysivane" + "artane" + "thephorin"	9
"Lysivane" + "artane" + "pacatal"	9
"Disipal" + "lysivane" + "thephorin"	8
"Hyoscine spansule capsules" + "hysteryl spansule capsules"	7
"Disipal"	7
"Lysivane" + "disipal" + "oblivon C"	2
"Lysivane" + "pacatal" + "oblivon C"	1
Total patients attending regularly	398

None of the patients were receiving the most efficient combinations of disipal + lysivane. That these are the most efficient drugs in current use for the treatment of Parkinsonism is proved by a recent survey of 398 patients attending my Parkinson's clinic regularly. The numbers found to be taking each drug or combination of drugs are shown in the Table. Furthermore, these drugs, except when given in high dosage, do not have dangerous side-effects, but mild unpleasant effects occur more frequently but can usually be controlled by modification of the dose.—I am, etc.,

Birmingham, 18.

R. O. GILLHESPY.

REFERENCE

- ¹ Gillhespy, R. O., and Ratcliffe, A. H., *Brit. med. J.*, 1955, 2, 352.

SIR,—We have read with interest the article by Drs. William Hughes, Janet H. Keevil, and Irene E. Gibbs (*Journal*, April 19, p. 928) on the use of Ciba 10870 (3-phenyl-3(β -diethyl-aminoethyl)-2,6-dioxopiperidine hydrochloride) in the treatment of Parkinsonism, and should welcome an opportunity to comment briefly on our own experience in this connexion.

We have, so far, treated 19 patients with post-encephalitic Parkinsonism and four with paralysis agitans. They received Ciba 10870 by mouth, in divided doses, to a daily total of 22.5–30 mg. of a "triplex" (slowly absorbed) form of 10870, or 7.5–10 mg. as ordinary tablets. The treatment periods ranged from 10 to 15 days. All these patients had previously been under regular treatment with the other anti-Parkinsonian remedies, chiefly benzhexol and scopolamine, which clinical trial had shown to suit them best. In order to avoid the complicating factor of a sudden change of therapy the Ciba 10870 was only gradually substituted for the previous regime. Then, at the end of the trial period, an overall rating of the value of the drug was made on the basis of the patients' subjective impressions and of the objective observations made by the medical staff and by the nurses.

The results (see Table) show that in the higher dosage of 22.5–30 mg. per day Ciba 10870 caused further improvement, as compared with the previous best therapy available, in about half the patients. The results with a dose of 7.5–10 mg. were not so impressive, and this amount is clearly insufficient. The beneficial effect of Ciba 10870 was greatest on muscular rigidity, but it was

Dose (mg./day)	No. of Observations	Therapeutic Effect			Incidence of Side-effects (%)
		Improved	No Change	Worse	
22.5–30	25	11	11	3	20
7.5–10	10	1	7	2	30

our impression that tremor was also improved, and that in two patients the frequency and intensity of oculogyric crises (a notoriously intractable symptom) were reduced. In 10–80% of patients the therapy with the higher dosage of Ciba 10870 was very well tolerated. The most frequent side-effects were dryness and burning in the mouth and epigastrium. Other side-effects, observed only rarely, included nausea and vomiting, mydriasis, and hypotension. These symptoms were, however, never severe enough to necessitate withdrawal of the drug.

Our preliminary results agree closely with those of Dr. Hughes and his colleagues, and suggest that a more extended trial of Ciba 10870 for the treatment of Parkinsonism is well merited.—We are, etc.,

ANTONIO BALESTRIERI.

Padua, Italy.

UMBERTO SIGNORATO.

Tuberculosis in Dairy Workers

SIR,—A recent report from Switzerland¹ describes the occurrence of tuberculosis among cattle in a dairy herd which had been free from bovine tuberculosis for several years. The infection was found to be of the human type and there was some evidence of infection among members of a farm worker's family who had been in contact with the animals. The problem of reinfection of dairy cattle from non-bovine sources is also discussed by Hofmann,² who reported that 80% of the dairy herds in Switzerland were free from tuberculosis in 1956 and that it was hoped to eradicate the disease entirely from Swiss dairy herds by the end of 1958.

As you are no doubt aware, good progress is also being made in the Area Eradication Plan for bovine tuberculosis in this country, and at the end of 1956 about 67% of all cattle in this country were in attested areas. With the disappearance of bovine tuberculosis from dairy herds in this country the possibilities of reinfection of dairy cows from human sources must obviously not be overlooked, and it might in the long run be advisable to keep a special check on the health of farm personnel in contact with dairy cattle.—I am, etc.,

Shinfield, near Reading.

E. J. MANN,

Director,

Commonwealth Bureau of Dairy Science and Technology.

REFERENCES

- ¹ Kuslys, A., *Schweiz. Arch. Tierheilk.*, 1958, 100, 278.
² Hofmann, W., *ibid.*, 1956, 98, 545.