

NMA

Announcements

The Nepal Medical Association has offered the honorary membership to Drs.

Helen Huston

Bhabani Bhakta Singh and

Itaru Kurozumi.

They have kindly accepted the honorary membership. The biobios of these 3 doctors are as follows:

BIO—DATA of Dr Helen Huston

Born in Alberta, Canada on 1927.

Graduated in Medicine from University of Alberta in 1951.

Came to the Orient in 1954-55:

Served a term in India since 1953-59, has worked with the United Mission to Nepal since 1960 in the UMN Hospital, Ampipal, Gorkha District till now.



Probably Canada's best known actively serving medical mission.

In 1978, received the outstanding achievement award for Medical Graduates from University of Alberta.

Further Hospital Internships done for some months at a time when on home leave. Various refresher courses taken.

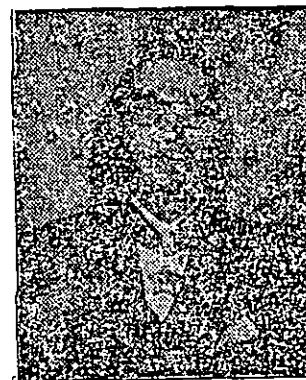
JNMA July-Sept (1981)

BIO—DATA of Dr. Bhabani Bhakta Singh

D. A. C. P. S., Bombay.

Retired Chief and Senior Anaesthetist

(43 years of HMG Service)



1. Date of Birth: 15 Aswin 1962/OCTOBER 1905, Kathmandu Age: 76 years.
2. Address: 490/1, Ikhapokhari, Kathmandu 18, Nepal Tel: 11023
3. Marital Status: Married to Mrs Champa Nani Pradhan, 2 sons, 2 daughter.
4. Qualifications: a) L. M. F., 1933 Campbell Hosp. Cal.
b) D. A. C. P. S. 1956 J. J. Hosp. Bombay
c) Certificate in Blood Bank „ H. Inst. „
d) Certificate in Antirabic disease „ „

5. Health Services: (Total no. of years—43)

1. Bhaktapur Hospital	2 years	M. O.
2. Lalitpur „	2 „	„
3. Jail Hospital	6 „	„
4. Bhimphedi Hospital	3 „	„
5. Bir Hospital	6 „	„
6. Bir Hospital	23 „ 6 months	Sr. Anaesthetist.
7. Bir Hospital		

While on this duty, had to attend 4 Hosps.—also Military Hospital, Shanta Bhavan Hospital, Kanti Hospital, and Maternity Hospital.

- | | | |
|---------------------|----------|-----------------------------|
| 8. Tokha Sanitorium | 6 months | Officiating Superintendent. |
| 9. Bir Hospital | 2 months | Officiating Suptd. |

10. Narayangadh: Antimalarial 4 months
MO with antimalarial camp

11. Started Banepa Hospital 2 months

M.O.

6. Scientific Publications:

1. Accident in Anaesthesia, JNMA(18 Oct. 1957)
2. Preparation of the patient before operation, Health Inst 28/5/57
3. Observation of General Anaesthesia in 150 eye cases (Read at 12th Annual Conference of Indian Society of Anaesthetist in Bombay, 1960.
4. Observation on 880 cases under Spinal Anaesthesia (Read on 1st All Nepal Medical Conference at Kathmandu on 23.10.1963) JNMA
5. Study of Anaesthesia on 32 selected cases of Chest Surgery, Nov, 1963.
6. Comparative study of Anaesthesia on 838 cataract operations on eye cases at Bombay, 13.12.1964 (Published in JNMA)
7. Endo-trachial Anaesthesia of 1000 cases (Read at NMA Conference in 1975)
8. General Anaesthesia by Open drop method (Read at 4th all Nepal Medical Conference at Birgunj)
9. Beginning of Modern Anaesthesia at Bir Hospital
10. Clinical meeting-extract from the Chairman Dr BB Singh, 1968
11. Inhalation Anaesthesia by open drop method, All Nepal Medical Conference, 1973 at Bir Hospital.

7. Publications of Books:

1. Youban Ko Aandhi-Social Novel in Nepali-1st Edition 1996 B. S, 2nd Edition 2017 B. S.
2. Swasthya Sewa-Western Hygiene, 2023 B. S.
3. A few articles in Newari "Thulichha"
4. A few songs at Puspanjali
5. Yeti, Monthly magazine "Yeti Gopal Pandey ko Samjhanama"

8. Conference and Seminars attended:

1. Attended almost all Nepal Medical Conferences held at different places.

2. Attended Indian Society of Anaesthetist conferences at
 - a) Jaipur 1955
 - b) Poona 1960
 - c) Bombay 1964
 - d) Delhi 1963-International Congress in diseases of Chest
 - e) Trivandrum 1979
 - f) Madras 1975
 - g) Calcutta 1962

3: Republic of China as Medical Delegate with NMA members in 1968.

9. Decorations:
1. Gorakha Dakhachin Bahu
 2. Bishesh Sewa Padak
 3. Janapad Dirgha Sewa Pada
 4. Coronation Medal.

10. Organisation:

1. Founder member of NMA
2. „ „ „ Family Planning
3. Ex-associated Editor-Indian Society of Anaesthetists.

5. 9. 1981



BIO—DATA of Dr. Itaru Kurozumi

Name: Dr. Itaru Kurozumi

Date of Birth: December 6th, 1934.

Place of Birth: Okayama Pref. Japan.

Graduation: Graduated from School of Medicine Tokushima Univ., Japan

Degree: Medical Doctor of Kobe University

Present Post: Head of Eye Dept. of Ashiya Municipal Hospital, Instructor of Hyogo Medical College,

Executive Member of A. O. C. A. (In-charge of Nepal)



1. Senior Ophthalmologist of 20 years experience.
2. Founder of Eye Department of Ashiyashi Hospital, OSAKA, JAPAN.
3. Founder of Association of Ophthalmic Co-operation in Asia.
4. Activities in NEPAL.

1. TRAINING of Ophthalmic assistant

- a. Optician & Instrument
- b. Contact Lens Specialist
- c. Orthoptician

2. Modern Equipment & instruments in various hospitals of Nepal

- a. Bir Hospital
- b. Nepal Eye Hospital
- c. Biratnagar Hospital
- d. Butwal Hospital
- e. Birgunj Hospital

3. Mobile Eye Camps in

- a. Inarwa
- b. Birgunj
- c. Bharatpur
- d. Nepalgunj
- e. Dolakha
- f. Gorkha

Already helped JICA for sending up-to-date instrument & equipments like Photocoagulator Fundus Camera Plus Fluorescence angiography costing about 20 lakhs rupees which will be received here in October this year.

Selected Abstracts

THE LANCET

Primary Biliary Cirrhosis—A Revised Clinical Spectrum

OLIVER JAMES

A. F. MACKLON

A. J. WATSON

Departments of Medicine (Geriatrics) and Pathology, University of Newcastle upon Tyne.

(The Lancet; page Nos. 1278-1281; London-13 June 1981)

The presentation or method of detection of 93 patients with primary biliary cirrhosis (PBC) from Northern England is reported. Almost half (45/93) the patients had no symptoms of liver disease when PBC was diagnosed; in many of them serum antimitochondrial antibody (AMA) was detected during immunological screening for other diseases. 13 patients with normal liver function tests had symptomless PBC. Liver histology in 6 of these was diagnostic for PBC, and 7 had histology suggestive of PBC; all had a positive AMA titre $\geq 1/40$. The mortality of the symptom-free AMA-positive patients over a mean follow-up of 4.5 years did not differ from that of the general population. Only 1 out of 45 initially symptom-free patients died in the follow-up period (8 months-12 years). 37 patients had disorders which may be associated with PBC—including 16 with thyroid disease, 9 with rheumatoid arthritis, and 5 with mixed connective tissue disease. It is suggested that, as with autoimmune thyroid disease, overt organ damage never develops in many patients with symptomless PBC.

Intestinal Permeability In Patients With Eczema and Food Allergy

P.G. JACKSON

M.H. LESSOF

F.W.R. BAKER

JEAN FERRETT

D.M. MACDONALD

Departments of Chemical Pathology and Medicine, Guy's Hospital Medical School, London
(The Lancet; Page Nos. 1285-1286; London-13 June 1981)

Polyethylene glycol (PEG) was used as a probe molecule to intestinal absorption in eight patients with eczema and evidence of food allergy and ten with eczema alone. In both groups absorption of molecules of large molecular weight was greater than in normal subjects but absorption of molecules of low with or without food allergy. These results suggest the molecular weight was normal. There was no difference in absorption between eczema patients there is an intestinal mucosal defect in eczema which exists whether or not there is coexistent food allergy. Half the patients with eczema alone and two of the eight with food allergy had more of the large molecular weight PEG recovered in their urine in the second 12 h after ingestion than in the first 12h. This could be the result of abnormal permeability in the more distal small bowel or even in the colon.

BRITISH MEDICAL JOURNAL

Controlled trial of biofeedback-aided behavioural methods in reducing mild hypertension

CHANDRA PATEL, M G MARMOT, D I TERRY

(British Medical Journal; Page Nos. 2005-2008, 20 June 1981)

Employees of a large industry were screened for the presence of coronary risk factors. A total of 204 employees, aged 35-64 years, with two or more such factors (serum cholesterol concentration-6.3 mmol/l (243.6 mg/100ml), blood pressure-140/90 mm Hg, and current cigarette consumption- 10 cigarettes a day) were randomly allocated to a biofeedback group receiving training in relaxation and management of stress or a control group. Both groups received simple health education literature. After eight weeks of training, and again eight months

later, the biofeedback group showed a significantly greater fall in systolic and diastolic blood pressures than the control group ($p=0.001$). Plasma renin activity and plasma aldosterone concentration were measured in a subsample at entry to the study and again at eight weeks and eight months; both showed a greater reduction in the biofeedback compared with the control group at eight weeks' follow-up.

The greater reduction in blood pressure in the subjects in the biofeedback group compared with the control group (11.0 mm Hg systolic and 8.8 mm Hg diastolic), persisting eight months after the training, suggests that relaxation-based behavioural methods might be offered as a first-line treatment to patients with mild hypertension.

Aquagenic pruritus

M. W. GREAVES, A. K. BLACK, R. A. J. EADY, A. DOUTTS

(British Medical Journal; Page Nos. 2008 to 2010. 20 June 1981)

Three patients were studied in whom brief contact of the skin with water at any temperature evoked intense itching without visible changes in the skin. The patients were otherwise apparently healthy, and this chronic and disabling disorder tended to attract a "psychogenic" label. Pharmacological studies showed that the condition was associated with local release of acetylcholine in the skin, mast-cell degranulation, and raised blood histamine concentrations. It responded well to antihistamines in two of the three patients.

Aquagenic pruritus is probably common, but it is generally unrecognised and may be misdiagnosed. Antihistamines may induce a good therapeutic response.

Vitamin A toxicity and hypercalcaemia in chronic renal failure

KF ARRINGTON, P MILLER, Z VARGHESE, RA BAILLOD, JF MOORHEAD

(British Medical Journal; Page nos. 1999-2002; 20 June 1981)

Serum vitamin A concentrations were measured in 38 patients undergoing haemodialysis, 24 of whom were taking multivitamin preparations containing vitamin A. Vitamin A concentrations were significantly higher in patients undergoing haemodialysis than in 28 normal controls ($p=0.001$). Patients taking vitamin A supplements had significantly higher vitamin A concentrations than those not taking them ($p=0.05$), and hypercalcaemic patients had higher concentrations than normocalcaemic patients ($p=0.005$). Withdrawal of vitamin A supplements in seven patients caused significant falls in serum vitamin A concent-

rations and plasma calcium concentrations ($p=0.01$ at two and three months in both cases) and in plasma alkaline phosphatase concentrations ($p=0.01$ at two months)

Vitamin A toxicity can contribute to hypercalcaemia in patients undergoing haemodialysis, probably by an osteolytic effect. Multivitamin preparations containing vitamin A should therefore be prescribed with caution in these patients.

A protein in urine associated with muscle disease and muscle damage

NEIL FREASON, ROGER D TAYLOR, S VICTOR PERRY

(British Medical Journal; Page nos. 2002-2003; 20 June 1981)

Analysis of the protein composition of human urine by high-resolution two-dimensional electrophoresis showed that several features are associated with neuromuscular diseases, the best defined being the appearance in the urine of a small amount of a protein that migrates in the electropherogram as a characteristic spot (spot C). This spot consists of a protein of apparent molecular weight 25000 and isoelectric point 5.3. The spot was usually present in the urine of patients suffering from diseases in which the musculature was directly affected but was rarely found in other patients and normal subjects.

The protein responsible for spot C appears to be an index of muscle damage caused by a number of conditions. Attempts are being made to isolate enough of the protein to permit its identification.

Glucose turnover and metabolic and hormonal changes in ethanol-induced hypoglycaemia

N M WILSON, P M BROWN, S M JUUL, S A PRESTWICH, P H SONKSEN

(British Medical Journal; Page Nos. 849 to 853; 14 March 1981)

Infusion of 67 g ethanol over four hours in fasted, nonobese normal men (a) induced hypoglycaemia by inhibiting gluconeogenesis; (b) produced noticeable increases in blood lactate, 3-hydroxybutyrate, and free fatty acid concentrations; (c) depressed plasma growth hormone concentrations, despite hypoglycaemia; and (d) raised plasma cortisol concentrations before significant hypoglycaemia occurred. These metabolic changes were explained by the reduction of redox state which accompanies ethanol oxidation.

The pronounced changes in metabolic values recorded during this study suggested that the use of parenteral feeding regimens including ethanol needs to be reconsidered.

Biochemical tests for diagnosis of phaeochromocytoma; urinary versus plasma determinations

PF PLOUIN, J M DUCLOS, J MENAED, E COMOY, C BOHUON, J M ALEXANDRE

(British Medical Journal; Page nos. 853 to 855; 14 March 1981)

Fifteen patients with hypertension due to phaeochromocytoma and 35 controls with essential hypertension were studied to assess the diagnostic value of urinary and plasma biochemical determinations in phaeochromocytoma.

In every case of phaeochromocytoma the urinary concentration of vanillylmandelate, metanephrines of adrenaline plus noradrenaline was diagnostic of the disease irrespective at the time. Plasma determinations of adrenaline and noradrenaline, however, gave falsely negative results on three occasions.

These findings suggest that urinary biochemical determinations—particularly of metanephrines—are more reliable than plasma catecholamine measurements as a test for phaeochromocytoma. The test is particularly useful in patients with intermittent hypertension.

Lipid storage myopathy: successful treatment with propranolol

CHRISTOPHER MARTYN, E H JELLINEX, JOHN N WEBB

(British Medical Journal; Page nos. 1997 to 1999; 20 June 1981)

Lipid storage myopathies are a rare but serious cause of muscle weakness characterised by the accumulation of abnormal amounts of neutral fat in type 1 fibres. A case is reported in which the patients presented with weakness of the proximal limb muscles and greatly increased activities of creatine kinase and lactate dehydrogenase. After two years lipid myopathy was diagnosed when electron microscopy confirmed the presence of large numbers of lipid particles within muscle fibres. Twelve years after the initial presentation propranolol (40 mg thrice daily) was started. Strength gradually improved and enzyme activities returned to normal.

The improvement in the patient's condition was almost certainly due to the propranolol, although the mode of action of the drug remains unknown.

Improved survival after orthotopic liver grafting

R Y CALNE, ROGER WILLIAMS, M LINDOP, JV FARMAN, METOLLEY KROLLES
B MACDOUGALL, J NEUBERGER, RJ WYKE, ATRAFTERY, TJ DUFFY, D G D
WIGHT, D J G WHITE

(British Medical Journal; Page nos. 115 to 119; 11 June 1981)

A total of 108 orthotopic liver transplants have been carried out in the Cambridge/King's College Hospital series. Over 13 years, changes in patient selection, immunosuppression, and surgical and anaesthetic techniques have led to a steady improvement in results. Results obtained in the last 22 patients indicated that over half survive for one year. Although at considerable risk during the operation, patients with non-malignant cirrhotic diseases who survive in a year have a good long-term chance of survival.

Relation between arterial pressure, dietary sodium intake, and renin system in essential hypertension

PS PARFREY, ND MARKANDU, JEROULSTON, BEJONES, JC JONEST,
GAMACGREGOR

(British Medical Journal; Page nos. 94 to 97; 11 July 1981)

Forty-one patients with mild essential hypertension, 36 patients with severe hypertension, and 28 normotensive subjects were studied on a high sodium intake of 350 mmol/day for five days and low sodium intake of 10 mmol/day for five days. The fall in mean arterial pressure on changing from the high-sodium to the low-sodium diet was 0.7 ± 1.7 mm Hg in normotensive subject, 8 ± 1.4 mm Hg in patients with mild hypertension, and 14.5 ± 1.4 mm Hg in patients with severe hypertension. The fall in blood pressure was not correlated with age. Highly significant correlations were obtained for all subjects between the ratio of the fall in mean arterial pressure to the fall in urinary sodium excretion on changing from a high to a low-sodium diet and (a) the level of supine blood pressure on normal diet, (b) the rise in plasma renin activity, and (c) the rise in plasma aldosterone.

In patients with essential hypertension the blood pressure is sensitive to alterations in sodium intake. This may be partly due to some change either produced by or associated by directly with the hypertension. A decreased responsiveness of the renin-angiotensin-aldosterone system shown on the patients with essential hypertension could partly account for the results.

X + X

The Lancet

Imaging of the Brain By Nuclear Magnetic Resonance

F. H. DOYLE

J. M. PENNOCK

J. S. ORR

J. C. GORE

G. M. BYDDER

R. E. STEINER

*Departments of Diagnostic Radiology and Medical Physics, Royal Postgraduate Medical School,
Hammersmith Hospital, London*

I. R. YOUNG

H. CLOW

D. R. BAILES

M. BURL

D. J. GILDERDALE

P. E. WALTERS

Central Research Laboratories, Thorn-EMI Limited, Hayes, Middlesex

(The Lancet: page Nos. 53-57; 11 July 1981)

A nuclear magnetic resonance (NMR) machine constructed by Thorn-EMI Ltd. was used to produce tomographic images of the brain in eight volunteers and fourteen patients. The use of an inversion recovery technique designed to emphasise variations in the spin-lattice time constant (T_1) resulted in remarkable differentiation between grey and white matter in all subjects examined. White matter was seen both centrally and peripherally to subcortical level and the basal ganglia were clearly demarcated by the surrounding white matter and ventricular system. The posterior fossa was visualised with substantially less artefact with X-ray computed tomography (CT) and both the brainstem and middle cerebellar peduncle were clearly shown. Pathological appearances in patients with glioblastoma multiforme, cerebral infarction, and cerebral aneurysm were demonstrated and compared with those seen with CT. The technique will require thorough clinical evaluation but appears to have considerable potential in the diagnosis of neurological disease.

The Diet And All-causes Death Rate in The Seven Countries Study

(The Lancet; Page Nos. 58-61; 11 July 1981)

Among 12 763 men aged 0-59, 1512 died in ten years, 413 from coronary heart disease. The 16 cohorts differed in all-causes as well as in coronary death rate. Those differences were not related to cohort differences in age, relative weight, activity, smoking habits, or percentage calories from total proteins or fats in the diet but were related to

differences in blood-pressure, serum cholesterol, and percentage calories from saturated fatty acids. The correlation with saturates was $r=0.47$ for all-causes, $r=0.84$ for coronary death rate. The all-causes death rate was correlated with saturates even when other dietary variables were controlled in multiple regression. Inclusion of percentage calories from saturates, monoenes, and polyunsaturates in multiple regression gave multiple $R=0.71$ for all-causes deaths but no better discrimination for coronary deaths. Non-coronary death rate was not significantly related to the diet. Both mean blood-pressure and serum cholesterol were correlated with diet saturates but the correlation of blood-pressure with saturates is explained by inter-correlation between blood-pressure and cholesterol. The findings do not prove that saturates in the diet cause increased mortality but are consistent with the hypothesis that risk of early death is increased by diet saturates in populations in which coronary disease is a major death cause. There is no support for the suggestion that the advantage for coronary disease of a diet restricted in saturated fats may be offset by increased non-coronary mortality.

Familial Benign Hypercalcaemia

C.R. PATERSON

A. GUNN

Departments of Biochemical Medicine and Surgery, University of Dundee

(The Lancet; Page Nos. 61-63; 11 July 1981)

At least ten members in four generations of a large family had familial benign hypercalcaemia (FBH) (familial hypocalciuric hypercalcaemia). Three members of the family had had parathyroid explorations (one on two occasions) before it was realised that they did not have primary hyperparathyroidism. FBH resembles hyperparathyroidism in that the plasma phosphate level is often in the low-normal range and in the parathyroid hormone is often detectable in the plasma. Urinary excretion of calcium is exceptionally low in FBH; indices reflecting tubular handling of calcium, such as calcium excretion per litre of glomerular filtrate, are better than 24 h urinary calcium in discriminating between FBH and primary hyperparathyroidism. FBH may be more common than is generally appreciated; it is important that it should be recognised so that patients may be spared unnecessary surgery.

Prevention of Recurrent Abortion With Leucocyte Transfusions

COLIN TAYLOR

Department of Haematology, Pembury Hospital, Tunbridge Wells, Kent

W. PAGE FAULK

Blond McIndoe Centre for Transplantation Biology, East Grinstead, Sussex

(The Lancet; Page Nos. 68-69; 11 July 1981)

Three women, each with a history of three spontaneous abortions, were typed for A, B, C, and DR histocompatibility (HLA) antigens and found to share antigens with their husbands. The women were repeatedly transfused throughout pregnancy with leucocyte-enriched plasma from at least sixteen different erythrocyte-compatible donors. The pregnancies were normal and each mother produced a healthy baby. The presence of trophoblast/lymphocyte cross-reactive (TLX) antigens, which stimulate the mother to mount a response with blastocyst protective factors and which prevent maternal rejection of the antigenically unique embryo, might explain these results;

Separation of Malaria-infected Erythrocytes from Whole Blood: Use Of a Selective High-Gradient Magnetic Separation Technique

F. PAUL

D. MELVILLE

S. ROATH

Departments of Haematology and Physics, University of Southampton

D. C. WARHURST

J. O. S. OSISANYA

Amoebiasis Unit, Hospital for Tropical Diseases, and Department of Medical Protozoology, London School of Hygiene and Tropical Medicine

(The Lancet; Page Nos. 70-72; 11 July 1981)

MALARIA can be difficult to diagnose because of the small numbers of parasitised cells in an infected person's blood. Low concentrations of malarial parasites also hamper research into, for example, vaccine production. Density-gradient or osmotic-fragility techniques are normally used to obtain increased concentrations of parasites, but these have had only

limited success. It is known, however, that the malarial parasite digests haemoglobin to leave high-spin oxidised haem products. These are paramagnetic, in contrast to normal low-spin oxyhaemoglobin, which is diamagnetic. Consequently it should be possible to separate parasitised erythrocytes from normal oxygenated ones with a high-gradient magnetic-separation technique which will selectively separate such a high-spin form of haemoglobin (and the cells containing it).

This technique has already been shown to separate deoxygenated erythrocytes from blood because of their similar qualities (high spin and paramagnetism).

Hepatic Complications of Cystic Fibrosis

H. T. PSACHAROPOULOS

E. R. HOWARD

B. PORTMANN

A. P. MOWAT

ROGER WILLIAMS

Department of Child Health, Department of Surgery, and Liver Unit, King's College Hospital and Medical School, London SE5

(The Lancet; Page Nos. 78-80; 11 July 1981)

74 Patients with cystic fibrosis aged 1-19 years were assessed prospectively for 1-7 years for evidence of liver involvement. 20 of these patients were referred primarily because of hepatic problems. 3 of 4 with neonatal hepatitis recovered. Chronic active hepatitis developed in a further child but resolved spontaneously. 6 patients had abnormal liver-function tests without clinical evidence of liver disease. In 18 cirrhosis was detected at age 4-13 years. Liver disease was stable in these except terminally in 3 with cor pulmonale. The principal hepatic problem was variceal bleeding, which occurred in 6 patients. 50% of bleeds followed aspirin ingestion. This drug therefore should be avoided in such patients. 13 had hypersplenism. 2 had severe splenic pain necessitating splenectomy with lienorenal shunt, which was performed also in 2 patients who had bled. 3 remain well up to 5 years later. In 3 patients seen in the past 3 years injection sclerotherapy has controlled bleeding. This technique was well tolerated without the pain associated with, or the intensive physiotherapy necessary after, shunt surgery; and this may be the method of choice for controlling variceal bleeding in cystic fibrosis.

Control of Epidemic Meningococcal Meningitis By Mass Vaccination

IDRIS MOHAMMED

KAREL ZARUBA

Ministry of Health and Specialist Hospital, Bauchi, Nigeria

(The Lancet; Page Nos. 80-82; 11, July 1981)

2513 733 persons aged 3-15 years were vaccinated against meningococcal meningitis in Bauchi, Nigeria (approximate population 4000 000), between 1977 and 1980. The polyvalent vaccine contained groups A and C polysaccharide antigen. There were no reports of any untoward reactions to the vaccine: 212, 1509, 64, and 12 cases of the disease were reported in 1977, 1978, 1979, and 1980, respectively. This decline in number of reported cases indicates that mass vaccination with polyvalent meningococcal vaccine can prevent meningitis in the African meningitis region, although the long-term protection conferred on individuals and the community remains unknown. Concerted and sustained vaccination by all countries in the meningitis belt might lead to eradication of the disease.

Three Years' Experience of Continuous Ambulatory Peritoneal Dialysis

MAN KAM CHAN, PATRICIA CHUAH, MARTIN J. RAFTERY,

ROSEMARIE A. BAILLOD, PAUL SWENY, ZACHARIAH VARGHESE,

JOHN F. MOORHEAD

Department of Nephrology and Transplantation, Royal Free Hospital, London NW32QG

(The Lancet; page nos. 1409-1412; London, 27 June 1981)

Patients on continuous ambulatory peritoneal dialysis (CAPD) were studied for three years. 29 of them who had been in CAPD for six months or more were compared with patients on intermittent peritoneal dialysis (IPD) and on haemodialysis (HD). CAPD patients had significantly levels of HDL-cholesterol than HD patients. Urea, potassium, phosphate, and urate levels were significantly lower, and haemoglobin levels significantly higher, than in the IPD and HD groups. 43 CAPD patients studied had a peritonitis rate of 2.22 episodes per patient-year; CAPD offers alternative form of dialysis to those unsuitable for HD, but until peritonitis rates can be reduced CAPD cannot rival HD as a long-term treatment:

THE LANCET

LIFE EVENTS AND APPENDICECTOMY

FRANCIS CREED, M. R. C. PSYCH. (*The London Hospital, London, EL*)

(THE LANCET; 1381-1385 (June 27) 1981)

Life events were recorded for the year preceding appendicectomy in 119 patients aged 17-30. In 63 appendicitis was confirmed histologically and in 56 the appendix was not acutely inflamed. Both groups had experienced significantly more events than a community comparison group when those events which carry some degree of threat to the individual are considered. In the case of severe events, however, the patients whose appendix was normal or only mildly inflamed demonstrated a pattern similar to the community comparison group. A follow-up study demonstrated that the number of people experiencing threatening events fell to the expected level postoperatively and that depression was associated with continued abdominal pain. These findings may be relevant to the understanding of the irritable-bowel syndrome.

ACYCLOVIR THERAPY FOR MUCOCUTANEOUS HERPES SIMPLEX INFECTIONS IN IMMUNOCOMPROMISED PATIENTS

CHARLES D. MITCHELL SHARRON R. GENTRY, JAMES R. BOEN

BONNIE BEAN KARL GROTH HENRY H. BALFOUR, JR

Department of Laboratory Medicine and Pathology, Department of Pediatrics, and Biometry Division, School of Public Health, University of Minnesota, Minneapolis, Minnesota, U. S. A.

(The Lancet; page nos. 1389-1392, 27 June 1981)

11 of 24 immunocompromised patients with mucocutaneous herpes simplex virus (HSV) infections were given intravenous acyclovir in a randomised double-blind placebo-controlled study. Patients receiving acyclovir experienced no major adverse effects. The median times to cessation of new lesion formation, lesion crusting, lesion healing, cessation of pain, and termination of viral shedding were shorter on the acyclovir-treated group than in the placebo group. The time-to-event probability curves for the acyclovir and Placebo

groups were significantly different for cessation of pain ($p=0.032$) and termination of viral shedding ($p=0.004$). The median times to termination of viral shedding were also statistically different ($p=0.045$). Acyclovir seems to be a non-toxic and effective treatment for mucocutaneous HSV infections in immunocompromised patients.

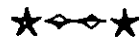
PATHOPHYSIOLOGY OF MIGRAINE: A NEW HYPOTHESIS

G. BURNSTOCK

Department of Anatomy and Embryology and Center for Neuroscience, University College London, Gower Street, London WC1E 6 BT

(The Lancet; Page Nos. 1397-1398; 27 June 1981)

Cerebral blood flow is thought to decrease during the preheadache phase of migraine and increase during the headache phase. Most investigations of the pathophysiology of migraine have been concerned with the factors that trigger the preheadache phase. The present hypothesis proposes that, regardless of the triggering factors associated with vasospasm, this will be followed by a common event—namely, reactive hyperaemia due to hypoxia. It is suggested that adenosine triphosphate (ATP), perhaps released from “purinergic” nerves, and its breakdown products adenosine monophosphate (AMP) and adenosine are strong contenders for agents mediating this vasodilatation: ATP is a potent dilator of cerebral vessels and its breakdown products are also dilators. High concentrations of AMP and adenosine have been collected in cerebrospinal fluid during vasodilatation following ischaemia or hypoxia. The presence of ATP and its breakdown products could also explain pain in migraine. These substances stimulate primary afferent nerve terminals in the skin and produce pain in human skin blisters; and nerve profiles that resemble afferent terminals in their ultrastructure have been described in the adventitia of cerebral arteries and in the subarachnoid meshwork. The asymmetrical nature of migraine headaches, the changes in platelet aggregation, and the responses to several therapeutic procedures are consistent with this hypothesis. Some analogues of ATP might have beneficial effects on migraine headache.



Forthcoming Events

Clinical Cytopathology for Pathologists—Postgraduate Course

The Twenty-third Postgraduate Institute for Pathologists in Clinical Cytopathology is to be given at The Johns Hopkins University School of Medicine and The Johns Hopkins Hospital, Baltimore, Maryland, March 22–April 2, 1982. The full two week program is designed for pathologists who are Certified (or qualified) by the American Board of Pathology (PA), or its international equivalent.

It will provide an intensive refresher in all aspects of the field of Clinical Cytopathology, with time devoted to newer techniques, special problems and recent applications. Topics will be covered in lectures, explored in small informal conferences, and discussed over the microscope with the Faculty. Self-instructional material will be available to augment at individual pace. A loan set of slides with text will be sent to each participant for home-study during February and March before the Institute. Credit hours 125 in AMA Category 1.

Application is to be made before January 27, 1982. For details, write: John K. Frost, M. D., 610 Pathology Building, The Johns Hopkins Hospital, Baltimore, Maryland 21205, U. S. A.

The entire Course is given in English

7th WORLD CONGRESS OF GASTRO—INTESTINAL SURGERY

September 6-9, 1982. Tokyo, Japan.

The 7th World Congress of Gastro-intestinal Surgery will be held under the auspices of International College of Digestive Surgery in Tokyo, Japan.

Apart from *free papers* invitee lectures and scientific movies there will be panel session on Esophageal Reconstruction, Highly selective Vagotomy, Resection for Gastric Cancer, Portal Hypertension, Acute Pancreatitis and Sphincter preserving operation, for rectal cancer.

Poster sessions will be held on Esophageal Achalsia, Upper G. I. Bleeding, Pancreatic cancer, G. I. Endoscopy etc.

The 13th International Cancer Congress is being held in Seattle, Washington from 8-15th Sept. 1982, immediately after this conference and can be attended in addition with advantages.

For further details please contact:

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