

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.

Antihistamines and the Pupils

Q.—Can antihistamines produce pupillary anomalies ?

A.—When taken orally antihistamine drugs do not have any appreciable effect on the pupils. Certain antihistamines—for example, diphenhydramine and tripeleminamine—have weak atropine-like activity and they may cause dryness of the mouth and blurring of vision. Some dilatation of the pupils might be expected, but in practice this is only observed when the drugs are applied locally to the eye. Harris, McGavack, and Elias¹ gave diphenhydramine orally in a dose of 150–400 mg. daily for from 3 to 12 weeks to 20 subjects and did not observe any change either in the pupils or in vision. When the drug was applied topically to the eye as a 0.5% aqueous solution, however, there was a definite dilatation of the pupil in 48 of 60 subjects tested. The mean increase in the size of the pupil one hour after the application of the drug was 1.9 mm. Ross² described 4 patients in whom blurring of vision was a prominent side-effect of therapy with tripeleminamine, but the pupillary reflexes were not disturbed in any of the cases. The effects of a single dose of the majority of the antihistamines lasts for only 3–6 hours. A notable exception to this is promethazine, which has an action of 18–32 hours, but it is a drug which is not very often used in the daytime because of its rather pronounced sedative effect.

REFERENCES

- ¹ Harris, R., McGavack, T. H., and Elias, H., *J. Lab. clin. Med.*, 1946, 31, 1148.
² Ross, J. V. M., *Amer. J. Ophthal.*, 1949, 32, 987.

Asbestos in the Wine

Q.—Many amateur wine-makers clear their wine by filtering through asbestos pulp, but the product, though clear, can be shown to have small asbestos particles in it. Could the ingestion of these eventually cause harm ?

A.—I was unable to obtain precise information on this question. Intestinal granulomata, simulating Crohn's disease, have been produced in animals by prolonged ingestion of fine sand which entered the lymphatic vessels in the mesentery and the regional mesenteric glands, producing lymphatic congestion and oedema in the region affected. No similar lesions have been reported in human subjects, and these should have come to light had asbestos ingestion been a significant hazard or acted in a similar way.

Remissions in Asthma

Q.—(1) How often is asthma cured (i.e., the patient has no need to take anything in the pharmacopoeia) ? (2) How often is this effected by hyposensitization ?

A.—Metzger,¹ of Florida, U.S.A., in an analysis of 4,000 case reports of bronchial asthma found that with rare exceptions every patient had at some time a remission of symptoms—i.e., attacks suddenly or gradually disappearing for the time being. He gives the following figures for remissions lasting one year and more. At 5–10 years, 53% ; at 10–20 years, 56% ; 20–30 years, 61% ; 30–40 years, 52% ; 40–50 years, 51% ; and 50–60 years, 32%. (Remissions are highest at 20–30 years and least at 50–60 years.) Grant² found that 42% of 152 students in the University of Wales who gave a history of asthma had become free of attacks. Flensborg³ followed up 298 children, former patients at two Danish Hospitals between 1926 and 1939, and found that 40% had become free of attacks.

There is little doubt that a complete remission of symptoms for a year or more is comparatively common in

asthma, especially in children and young adults. Climatic factors may possibly explain the high remission rate in Florida. Rackemann,⁴ of the U.S.A., in 449 children seen and treated before the age of 13 years and followed up 20 years later, found that 71.4% had become free from attacks. He found that hyposensitization reduced the time for symptoms to clear. Unger,⁵ of the U.S.A., in 122 cases of pollen asthma given hyposensitization, reported 33.6% as completely free for at least a year. In this country, Milner and Tees⁶ found that in 456 asthmatics given hyposensitization, 11% were completely relieved and another 63% substantially relieved.

REFERENCES

- ¹ Metzger, F. C., *Ohio St. med. J.*, 1949, 45, 1187.
² Grant, G., *Acta allerg. (Kbh.)*, 1957, 11, 37.
³ Flensborg, E. W., *Acta paediat. (Uppsala)*, 1945, 33, 4.
⁴ Rackemann, F. M., and Edwards, M. C., *New Engl. J. Med.*, 1952, 246, 815, 858.
⁵ Unger, L., *Bronchial Asthma*, 1945, p. 403. Springfield, Illinois.
⁶ Milner, F. H., and Tees, E. C., *Practitioner*, 1959, 182, 585.

Anticoagulants in Retinal Vascular Disease

Q.—What are the present-day views on the use of anticoagulants in retinal vascular disease? Are they contraindicated in, for example, retinal vein thrombosis with haemorrhages? Are they of use in diabetic retinopathy ?

A.—The main indication for the use of anticoagulants in retinal vascular disease is in cases of partial thrombosis of the retinal veins. The variability in the course of this condition in untreated cases makes the assessment of the results of treatment difficult, but in my opinion anticoagulant therapy hastens resolution and prevents extension of the thrombosis. Once started, the treatment should be continued for at least two months and possibly longer.¹ The presence of retinal haemorrhages is not a contraindication. Anticoagulant therapy is of little value in diabetic retinopathy.

REFERENCE

- ¹ Stephenson, R. W., *Trans. ophthal. Soc. U.K.*, 1956, 76, 253.

Correction.—Mr. STANLEY AYLETT (London W.1) writes: I must correct an error in your report (October 22, p. 1226) of my contribution to the symposium on enterocolitis at the recent B.M.A. meeting in Middlesbrough. I did not state that ileorectal anastomosis should be carried out in the presence of a rectal stricture. On the contrary, I quoted this complication as constituting one of the contraindications of the operation. I am aware that after dilatation of such a rectum it is possible to restore continuity, and that such a course is advocated by certain surgeons. Except in those patients who positively refuse an ileostomy—and there are such—it is not a course that I believe should be followed, as the risk of the development of carcinoma in the fibrosed regions is one that cannot be ignored.

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