THE USE OF CORTICOSTEROIDS IN COMBINATION WITH ISONICOTINIC ACID HYDRAZIDE IN THE TREATMENT OF ADVANCED BILATERAL PROGRESSIVE CAVITARY PULMONARY TUBERCULOSIS

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This is a preliminary report on a 3 months' trial of Meticorten (prednisone) and isonicotinic acid hydrazide in the treatment of a selected group of 23 patients. They were all Bantu females varying in age from 12 to 45 years, and were selected as follows: All

(a) had bilateral, advanced, progressive pulmonary tuberculosis with cavitation, and with gross secondary pulmonary sepsis;
(b) had had at least 6 months' hospital treatment (some had previous admissions dating back to 5 or 6 years before);
(c) were deteriorating under routine treatment;
(d) were gravely ill with prognoses varying from poor to extremely bad;
(e) were obviously unsuitable for any form of operative procedure.

Treatment consisted of:

1. Isonicotinic acid hydrazide, 15 mg./kg. per 24 hours, as the sole anti-tuberculosis therapy.
2. Continuous antibiotic and sulphonamide therapy varied according to the response of secondary organisms cultured from sputa (cultures repeated monthly).
3. Complications such as amoebiasis treated as indicated at weekly examinations.
4. Hospital diet supplemented with:
   (a) Extra protein in the form of a broth of protein hydrolysate and vitamin-B complex concentrate.
   (b) Extra vitamins C and D.
5. Haemopoietic substances and blood transfusions given as indicated by blood investigations.
   (Up to this point, treatment consisted of what might have been given under existing routine hospital treatment.)
6. Meticorten, 15 mg. daily in 3 divided doses, regardless of body weight. At the end of the 3 months' trial-period Meticorten dosage was gradually reduced while ACTH was administered in increasing dosage, as adrenocortical stimulant.

The usual rest-periods were observed, but at all other times patients were allowed up at will. The following investigations were recorded:

Daily: (a) temperature, (b) individual visits.
Weekly: (a) full clinical examination with systematic symptom-reports, (b) body weights.
Monthly: (a) X-ray of chest, (b) sputum investigation for tubercle bacilli (concentration and culture), (c) sputum investigations for secondary organisms.

OBSERVATIONS MADE

X-Ray of Chest (independent assessments by 3 senior physicians at the end of trial period).

Number deteriorated .... Nil.
Number in statu quo ... 18
Number showing slight improvement 5

Body Weight

22 patients gained weight.
1 patient lost weight (1 lb).
Individual gains varied from 2½ to 32½ lb.
Average weight gain for 23 patients was 20 1/6 lb.
The patient who lost 1 lb. in weight had been gaining, but developed nausea and vomiting, which became less after withdrawal of sulphonamide therapy.
There was at no time any clinical evidence of electrolyte imbalance or water retention.

Sputum

1. Laboratory. Examination for tubercle bacilli showed that all patients remained positive.
2. Clinical. Observations showed the following changes:
   (a) Amount of Sputum (graded as copious, moderate, minimal or nil):
Amoebiasis. P.D. and Co. (Pty.) Ltd., a subsidiary of Parke, Davis and Co. announce the following:

A new series of chemical compounds have been found to be 'highly effective' against amoebiasis by Dr. Edward F. Elslager and his collaborators of the Parke Davis Research Division, Detroit, USA.

The group of synthetic amoebicides is known as heterocyclic acetamides, of which the most active is DHPA, 2,2-dichloro-N-(2 hydroxyethyl)-N-(4-pyridylmethyl) acetamide.

DHPA and 6 other related compounds were active against intestinal amoebiasis in rats and also were amoebicidal in other laboratory tests. DHPA was more active against intestinal amoebiasis in rats than clinically-used anti-amoebic drugs such as diiodohydroxyquinoline, iodochlorohydroxyquinoline, chinifon, carbarsone, acetarsone, erythromycin stearate and tetracycline. DHPA was also active against amoebic dysentery in dogs, but ineffective against amoebic hepatitis in hamsters. No clinical trials of DHPA had yet been started.

Amoebiasis was once thought to be a disease primarily of warm climates. A recent survey indicates that in the USA 8-10% of the population is infected with amoebiasis.

Parke-Davis, now in its 90th year, has long been a leader in therapeutics and in the management of occupational dermatoses caused by water-soluble irritants.

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As Camoquin and Camoform for malaria and amoebiasis in recent years.

'Siopel' Cream. I.C.I. South Africa (Pharmaceuticals) Limited announce the introduction of 'Siopel' Cream, a completely new protective skin cream introduced for medical use after clinical trials and investigations in the I.C.I. Research Laboratories.

'Siopel' Cream contains a silicone fluid with marked water-repellent properties, formulated with an emollient vegetable oil as a finely emulsified oil-in-water cream. It is non-greasy, non-irritant and inconspicuous when applied to the skin. Furthermore, it is free from solid inorganic material such as bentonite and talc.

It is especially indicated in the post-operative care of surgical patients with fistulomies, colostomies and fistulae, and after haemorrhoidectomy, to prevent excoriation and inflammation of the skin by body fluids.

Used as a barrier cream, it will reduce the incidence of chronic dermatoses in persons sensitive to antibiotics and local anaesthetics and in the management of occupational dermatoses caused by water-soluble irritants.

'Siopel' Cream is available in 50-g. collapsible tubes, and 500-g. containers will be available shortly.