

B. Cases without a history of previous psychological disturbance (4.3% of cases). There were six of these cases—three married and two unmarried women, and one man. The average age was 28. Three of them had severe or recurrent attacks of hepatitis and three had a relatively mild single attack with minimal icterus.

Case 3. A married woman aged 24 developed a depressive type of reaction a month after an attack of hepatitis in December 1952. Investigations in hospital showed no evidence of liver damage. In February 1953 she was treated by E.C.T. but would not complete the course of treatment. In April of that year jaundice recurred with slightly enlarged liver. For the next six months she was sometimes well and sometimes depressed, with headaches, feelings of inadequacy and anorexia. In October 1953 the liver again became palpable and tender. A month later she had to be certified. She has been fairly well at home for the last two months but is showing signs of depression once more. The liver appears to have been normal for the last six months.

Case 4. An Italian ex-P.O.W. aged 37 has been on a farm for eight years. He developed infective hepatitis in February 1952 with considerable enlargement of liver and spleen. Subsequent complete investigation showed no evidence of amoebiasis etc. but did demonstrate a duodenal ulcer. The illness dragged on for seven months. During the earlier months he was depressed and introspective to an extent that suggested an alteration of personality. He refused to be reassured that symptoms such as constipation were not serious. I have known this man since 1948 and am convinced that there was a great deal more to these symptoms than the volatile Italian temperament. He is now well physically and stable mentally.

Case 5. A woman of 35 had three attacks of infective hepatitis since 1950, none of them severe. A marked feature has been depression and inability to concentrate. There has been marked diminution in mental and physical energy. Concentration on a problem for an hour or two has produced a week of prostration, with tenderness and slight enlargement of the liver which had not been present for some weeks previously. She described this aspect of hepatitis succinctly by telling me of a visit from a friend with similar trouble, whose first question was "How's your brain?"

Hepatitis is not the only infection which causes psychological disturbance; almost any illness can do so. One is left wondering whether these psychological illnesses would have been precipitated in these patients by other infections; I, personally, cannot help feeling that the hepatitis has a specific effect in view of the high proportion of breakdowns that occur in this condition.

Prolapsed Haemorrhoids Treated by Hyalase— A Case-Report

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The patient, an ambulant hemiplegic of over 60, had suffered for years from haemorrhoids. Three months ago his haemorrhoids prolapsed, giving rise to an irreducible mass at the anus as big as a man's fist. He was in bed at home for two or three weeks without any improvement, and was then moved to hospital for adequate care and nursing. In spite of this, and the application of a series

of traditional remedies, he was no better after a further two weeks.

About this time, when gazing rather hopelessly at his still enormous prolapse, a superficial resemblance between this condition and a paraphimosis presented itself. In each case a structure normally inside emerges through a narrow opening and, becoming congested, cannot return, with resulting changes both in the structure itself and in the constricting agent. On this rather far-fetched analogy it was decided to try the effect of an injection of hyalase. About one third of the periphery was injected with one thousand units of hyalase, and on the following day a significant improvement was noticed in the area so treated. Subsequent injections were followed by similar improvement, and within ten days the whole of the prolapse had reduced itself. The patient has returned to his home and is up and about. There has been an occasional return of some degree of prolapse, but no strangulation, and there seems no doubt of the good effect of the hyalase.

It may be years before another such case is found in our practice, and this report is made in the hope that others may take the opportunity of trying this line of treatment, which could be easily carried out in the patient's home.

Hypothermal Collapse

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IBSTOCK

In this practice, during the recent cold spell, no less than three old people collapsed due to the intense cold.

Case 1. 24th February 1955. I was called to see T.H., a retired miner aged 68 who was said to have collapsed at 8 a.m. The story was that he had gone out into a minor blizzard to stoke up his greenhouse fire, but he was unable to get there without clearing a path in the snow. He was at work for ten minutes in the cold and then he began to feel ill, and so he made for the house. As he walked the few yards to his house the wind caught him on the back of his neck and he could not get his breath. He managed to reach the porch and sat down. He could not move again, and was so short of breath that he could not even call his wife who was in the next room. Fortunately his grandson came along and carried him with neighbours' help into the house, where they seated him on a sofa. It was here that I saw him at 8.15 a.m. and he looked extremely ill. His face was cold and pallid and he was so short of breath that he could only speak in monosyllables. I could feel no pulse at the wrist, and when I attempted to examine his chest he made it quite clear that he did not want to be disturbed. He slowly improved, and showed great pleasure when he found that he could feel with his hands and move his arms. I left him in a comfortable chair with hot water bottles in front of a fire. When I saw him again two hours later he was quite normal, could speak freely and said that although all the use had gone out of him at the time of his attack, he had never actually lost consciousness. He then told me the story related above.

When I first saw this man he looked so ill I thought that he was dying. The weakness of both arms and legs excluded a hemiplegia. He had no pain at all which was against either coronary thrombosis