

**Jargon**

SIR,—I agree with Dr. J. A. Browne (25 January, p. 245). I think "space-diminishing lesion" would be a better term.—I am, etc.,

Ruislip, Middlesex.

E. G. MANDLER.

SIR,—I would like to comment on the letter from Dr. J. A. Browne (25 January, p. 245) on "Jargon." We are indeed members of a learned profession, and for this very reason many of the terms which we use must be jargon—that is, words or phrases of a technical nature understood only by a minority of the population.

Dr. Browne takes particular exception to the phrase "space-occupying lesion." This phrase is used to describe an intracranial lesion which has been shown to displace and distort normal cerebral tissue but the exact nature of which is unproved. In this context the words have a distinct meaning which can be communicated to other doctors, and therefore cannot be "gibberish." The three words avoid a lengthy circumlocution. I agree that all lesions occupy space—and similarly all patients have a temperature.—I am, etc.,

The General Infirmary J. H. WETHERILL.  
at Leeds.

**Antidepressant Drugs and Liver Damage**

SIR,—I hesitate to join in a medical argument, and I must confess I have not looked up any of the articles by his father quoted by Dr. P. H. A. Willcox (25 January, p. 237). I remember, however, that Sir William Willcox taught his medical clerks, of whom I was one in 1932, when Dr. William Sargent was medical superintendent, that barbiturates in general and "nembutal" in particular were dangerous drugs, not to be prescribed because of the risk of their causing liver damage.

He may not have written this down, but I clearly remember him teaching it.—I am, etc.,

Cambridge.

EDWARD BEVAN.

**Jaundice after Halothane and Radiotherapy**

SIR,—Having read the letter by Mr. K. J. O'Connor and others (28 September, p. 811) suggesting that the combination of radium treatment and halothane anaesthesia is more likely to cause liver damage than the administration of halothane alone, we would like to report a case in which the combination of repeated halothane administrations, radium, and Wertheim's hysterectomy were associated with the development of fatal massive necrosis of the liver.

The patient, aged 40 years, was admitted on 21 October 1963 suffering from a carcinoma of the cervix stage IIa. On the next day examination under anaesthesia, biopsy, and staging of the growth was carried out under thiopentone, gas, and oxygen. The patient was transferred to the Radiotherapy Centre in Sheffield and on 1 November radium was inserted, 1.5% halothane being administered for approximately 30 minutes. The patient was readmitted on 5 November in good general health and on 15 November after premedication with pethidine 100 mg. and atropine gr. 1/100 (0.65 mg.)

Wertheim's hysterectomy was performed under spinal anaesthesia with 0.5% halothane given throughout the procedure, which lasted for 2 hours 20 minutes.

The operation was quite uneventful and blood loss was less than average. A total of 3 pints (1.7 l.) of whole blood was transfused during and after the operation. On the following day she developed non-obstructive jaundice and deteriorated very rapidly with increasing jaundice, and by 19 November was in hepatic coma. The serum bilirubin on that date was 24.8 mg. per 100 ml. (conjugated 13.4 mg. per 100 ml., unconjugated 11.4 mg. per 100 ml.), serum glutamic oxalacetic transaminase 220 units, serum glutamic pyruvic transaminase 540 units. Treatment with cortisone, 100 mg. intramuscularly 8-hourly, was started on 18 November, together with oral neomycin. Glutamic acid 20 g. intravenously was given on the same day. There was no noticeable improvement and the patient died on the evening of the next day.

The only abnormality found at post mortem was a small liver weighing 1,280 g., which was soft and flabby on section with loss of normal structure. Histological examination showed massive necrosis without any cellular proliferative or lymphocytic or histiocytic reaction. Only very scanty and small clumps of viable liver cells were found in the portal zones in the subcapsular section.

This case seems strikingly similar to Case 3 reported by Mr. O'Connor and his colleagues, in that the jaundice appeared the day after operation and was associated with massive necrosis of the liver.—We are, etc.,

J. S. W. CHAMBERS.  
P. F. J. SEWELL.  
H. B. YOUNG.

Doncaster Royal Infirmary and  
Western Hospital,  
Doncaster.

**Ampicillin Treatment of Paratyphoid Fever**

SIR,—In a recent article (18 January, p. 148) Dr. R. A. Sleet, Dr. G. Sangster, and Dr. J. McC. Murdoch described the effect of ampicillin treatment on the excretion of bacilli in the faeces in paratyphoid fever and compared these results with the effect of chloramphenicol therapy. They reported that the proportion of total failures was 41% in the former group and 52% in the latter. The authors concluded that ampicillin in large doses obviously sometimes shortens the time during which bacilli are excreted.

The effect of combined neomycin-ampicillin treatment on the faecal excretion of bacilli in salmonellosis typhimurium has been studied at the Aurora Hospital in Helsinki, Finland. Since ampicillin is susceptible to the effect of penicillinase, neomycin was administered in order as far as possible to eliminate penicillinase-producing bacteria from the intestinal flora. Another group of patients with the same disease was given placebo tablets and served as controls. The results of this study will soon be published.<sup>1</sup> In 29 acute cases the treatment was initiated with neomycin for four days. Ampicillin therapy was instituted on the third day of treatment, and the patients were given 1 g. at six-hour intervals for seven days. Twenty-two patients were given placebo. No convincing difference was observable between the two groups, although the number of patients who ceased excreting bacilli was somewhat higher in the treated group. The period of observation varied between 6 and 10 months,

and 10 to 16 samples of faeces were examined during this time.

Furthermore, 10 convalescent carriers and 3 chronic carriers were treated with neomycin-ampicillin. The dose of ampicillin was 8 g. a day for 10 days. Six convalescent carriers ceased excreting bacilli. It seems, therefore, that this therapy sometimes may be successful. It is obvious that the patients have to be checked for a long period of time before they are regarded as cured. It appears that the population of bacilli in the intestine may be so much weakened by the treatment that a series of negative samples may be obtained, although subsequent samples are again positive. Many patients developed diarrhoea during the treatment.—I am etc.,

Aurora Hospital,  
Helsinki, Finland.

TOR PETTERSSON.

## REFERENCE

<sup>1</sup> Pettersson, T., Klemola, E., and Wager, O., *Acta med. scand.*, in press.

**Meprobamate and Aplastic Anaemia**

SIR,—In "To-day's Drugs" (1 February, p. 289) it is stated that A. N. Exton-Smith considered meprobamate as effective as dichloralphenazone as a hypnotic but that it could not be recommended for routine use since it could cause agranulocytosis.

A similar statement was made in the "To-day's Drugs" series last year (20 July, p. 163), which was based on a single report of a patient who was found to have aplastic anaemia some weeks after being treated with meprobamate for eight days.<sup>1</sup> At that time I pointed out the lack of any similar reports since 1957<sup>2</sup> and I would like to state this again. There is no doubt that doctors are not slow to publish reports on toxic reactions, and this is illustrated by reports of blood dyscrasias with combinations and where coincidental relationship has been suggested.<sup>3-5</sup> Meprobamate, on the other hand, has been used by the ton and yet no report of agranulocytosis or aplastic anaemia, such as the one quoted above, has appeared in the last seven years.

Bearing this in mind, it is difficult to justify the claim that meprobamate produces agranulocytosis, and a more realistic appraisal of the drug toxicity might be that by H. Beckman,<sup>6</sup> who stated of meprobamate: "Since this drug has been used in enormous quantities around the world, being sold over the counter without prescription in some countries, it must be considered among the least toxic of agents because so few really serious reactions have been reported."—I am, etc.,

B. W. CROMIE.

John Wyeth and Brother Ltd.,  
Taplow, Berks.

## REFERENCES

- <sup>1</sup> Meyer, L. M., Heeve, W. L., and Bertscher, R. W., *New Engl. J. Med.*, 1957, 256, 1232.
- <sup>2</sup> Cromie, B. W., *Brit. med. J.*, 1963, 2, 502.
- <sup>3</sup> Zweifer, A. J., *New Engl. J. Med.*, 1960, 262, 1229.
- <sup>4</sup> Curran, T. P., and Barabas, E., *Brit. med. J.*, 1961, 1, 257.
- <sup>5</sup> Huguley, C. M., Erslev, A. J., and Bergsagel, D. E., *J. Amer. med. Ass.*, 1961, 177, 23.
- <sup>6</sup> Douglas, A. S., *Practitioner*, 1962, 188, 202.
- <sup>7</sup> Council on Drugs, *J. Amer. med. Ass.*, 1962, 179, 888.
- <sup>8</sup> Erslev, A. J., and Wintrobe, M. M., *ibid.*, 1962, 181, 114.
- <sup>9</sup> Beckman, H., *The Year Book of Drug Therapy 1962-1963*, 1963, p. 555. Year Book Medical Publications Inc., Chicago.