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.

Coronary Arterial Spasm

Q.—*Is there such a thing as coronary arterial spasm? How can it be diagnosed and treated?*

A.—Patients with recurrent and typical cardiac pain on effort or at rest for many years, associated with a good prognosis, have been diagnosed as having coronary arterial spasm. The cardiogram in these patients showed minor changes in the S-T T wave, or marked and widespread inversion of the T wave which reverted to normal after an interval. The pain and acute cardiographic changes were considered to be due to cardiac ischaemia resulting from spasm of the left coronary artery distal to the circumflex branch and proximal to the left marginal branch, the artery being unaffected by occlusive sclerosis.[1]

However, spasm of the coronary arteries is not commonly considered to be of clinical significance. The pain in patients credited with this condition is usually either angina pectoris due to coronary artery disease or is not of cardiac origin. When the pain is true angina, the patient should usually be regarded as having ischaemic heart disease and treated accordingly unless there is evidence of an obstructive cardiac lesion (such as aortic or pulmonary stenosis), coronary embolism, or cardiomyopathy. Severe anaemia may be associated with true angina, which then disappears when the anaemia is corrected, but there is no evidence that the pain is due to coronary arterial spasm. Likewise, angina in thyrotoxicosis may resolve with antithyroid treatment, but is regarded as being due to associated ischaemic heart disease.[2]

Any patient thought to be suffering from coronary arterial spasm should be carefully investigated for evidence of organic disease of the heart or elsewhere, while great care should be taken to avoid an erroneous diagnosis of angina in patients with benign chest pain of skeletal origin, or with anxiety neurosis.

REFERENCES

[1] Evans, W., *Brit. Heart J.*, 1955, **17**, 15.
[2] Sandler, G., and Wilson, G. M., *Quart. J. Med.*, 1959, **28**, 347.

Routine Radioscopy and Lung Cancer

Q.—*Might repeated x-ray examination of the chest be a factor in causing lung cancer? Should it be taken into account in making routine radioscopy of chest compulsory for factory workers, Service personnel, candidates for life assurance, etc.?*

A.—There is no evidence whatever that repeated *x*-ray examinations of the chest are a factor in the causation of lung cancer. For over thirty years extensive repeat chest *x*-ray examinations were made for the control of tuberculosis, and for a very long period of time the number of tuberculous patients on the register was in the neighbourhood of 400,000. It is exceptional to find tuberculosis and cancer of the lung together, and the many chest physicians involved in the control of tuberculosis would have noted any increased incidence of lung cancer in their patients.

Psychological Factors in Hypertension

Q.—*What is the importance of psychological factors in the aetiology of hypertension, and can hypertension so caused become permanent and lead to the common complications?*

A.—Genetic factors account for only a part of the variations about the mean of blood-pressure at any age. Thus the degree of resemblance amongst siblings for height is expressed by a coefficient of 0.5, whereas that for blood-pressure has a co-efficient of a little over 0.2. Clearly, then, environmental factors must be important in determining the actual level of blood-pressure, including the values termed hypertension. What these environmental factors are is as yet uncertain, but it is quite likely that psychological factors are important. Their exact nature has not been defined.

It is known that the blood-pressure may remain unaltered when the apparent cause of hypertension is removed. It seems not unlikely that if psychological factors lead to long-continued elevation of blood-pressure this may in time become permanent. The common complications of raised blood-pressure occur in every type of prolonged hypertension, whether secondary or so-called essential hypertension. It therefore seems not unlikely that if psychological factors are concerned in the aetiology of hypertension this type of hypertension may lead to the common complications of the disease.

Sensitivity to Sulphonamides

Q.—*(1) Is a patient sensitive to sulphamezathine likely to be sensitive to other sulphonamides? (2) Is it possible to desensitize a patient who had a mild anaphylactic reaction after a single dose of a triple sulphonamide preparation?*

A.—Readministration of any sulphonamide to a patient who has previously had an anaphylactic reaction from drugs of this group may result in a recurrence or more serious reactions. Sensitization may last for several years and effective desensitization procedures are unknown.

Blood-stained Colostrum

Q.—*A healthy woman aged 21 is now five months pregnant and the secretion from both breasts has been stained with blood for three months. There are no physical signs and she has had no hormone treatment or local massage. Is there any significance in this?*

A.—Slight staining of colostrum with blood does sometimes occur without an apparent organic basis. The phenomenon may affect either one or both breasts and may recur with each pregnancy. When it is bilateral, as in this case, it is least likely to be caused by a local lesion such as a duct papilloma. In the absence of any apparent abnormality in the breast, the occurrence is thought to be related to the increased vascularity associated with pregnancy. It is to be regarded as having no serious significance, and it should disappear spontaneously when pregnancy and lactation are complete. If it does not, the situation should then be reviewed.

Correction.—We regret that "prostigmin" was not distinguished as a proprietary name in the *Journal* of February 27, page 640.

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