Any Questions?

Correspondents should give their names and addresses (not for publication) and include all relevant details in their questions, which should be typed. We publish here a selection of those questions and answers which seem to be of general interest.

Is Chloramphenicol Safe?

Q.—*In view of the reports of fatal aplastic anaemia following the use of chloramphenicol (see Journal, July 19, p. 136) will you please advise when it is justifiable to prescribe this drug? Should an alternative be chosen whenever possible?*

A.—The mere fact that an occasional case of fatal aplastic anaemia has been recorded following the use of chloramphenicol in no way contraindicates its use in cases in which it is otherwise indicated. Sulphonamides have been known to cause aplastic anaemia, and indeed no potent drug exists without undesirable side-effects, which do not, however, invalidate their use. The bacteriologist, after testing the sensitivity of the infecting organism, will usually indicate which antibiotic should be employed. When the organism is equally sensitive to penicillin it should be employed in preference to chloramphenicol, as penicillin is cheaper and less liable to cause side-effects. The use of chloramphenicol is usually indicated in the treatment of typhoid and paratyphoid fevers, infections due to the haemophilus group of organisms (*H. influenzae* and *H. pertussis*), and in rickettsial infections. Certain virus infections can also be controlled by chloramphenicol.

Thiouracil and Agranulocytosis

Q.—*What are the risks of agranulocytosis after methyl thiouracil? I have a man of 39 on 50 mg. daily who refuses to have a blood count done.*

A.—The risk of agranulocytosis occurring in the course of treatment with thiouracil or its derivatives depends on the particular thiouracil used, the dose administered and the period during which it is administered. The highest recorded incidence for relatively large doses of thiouracil itself is about 1 in 60. With methyl thiouracil and the much smaller doses now used, the risk is much less, probably less than 1 in 200.

Although most textbooks recommend periodic leucocyte counts to recognize agranulocytosis, more and more observers are coming to regard such counts as unnecessary, because temporary depressions of the leucocyte count are very common and unimportant, while true agranulocytosis has an abrupt onset in which the leucocytes may fall to low levels within a few hours. The patient should be warned: "If you feel ill while taking these tablets, and especially if you develop a temperature or a sore throat, stop taking the tablets and come to see me (or ask me to visit you) on the same day."

Treatment of Senile Languor

Q.—*Are drugs of any value in combating mental sluggishness and forgetfulness in the aged? If so, what regime is recommended?*

A.—There is evidence that in old age the normal metabolic processes in individual cells are depressed. The nervous system usually gives evidence of this before other organs are affected, so that some degree of forgetfulness and mental sluggishness is normal in old people. The extent of the disability and the age of onset vary considerably, however, in different persons.

Old people, especially those living on an inadequate income, often take an unsatisfactory diet, and since in addition many have achlorhydria some degree of vitamin deficiency is always a possibility. At least three vitamins—aneurin, nicotinic acid, and riboflavin are concerned with carbohydrate metabolism, and there is evidence that improvement in the mental state of the aged may occur after giving supplements of the vitamin-B complex together with vitamin C. There can be no harm in giving these substances in full doses, but unless a fairly rapid response occurs it is unlikely that long-continued administration will have any effect. Nicotinic acid is not only a vitamin but also a vasodilator, and it is possible that some of the beneficial results reported after its use are the result of a better cerebral blood supply. The dose is 50 mg. by mouth, and up to 500 mg. a day may be given, but the patient should be warned that the face may flush.

Amphetamine and dextro-amphetamine have been given to the aged in an attempt to revive their flagging mental processes. These drugs may have a striking effect on physical and mental inertia. One drawback to their use is that they diminish appetite, but this may even be an advantage if the patient is obese; another is the tendency for their effect to diminish with time. Finally, the patient may come to rely on them and relapse to a state of torpor when administration ceases.

Prolonged Barbiturate Therapy

Q.—*What ill effects may follow the prolonged use of barbiturates in therapeutic dosage?*

A.—Moderate doses of short-acting barbiturates can usually be taken almost indefinitely without ill effect. Habituation may of course become established and some degree of tolerance may develop, so that larger doses may be necessary to produce sleep. Occasionally sensitivity to barbiturates occurs resulting in drug fever and erythematous rashes. In elderly patients and in those with poor renal function the long-acting barbiturates, such as phenobarbitone, may in time produce cumulative effects resulting in undue drowsiness and depression.

Loss of Desire in Women

Q.—*What are the most frequent causes of loss of a previously normal libido in the female, and how should such a case be investigated? The patient in question is 35, has been happily married for seven years, but since her husband went overseas during the war she has lost her libido. A psychiatrist has told her that she has transferred her love from her husband to their only child. This she does not believe, and she resents the suggestion.*

A.—Although cessation or diminution of ovarian activity can cause secondary sexual frigidity, it usually does not, and if it were operating in this case there would be other obvious manifestations, such as amenorrhoea and atrophy of the genitalia. Likewise, causes such as severe general ill-health and debility would be easily recognized. In nearly all cases of loss of libido the cause is psychological or environmental in character, and the explanation this woman has been given is probably near the truth although perhaps too limited and unnecessarily harsh.

Prolonged separation of the partners commonly leads to temporary frigidity and impotence. The birth of a child, and especially the first one, is nearly always followed by some loss of desire on the part of the woman for a variable period of time. Achievement of a fundamental objective of coitus, the awakening of mother love with some readjustment of the emotions, extra work, and anxiety associated with looking after the baby, etc., all play a part. Ordinarily, however, a normal libido returns when the period of physical and nervous stress passes, and as the child becomes more independent. In this case, therefore, two groups of factors may be operating. Unfortunately, it is not stated how long it is since the confinement and the return of the husband. If adequate time for readjustment has elapsed then it is quite possible that the mother's attentions are too much focused on the child or other interests. Again, there may be other problems such as housing difficulties, or the woman may for one reason or another be anxious to avoid a further

pregnancy. In the latter case, the appropriate treatment is advice on contraception. In other circumstances treatment should be by explanation and reassurance.

Oestrogen therapy is useless unless there is clear evidence of ovarian under-activity. Occasionally, small doses of androgen, say methyl testosterone, 5 mg. sublingually, each day for not longer than two months, seem to help.

Perfume Dermatitis

Q.—*What constituents of perfumes are responsible for contact dermatitis? What treatment is advised?*

A.—The manufacture of perfumes is an elaborate and complicated art. For some of the details the reader should consult *Cosmetic Dermatology*, by H. Goodman (McGraw-Hill Book Co., 1936). The ingredients are multitudinous, and to any one of them an individual may be sensitive. Among other ingredients are numerous tinctures of vegetable and animal origin, solutions of essential oils and flower pomades. It is not practical to test the patient to all ingredients. Perfumes containing eau-de-Cologne occasionally give rise to a pigmented dermatosis on exposed parts due to the effect of sunlight on oil of bergamot.

The treatment is to avoid the particular perfume to which the patient is sensitive. Sensitiveness can be demonstrated by simple patch-test to the whole perfume.

Lichen Planus of the Penis

Q.—*What is the local and general treatment for lichen planus of the glans penis in a man of 55 years?*

A.—No local treatment is necessary or desirable apart from simple cleanliness. In the unlikely event of there being much irritation a 2% carbolic lotion is advised.

It is important to be satisfied that there is no pelvic and especially prostatic disease. Lichen planus of the penis is sometimes related to marital difficulties and would seem to be of psychosomatic significance. Apart from such considerations, reassurance and general tonic measures and a good holiday with change of scene and interest are probably most helpful. There is no general treatment of specific value.

Reactions in C.S.F. after Parenteral Therapy

Q.—*Can drugs given parenterally ever be responsible for a reaction in a previously normal C.S.F.?*

A.—Drugs such as bromides or sulphonamides which pass into the cerebrospinal fluid can be detected in it after parenteral administration, but if by a "reaction" is meant an increase of cells the writer does not know of any drug which will cause this after it has been given parenterally.

Accidental Vaccinia

Q.—*A case was recently reported (Journal, May 17, p. 1067) of fatal generalized vaccinia contracted from accidental contact with an "active vaccination sore." In what way and to whom might such sores be infectious? Eczematous babies would appear to run a grave risk in mixing with newly vaccinated babies in infant welfare clinics.*

A.—Vaccinia is likely to be infectious only to those in close contact with the vaccinated individual. Thus there have been numerous instances where mothers have developed vaccinia from handling their vaccinated babies. There must presumably be some abrasion or lesion of the recipient's skin to allow the vaccinia virus to establish itself. This is the reason why eczematous children are more likely to acquire the infection by contact, and in a severe form. As in smallpox, living virus is present in the vaccinal lesion throughout its various stages, and thus the vaccinated case is potentially infective until the last crust disappears. Infection, however, is not likely to spread to other babies in a clinic unless there is intimate contact with the actual lesion. If there should be skin disease in any member of a family where a child is being vaccinated, it might be recommended that the vaccinal lesion be kept covered, although this is not the usual procedure. The most effective preventive of contact infection is, of course, to see that all children are vaccinated in infancy and again during early school life.

Vitamin K in Urticaria and Psoriasis

Q.—*How convincing is the evidence that vitamin K is useful in the treatment of urticaria and psoriasis?*

A.—The evidence is not convincing at all.

NOTES AND COMMENTS

Chronic Constipation.—Dr. A. PINEY (London, W.1) writes: The reply to the question about chronic constipation ("Any Questions?" August 30, p. 523) only briefly mentions the importance of diet "containing an adequate amount of fluid and roughage." I should like to call attention to the great value of the old remedy: an onion (preferably raw) at night and a raw apple in the morning. Few cases of chronic constipation, unless due to organic causes, fail to respond; and the unpleasant smell of the breath can be completely prevented by sucking two chlorophyll tablets after eating the onion. Equally good, although not to everybody's taste, is garlic at night, but this must be raw; it is less convenient than onion because few people will eat it without lettuce or some other salad.

OUR EXPERT writes: There is no satisfactory evidence that either raw onion, raw garlic, or raw apple are effective stimulants of the large intestine. Garlic is described in a monograph in the *B.P.C.* as having "antiseptic, diaphoretic, diuretic, and expectorant properties" and its active principle, allyl sulphide, has been administered as a bactericide and expectorant. "Allisatin," a proprietary preparation of garlic adsorbed on to activated charcoal, is said to reduce the number of Gram-positive organisms present in the stools and to relieve diarrhoea. The ordinary onion is of less strength than garlic but contains the same active principles. Cooked apples have been recommended in the treatment of constipation, but raw apples, by virtue of their high pectin content, may diminish intestinal activity. Raw pulped apple diet is still used by some physicians in severe diarrhoea and ulcerative colitis. It would therefore seem difficult to explain the beneficial effect of a raw onion and a raw apple a day in the treatment of chronic constipation. Of all the common articles of diet, the onion is probably the one which most frequently upsets the digestion in normal people. Most chronic dyspeptics learn to avoid it in any form. It is therefore somewhat surprising to hear that it is so readily accepted by patients with sluggish bowels.

Enuresis.—Dr. J. R. DAVIDSON (Bridge of Weir) writes: I was interested to note that in the reply to the question concerning enuresis ("Any Questions?" September 6, p. 574) reference was made to the paper we published in 1950. In describing the apparatus the word "bag" is a little misleading, as it is a pad consisting of a rubber sheet with wires or metal fixed to it. Since that time 70 further cases are known to us to have been treated by this method. The ages of these patients ranged from 4 to 23 years, and from the information received from various workers and parents of children the results appear to have been as follows: in 70% a good response with continued ability to keep dry; in some cases the change was dramatic after many other methods had failed, and the "cure" has been maintained. In 20% an improvement was reported, and in 10% (seven cases) this form of treatment was found of no value: among the latter were some very disturbed children who were obviously unsuitable. The most successful type of case is the intelligent child who is anxious to rid himself of a habit and who has no marked psychological difficulty or has been treated for any such difficulty.

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