patient has passed from Stage II through Stage III to Stage IV within a few years, especially if he is relatively young.

(2) When the acute attacks occur more than once a year or when they are particularly inconvenient—for example, in a barrister who may lose some important brief.

(3) When the serum uric acid is markedly raised—for example, above 10 mg.%. The critical level may be lower when there is a tendency to coronary artery disease, evidence of renal impairment, or attacks of thrombophlebitis.

(4) In chronic gouty arthritis when there is evidence of urate deposits in either joints or bone.

(5) When surgery is anticipated and a post-operative attack is likely.

Renal impairment is not a contraindication to uricosuric therapy; it is an indication for it.

Probenecid is the drug of choice, although the more potent uricosuric analogues of phenylbutazone may supplement this. Colchicine should be given in small doses, gr. 1/120 (0.5 mg.) daily, at least during the first few months of administration and probably indefinitely. The effect of uricosuric therapy will be to reduce the frequency and severity of attacks, but this may not become apparent for some months, and in the early stages acute attacks may be precipitated. In the course of months and years, however, tophi will diminish in size owing to reabsorption of urate. Aspirin or salicylates should not be given at the same time as the uricosuric agent. Thus when there is a painful, chronic, gouty arthritis, long-term administration of phenylbutazone in a dose of 300 mg. a day may be justified, since this drug in addition to its effect on acute gout is a powerful analgesic and a mild uricosuric agent.

New Appliances

ARTERIAL SUCTION ADAPTER

Mr. R. E. HORTON, F.R.C.S., Bristol Royal Infirmary, writes: The operation of embolectomy may fail not only because the tissues are dead as a result of delay in performing the operation, but also because of difficulty in clearing propagated thrombus which has formed in the stagnant blood column distal to the embolus. The artery can be regarded as clear only when there is a free flow of blood from the peripheral end of the arteriotomy. The adapter here illustrated permits the introduction of a length of polythene tube which can be used for clearance of a long length of artery through a single incision. Polythene tube has obvious advantages. It is flexible, does not collapse when suction is applied, and has a relatively large internal diameter. In one case, by its use both iliac arteries were cleared to the origin of the profunda femoris artery through a single incision in the aorta just above its bifurcation. In another case the whole of the femoral and popliteal arteries were occluded by thrombus secondary to an embolus at the origin of the profunda femoris artery. This was cleared with the aid of a second incision in Hunter's canal. The artery was finally cleared, and a brisk back-flow obtained when a second embolus lodged at the popliteal artery bifurcation was sucked out through the incision in Hunter's canal. In both of these cases the peripheral pulses were restored with most satisfactory results.

(*Continued at foot of next column*)

To-day's Drugs

With the help of expert contributors we publish below notes on a selection of drugs in current use.

Pipadone (Burroughs Wellcome).—This is dipipanone, or DL-6-piperidino-4:4-diphenyl-heptan-3-one hydrochloride, an analgesic chemically related to methadone. It is supplied in ampoules, 25 mg. in 1 ml.

In a high proportion of cases, 20–25 mg. subcutaneously gives analgesia fully comparable to that of morphine. Nausea, sweating, headache, and some respiratory depression may be produced by high doses, but it is usually possible to achieve analgesia without these side-effects. Analgesia begins in 10 minutes, is maximum at 20 minutes, and persists for 5–6 hours. A few patients fail to respond. It is reported to have produced no constipation or anorexia, and no withdrawal symptoms, in a large series of patients treated for short periods. The possibility of addiction should be borne in mind.

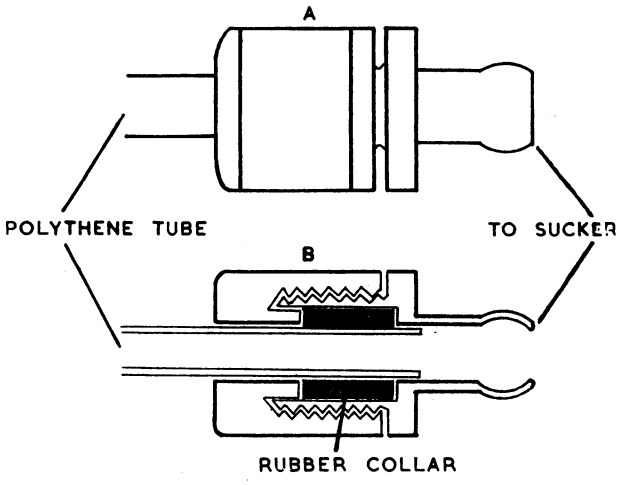
Dipipanone is antagonized by nalorphine. It has slight atropine-like activity. The drug is metabolized by the liver, and should be given with special caution to patients with disease of liver or kidney.

Because of its relative freedom from hypnotic action, dipipanone is particularly useful for the relief of post-operative pain when immobility is to be avoided, and for inducing analgesia in obstetrics, when it may be used in place of pethidine. It may also replace pethidine as an adjunct to nitrous oxide in surgical anaesthesia, and is said to have less hypotensive effect than pethidine.

N.H.S. basic price: 12 25-mg. ampoules, 7s. 10½d.

(*Continued from preceding column*)

The adapter, which is manufactured by Chas. F. Thackray (Leeds), is based on the well-known principle of the polydapter which was described by Henderson (*Lancet*, 1950, 2, 291). It consists of two parts which screw together. As longitudinal pressure is exerted on the rubber collar it expands laterally, giving an airtight connexion on the polythene tube. Three adapters are available to take three sizes of polythene tube. The outside diameters of the polythene tube are 3 mm., 4.5 mm., and 6.8 mm. Any length of polythene may be used, but 18 in. (45 cm.) has been found suitable.



Two precautions need to be mentioned. One is that the end of the polythene tube which is introduced into the artery should be ground to a smooth surface to avoid trauma to the arterial wall; the other is that the adapter and polythene tube should be boiled separately to avoid damage to the polythene tube, and should be assembled after cooling.