Any Questions ?

We publish below a selection of those questions and answers which seem of general interest. It is regretted that it is not possible to supply answers to all questions submitted.

Hodgkin's Disease

Q.—*Has there been any recent progress in the treatment of Hodgkin's disease? What is the mortality rate following the removal of the spleen?*

A.—There are no major improvements in the treatment of Hodgkin's disease. Early cases with localized masses are treated by *x*-irradiation. Generalized cases are usually best treated systemically with one of the alkylating agents such as mustine, tretamine, or nitromin. Actinomycin C was reported to improve some cases, but does not seem to be preferable to the alkylating agents. Cortisone or prednisone is commonly given in addition to generalized cases when the peripheral red cell count is falling, and temporary benefit can sometimes be obtained. The cause of the terminal anaemia in Hodgkin's disease is uncertain—splenectomy has been recommended on the hypothesis that hypersplenism was responsible. Even when haemolytic anaemia can be shown to be present splenectomy is not necessarily beneficial.[1] Sykes *et al.*[2] reviewed 30 cases of Hodgkin's disease treated by splenectomy, and added 7 more cases without enthusiasm. There is no evidence that the disease is thereby arrested. In the advanced case there is a temporary improvement in thrombopenia and leucopenia, and the intervals between transfusions may sometimes be slightly lengthened. The mortality from the operation is very low. Williams *et al.*[3] reported 11 cases of splenectomy in Hodgkin's disease. There was no operative mortality. In spite of this, the procedure does not seem to be a worth-while procedure in Hodgkin's disease.

REFERENCES

[1] Nelson, M. G., *Irish J. med. Sci.*, 1956, 6.s., 427.
[2] Sykes, M. P., Karnofsky, D. A., McNeer, G. P., and Craver, L. F., *Blood*, 1954, 9, 824.
[3] Williams, R. D., Andrews, N. C., and Zanes, R. P., *Surg. Gynec. Obstet.*, 1951, 93, 636.

Side-effects of Amyl Nitrite

Q.—*Is repeated inhalation of amyl nitrite, or its improper use as an ingredient in cocktails, likely to be harmful or habit-forming?*

A.—Amyl nitrite is effective therapeutically only when inhaled. When taken orally it is destroyed in the alimentary canal, and it is improbable that its use as an ingredient in cocktails would have any appreciable result unless very large doses were taken in this way. Tolerance to the effects of the drug when inhaled regularly is developed quite rapidly, and so long as the inhalations are not being repeated at short intervals the use of amyl nitrite in this way should not cause harm. Inhalation of large doses may cause cyanosis and methaemoglobinaemia, and some patients who are sensitive to the drug develop nitrite syncope even with ordinary therapeutic amounts. Amyl nitrite is not a habit-forming drug.

Ascorbic Acid and Haemopoiesis

Q.—*What is the role of ascorbic acid in haemopoiesis? In what types of anaemia should it be prescribed?*

A.—The exact role of ascorbic acid in erythropoiesis is not known. There is some experimental evidence that ascorbic acid is involved in the metabolism of folic acid and vitamin B_{12}. Anaemia in frank scurvy, however, is either absent or is normocytic; sometimes iron deficiency supervenes as a result of haemorrhage, and very rarely a megaloblastic anaemia is seen. Apart from these anaemias associated with obvious vitamin C deficiency there is seldom any indication for the addition of vitamin C to therapy. A possible exception is the rare megaloblastic anaemia of infancy in which ascorbic acid deficiency may play a part. Many compound tablets of iron and ascorbic acid are on the market. In very large amounts (of the order of 500 g. to 1 g.) vitamin C may enhance absorption of iron, but in small doses its beneficial action is due only to its reducing properties, ferrous iron being more readily absorbed than ferric.

Cervical Gonorrhoea

Q.—*It used to be taught that a diagnosis of gonorrhoea should first be ruled out before chemical treatment for cervicitis is begun. Does the use of the various new chemicals, such as hexetidine, in vaginal gels make the eventual diagnosis more difficult in a previously undiagnosed case of gonococcal cervicitis?*

A.—The gonococcus is easily destroyed by practically any antiseptic, and it is a fair assumption that the local application of hexetidine would make it impossible to find the organism in the genital discharges. The principle remains, therefore, that the diagnosis of gonorrhoea should be excluded by smears and cultures of the secretions before treatment of any infection of the urethra or genitalia.

Intravenous Adrenaline

Q.—*What are the indications for the intravenous injection of adrenaline 1/1,000?*

A.—The principal indication for the intravenous injection of adrenaline 1/1,000 is a sudden fall of blood pressure such as occurs in anaphylactic shock. The injection of adrenaline 1/1,000 is then a life-saving measure. The fall of blood pressure which occurs in anaphylaxis is believed to be due in the main to the release of histamine causing a dilatation of the visceral capillary bed. Adrenaline is the most effective antagonist. Another use of intravenous adrenaline is to reduce the swelling of the tissues at the back of the mouth which occurs after a wasp-sting in the mouth. The dose injected should be 0.2–0.4 ml.

There is a general view that the intravenous injection of adrenaline is dangerous. This probably originates in the fact that it causes ventricular fibrillation when an animal is under chloroform anaesthesia, and it is doubtful whether there is any appreciable risk when chloroform (or cyclopropane or halothane) is not involved. Certainly there can be no appreciable risk when the blood pressure is low. The dose of 0.2–0.4 ml. adrenaline 1/1,000 is tolerated when injected intravenously into a cat.

Corrections.—We regret that in some early copies of the *Journal* of November 15 there was an error in the article entitled "The Isolation of *Trypanosoma rhodesiense* from a Bushbuck," by R. B. Heisch, J. P. McMahon, and P. E. C. Manson-Bahr. In the first paragraph (p. 1203) *Treponema* appeared instead of *Trypanosoma*.

In the article "Hypothermic Myxoedema Coma" by Dr. Donald W. Macdonald (November 8, p. 1144) some doses of L-triiodothyronine were wrongly given in mg. instead of μg. This error occurred in the paragraph headed "1. *Thyroid Hormone*" (p. 1145): all the doses in this paragraph, except that mentioned in line 5, should have been given in μg.

The sentence reading "Of 255 neonatal deaths, respiratory infection was found in 2.3%" in Dr. F. Marsh's second bacteriological study from a maternity hospital (*Journal*, November 15, p. 1204) should read: "Of 255 premature living infants, 6 or 2.3% died of respiratory infection."

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