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.

Toxic Effects of Mersalyl

Q.—*What are the toxic effects of mersalyl therapy, and how should they be treated?*

A.—The most serious toxic effect of mersalyl therapy is heart failure. Mersalyl is a compound of mercury, and mercury has long been known to combine with sulphydryl groups. Compounds containing sulphydryl groups indeed are known as mercaptans because they capture mercury. Mersalyl can combine with sulphydryl groups in the heart and cause arrest. Mersalyl is given by intravenous injection or by intramuscular injection. The risk of causing cardiac arrest is much greater when the intravenous route is used, and for this reason mersalyl should always be given intramuscularly. Dimercaprol is of value in treating the toxic action on the heart, but it must be given immediately there are signs of failure. For example, in the heart-lung preparation of the dog it is possible to cause cardiac arrest by injecting mersalyl and then to restore the beat by injecting dimercaprol. Dimercaprol contains sulphydryl groups which dislodge the mercury from its attachment to the heart. To-day, however, the newer diuretics, particularly chlorothiazide, should be used in preference to mersalyl, for they are much less toxic.

E.C.G. in Angina of Effort

Q.—*What further information may be gained from an E.C.G. in a patient who gives a clear-cut history of angina of effort?*

A.—The electrocardiogram varies in the presence of a clear-cut history of angina of effort. Sometimes definite evidence of myocardial infarction with deep muscle damage is seen, while in other cases the electrocardiogram shows the damage to the muscle to be less serious. Another group of patients shows slight or no evidence of cardiac damage in the resting electrocardiogram, and an electrocardiogram with exercise is necessary to demonstrate the lesion. If the electrocardiogram is normal, both at rest and on effort also, the diagnosis should be questioned. In general, therefore, the electrocardiogram confirms the clinical diagnosis and amplifies it by indicating the degree of muscle damage and also its anatomical site.

The crux of the question, however, lies in the interpretation of the words "clear-cut." Angina of effort is perhaps the most pathognomonic of all cardiac symptoms; it is certainly more so than the isolated pain of cardiac infarction, which may be simulated by pulmonary embolus, dissection of the aorta, and other conditions. In the anxious patient, however, it may sometimes be difficult to disentangle the organic from the functional symptoms suggesting angina of effort, and it is here that the electrocardiogram is of special value.

Inadequate Personality

Q.—*What is the definition of an inadequate or immature personality? Is this a permanent disability, or is it possible to help an adult affected by this handicap?*

A.—An inadequate or immature personality characterizes the individual who is unable (or unwilling) to adapt himself to the everyday demands of his setting in life. The disability is usually due to a mixture of constitutional and environmental influences. Nevertheless, it is seldom easy to lay down the precise responsibility of nature or nurture. It is possible to help the condition and often to help substantially. Much depends upon the patient's age, his capacity for co-operation, his circumstances and general health, and also upon the opportunities for obtaining the requisite professional advice and treatment.

The first step is to find out the nature of the disability. There may be intellectual inadequacy and consequent difficulties in education, or social maladaptation because of personal anxieties and complexes. The immature person is prone to develop neurosis: he compares the achievements of his contemporaries with his own efforts and becomes discouraged. Psychological treatment can relieve this situation and at any rate prevent the spread of the trouble by the accumulation of new symptoms. The patient should be seen by a psychiatrist. He will make a tentative diagnosis, probably using one of the many personality tests, and assess the situation. If he succeeds in establishing a good contact with the patient on a human and personal level, the outlook for later treatment will be much improved.

Glucose Tolerance in Pregnancy

Q.—*(1) Does pregnancy affect the glucose tolerance test; and (2) does the E.S.R. rise in pregnancy?*

A.—(1) Pregnancy does not affect the glucose tolerance test. The finding of reducing substances in the urine in the presence of a normal glucose tolerance test is due either to a lowered renal threshold for glucose or to lactose. (2) The E.S.R. may rise markedly in pregnancy, presumably owing to a decrease in the viscosity of the plasma.

NOTES AND COMMENTS

Tennis Elbow.—Mr. A. H. G. MURLEY (London, W.1) writes: Your expert in the answer to the question on tennis elbow ("Any Questions?" August 16, p. 461) mentions the efficacy of injection of hydrocortisone acetate in this condition. He says that it is useless to expect a satisfactory result unless the injection causes agony. This agony, I feel, is quite unnecessary, as equally satisfactory results can be obtained after local analgesic infiltration of the tender area, provided the hydrocortisone is injected into the area which is tender. Because of the comparatively superficial situation of this area, this is technically quite easy, and by this method the patient is saved a good deal of pain.

OUR EXPERT replies: My experience does not lead me to support Mr. Murley's view. In my hands the preliminary infiltration of a local analgesic makes the subsequent injection of hydrocortisone a less accurate method of giving the patient relief, but, as I stated in my previous answer to the original question, very many different varieties of treatment and of techniques are credited with success in this condition.

Correction.—In the report of Dr. J. Joseph's address at the B.M.A.'s Annual Meeting (July 26, p. 231) the subjects on whom he performed electromyographic studies were described as having "the hands clasped tightly behind the back." This should have read "lightly."

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