

3845

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MEDICO, SURVEILLAL SUBQUESTIONS

VOL IV

NO - 1

JAN - 1945

JL
L: 4: 7m211, N 5140
N 45.4
62.9369.

நிர்வாக ஆசிரியர்:
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சுதந்திரம்

அரசியல், கலை, இலக்கிய வாரப் பத்திரிகை

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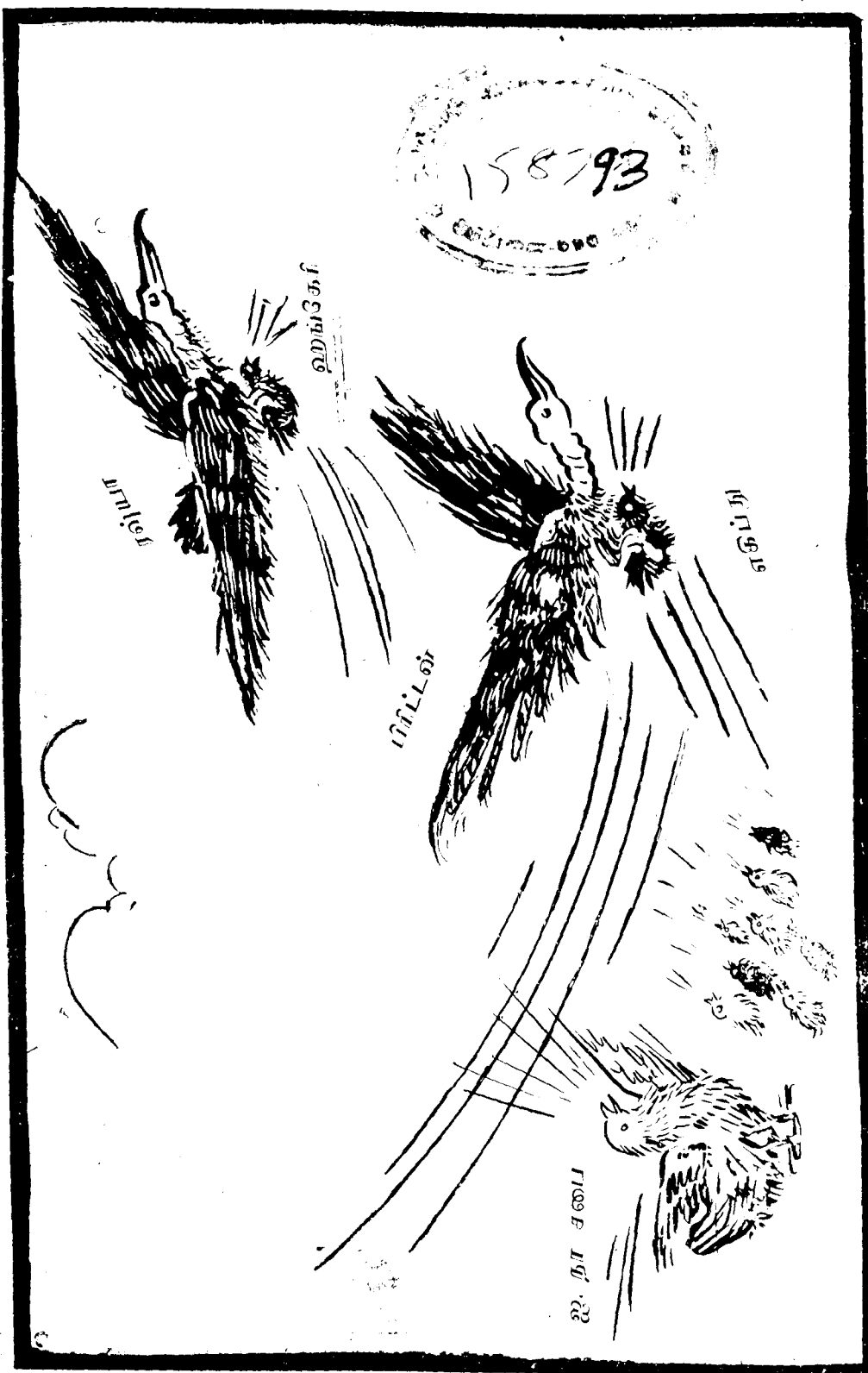
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MEDICO-SURGICAL SUGGESTIONS

(Established 1932.)

VOL. XIV

JANUARY 1945

NO. 1

SULPHONAMIDES IN SKIN-DISEASES

BY S. L. KALLIANPURKAR,

Honorary Dermatologist, Singhani Hindu Hospital,

Honorary Junior Dermatologist, J. J. Hospital,

The role of sulphonamides in skin diseases is essentially in those in which staphylococcus and streptococcus are primary causative organisms or secondary invaders, supervening on other skin diseases. In the latter, the sulphonamides counteract the coccal infection, and thus make the treatment of the primary diseases easier and the results speedier.

Intertrigo—is characterized by acute superficial dermatitis on opposing surfaces of the skin, e.g. post-auricular areas, folds of the neck, inframammary regions, cruro-scrotal and perineal regions and gluteal folds. There is at first localised redness of the skin; maceration of the superficial layers of the skin occurs; the areas are abraded and raw, with appearance of vesicles and pustules. The cause of the intertriginous dermatitis is either microbic or mycotic. The primary aim in treatment should be to keep the areas dry; dusting powder containing sulphonamides or sulphathiazole, zinc oxide and talcum should be used freely, 3 or 4 times a day; the part should be cleaned at least once a day regularly to prevent caking of the powder caused by mixing of the same with the exudation. Oral administration of sulphonamides or sulphathiazole, 2—3 Gms. per day, for 3—4 days helps to abort the course of the disease.

Dermatitis Infectiosa Eczematoides—is characterized by erythema, vesicles, pustules, on a circumscribed area with indefinite borders; the epidermis at the periphery is sharply undermined, split-up, detached and raised: itching and burning sensations are common; lymphadenitis is present. History of injury or dermatitis venenata precedes the onset of the disease. Sulphonamides or sulphathiazole by mouth and external application of 20 per cent aq. solution of gentian violet and lotio zinc et calamine often control the disease.

Impetigo Contagiosa—begins as tiny red erythematous areas which develop rapidly into vesicles; those break down, leaving raw areas from which exudes the serum: this dries up and forms a honey-coloured scab. The lesions are generally seen on face and scalp. The application of sulphonamide or cibazol cream in 5 per cent strength along with the oral administration of the same drugs suffice to bring the disease under control and cure the disease within a week.

Ecthyma—is a staphylococcal or streptococcal infection of the dermis of the skin; the lesions are deeper than impetigo, either due to the increased virulence of the organisms or lower vitality of the patient. The pustules which are present on the erythematous areas burst and leave ulcers; as healing must take place with more or less amount of granulation tissue, the sites leave scars and hyperpigmented or de-pigmented areas. The virulence of the organisms is definitely lessened by the administration of the sulphonamides and the resistance of the patient is increased by incorporating cod-liver or shark-liver oil in the sulphonamide or cibazol cream.

Furunculosis—fruncles are acute circumscribed phlegmonous inflammation of the skin round about the hair-follicles or the sebaceous glands; these may mature and come to a head or become boggy and fluctuant; or they may regress, before they suppurate and these blind boils, as they are called, slowly disappear by absorption.

Acne Miliaris Necrotica—is a streptococcal infection of the hair follicles of the scalp; when the scalp, so affected is examined under a magnifying glass, the pin-point hemorrhagic spots are seen round about the hair follicles and later impetiginous changes occur; the hair follicles may be destroyed and cause permanent baldness. Alopecia occurring in young persons, between the ages of 18 and 30 is often due to this disease. This can be definitely prevented by proper treatment, given in early stages.

Sycosis Barbae—is a staphylococcal infection of the hair follicles of the bearded area and the upper lip; although the treatment of this disease is not satisfactory in many cases, especially when the cause is a Bacterid, treatment with sulphonamides is worth a trial.

Bockhardt's Impetigo—is a staphylococcal infection of the hair follicles of the legs more or less symmetrical on both sides; often this coccal infection is superadded over the primary fungus infection of the same areas.

Furunculosis, Acne Miliaris Necrotica, Sycosis Barbae, and Bockhardt's Impetigo are diseases in which the hair follicles are primarily affected by staphylococcus and streptococcus. Sulphanilamide or sulphathiazole given orally and by external application often gives good results.

Erysipelas—is an acute localised inflammation of the skin and subcutaneous tissue due to a streptococcus; this disease is characterized by redness, induration and edema with constitutional symptoms due to systemic intoxication like fever, rigors, headache and malaise. A small erythematous patch gradually enlarges and the area becomes swollen, elevated with induration; vesicles may appear on this glazed surface; the important diagnostic point is the sharply defined border. Face is the site usually involved in patients seen in private practice, while the limbs are involved due to injuries in patients seen in hospitals. Anti-streptococcal

serum was the sheet anchor in the treatment, but now sulphonamides given intravenously have taken its place; but often, when the latter fail, serum promptly checks the further progress of the disease.

Bacterid—or allergic dermatitis caused by a "a septic focus somewhere" is often intractable to any line of treatment, except the complete eradication of the causative septic focus but when this is elusive, administration of sulphonamides often checks the disease, if it does not cure it.

Lupus Erythematosus Erythema Nodosum and Erythema Induratum are diseases caused by a toxin, which may be (1) Tuberculous (2) Non-Tuberculous (a) Streptococcal (b) Of unknown origin. The focus is far away from the site of the skin reaction. It may be in tonsils, sinuses, teeth, gall-bladder, colon, genito-urinary tract. The manifestation of the disease is same, whether the cause is tuberculous or non-tuberculous. Sulphonamides are definitely indicated, in the latter case, if the removal of the causative focus is not done. The following should be the treatment in these cases:—After testing the patient for sensitivity for sulphonamides, by giving him 1 or 2 Gms of the drug he should be given the same in 3-4 Gms. in a day for about a week or till the reaction sets in. The patient is put to bed and given complete rest and plenty of fluids; a watch for reaction similar to Herxheimer reaction is kept. When a streptococcus is the cause of the manifestation of the disease the patient becomes acutely ill, with rise of temperature and rigors; generalised scarlatiniform rash appears and patient complains of fibro-muscular pains. The primary lesion becomes inflamed and swollen. There is malaise, rheumatic pains and lymphadenitis. The drug is stopped immediately and the patient is given plenty of fluids and glucose intravenously or orally. Condition of the heart is maintained. After several hours to two or three days, the reaction subsides and there is a remarkable improvement in the condition of the patient and especially so in that of the skin.

Lupus Erythematosus—is an acute or sub acute inflammation of the skin with appearance of pinkish or reddish patches, which on subsiding leaves atrophic scars.

Erythema Nodosum—is an inflammatory disease of the skin accompanied by constitutional disturbance. The eruption consists of a few or several round or oval painful nodules which disappear in two or three weeks. They are tense, shiny, bright red in colour and commonly involve extensor surface of the arms and legs. (anterior tibial regions). Rise of temperature, general malaise and rheumatoid pains are often present.

Erythema Induratum—(Bazin's disease) is characterised by symmetrical indurated subcutaneous nodules, which may later end in absorption leaving discoloured red or brown spots or necrosis leaving

superficial ulcers. They develop insidiously very commonly on legs, particularly the calves and lower third of the thighs.

Pyoderma Ulcerosum Tropicalum—is characterized by a primary discrete vesicle with inflammatory areola and containing straw coloured fluid; this later break down and a superficial circular ulcer with thickened edge and covered with a firm yellow crust is seen; slowly the ulcer deepens and extends, and cellulitis may occur; this disease is due to a hemolytic streptococcus, and has been frequently seen in the war-worn refugees from Burma. Low resistance due to previous illness, malnutrition, fatigue, lack of vitamins, form a back ground for this disease. A scratch or insect bite precipitates the appearance of the ulcer. Sulphonamides orally and the same in shark-liver oil in 5 per cent strength for external application with general treatment to increase the vitality of the patient brings dramatic improvement in the condition of the skin.

The diseases described above are either due to a staphylococcus or a streptococcus or both or toxin of either of them or both; therefore the treatment by sulphonamides works par excellence in these diseases. In fact the treatment till the advent of sulphonamides had been prolonged and very often unsatisfactory; the relapses in the course of the diseases were very common. To take an example, impetigo contagiosa with the old fashioned treatment of application of ungt. hydrarg. amm. would take 3 to 4 weeks to disappear but now the administration of sulphonamides has cut down the course of the disease to less than a week.

Sulphonamides are given in these diseases orally, parenterally or by external application. Sulphonamides and sulphathiazole, in author's opinion work equally well, the choice depending upon the patients's sensitivity to the particular drug. The drug is given for a few days, usually 4 or 5 days, in sufficient dosage to bring its optimum concentration in blood, so that its full effect is brought to bear down the virulence of the organisms 3 to 4 grams of sulphonamide or sulphathiazole, per day for 3 or 4 days are sufficient to give good results.

(Indian Journal of Venereal diseases and Dermatology.)

SOME ASPECTS OF SYPHILIS DURING PREGNANCY.

BY DR. BALDEV SINGH, M.R.C.P. (LONDON) M.B.B.S.

Amritsar

Some aspects of Syphilis during pregnancy are described under the following sub-heads:—

1. Some general facts about the infecting organism, the spirochaeta pallida, the immunity reactions it gives rise to and the constitution of the host as it tackles the invasion by the disease.

2. The way in which the mother and the father transmit the disease to the foetus and the Serological findings in the new born.

3. The treatment of the parents and the child.

1. Spirochaeta Pallida is now known to be the infecting agent in Syphilis beyond all doubt. It is one of the Protozoa and as such is Symbiotic in its relations to the animal life more particularly the homo Sapiens the man especially, the feminine tissue of this species. In this it stands in contrast to the bacteria which are parasite and destructive to the animal life. These relations are reversed in the case of plant life for which the protozoa are destructive whilst the bacteria are more often actually constructive. Also whilst the bacteria produce a very specific immunity phenomenon so much so that specific antisera can be prepared, protozoa only produce a non-specific reaction. This is true both of syphilis and malaria. Hence it is that Wasserman reaction is a non-specific test and can be got positive in an animal who is given just milk injections along with Wasserman antigen.

Why should woman be such a suitable natural host seems to depend on the fact that she is very much an anabolic creature and also abound in lipid tissue. Spirochaeta pallida itself is mostly a lipoprotein biochemically and for its life and growth such a medium as the woman with the same type of biochemical conformation provides an adequate soil for the organism to live and flourish. A Katabolic individual, as man is, suffers from the disease in a more virulent form and it is true clinically and experimentally that the testis a highly Katabolic organ, is more often attacked than the more sluggish ovaries.

By its effect on the tissue, the infecting organism liberates lipoproteins the so-called non-specific immune bodies. These elements when present in the blood in enough quantity give positive wasserman reaction. They in due course get attached to tissues especially those which have enough lipoids in them and thereby catch hold of the spirochaeta circulating in the blood either to kill them or at least to make their activity more dormant. Hence it is that whilst in man the disease is more vigorous, the cure also is complete but in woman organism lodge in a dormant condition in the body and therefore the difficulty to eradicate it completely.

This organism flourishes best under moist and anaerobic conditions hence the genital passages make the most suitable site for the infection. It is easily destroyed with soap and water.

The changes which are brought about from the mid-menstrum to the day of actual flow in the woman and also the same changes as they persist during pregnancy are very much allied to what happens during protein shock. Enumerating them they are as follows, increase in capillary permeability, increased acidity reduction in

inter-mediary oxidation, increase in blood and tissue chlorides, retention of water, decrease in cholestrole and increase in proteolytic and lipolytic activity. This happening for 15 days in the month or in case of pregnancy day to day during the whole course of pregnancy tends to counteract the ill effects of the disease and it is no wonder therefore that with the recurrence of pregnancy the infection loses its vigour or dies of its own accord.

2. The transmission of the disease to the foetus essentially involves first of all the infection of the mother. The father transmits the disease first of all to the mother before the foetus is infected. The infection may occur from the organisms present in the semen at the time of fertilization and usually this means death of the fertilized ovum or if this does not take place the infection comes through the placenta via the para-umbilical lymphatics or as an organismal embolus through the blood circulating in the umbilical vessels. If the mother suffers from congenital syphilis she may transmit the disease to the child and the father may escape being infected.

The earlier the embryo is infected in the intrauterine life the greater the likelihood of the death of the foetus.

It is a peculiar feature of this infection that the organisms appear and disappear periodically and this determines whether the product of conception do get infected or escape its onslaught. It is quite possible that during the whole span of a given pregnancy the mother in spite of herself suffering from the disease may not pass the infection to the foetus.

The usual period at which the foetus is infected is about the 5th month but less commonly the infection may occur earlier or later at about the termination of the pregnancy. The growing foetus is usually heavily infected and is almost a saturated solution of the infection.

The serological reactions in the foetus immediately after birth are not reliable as to the final diagnosis. The blood of such an offspring may be negative when the mother has been given an intensive course of treatment and yet he may give positive wasserman after some time.

Also the question of biologically negative and biologically positive wasserman reactions are taken into consideration before finally diagnosing the case.

One more fact may be emphasised in connection with the transmission of the disease. It is that the older the infection in the mother, the less likelihood there is of the lethal infection being passed to the child. It is all the more true when the disease in the mother has reached the allergic phase. Whatever the stage and whosoever the individual, the infection is essentially vasculotropic. The endothelium of the vessels proliferate and the lymphocytes make a cuff around.

3. As to the treatment of the parents the father needs to be treated in the usual way with Bismuth or Arsenic or both depending upon the duration of his disease and the type of lesions. For the mother the rule is that she must be treated during every pregnancy once she has been infected. By these methods alone we can eradicate congenital syphilis. The trivalent arsenic is most effective in earlier infections and pentavalent in later stages.

The foetus once born if there has been no treatment undertaken during pregnancy, must be treated for about two years and the criterion is the negative blood and C. S. F. wasserman for one or two years. Both Arsenic and Bismuths from Arsenotoxyl or Bismosoxyzyl, a lipid protein combination which act upon the Spirochaetae and destroy them.

(*Journal of Obstetrics and Gynaecology*, Nov. 1944.)

Extracts.

BONE MARROW AS A SITE FOR THE RECEPTION OF INFUSIONS, TRANSFUSION, AND ANAESTHETIC AGENTS.

BY HAMILTON BAILEY, F.R.C.S.

The medullary cavity of the manubrium is as good a receptor as a vein for infusions of all kinds and for pentothal anaesthesia. The author even regards the bone-marrow to be a better avenue for infusion than a vein.

ADVANTAGES.

1. In very shocked patients there is difficulty, sometimes considerable difficulty in cannulizing a vein.
2. Sternal puncture can be carried out in a comparatively poor light.
3. In dehydrated infants it has a tremendous advantages. It is certain; it is safe, safer than the superior longitudinal sinus.
4. A cannula in the sternum is "out of the way" when an operation is being performed on the abdomen or lower extremity.
5. Thrombosis and phlebitis can not occur.

DISADVANTAGES AND DANGERS.

1. Osteomyelitis may occur. There was not a single case in 60 cases of the author.
2. Whole blood can not be introduced as rapidly as into a Vein. An apparatus has been designed to overcome this difficulty by oxygen pressure.
3. The only real danger is that both plates of the manubrium may be perforated and the fluid be introduced into the superior mediastinum.

TECHNIQUE.

The patient lies prone. A wheal of local anaesthetic is raised on the skin in the middle line just above the manubriogladiolar junction. Using a short, larger hollow needle, the point is driven right on to the bone and about 2 c. cm. of 1 per cent solution of novocaine is infiltrated. The area is then massaged with a swab so as to disperse the anaesthetic and enable one to feel the manubriogladiolar junction.

The trocar and cannula is inserted just above this ridge and pointed almost directly downwards towards the floor, but with a very slight inclination towards the patient's head. An unhurried boring motion is imparted to the instrument. The pressure, at first slight, is increased. The feeling that the outer plate has been penetrated is unmistakable. Now the point of the instrument is directed towards the patient's head. The trocar is removed. The next step is to take a 10—20 c. cm. Record Syringe half full of sodium citrate solution and affix to the cannula and inject some of the citrate solution. The piston is withdrawn. When entry of the tip of the cannula into the marrow cavity is undeniable more citrate is injected and the syringe is disconnected. Quickly the cannula is linked with the infusion or transfusion unit.

(British Medical Journal, Jan. 5, 1944.)



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TREATMENT OF EPIDEMIC NEONATAL DIARRHEA WITH SUCCINYL SULFATHIZOLE.

BY A. H. TWYMAN M.D. & G. R. HORTA M.D.

Epidemic diarrhea of newborn infants is a serious disease. The mortality rate is usually near 50 per cent.

The onset of the disease may be sudden or insidious, most of the cases are sudden and serious from the beginning. The infants rapidly lose weight and become worse as diarrhea and vomiting persist. Dehydration is severe and the infant appears very toxic. Stools number from 4—5—15 or more in 24 hours. They are liquid and usually greenish yellow. The temperature is usually near normal but may be elevated 2—3°F. The fatal cases are usually terminated within 10—14 days, often the cause of death being a complicating pneumonia.

Milder type of the disease, usually insidious in onset are also seen. Vomiting is infrequent. Dehydration and fever are not usually present.

Succinyl sulfathiazole, commercially known as "Sulfasuxidine" has been used chiefly in the preparation of patients for surgery of the large bowel and for the treatment of bacillary dysentery. It has powerful antibacterial activity in the bowel. Administration of the compound to animals alters the intestinal flora to such an extent that the number of B. coli per gram of wet stool is reduced from a normal of 10 million to 100. No toxicity occurs.

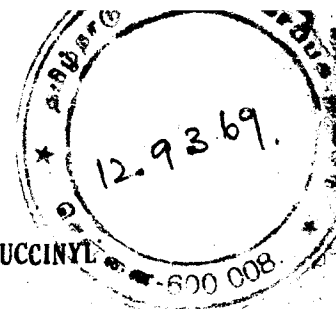
TREATMENT.

The extreme fluid and electrolyte loss was combated with isotonic solution of sodium chloride, distilled water and dextrose plasma or whole blood. Superficial Veins were exposed for Venoclysis and frequently as many as 5—6 of these procedures were required, often with failure to reduce dehydration. Subcutaneous injections of fluids were only a moderate aid. Oral offerings were pushed to tolerance.

The judicious administration of camphorated tincture of opium was concurrently instituted in an attempt to reduce diarrheal loss of the drug as well as fluid. Diet was maintained on a protein milk formula for a relatively lengthy time. The opiate administration was adjusted to allow not more than 3—4 stools in 24 hours.

Succinyl sulfathiazole was given in an initial dose of 2 grains per pound of body weight followed by 1/6 of the initial dose every four hours.

It is important to administer vitamin K to infants treated with succinyl sulfathiazole, since a reduction in the number of coliform organisms inhibits the absorption of the vitamin and hence promotes bleeding tendencies.



RESULTS.

11 cases were treated with succinyl sulfathiazole. There were only two deaths both of which were believed to be due to inadequate dosage of the drug.

In 11 control cases there were four deaths. The average number of days of hospitalization for those who recovered was almost twice that of the treated infants. There was a rapid reduction in the number of stools in 24 hours in those infants treated with succinyl-sulfathiazole in contrast to a very gradual reduction in the untreated ones.

(*Journal of A. M. A. Sept. 1943*)

Medical Notes and News.

PENICILLIN SUPPLIES FOR PUBLIC.

Penicillin is now available in Delhi, Calcutta, Bombay, Karachi and Madras with Messrs. Kemp & Co., Bombay, Madras, Calcutta and Delhi, Messrs. Park Davis & Co., Bombay, Madras and Karachi; Messrs. Smith Stanistreet & Co., Calcutta; Messrs. Martin & Harris, Calcutta; Messrs. T. M. Thakore & Co., Bombay, Messrs. Volkart Brothers, Bombay and Messrs. D. M. Wadia & Co., Bombay.

In order to ensure that the available supplies are equitably distributed, Penicillin is controlled by a Board, set up by the Government of India. This Board is styled the Central Penicillin Control Board with the Director-General, Indian Medical Service as its Chairman. The Board has already issued some instructions on the use and method of procurement of Penicillin by Medical practitioners.

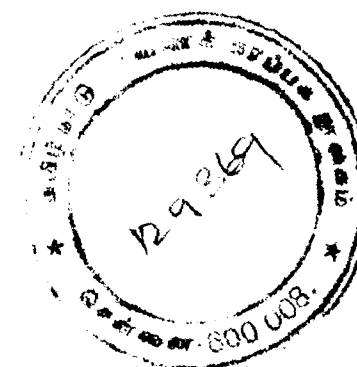
Penicillin, in the first instance, will be supplied only to approved institutions, authorised to use this drug by or under the authority of the Board. Any stocks remaining over each month after the various Provinces have been allotted as much as they require will be sold by importers direct to medical practitioners and non-government institutions under the following control:

Every request for supply of Penicillin in such cases must emanate from a medical practitioner and should be accompanied by a certificate that the case for which penicillin is required is suitable for treatment which should be signed by an Administrative Medical Officer i.e. a Surgeon General, Inspector General of Civil Hospitals, Residency or Agency Surgeon, or any of the "assessors" nominated by him for the purpose. These assessors will ordinarily be surgeons or specialists who have access to a suitable bacteriological laboratory.

In order to judge whether the use of penicillin is justified the "assessors" will require particulars of the case which must include the diagnosis of the case, bacteriological findings, the dosage, the mode in which penicillin is proposed to be administered and also the quantity required. If the assessors are satisfied they will sign a certificate that the case is suitable for penicillin treatment stating how much penicillin is to be used. The importer on receipt of such a certificate will issue the amount of penicillin prescribed thereon. It is incumbent on every medical practitioner or institution obtaining penicillin to submit a case report through the Government Assessor on the prescribed Penicillin Chart copies of which have been distributed to Provincial and State Medical authorities.

ALL-INDIA OPHTHALMOLOGICAL SOCIETY.

The Eighth Conference of the All-India Ophthalmological Society will be held in Hyderabad, Deccan, on the 8th, 9th and 10th March, 1945. The subject for a symposium will be GLAUCOMA. All ophthalmic practitioners are invited to become members of the Society. Further particulars can be had from one of the Secretaries, Dr. G. Zachariah, 16, Marshall's Road, Egmore, Madras, or Dr. B. N. Bhaduri, 45, Chittaranjan Avenue, Calcutta. Copies of papers and communications to be read before the Conferences should be submitted not later than January 31, 1945. Members are requested to inform the Secretaries of any change of address.



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INDICATIONS
Bolls : abscesses : chronic ulcers :
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colds : sore throat : sunburn :
external piles : inflamed breasts :
swollen joints : eczema : tonsil-
litis : buboes : orchitis : swollen
glands.

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Printed by Published by Dr. P.R. Venkappaya, at 3/337, Mint Street, Madras.
at the C.O.P. Works, Ltd., 1/17, Mount Rd., Madras.