

From Gnats to Cold Sores

To the Editor.—The common blackfly (biting gnat; order Diptera; family Simuliidae) has long been a plague to explorers, hunters, fishermen, etc., in the spring and summer in northern climates. Not only do these flies attack in droves and bite voraciously, but the bite may lead to large weals and inflammatory lesions with severe pruritus which may last for days. Some 20 years ago I learned that the inflammatory reaction and pruritus could be regularly controlled by the topical application of an antihistamine paste made by grinding a 50-mg tablet of tripeleminamine, (Pyribenzamine) hydrochloride in cold cream. A 2% topical ointment or cream is now available which serves the same purpose.

Recently a neighbor of mine was so impressed with the efficacy of this remedy for blackfly bites that she applied it to an emerging cold sore (presumably herpes simplex) and duly reported equally good results: lessening of pain within hours, fewer vesicles than expected, and healing in two days as opposed to the usual week. I viewed this report with healthy skepticism, regarding it as a happy coincidence, and had almost discarded it when one day my young son came to me demanding an immediate cure for his latest outbreak of herpes simplex. Having no other unguent or medicament immediately available, I applied tripeleminamine with the same astonishing result. Clearly, further investigation was indicated.

A call to the manufacturer elicited mild interest and a negative literature survey. After a few more "therapeutic triumphs," I consulted several dermatologists who, after giving me that knowing look, told me of the local anesthetic properties of antihistamines and warned of the hazards of skin sensitization. Virologists were interested but otherwise engaged.

Despite these setbacks and a patient population with more pressing problems, I have found that a surprisingly large number of friends and acquaintances suffer from this malady repeatedly and with resignation. To date I have suggested this medication to 22 such volunteers with clinical evidence of the lesions of herpes simplex. The majority of the lesions were on or about the lips or nares, two were

intraoral, and one genital. Most patients described recurrent attacks of herpes in the same location. The medication was applied with massage at least four times a day. Five patients obtained no relief; one of these complained of severe burning after one application and discontinued treatment; three were far advanced. Seventeen patients have reported relief of pain, a decrease in the usual number of vesicles, and more rapid healing. Two of these patients also reported burning sensations upon the application of this material. One with an intraoral lesion complained of the taste. Apparently the sooner the lesion is treated the better the result. Five patients, habitual repeaters, claim that an attack can be aborted if treatment is started when only pain and a few vesicles are present. There appears to be little or no effect if the lesion is crusted or secondarily invaded by bacteria.

Any discussion of the mode of action—if any—of antihistamines on this malady would be speculative considering the sketchy nature of the observations reported here.

While I have hesitated to write this letter because of the unscientific nature of my observations, and for fear of precipitating further irrational and irresponsible use of antihistamines, I am persuaded that it should be investigated further. If you do publish this letter, it will at least be of value to those of my colleagues who brave the blackfly bite in the quest of fish and who are unaware of topical antihistamines.

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Another Abusable Amphetamine

To the Editor.—Over the past six months the abuse of yet another type of amphetamine has come to our attention. The drug is methylenedioxymphetamine (MDA). We have been led to believe that the origin of abuse of this drug is local to Wisconsin, and presently it is one of the most frequently abused drugs within our drug subculture. Recently there has been a large-scale arrest of producers of MDA within Wisconsin.

The effects of the drug have been related to us by several adolescent patients. Physically, the only vis-

ible change described was widely dilated pupils. However, subjectively, the patients described a mild sense of physical well-being with some increase in taste sensation. This was accompanied by a feeling of "numbness" or a decreased awareness of bodily sensations. Psychic effects of the drug center around an increased need for interpersonal relationships. This, perhaps, accounts for MDA being known as "the love pill." Patients described an almost overwhelming desire or need to be with and talk to other people. Increased sexual activity was not mentioned. One patient reported several short visual hallucinations after taking MDA.

The effects of the drug occur within 30 to 60 minutes after oral ingestion of either the liquid, capsule, or tablet form, and they last between six and ten hours. After effects of the drug were not generally described. However, occasional adverse effects do appear. These usually consist of a marked physical exhaustion coupled with free floating anxiety which can last up to two days.

There have been previous reports of the effects of MDA in humans. In 1941, MDA was found to increase rigidity in a patient with Parkinson's disease.¹ Evaluation of subjective effects of the drug revealed neither mood changes, sleepiness, nor hallucinations, but there were changes in visual and auditory modalities.² Methylenedioxymphetamine was again evaluated in humans in 1967, and at that time, it was thought that the subjective reactions of empathy and heightened affect might provide a valuable adjunct to psychotherapy.³ It would appear that the subjective effects of methylenedioxymphetamine (MDA) would lie between those of dextroamphetamine and 2, 5-dimethoxy 4-methylamphetamine (STP).

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