Progression and regression of atherosclerosis

Sir,-"The most important disease in man is that which produces, as it were, nodules in the larger arteries," to quote Sir George Pickering speaking quite a long time ago. The subject is discussed in your leading article (28 February, p 481), which points out that the cause of the vessel wall is unknown and further that evidence regarding progression or regression of the lesions is not available. Dietary manipulations in animals may produce interesting results but evidence of beneficial regression of the lesions in man is lacking. You go on to say that the only sure way to show that lesions regress in man is to watch them do so in a series of arteriograms.

I must agree with these statements with the exception of the view regarding arteriography. Firstly, from the scientific point of view arteriography is too inaccurate to be of quantitative value in assessing degrees of atherosclerosis unless very elaborate techniques are used and precautions taken. It is well recognised, for instance, that the arteriographic appearance of a vessel frequently relates poorly with the actual state of the vessel when it is exposed for surgical treatment. Furthermore, it is difficult to compare arteriographic appearances with the actual haemodynamic capability of the vasculature. As well as being expensive to perform, arteriography has definite risks which must necessarily be expected to increase if repeated follow-up studies are to be carried out.1

Recent advances in non-invasive techniques should be brought to the attention of those workers studying and writing about atherosclerosis. In particular the value of ultrasound scanning, both echo systems and especially Doppler systems.2,3 It is unfortunate that information about developments in these areas appears so infrequently in general medical journals, being confined mainly to specialty publications.

The problem of chronic degenerative arterial disease and acute arterial obstruction is so large in Western civilisation at this time that although the somewhat depressing facts described in your article cannot be denied, awareness wherever some progress is being made should not be overlooked if the general medical public are to be given a balanced view.

DERMOT E FITZGERALD
Vascular Medicine Unit, St Mary's Hospital, Dublin

4 FitzGerald, D E, and Carr, J, Angiology, 1975, 26, 283.

Hazards of multilaxative mixtures

Sir,—In Dr G S Clayden's admirable article on "The initiation and soiling in childhood" (28 February, p 515) it is stated that "standardised sena (Senokot) is effective but should not be used with Dioctyl-Medo as there is some evidence that myenteric damage may occur if these two products are used together." It is now given against the use of Dioctyl-Medo (dioctyl sodium sulphosuccinate (DSS)), which is a detergent, with other antihauzone laxatives such as danthron or the polyphenolics such as bisacodyl, so that such an agent itself could be the main responsible.

The active constituents of standardised sena are rhein-dianthrone glycosides (sennosides A and D), while danthron is 1,8-dihydroxyanthraquinone—that is, a free anthraquinone. The glycosides, "protected" by their glucose molecules, reach the colon unchanged where the active anthrones are released by interaction with bacterial enzymes, thus giving a virtually colon-specific action, whereas the smaller, "unprotected" danthron molecule is absorbed to an appreciable extent and a large part of the dose is metabolised in the liver and lost.1,2,3,4

Dantanphon was not found to be lethal to rats in amounts up to 22 mg/kg, but when DSS was added only 9 mg/kg gave a 50% kill.5 With standardised sena, owing to its very low toxicity, LD50 values cannot be obtained. The effect of adding DSS is unknown. The cumulative LD10 values for DSS with danthron or oxphenisatin and for DSS alone suggest that the wetting agent might be the primary cause of toxicity of wetting agent-laxative mixtures.1 Patients given therapeutic doses of DSS excrete a considerable proportion in the bile and toxicity tests of DSS cell culture from human liver indicate that the wetting agent could be hepatotoxic.6 DSS alters the histological appearance of surface absorptive cells of the rat colon and, in both animals and man, inhibits water absorption.8

Surfacsants can also overcome the gastric mucosal barrier and facilitate the absorption of noxious substances.9

Prolonged, excessive ingestion of chemical laxatives, producing persistent loose stools, must result in metabolic disturbances, especially loss of fluid and electrolytes, and over a sufficiently long period these disturbances give rise to structural damage of the gut mucosa.10,11 However, such adverse metabolic effects can be produced by many substances (for example, lactose in lactase-deficient patients) and there is no evidence that either the anthraquinone or polyphenolic laxatives have a direct damaging effect on the myenteric plexus.

Clearly we need to know much more about the pharmacology of all chemical laxatives. In the meantime, and as discussed more fully elsewhere,11 it would seem wise to avoid the use of multilaxative mixtures, especially those containing dexters such as DSS.

EDMUND W GODDING
Fortland, I W


Misdiagnosis of urinary tract infection in women

Sir,—Dr P E Gower and Dr P R W Tasker (20 March, p 684) are to be congratulated in their use of suprapubic aspiration of the bladder for the diagnosis and confirmation of urinary tract infection in women. A not infrequent finding for a urologist is to see a male patient with gonococcal urethritis and to be told that the female contact has complained of dysuria and frequency which has been diagnosed by the GP as a urinary tract infection without the same strict criteria as used by the authors, when in all probability it was in fact gonorrhoea.

I should like to point out that, especially in urban areas, the possibility of gonococcal infection should be considered when a young woman presents with dysuria and frequency.

M A WAIGHT
Department of Sexually Transmitted Diseases, General Infirmary, Leeds

Conservative Policy Group on Mental Health

Sir,—Your readers may be interested to know that a committee to study the mental health service has been set up by Patrick Jenkin, MP, the Conservative spokesman on social services, who has appointed me as chairman of the committee and Dr Peter Sykes, a consultant psychiatrist, as director.