

ABSTRACTS

LARYNX

Concentration Radiotherapy on Cancer of the Larynx. MAX CUTLER, M.D.
(Chicago). *J. Amer. med. Ass.*, April 1st, 1944, CXXIV, 14.

This is a report of 413 consecutive cases of cancer of the larynx observed from 1931 to 1943.

The lesions are classified with reference to the sight of their origin regardless of their subsequent extension; that is, cancer of the laryngeal vestibule, ventricular cavity, true vocal cord and subglottic region.

Biopsy was performed routinely in all cases. No effort was made to grade specimens.

Lesions that were radioresistant to the old type of irradiation are radio-sensitive to the new concentration methods. The basis of this new technique is the use of large daily doses over a comparatively short period and a total dose sufficient to produce an "epithelite" and usually also an "epidermite".

The usual plea for early diagnosis is made because only 88 out of the 413 cases were comparatively early.

The results of radiation therapy are superior to those of surgery and the patients have almost all normal voices.

Early lesions, limited to one cord, that have not reached the posterior commissure or crossed the anterior commissure have equally as good a chance of cure with adequate radiation as by the laryngofissure operation (80 per cent.).

When a cancer of the true cord is treated by adequate radiation therapy, while the cord is freely or partly movable the chances of recurrence after two years are extremely remote.

The article consists of 9 columns, has 8 tables and a bibliography.

ANGUS A. CAMPBELL.

NOSE

Sulfadiazine in the treatment of the Common Cold. RUSSELL L. CECIL, M.D.
(New York), Major NORMAN PLUMMER (Medical Corps, Army of the United States), and WILSON G. SMILLIE, M.D. (New York). (*J. Amer. med. Ass.*, January 1st, 1944, CXXIV, 1.)

The writers publish a preliminary report on the study of 72 colds in 66 different persons.

These persons were followed, clinically and bacteriologically; 48 received Sulfadiazine 3.0 gm. daily by mouth for four days, while 24 served as controls.

Following treatment, the nasopharyngeal flora showed a uniform decrease in the total number of organisms and a check in the growth of pathogens.

Miscellaneous

The clinical course of the treated colds showed no striking difference from that of the controls. But there did appear to be some amelioration of symptoms due to control of secondary infection.

The writers are opposed to the routine use of sulfonamides in the treatment of the common cold but would favour their use in a few selected cases in which the history of previous colds revealed severe secondary infection.

The article is illustrated, has several tables and a bibliography.

ANGUS A. CAMPBELL.

MISCELLANEOUS

The Chemotherapy of Intracranial Infections. COBB PILCHER, M.D. and WILLIAM F. MEACHAM, M.D. (Nashville, Tenn.). (*J. Amer. Med. Ass.*, October 9th, 1943, cxxiii, 6.)

The writers use dogs in all these experiments. Meningitis was produced in them by injecting 0.1 c.c. of a saline suspension of a strain of hæmolytic staphylococcus aureus into the cisterna magna.

Treatment by penicillin intravenously was found to have little or no beneficial effect.

Intrathecal treatment of experimental staphylococcal meningitis with relatively small doses of penicillin reduced the mortality rate from 93 per cent. in controls to 54 per cent. in the treated animals.

Penicillin when injected intrathecally even in large doses produced no significant toxic effect.

The article has 6 charts and a bibliography.

ANGUS A. CAMPBELL.

Penicillin in the treatment of Infections. CHESTER S. KEEFER, M.D., FRANCIS G. BLAKE, M.D., E. KENNERLY MARSHALL, Jr., M.D., JOHN S. LOCKWOOD, M.D., and W. BARRY WOOD, Jr., M.D. (*J. Amer. med. Ass.*, August 28th, 1943, cxxii, 18.)

This is a statement, based on a report of 500 cases of various infections made by the Committee of the National Research Council (Medical Sciences Division), on chemotherapeutic and other agents.

Penicillin was found to be a potent anti-bacterial agent which can be given intravenously, intramuscularly or topically. It is ineffective when given by mouth.

It is excreted rapidly so that it must be injected continuously or at frequent intervals.

It has been found to be most effective in the treatment of staphylococcal, gonococcal, pneumococcal and hæmolytic streptococcal infections.

A patient requiring intravenous or intramuscular injection for serious staphylococcal infections requires a total of between 500,000 and 1,000,000 Oxford units, and the best results have been observed when treatment has

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continued from ten days to two weeks. At least 10,000 units should be given every two to three hours, at the beginning of treatment, either by continuous intravenous injection or by interrupted intravenous or intramuscular injections.

In the treatment of meningitis it is advisable to use penicillin injected directly into the subarachnoid space.

Toxic effects are extremely rare. Occasional chills, fever, flushing of the face and headache have been noted.

Urticaria and thrombophlebitis at the site of injection have been noted.

The article has 3 tables and a bibliography.

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