Investigations
- Skin scrapings for mycology
- Patch testing for allergies
- Full blood count, erythrocyte sedimentation rate, liver and renal function tests
- Urine analysis
- Stools for blood and parasites

Use emollients for dry skin.

Topical local anaesthetics give relief but can cause allergic reactions.

Sedative antihistamines at night may be helpful.

In liver failure cholestyramine powders may help to relieve the intense pruritus that can occur.

Pruritus ani is a common, troublesome condition and the following points may be helpful.

(1) Patients often wash obsessively and attack the perianal area frequently with soap and water. Advise gentle cleaning, once daily.

(2) Avoid harsh toilet paper—especially if it is coloured (cheap dyes irritate and can cause allergies). Olive oil and cotton wool can be used instead.

(3) Weaker topical steroids can be used to reduce inflammation with zinc cream or ointment as a protective layer on top.

(4) Anal leakage from an incompetent sphincter, skin tags, or haemorrhoids may require surgical treatment.

(5) There may be anxiety or depression but pruritus ani itself can lead to irritability and depression.

Dr Paul K Buxton, FRCPED, FRCPC, is consultant dermatologist, Royal Infirmary, Edinburgh, and Fife Health Board.

Portraits from Memory

22—Dr Samuel Tertius Cowan (1905-76)

JAMES HOWIE

Sam Cowan became a leading and greatly respected international figure in bacterial nomenclature and taxonomy—unlikely subjects for a medical graduate. It was not the career that he had originally planned for himself, but he made a great success of it and won for the subject a far wider interest than either he himself or any of his medical colleagues would at first have thought possible. Sam prided himself on being "a Manchester man. This means that I'm direct. If I see a thing as right I go for it—no matter what." In 1926 he had the name Tertius added by deed poll because he was the third Sam Cowan. In this he was being direct and logical, but unusual in that he greatly disliked Latin and endured learning it only because, in 1924, it was a required subject for entry to a medical course at Manchester University. Oddly enough correct use of the "dead" language was an important part of getting bacterial nomenclature exactly right. Sam remained impatient at its minutiae but nevertheless insisted on getting them right.

He graduated in 1930 from Manchester University; but it was not long before Sam decided that a clinical career was not for him and he embarked on research in bacteriology. He found this to his liking, enjoyed the intellectual and friendly company he found in laboratories, and was well on his way as a lecturer in bacteriology at Manchester and as a Freedom research fellow in London when the war came and Sam joined the RAMC as a laboratory specialist with the rank of major.

Sam's war was an exciting and a dangerous one. He escaped from Greece in 1941 with no time to spare, and he was in Crete and Tobruk when these were anything but safe places. In 1943 he returned to England and served at the Royal Herbert Hospital, Woolwich, and for a time at the War Office. When the war ended he decided after due thought that an academic career was not the one that might suit him best, and, in 1947, he became curator of the National Collection of Type Cultures, then housed at the Lister Institute at Elstree. He soon embarked on a necessary major reorganisation which was greatly assisted in 1949 when the collection moved to the Central Public Health Laboratory at Colindale, where improved, although not perfect, facilities were available. He introduced freeze drying as the main method of preservation and started the detailed records of the collection that made it one of the foremost in the world. These new records were later used for analysis by methods not then thought of.

What's in a name

A substantial part of Sam Cowan's effort went to international affairs, particularly in bacterial systematics. In 1950 he became permanent secretary for medical microbiology of the international committee on bacteriological nomenclature. In addition to many other international contributions he had a powerful influence on the eighth and most recent edition of *Bergey's Manual of Determinative*

Edinburgh EH13 0BU
Sir JAMES HOWIE, MD, FRCP

Correspondence to: 34 Redford Avenue, Edinburgh EH13 0BU.

Bacteriology. His own *Manual for the Identification of Medical Bacteria*, published in 1961 in collaboration with Kenneth Steel, is one of the best known reference books in microbiology and was immediately in demand throughout the world. He could laugh at himself and did so when he put forward his "paper with ten heresies" in which he actually advocated abolishing rules of nomenclature and retaining only principles. His *Dictionary of Microbial Taxonomic Usage* is a classic work.

Sam took an eminently sensible and pragmatic attitude to taxonomy and nomenclature as they affected microbiological science on the one hand and medical practice on the other. Names must change as the science developed. When new facts were discovered they compelled new classifications and new names. But it was ridiculous to inflict changing specific names on medical practitioners. In medicine, Sam wisely argued, we should use in our reports the unchanging non-specific epithets—thus "the typhoid bacillus" rather than *Salmonella typhi*. This would avoid a clinician's concluding that his patient had "only a food poisoning salmonella" when in fact he had typhoid fever. Similarly, to report "a food poisoning salmonella" was wiser than to name *Salmonella typhimurium* and have a ward closed because "we hadn't realised it was typhoid."

Good account

I pressed him to come and lecture in Glasgow to the undergraduates. He was reluctant to do so but was finally persuaded to meet and discuss his subject with the senior honours science students. This was such a success that he was then persuaded, against his will, to address the junior honours class; and finally, against all that he had laid down as a condition of coming to Glasgow, he met "even the medicals." This also produced a very successful discussion. I think it surprised and pleased him to find that his original vocation as an academic teacher would not have been a mistake. He was troubled by deafness, however, and that could have been a disadvantage. But Sam turned even that to good account by switching off his hearing aid and smiling beatifically at those whose communications or discussions he thought had gone on for too long or seemed to be taking a course he could not possibly accept. As an administrator his directness, as well as some of his decisions, surprised some of his colleagues in the Public Health Laboratory Service, of which he became deputy director in 1964. When remonstrated with, Sam would sometimes defend his actions by saying that he must have switched off his hearing aid when he thought the discussion had reached a good and right conclusion. His capacity as an effective administrator, however, rested on complete integrity of purpose and good judgment of what was both desirable and possible.

In 1967, for reasons of health, he retired to a quiet country cottage at Queen Camel near Yeovil in Somerset. He was a happy and complete family man and a steam railway enthusiast with a fine collection of photographs. He died suddenly on his 71st birthday having made, unobtrusively, as was natural to him, a precious contribution to microbiology and to the gentle art of making friends wherever he went.

Research from the South

Operations for portal hypertension due to extrahepatic obstruction: results and 10 year follow up

G K PANDE, V M REDDY, P KAR, P SAHNI, M BERRY, B N TANDON, S NUNDY

Abstract

Between 1976 and 1984, 136 patients with portal hypertension due to extrahepatic obstruction were operated on. Twenty two patients had emergency and 114 elective operations. The operative mortality was 9% and 1%, respectively. Altogether 117 patients (86%) were followed up for from two to 10 years: 17 rebled, none developed encephalopathy or sepsis after splenectomy, and 90% and 75% were alive at five and 10 years respectively. Unlike endoscopic sclerotherapy and treatment with propranolol, operative treatment of variceal bleeding can usually be completed during one admission and carries a low mortality and a fairly low morbidity.

Operation seems to be the best form of treatment for poor patients living far from medical facilities in developing countries and may be the treatment of choice in developed countries as well.

All India Institute of Medical Sciences, New Delhi 110029, India
G K PANDE, MS, senior resident, gastrointestinal surgery unit
P SAHNI, MS, senior resident, gastrointestinal surgery unit
S NUNDY, MCH, FRCS, associate professor, gastrointestinal surgery unit
V M REDDY, MS, senior resident, department of cardiothoracic and vascular surgery
M BERRY, MD, associate professor, department of radiology
B N TANDON, MD, professor and head, department of gastroenterology

Department of Medicine, Maulana Azad Medical College, New Delhi
P KAR, MD, DM, assistant professor

Correspondence to: Professor Nundy.

Introduction

Portal hypertension due to extrahepatic obstruction is rare in Western countries[1,2] but common in India.[3] Its cause is unknown and the place of operative treatment controversial. Those against doing operations cite the mortality,[4] the recurrence of bleeding, and the incidence of postoperative encephalopathy.[5] They advocate managing patients with blood transfusions during each episode of bleeding until a substantial number "outgrow their disease."[6,7] The group that favours operation, to which we belong, cite the generally low operative mortality, the low rates of rebleeding reported from specialist centres, and the complete absence of postoperative encephalopathy.