

# : : ABSTRACTS : :

## MEDICAL MANAGEMENT OF PANCREATITIS

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A.M.A. Archives of Internal Medicine  
Sept. 1955, Vol. 96: No. 3, p. 332

The following is a resume recommended by the authors for the management of acute pancreatitis;

1. Relief of pain.

- (a) Analgesics-Meperidine HCl (Demerol)
- (b) Agents acting on smooth muscle - Amylnitrate inhalation, nitroglycerine, aminophylline and calcium gluconate.
- (c) Autonomic blocking agents - Methantheline Br. (Banthine).
- (d) Post-Ganglionic blocking agents-Hexamethonium Br. and probanthine (propantheline Br.).
- (e) Agents acting on the autonomic ganglion - Tetraethyl ammonium chloride and Bistrium bromide.
- (f) Mechanical - Paravertebral sympathetic or splanchnic nerve block.

2. Treatment of shock and fluid imbalance.

- (a) Whole blood, 100-200 cc. of 25% normal serum human albumen, Levo-phed, Cortef (hydrocortisone) and Darrow's solution.

3. Suppression of pancreatic secretion -Pass a Levine tube and start continuous suction.

4. Control of distention by naso-gastric suction.

5. Management of derangement of carbohydrate metabolism by glucose and insulin.

6. Prevention of suppuration with antibiotics.

7. Termination of treatment - Give phenobarb 30 mgm t.i.d.

8. Prevention of recurrences - This may necessitate surgical treatment of anomalies in the pancreatic and common bile ducts.

T. E. DICKINSON, '57.

## LEVARTERANOL BITARTRATE (LEVOPHED) IN TREATMENT OF CARDIAC ARRHYTHMIAS

Joseph T. McGinn, M.D.  
and Joseph Schluger, M.D.  
American Heart Journal, Oct. 1955  
Vol. 50: No. 4, p. 625

The authors report on eight cases of which six had supra-ventricular paroxysmal tachycardia, one with ventricular tachycardia, and the last with auricular flutter. All cases treated had an electrocardiographic diagnosis of arrhythmia before treatment.

Two conditions were used as a criteria for selection. (1) paroxysmal tachycardia that did not respond to accepted treatment such as carotid sinus pressure, sedatives, etc. (2) whose blood pressure was not markedly elevated.

Electrocardiographic control was maintained and blood pressures recorded at one and three minute intervals during the infusion. Parenteral procaine amide and digitalis were kept in readiness. The levarteranol was administered I.V. at the rate of twenty to forty drops per minute in a concentration of 8-16 mgms per 100 cc. of 5% glucose. The rate of flow being adjusted until the B. P. rose to between 120 and 160 mm Hg.

All except the auricular flutter showed termination of the attack. It is suggested that levarteranol acts in all cases in which reversion to normal rhythm is caused by elevating blood pressure.

T. E. DICKINSON, '57.

### ANENCEPHALUS C. H. HORWITZ

Obstetrics and Gynaecology, Vol. 6, No. 3,  
Sept. 1955.

This article is a review of available data from recent literature. Data from seven series of investigations are discussed and in these the total births recorded are 310,000 and the incidence of anencephalus varies from 0.03% to 0.308%.

Etiologic and associated factors are discussed. Experimental evidence strongly suggests that X-ray exposure early in the pregnancy maybe an etiological factor; environmental factors and the influence of heredity are considered. It is suggested that any condition producing decreased oxygen supply to the fetus in utero may be a cause of fetal abnormality. The incidence of abnormalities in such conditions as placenta previa is mentioned.

The influence of heredity in the etiology is discussed but the author states that at the present time the evidence is difficult to assess and significant conclusions cannot be arrived at now. The associated etiologic factors noted include menstrual history, age of mother, duration of pregnancy, seasonal incidence, hydramnios, race and religion, abortions, stillbirths and sex distribution.

Diagnostic problems and criteria are discussed. No signs are quoted as fully reliable but the presence of hydramnios is considered significant. X-ray films, late in the pregnancy, offer the only means of definite diagnosis. As for delivery it is claimed that early induction of labour yields as good results as those realized with conservative treatment.

A. W. JANES, 57.

### PROLONGED PREGNANCY

G. B. GIBSON  
B M J Sept., 17, 1955

The author defines prolonged pregnancy as "a pregnancy which continues for more than 14 days after the expected date of

confinement provided that the estimation of this date is accurate." This article is based on an interview of 5,000 cases at the Maternity Hospital, Belfast. The case reports showed that with 53.1% of single vertex presentations labour began spontaneously during the 40th or 50th week of pregnancy. The records showed that there was an increased of fetal mortality to 5.1% if pregnancy was prolonged for more than 14 days after the estimated date of confinement. And although it is admitted that other causes might be at work (such as reduction of liquor amnii and resultant skin infection), the cause of the mortality is suggested to be due to fetal anoxia in utero. By referring to a series of 564 stillbirths it is noted that this fetal anoxia was mainly a risk occurring during the first and second stages of labour. Unfortunately, it seems that induction of labour did not prove to be much of a deterrent to this risk, according to the author, who advocates a policy of "masterly inactivity" until labour starts spontaneously, where signs of fetal distress may warrant caesarean section.

D. T. J.

### ANTIHISTAMINICS IN BLOOD TRANSFUSIONS

C. R. STEPHEN et al  
J A M A June 18, 1955, pp. 158, 525.

The writer states, "In transfusion therapy, the prophylactic administration of tripeleannamine ('pyribenzamine') reduces significantly the incidence of pyrogenic reactions and allergic type reactions". The method used was to give one ampoule of the agent (25 mgm. in 1 ml.) to the patient immediately before starting the transfusion. In a central study with over 1500 patients in each group, the incidence of allergic reactions in those who received no prophylaxis was 3.1% as compared to 0.6% incidence in those who received pyribenzamine. Comparable results, so far as allergic reactions are concerned, were obtained with 'bendryl', where 50 mgm in 1 ml. were added to each bottle of blood before it was stored for future use.

D. T. J.