

### Long-term use of transcutaneous electrical stimulation

The article by Johnson *et al.* (May 1992, *JRSM*, p 267) concludes merely on the rate of return of transcutaneous stimulatory instruments that the instrumentation is effective. A critical reference is 12 years old. The conclusion that Johnson *et al.* draw is totally unwarranted on the basis of the information provided and simply the return of the instrumentation cannot be reasonably used to assume that transcutaneous stimulators are effective in relieving pain.

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#### The authors reply below:

Dr Lyons comments that the rate of return of stimulators to the clinic cannot be used as an indicator of their analgesic effectiveness. While we agree that this information does not give an exact figure for transcutaneous electrical nerve stimulation (TENS) efficacy, we would point out (as stated in our report) that all patients attended for a follow-up appointment (usually several appointments) at which they could choose whether or not to continue using TENS for pain relief. Of 1582 patients, 58.6% opted to retain their stimulators for this purpose. Between 1987 and 1991 patients were also sent a questionnaire concerning their use of TENS and all were requested to return their stimulators, for use by other patients, if they found them to be ineffective.

Furthermore, as referred to in our paper, 179 of TENS users drawn randomly from the same Pain Relief Clinic files attended the clinic for in-depth assessment<sup>1</sup>. Of these, 15.5% (26) obtained total relief of pain, 47% (79) found that TENS reduced their pain by half or more, and all but 13.7% (23) reported some relief of pain, as assessed by visual analogue scales (VAS) administered during TENS use in the laboratory. Of the 23 patients reporting no pain relief on the VAS, 11 nevertheless chose to continue using TENS, maintaining that they received benefit because 'TENS does not reduce my pain, but it distracts, or takes my mind off it'. In that study 32% of the patients reported a decline in TENS efficacy over time, but in 58% TENS efficacy remained unchanged for periods of up to 9 years. These results are in broad agreement with earlier but still relevant studies<sup>2,3</sup> dismissed by Dr Lyons on the grounds of being 12 years old.

Thus we maintain that, in our Pain Relief Clinic, the rate of return of TENS stimulators serves as a useful clinical indicator of the long-term value of TENS and suggests that TENS is an effective method of relieving pain in over 50% of patients with a wide variety of chronic pain conditions.

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### Premier Chirurgien du Roi

The paper by Shah (May 1992 *JRSM*, p 292) is an unusually superficial review of the life of the surgeon Ambroise Pare. The most glaring omission is the account of the attendance by Pare at the bedside of Henri II at his death as a result of a head injury. The analysis of the head injury by Pare, on the basis of the autopsy results, led to the publication of perhaps Pare's most important book and certainly a seminal work in the history of head injuries. These events

and the work are not mentioned by Dr Shah. This is even more surprising in view of the fact that he is identified as a neurologist.

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### Vulval schistosomiasis

I was interested to read the recent report by Leslie *et al.* (January 1993 *JRSM*, p 51) concerning a case of vulval schistosomiasis. We have recently reported two cases of schistosomiasis of the genital tract<sup>1</sup>, one where the disease was apparently localized to the uterine cervix, the other involving the ovaries, tubes, uterus and cervix. In view of the increasing incidence of schistosomiasis in visitors returning from Africa, it is important to consider the possibility of such a diagnosis in at-risk patients. Whilst the disease usually affects the urinary or gastrointestinal tracts, the genital tract is frequently involved<sup>2</sup>. The cervix is probably the commonest genital site, followed by the vagina, the vulva and the ovary, with the fallopian tube and uterine corpus being the least frequently affected<sup>3</sup>. *S. haematobium* is the commonest species found in the genital tract, but *S. mansoni* has also been reported<sup>4</sup>. Involvement of the cervix may mimic carcinoma, and in endemic areas, schistosomal ova are commonly found in association with cervical cancers, but it is unclear whether there is any aetiological association between the two.


Whilst vulval involvement may respond to treatment with praziquantel or metrifonate, cervical schistosomiasis may require surgical treatment in the form of cone biopsy<sup>3</sup> or loop excision. Involvement of pelvic structures often results in an intense granulomatous reaction with the formation of dense adhesions, which may make surgery hazardous. The usual regime for praziquantel administration is at a dose of 40 mg/kg as a single oral dose rather than the three day regime stated in the paper of Leslie *et al.* Metrifonate is given orally in three doses of 7.5 mg/kg at intervals of 2 weeks. The advantage of praziquantel is that it is effective against all human schistosomes and does not appear to have any serious toxic effects.

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### Origins

It was interesting to read 'What's in a Title - Mr or Dr' with its historical background on how both titles evolved. I also thought your readers may be interested to know the origin of the word 'medicine'<sup>1</sup>. It was derived from  *sinw* which is the title of a doctor in Ancient Egypt. It is of note that the scalpel (or lancet) as well as the medicine container are used, thus encompassing the medical and surgical side of medicine. This title in Coptic is **CENS** and if we add the prefix **MEJ** (met to form the noun thus the word **MEJCENS** which is the art or science of medicine).

Of further interest is the derivation of the word chemistry. This is derived from **KHLLS** (KEMI), the name by which the Ancient Egyptians called their country. The Greeks took the name of Egypt to denote the science of chemistry as the Ancient Egyptians were renowned in this field. Legend had it that the Ancient Egyptians could turn sand to gold!