Abstracts from Current Medical Literature

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MEDICINE.

Therapeutic Trial of a New Drug in Pulmonary Tuberculosis. Paul Anstett (Gazette des Hôpitaux, 13th September, 1939).—Favourable results were obtained in surgical tubercle by Mathieu of Paris, and in lupus by Weille of Nancy, also in eye conditions by Thomas from the use of trimethoxaurine. The author followed up this line of treatment in some more cases of tuberculosis and was impressed by the improvement shown. He therefore gave the drug to two patients suffering from pulmonary tubercle and obtained an encouraging response. The drug is sold under the name of "rubrophene" and may be given orally or intravenously. Where a surface lesion exists a powdered form may be applied locally as well.

The writer makes the following points:—There have been no accidents attendant on use of the drug; in a case of tuberculous thoracic fistula and in two cases of lupus of nose the results were in accord with other reports, i.e., immediate and rapid improvement; in the only two cases of pulmonary type tested so far improvement followed at once; when administration of rubrophène was suspended the physical condition promptly relapsed but again responded when treatment was restarted. While maintaining a healthy scepticism meantime as to its value, he thinks the drug merits a more extensive trial.—F. J. Ford.

Use of Guanidine Hydrochloride in the Treatment of Myasthenia Gravis. A. S. Minot, K. Dodd and S. S. Riven (Journal of American Medical Association, 1939, 113, 553),—Since there is no evidence that acetylcholine is absent, or destroyed at an abnormally rapid rate, in myasthenia gravis, it has been assumed that the muscles are less than normally responsive to the liberation of acetylcholine. Since guanidine was found to increase the sensitivity of normal muscle to acetylcholine it was therefore tried in myasthenia gravis. In this paper the authors give reports and ergographic tracings of five patients who received benefit from guanidine hydrochloride given by mouth. They found that larger doses could be tolerated than by normal persons. Guanidine poisoning, indicated by gastro-intestinal and circulatory disturbances, could be controlled by atropine, but indicated that the dose should be reduced or temporarily omitted. Favourable results were also obtained when guanidine was used in combination with prostigmine and potassium citrate.—J. Basil Rennie.
The Pre-operative and Post-operative Administration of Vitamin K to Patients having Jaundice. H. R. Butt, A. M. Snell, and A. E. Osterberg (Journal of the American Medical Association, 1939, 113, 383).—The authors review the literature on the cause of bleeding in the presence of jaundice and conclude that there is general agreement on many points. For example, alteration in the level of calcium, bilirubin, platelets, fibrinogen or thromboplastin cannot be incriminated. The suggestion of Quick that a drop in the prothrombin, a substance which is present in the plasma and is apparently elaborated by the liver, was the decisive factor, is now confirmed. The production of prothrombin is apparently maintained by a fat-soluble substance, Vitamin K, which is absorbed from the intestine. It exists in the normal diet and is also produced by bacterial action in the intestine in adequate amount, provided that bile is present in the intestine, whose absorptive surface must be normal, and that the liver is not grossly disorganized. The value of estimation of the prothrombin clotting time, for detecting which patients will bleed after operation, is stressed in this article, and the beneficial effect of administration of large quantities of Vitamin K is shown. The vitamin was obtained from a concentrate of alfalfa grass and given by mouth or intramuscularly along with bile salts. In numerous other forms of hæmorrhage, not associated with jaundice, the prothrombin time was found to be normal.

—J. Basil Rennie.

EAR, NOSE AND THROAT.

The Symptoms, Signs, and Treatment of Nasal Sinusitis in Children. S. E. Birdwell (Journal of Laryngology and Otology, September, 1939).—The clinical records of 80 cases occurring in a consecutive series over a period of two years are summarized. Their ages ranged from 2 to 13 years; 36 were boys and 44 girls. The commonest symptoms were nasal obstruction, cough, and frequent colds, each being found in more than thirty children. Rhinorrhœa, pain, and throat symptoms were next commonest and there were other features less often noted, such as asthma and epistaxis.

Analysis of symptoms showed that the nasal obstruction was persistent even after removal of tonsils and adenoids, and was associated with the finding of mucopeus in the anterior portion of the nasal cavity. This must be regarded as strong presumptive evidence of sinusitis since an infective purulent rhinitis, confined to the nasal passage alone, probably does not exist. Cough appeared to be due to irritation of pharynx and larynx by mucus or mucopeus from the nose. Otitis media and sinusitis were frequently found to be concurrent. The common cold was thought to be the most frequent etiological factor, and it is therefore suggested that colds in children should always be treated with nasal alkaline lotions or with ephedrine to relieve congestion and obstruction.

In making the diagnosis of sinusitis, transillumination was of little value, whereas x-ray examination was very helpful. In 35 cases the antra were indicated as the predominantly affected sinuses and in 13 of these the other sinuses were clear. In 22 cases the antra and ethmoid cells were both involved, the frontal and sphenoidal sinuses being also infected where they were well developed.

It was found that, as in adults, acute sinusitis is readily amenable to