To-day's Drugs

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

"Nystatin" (E. R. Squibb and Sons).

Composition.—Nystatin is an antibiotic derived from cultures of *Streptomyces noursei*. In powder form it is unstable in the presence of moisture, and should be kept tightly closed in a cool place.

Pharmacology.—Nystatin inhibits many species of yeasts and fungi, but its most important property is its pronounced action against *Candida albicans*. It is not absorbed to any great extent from the alimentary tract, and so is only of slight value in systemic candida infections.

Therapy.—Nystatin controls candida infections wherever it can be applied topically, probably more effectively and less unpleasantly than gentian violet. The common sites of skin infection with candida, to which diabetics are especially prone, are the vulva, the perineum and groins, under the breasts, the corners of the mouth, the clefts between the digits, and the nailfolds. In all these places nystatin ointment (100,000 units per g.) is a suitable application: alternatively nystatin dusting powder (100,000 units per g.) may be used in intertriginous areas. Vulval lesions may be secondary to a vaginal infection, and for this nystatin vaginal tablets (each containing 100,000 units) should be inserted twice a day for a fortnight. Perineal involvement, and possibly lesions elsewhere such as perionychia, may be associated with infection of the alimentary tract, which may follow treatment with broad-spectrum antibiotics; for this nystatin oral tablets (500,000 units) should be given three times a day by mouth. For systemic candidiasis 2 oral tablets four times a day or even more have been advocated, but it is much less effective than amphotericin B, which, however, must be given intravenously.

The buccal mucosa may show "thrush," which should be looked for in all patients with angular stomatitis; for this nystatin oral tablets may be sucked four times a day. Otitis externa may be due to candida more frequently than has been realized[1]; possibly here again it may be the sequel to the local use of antibiotics. The recommended treatment is to keep the ear clean and dry and insufflate nystatin dusting powder.

Side-effects.—Nystatin by mouth is only slightly absorbed and is thus non-toxic. Local application has not so far been reported as causing sensitization, but sooner or later this will probably occur.

N.H.S. Basic Price.—½ oz., 7s.

REFERENCE

1 Gregson, A. E. I. J., and La Touche, C. T., *J. Laryng.*, 1961, 75, 45.

"Crolax" (Crookes Laboratories).

Composition.—This preparation contains equal parts of dioctyl sodium sulphosuccinate, which has a detergent-like action, and 1,8-hydroxyanthraquinone, the action of which resembles that of the anthracene purgatives, which depend largely on anthraquinone for their activity. One tablet contains 50 mg. of each of these constituents.

Therapy.—That the preparation will have a laxative action largely exerted on the colon is clear from the presence of the hydroxyanthraquinone. So far as is known, no unwanted effects arise from the use of such detergent-like substances as the other constituent of the preparation. In fact, it is incorporated in order to facilitate the passage of fluid through the intestinal contents and thus encourage the formation of a homogeneous and soft faecal mass. Crolax takes its place in efficacy between simple lubricants on the one hand and purely purgative substances on the other, whch are liable to cause griping. The dose for adults is two tablets at night and for children one tablet at night.

N.H.S. Basic Price.—100 tabs., 5s. 6d.

Correspondence

Because of heavy pressure on our space, correspondents are asked to keep their letters short.

Canvassing in Medical Elections

SIR,—Mr. Franklyn Stonham (June 24, p. 1829) has criticized the practice of canvassing in elections to "some body such as the council of the Royal College of Surgeons," and he has been in communication with the College on the subject. Your readers may like to know that this question has often been discussed by the council of the College, who from time to time have expressed their disapproval of various forms of canvassing. I am instructed to say that the matter will again be considered before the date of the next election.

It would no doubt be possible to make rules about canvassing, but it would obviously be very difficult to enforce them. Whenever the council have made a pronouncement on the subject, they have always exhorted Fellows to use their independent judgment in voting. Perhaps this is the most effective way in which they can comply with Mr. Stonham's request to state their views.—I am, etc.,

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London W.C.2.

KENNEDY CASSELS,
Secretary.

Barium Studies in the Aged

SIR,—Drs. A. N. Exton-Smith and G. Osborne are to be congratulated on their careful and painstaking analysis of barium studies in the aged (June 24, p. 1799). Their appraisal of the value of the barium meal in the aged will, I feel sure, meet with general approval.

Much as one sympathizes with them in trying to avoid unnecessary barium enemas in the old and decrepit, their conclusion that too many of these examinations are being carried out is simply not justified by the facts. As they point out in their paper, of 123 consecutive cases of carcinoma of the colon admitted to the Whittington Hospital, no less than one-third had acute large-bowel obstruction. Haggie[1] reported similar findings from the London Hospital. Most of these patients with acute large-bowel obstruction due to carcinoma of the colon, however, are old or very old.[2] Because they mostly have small "string" carcinomas they have no palpable lump, nor do they pass blood in their stools. The growth is usually beyond the reach of the sigmoidoscope. In fact, the only means we have of diagnosing carcinoma of the colon in these old people, before they become obstructed, is by barium enema. The only symptom of which these old people complain before they become obstructed is increasing constipation and colicky abdominal pain, often coming on soon after meals. Because of the relation of the pain to meals, they are often considered to have a gastric rather than a colonic lesion, and so a barium meal and not a barium enema is carried out: thus the diagnosis is missed until acute large-bowel obstruction supervenes.[3]

If we are to make the diagnosis of carcinoma of the colon in these old people, before they become obstructed, we shall have to do more rather than fewer barium enemas. We need to be more alive to the possibility that old people with minimal symptoms may have a "string" carcinoma of the colon, if we are to