

## JUVENILE CASES

I do not see many children with this disease but three that I have seen in the last year and have treated by this method have all done well. These have been treated in the same way as the pregnant patients, in that treatment has been continued for months rather than for two or three weeks. I mention this point because I think it possible that this will be the future method of choice when a favourable response is obtained to local treatment.

## LONG-TERM RESULTS

The use of hydrocortisone locally, even when it brings about remission, does not mean that these patients are going to be free from further attacks of the disease. Indeed, there is no known medical treatment which will guarantee freedom from recurrent attacks once a person has suffered from this illness. However, it should not be thought that rapid relapse is particularly likely to occur when the treatment is stopped. Indeed, immediate relapse is unusual although relapse over the course of the next few months is fairly frequent. Some patients have remained in perfect remission after a single course. For example, the first patient who was treated two and a half years ago has been symptom-free ever since.

Some idea of the early long-term results can be gained from considering what has happened to 15 patients who responded well to treatment in 1955 and 1956. 6 of them have remained in perfect remission; 7 have had one or more recurrences but have responded swiftly to further courses of local treatment; and 2 have had recurrences which did not respond to a further course so that alternative treatment was necessary.

## REFERENCES

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**Observations on the Management of Idiopathic Proctitis [Abridged]**

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THESE observations are part of a larger study of the natural history of idiopathic proctitis, and are based on the study of 150 patients attending the out-patients at St. Mark's Hospital in the six and a half year period from January 1951 to June 1957. They were patients with typical sigmoidoscopic appearance but with minimal X-ray evidence of disease of the colon itself although undoubtedly a proportion of patients had the same inflammatory process extending upwards into the sigmoid. In the series of 150 there were 94 females and 56 males. Of the 150 cases follow-up information had been obtained from all but 6 of them; 50 at the time of last examination had continuing symptoms and of these 12 had had extension of the disease process often involving the entire bowel and necessitating surgical treatment.

The view was firmly established from this survey that idiopathic proctitis was one and the same disease as ulcerative colitis but in a localized and milder form.

Observations were made on the effect of treatment with prednisone and, initially, a comparison was made between three weeks' treatment with calcium lactate and the same period with prednisone taking alternate cases. Of the 13 patients treated with calcium lactate 9 were not improved or worse at the end of three weeks compared with only 1 out of 10 treated with prednisone who had not improved or got worse. Altogether 44 patients were treated with prednisone and at the end of treatment 16 had no symptoms with normal sigmoidoscopic appearance, 12 had no symptoms with low-grade proctitis present, 11 had persistent symptoms and signs but improvement in both, only 5 showed no improvement. Within three months, however, another 11 had relapsed and needed further treatment. The patients were all treated in the out-patients' department starting with 20 mg. three times a day for one week reducing the dose to 15 mg. three times a day for the second week and then 10 mg. three times a day for another two or three weeks subsequently tailing the dose off. There were side-effects in half the patients but these proved temporary only. One patient developed diabetes, 5 had indigestion and 6 a moderate degree of acne. Symptoms all responded to dose reduction and cessation of treatment.