CLINICAL NOTE

A new treatment of herpes zoster, vaccinia and chicken pox

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THE DRUG TREATMENT OF VIRAL and rickettsial infections unaffected by antibiotics has attracted attention in recent years. Nucleoproteins have been used in an attempt to stimulate leucocyte response, phagocytosis and antibody formation. A case of vaccinia gangrenosa presented and Reticulose was given to supplement gamma globulin. The excellent response prompted a trial in other conditions characterized by vesiculation.

The preparation used was a lipo-protein-nucleic acid complex (Reticulose). Since 1958 U.S.P. grade beef protein has been the source of protein in manufacture. It is said to present no danger of anaphylactic or allergic reaction. It is non toxic and in the cases quoted below caused no side effects. It is contra-indicated in tuberculosis and severe allergies.

The dose in adult cases was 2 ml intramuscularly (i m) daily. This may be increased to 2 ml four hourly.

Case 1. A child of three months was given a routine smallpox vaccination on the upper left arm. Typical vaccinia gangrenosa developed. 1 ml of gamma globulin was given (i m) together with 1 ml of Reticulose (i m). The child seen six hours later was afebrile and the reaction around the lesion had gone. (Dramatic improvement was said to have come about within four hours.) Reticulose was continued twice daily and the lesion resolved over the next three days. The speed of response suggested that Reticulose rather than gamma globulin was the effective agent.

Case 2. An adult presented with chicken-pox. On the face the lesions were confluent and the rest of the body well covered. There was bronchitis and a high swinging temperature. Given 2 ml of Reticulose (i m) the fever subsided the following day; there were no new vesicles. Those of the previous day were improving. Bronchitis had almost disappeared and the patient felt well. Reticulose was repeated twice at 24-hour intervals by which time all pustules had begun to dry up. Treatment was discontinued and the lesions progressively healed.

Cases 3–9. These were herpes zoster involving the trunk. The response in each case was identical. Progress of the lesions halted in 24 hours with subjective improvement. Insufficient healing after three daily injections allowed relapse on the fifth day which responded to further Reticulose. In later cases Reticulose was continued until healing was almost complete.

Case 10. Herpes zoster involving the left thoracic nerve and the ophthalmic division of the left trigeminal nerve. Reticulose was given for three days and the response was the same. From the first injection the lesions became no worse. After the second, the lesions steadily improved. No other treatment was required. There was no residual eye damage.

Cases 11–13. Vaccinia treated in the same way had similar results.

Response in penile herpes was slower, pain often relieved but recurrence was not prevented.

Aphthous ulcer was not helped.

Conclusion

The response in cases of herpes zoster, vaccinia, vaccinia gangrenosa and chicken-pox was excellent and followed the same pattern in every case. Possibly more frequent injections would speed healing. The response of penile herpes was disappointing. Pain may be relieved and healing speeded but recurrence was not prevented. Reticulose could be the treatment of choice in ophthalmic herpes. The response of smallpox is open to trial.

Summary

A lipo-protein-nucleic acid complex (Reticulose) was used in the treatment of disease characterized by vesiculation of the skin or mucous membranes. It was found to be consistently effective in producing an immediate response and speedy resolution of the lesions of vaccinia,

vaccinia gangrenosa, herpes zoster (including ophthalmic zoster) and adult chicken-pox. Treatment of penile herpes was not so effective. Aphthous ulcers unaffected. What of smallpox?

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UNDERGRADUATE EDUCATION

IFMSA general practice clerkships

A new project in Great Britain

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British Medical Students Association

THE INTERNATIONAL FEDERATION OF MEDICAL STUDENT ASSOCIATIONS was formed nearly 20 years ago to promote international co-operation between medical students of the world. One of its major fields of action is the professional exchange of medical students where students spend a month in a foreign hospital being attached to a consultant and studying the subject of his or her choice.

It has been my ambition for some time to set up a similar scheme in IFMSA where students from abroad can come to Great Britain and spend a period of time with a general practitioner. During my term of office as BMSA representative to the Education Committee of the Royal College of General Practitioners, I put forward my ideas and carried out a pilot scheme with two general practitioners and two Scandinavians. This proved to be successful, and as a result, the South-east England Faculty of the Royal College of General Practitioners sent me a list of 70 general practitioners who might be willing to take part in such a scheme. In addition an appeal in the *Practitioner* in 1968 resulted in further offers. 1969 saw the first full-scale operation in which 38 practitioners took part.

I carried out a survey amongst the doctors who took part and this is a brief resumé of the results.

The organization

Each member country of IFMSA has an executive member who acts as exchange officer for his country. Any medical students wishing to take part in the IFMSA exchange scheme must do so through the exchange officer. This ensures:

1. That the student speaks the required languages adequately.
2. That the student is academically suitable for the post offered.
3. That the progress of any arrangements can be easily checked and followed.

Any doctor wishing to have a foreign student may receive an application form early on in the year giving details of a student and asking if he or she may reside with the doctor at a certain time for, perhaps, two weeks. If the doctor accepts the student, he informs us, we inform the exchange officer of the student's home association, who, in time, informs the student. The student then relies *via* the exchange officer in the form of a filled-in card of acceptance