We wish to thank Prof. P. L. Sutherland for his interest and valuable advice while we were carrying out this work and for his assistance in the preparation of this paper. We are also indebted to Dr. Mazzini for a supply of reagents for his test.

REFERENCES

CLINICAL RECORDS

ULCERATING GRANULOMA OF PUDEDA—TREATMENT BY ZINC PEROXIDE PASTE

This ulcer is for the most part a rare lesion occurring in the Tropics and Subtropics. The infection appears to be acquired in coitus. The stock treatment is by various antimony preparations given parenterally, usually in repeated, prolonged courses, combined with local antiseptic irrigations and dressings.

Historically this antimony therapy is insecurely based on a once supposed kinship of certain intracellular and extracellular bodies demonstrated in the ulcer tissue and *Leishmania* parasites; and hardly more securely on the clinical experience that under the combined treatment mentioned above a few of these ulcers heal in a few weeks and many more in a few months.

Against this however is the not rare experience of locally applied antiseptics and courses of injections of various antimony preparations given for one, two and three years before the case ends by complete healing or death after the ulceration has opened up rectum or bladder or both.

The following brief reports on two cases may perhaps reinforce doubt about the specificity of the antimony therapy if not yet the prime agency of the intracellular and extracellular parasite-like bodies.

Case reports

Case 1.*—A naval rating noticed a small abrasion on dorsum of shaft of penis in November 1935, seven days after coitus in Hong Kong. The abrasion became painful ulcer; later right inguinal bubo developed, was incised, and ulceration spread from this wound also. On admission to hospital in Hong Kong "the grossly undermining ulceration" had flayed penis and extended all over right lower abdomen and right perineum. Seven months later the patient was sent home to the

*Fig. 1. The ulceration in May 1938.*
Royal Naval Hospital, Chatham, to the medical care of Surg. Commdr. T. F. Crean, R.N.; and later still, in May 1938—two and a half years after the lesion first appeared—transferred to my medical care at Albert Dock Hospital, on being invalided out of the Royal Navy.

Figs. 1 and 2 which represent photographs taken at this time do not show the whole extent of ulceration, for this had burrowed deeply into the right ischiorectal fossa and tunnelled across from right to left behind the scrotum. The patient had had many courses of various antimonys, of neoarsphenamine and bismuth injections; prontosil and sulphanilamide; besides antiseptic lotions and dressings to the ulceration. He had had proper and varied diet and there had been no loss of weight.

In the Albert Dock Hospital Dr. G. Marshall Findlay of the Wellcome Institute at my suggestion attempted—but failed—to demonstrate a virus. Wassermann and Kahn tests were again negative as was dmelcos vaccine intradermal test.

Courses of antimony injections (neostibosan and anthiomaline) were again given, and T.A.B. vaccine intravenously, and heavy courses of sulphapyridine, with daily irrigations of granulations and burrows with eusol and Milton lotions. Nevertheless ulceration burrowed and extended slowly and relentlessly until in November 1938—three years after first appearance of ulcer—opening up of bladder and rectum impended, and the patient had sunk into the depths of despair, pain and exhaustion.

At this point Mr. G. R. Butterfield, R.S.O., whose assistance I had sought, suggested treatment with zinc peroxide and referred me to F. L. Meleny’s work. Anaerobic culture of exudate from the ulcer burrows gave a non-haemolytic streptococcus; aerobic culture gave a *Staphylococcus aureus* which rapidly lysed blood.

Under anaesthesia a region of ulcer chosen for trial was thoroughly cleansed with hydrogen peroxide lotion, the deeper burrows opened up by diathermy knife, and the region then packed with a zinc peroxide paste (Allen and Hanbury 25 per cent zinc peroxide powder made into a smooth paste with distilled water). This very painful dressing was repeated daily, at first under pentothal anaesthesia. Healing was rapid and, with temporary setbacks, progressive until in July 1939—

**Fig. 2. The ulceration in May 1938.**

**Fig. 3. The condition in July 1939.**
THE SHY AUTHOR

nearly four years after the lesion had first appeared—the patient was discharged.
(See Fig. 3.)

Case 2.—A Merchant Navy seaman noticed in January 1943 a painful sore in
coronal sulcus, three days after coitus in Cadiz. In spite of neoarsphenamine
injections, sulphapyridine given by mouth and sulphanilamide powder applied
to the sore, it had spread until, on admission to Albert Dock Hospital six weeks
later, deeply undermining, very painful non-gangrenous ulceration had destroyed
surface of corona, flayed penis for half its length, and opened up ventrally some
third of an inch of urethra. Palpable not tender inguinal adenitis. No spiro-
chaetes were detected. Wassermann and Kahn and Dmelcos vaccine intradermal
tests were all negative. Anaerobic culture gave non-haemolytic streptococcus;
aerobic culture gave only a Staphylococcus aureus which rapidly lysed blood.

At first with anaesthesia, later without, ulcer and burrows were packed with the
zinc peroxide paste. Healing was rapid, uneventful and, except for a urethral
fistula, complete at the end of nine weeks, at which time the Wassermann and
Kahn tests were again negative.

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* I am indebted to Surg.-Commdr. Crean, R.N., for a report on the case, for the photographs
used for Figs. 1 and 2, and for his permission to publish them.

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aerophilic and anaerobic infections: with special reference to a group of chronic
ulcerative burrowing non-gangrenous lesions of abdominal wall apparently due to a
micro-aerophilic haemolytic streptococcus.

THE SHY AUTHOR

Editors of medical journals constantly complain in these days of the difficulty
of securing the best type of article. It is true that there is always a certain small
number of medical men and women who show an undue eagerness to get their
names into the columns of medical journals. It is the duty of the editor to save such
scribes from themselves and the profession from boring literature. The fact
remains, however, that there is a dearth of medical authors and the reason for
this is apparent. Unless an article is interesting, scientific, based on fundamentals,
of clear educational value and severely critical in all respects, it is of little use.
The possible authors of such contributions must therefore be persons of utmost
rectitude, no matter whether their place in the medical sphere be prominent
or otherwise. At the present moment such individuals are worked off their feet;
they have little or no leisure, and circumstances prevent them from settling down
in dispassionate quietude to put their thoughts on paper.

Apart from all that has been said above, there are still other reasons for the
lack of medical authors, but many of these reasons can be shown to be somewhat
tenuous. There could be in fact quite a good supply—very much restricted
though it might be—of interesting material. In this case the fault lies not in our
opportunities but in ourselves. Many doctors have interesting tales to tell, but
fear overrides them. They have perhaps thought that what they have discovered
is trivial or is already known. They are not sure about the framework of an
article and how to go about its construction. They are afraid of the gaffe
and the cliché. Thus they adopt a plausible escape policy so far as writing is concerned
and so drift on unsung and unheard from year to year.

No matter how humble an author may consider himself to be and no matter
how he may feel in the presence of “those who know”, he should not shrink
from making his contribution, and this applies particularly to the subject of
venereal diseases, for like these diseases themselves, it is unfortunate that much
of the literature is stillborn. The clarion call has sounded however for everyone
to participate in the campaign to control, if not indeed to obliterate, venereal
diseases, and every kind of response must be made to hasten the end of the
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