From a limited experience of the operation the impression is gaining ground that the presence of pre-morbid obsessional traits is of good prognostic significance when considering candidates for leucotomy. This appears not only to explain the good results claimed in obsessional neurosis and depression but appears to be at the back of the improvement obtained in this case. Before accepting the operation as the treatment of choice in any case of psychoneurosis a thorough exploration and evaluation of the psychodynamic factors are indicated, and only if these are considered unmodifiable by any other practicable means should the operation be recommended.—I am, etc.,

Shenley, Herts.

B. C. GILSENAN.

SIR,—I was glad to see the article by Drs. William Sargent and C. M. Stewart (Nov. 29, p. 866) reporting a case of such battle neurosis treated by leucotomy. Sincere clinical reports, however inadequate they may be from the psychologist's viewpoint, are much needed. In the final comment it is said that the case is reported partly to encourage patients and relations to agree to this form of treatment when it is recommended. It must be agreed that in the matter of leucotomy the final decision must come from the good sense of the lay public, doctors being perhaps less able than other people are to see wider issues than the immediate relief of an individual's symptoms and distress.

There is still one doctor, however, who hopes that the public that clamours for whatever is on tap at the moment will stop short of asking to be leucotomized. He has lost hope that those who in their distress cry out even for a mutilating operation may be refused what they ask by the doctors themselves.—He is, etc.,

London, W.1.

D. W. WINNICOTT.

The Waning Power of Penicillin

SIR,—It is suggested that penicillin-resistant strains of bacteria are largely bred by the indiscriminate prescribing of penicillin ointment for such conditions as styes, acne, etc. The general practitioner cannot test organisms for sensitivity, but I am sure that many of us would be unwilling to surrender such a valuable method of treatment.

In my limited experience, all cases of breast abscess, carbuncle, and multiple furunculosis that have been treated with an initial exhibition of 500,000 units and four of 200,000 units at twelve-hourly intervals have undergone complete resolution. I have had some failures, such as cases of cystitis, treated with the same dosage, but as the organisms were probably not sensitive to penicillin I do not consider a clinical trial was bad medical practice or likely to breed resistant strains. Perhaps if local applications were withdrawn from the market and a minimum dosage advised, the potency of this valuable drug might be safeguarded.—I am, etc.,

Fareham, Hants.

G. G. THYNE.

Allergy to Penicillin

SIR,—The article by Drs. A. G. Wilkinson and K. Zinnemann on allergy to penicillin (Nov. 29, p. 865) prompts me to make a few observations on this subject. The severity of reaction in the case described is not an uncommon occurrence, although milder forms are rather more frequent. However, it should be realized that all degrees of severity can be seen from the mildest in the form of a localized patch of urticaria at the site of injection to the severe type of serum-sickness-like syndrome with generalized urticarial dermatitis, angioneurotic oedema, and involvement of the visceral organs. The attention of clinicians should be drawn to two other types of reaction to parenteral penicillin: (a) immediate febrile reaction, (b) scarlatiniform erythema with constitutional symptoms. Finally, an acute arteritis with thrombosis has been reported in France by Courty and Biscaye (*Presse méd.*, 1947, 64, 734) as a complication of penicillin hypersensitivity.

Recent experience has taught me that allergic reactions are not more frequently met with in subjects who had received penicillin previously. Of 20 personal cases, seen in the year 1947, three only gave a history of previous penicillin administration. One of these, a woman of 47, developed in April, 1946, a penicillin-sensitization eczema on the left leg following local use of penicillin cream. A year later parenteral penicillin

for an eye infection produced a severe allergic reaction comprising pruritus, vomiting, malaise, and giant urticaria of a very protracted nature. It was interesting to note that the skin lesions first appeared on the same left leg at the site of the one-year-old scar.

The more I see of allergic manifestations to parenteral penicillin the more I am inclined to believe that they are due to the impurities contained in the commercial batches. French observers are of the same opinion. So far I have not seen allergic accidents follow the exhibition of the white crystalline penicillin nor have I seen any reported in the literature. Thus, if a reaction occurs during penicillin administration, my practice is to stop immediately the offending penicillin and finish the course of treatment with crystalline penicillin. The crystalline preparation would also be indicated in all subjects known to be allergic to the ordinary yellow variety.

Mild reactions do not present a therapeutic problem. "Benadryl" is useful, and other antihistamine drugs may be tried—for instance, "antistin" given orally produced dramatic improvement in a severe case of penicillin-allergic reaction resistant to all other forms of treatment. New and more powerful antihistamine substances are becoming available—such as Halpern's 3277RP—and it is hoped that the problem of symptomatic treatment of allergic manifestations will be satisfactorily resolved in the near future.—I am, etc.,

London, W.10.

A. I. SUCHETT-KAYE.

SIR,—I have read the article by Drs. A. G. Wilkinson and K. Zinnemann (Nov. 29, p. 865) and would like to report that I have had two similar cases following penicillin treatment. Both occurred in women about 8–14 days after treatment, and the symptoms were similar to a severe serum reaction with swelling of the joints. The response to treatment with antihistamine drugs was poor, and there was a relapse in both cases after a few days.—I am, etc.,

Coventry.

S. NATHAN.

Pregnancy after Lumbo-dorsal Sympathectomy

SIR,—In the annotation on the above subject (Nov. 29, p. 876) you suggest that there is need for further knowledge of the effect of this operation on uterine action in labour. Observations were made by Todd during 1936–8 on eight of my cases who for various reasons had had extensive bilateral lumbar sympathectomies.

The number is small, but the observations were exact because Todd with admirable keenness succeeded in being present at each labour. He told me that he had not noted any deviation from normal in any one of the eight. Todd's observations would no doubt have been published at length had not the life of this most gifted gynaecologist been cut short in France in the early days of the war.—I am, etc.,

Prestatyn, Flintshire.

E. D. TELFORD.

Relief of Pain in Pelvic Cancer

SIR,—The statement in the annotation on the above subject (Nov. 29, p. 875) that "the operation of pre-sacral neurectomy has no significant ill effects" should not be allowed to pass unchallenged. Learmonth was the first to point out that the pre-sacral nerve contained motor fibres for the musculature of the seminal vesicles, ejaculatory ducts, and prostate gland. In at least one reported case the patient, a male, became sterile after the operation. It is most unlikely that this complication will cause medico-legal difficulties in patients with pelvic cancer, but the operation is performed for other diseases, and the full physiological results should be known.—I am, etc.,

London, W.1.

J. H. CARVER.

Reiter's Syndrome and Abacterial Pyuria

SIR,—Baines¹ in a recent article quoted me as having strongly pressed the role of *Trichomonas vaginalis* in abacterial pyuria, but I am at a loss to discover how the reference² could have led him to this erroneous conclusion, since I pointed out that one of the chief diagnostic features of T.V. urethritis is the presence in the smear of "large numbers of mixed organisms," which, by definition, excludes abacterial pyuria. In the syndromes under discussion I am therefore in complete