

ROENTGENOLOGY

Childhood Arthritis

► SPONDYLARTHROSIS, a disease of the spine found in infants and young children, can be diagnosed by X-rays within a week after symptoms occur.

The early diagnosis allows prompt treatment and rapid recovery, Dr. Arthur E. Childe of Children's Hospital, Winnipeg, Can., told the meeting of the Canadian Association of Radiologists in St. John, N. B., Canada.

Dr. Childe, who is president of the association, said it is possible that injury may cause this apparently inflammatory illness. Radiologists and physicians specializing in the use of X-ray and radioactive substances in the treatment of disease attended the meeting.

"The first radiological evidence of this disease," Dr. Childe said, "is narrowing of the affected intervertebral disc (in the spine) usually in the lumbar region. This sign may be seen as early as one week after the onset of symptoms."

Dr. Childe said spondylarthritis must be "differentiated from tuberculosis and osteomyelitis." He said the "radiographic findings and clinical course are remarkably

constant. No matter what form of treatment is carried out clinical recovery occurs rather rapidly and it is permanent."

Blood Pressure Diagnosis

Drs. Burt B. Hale and Frank A. Grainger of the Royal Victoria Hospital in Montreal told the meeting radiologists can contribute valuable information in diagnosing high blood pressure originating in the kidney.

The scientists said that X-ray study of the main thigh artery after opaque material has been injected directly into the artery had value, with X-ray films being made at intervals to record the flow of the material in the channel of the artery and its side vessels. This is known as "percutaneous transfemoral aortography," and has opened up a new field of treatment.

The physicians said other applications of transfemoral aortography they have employed include a differentiation of benign from malignant tumors as a result of investigating expanding kidney lesions.

• Science News Letter, 79:86 February 11, 1961

PSYCHIATRY

Drugs for Mental Anxiety

► MILD DEPRESSION or anxiety states can be helped in a matter of days by certain tested drugs.

These patients do not have severe cases of melancholia so easily recognizable and referred for psychiatric treatment, Dr. William Sargant of St. Thomas's Hospital, London, Eng., reports. But although mild depression may not drive victims to insanity, it often results in suicide.

In the British Medical Journal, Jan. 28, 1961, Dr. Sargant states the numerous depressed patients discharged from hospitals with the "reassurance" that nothing is wrong with them go away feeling more hopeless than ever.

The fatal toll of suicides in Great Britain has risen to more than 5,000 a year and is rising annually, Dr. Sargant said. Large numbers of the suicides are "just such depressed patients, who have already been seen by doctors, and who have obtained so very little help from them that suicide seems the only way out of their problems and suffering."

Depressive illnesses are now the most easily treatable and have the highest potential for recovery of all types of mental illness, he said.

But, Dr. Sargant cautioned, drug manufacturers often advertise foolish and absurd claims for cases of depression in which the new drugs are unsuitable and may only increase the "grave risks of suicide always present in severe depressive illnesses."

Drugs tested at St. Thomas's Hospital and recommended for depressed patients who may be anxious or hysterical include the monoaminase inhibitors phenelzine, or Nardil, and isocarboxazid, or Marplan.

Dr. Sargant said iproniazid, or Marsilid, is even more effective but the danger of a severe toxic jaundice in one in 250 patients makes it undesirable except in special cases.

He predicted that many of "our present-day specialized psychiatric and psychotherapeutic treatments will become more and more unnecessary in the future."

Within the next 25 years, Dr. Sargant said, very many more patients will be able to go back and be treated quite simply and easily by the general practitioner.

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MEDICINE

Find Moderate Paralysis In Non-Polio Infections

► NOW THAT VACCINATION has decreased the number of severe paralytic polio cases, researchers are turning their attention to less severe and rarely encountered non-poliovirus infections causing paralysis.

But Drs. Robert L. Magoffin, Edwin H. Lennette, Arthur C. Hollister and Nathalie J. Schmidt of the California State Department of Public Health report in the Journal of the American Medical Association, 175:269, 1961, that in a study of 358 patients originally diagnosed as having para-

lytic polio, they found no non-poliovirus infections associated with severe paralysis.

The scientists said that their findings indicate that widespread immunization with poliovirus vaccine has made the occurrence of paralytic illnesses caused by non-polioviruses more apparent. This does not mean such illnesses are increasing, however.

In the study reported, a non-poliovirus was implicated in 41 cases in which the possibility of a concurrent poliovirus infection was ruled out or appeared to be unlikely.

The non-polioviruses included Coxsackie B2, B4 and B5; ECHO (enteric cytopathogenic human orphan), type 6 and unidentified types; mumps virus; herpes simplex virus; St. Louis encephalitis virus.

"These findings provide further evidence," the investigators said, "that infection with any of a number of viruses may produce a meningomyelitic illness clinically resembling mild paralytic poliomyelitis."

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PUBLIC HEALTH

Recommendations Made For Control of Polio

► FOURTEEN recommendations for the control of poliomyelitis were submitted to the Surgeon General of the Public Health Service by his advisory committee at the conclusion of its two-day meeting at the Service's Communicable Disease Center in Atlanta, Ga.

Eight of the recommendations concern more intensive use of the Salk, or formalin-inactivated, vaccine now available to prevent polio during 1961. Six deal with programs for the future after oral vaccine becomes available.

The advisory committee included representatives of the public health and medical profession and the general public.

A "Babies' and Breadwinners' Campaign," referring to the need for vaccination of young children under six years of age and to the plan for local community drives to reach the lower socio-economic levels, was endorsed.

Among the immediate steps to be taken are intensification of the vaccination program with available Salk vaccine. First priority is to be given to attaining complete and early coverage of the infant and pre-school group under six years of age.

Each state and local health department should accept responsibility for seeing that there is effective organization of medical, public health, educational and citizens' resources within its jurisdiction, the recommendations state.

Further research is recommended in the field of inactivated as well as live virus vaccines. It is planned to have reserves of polio vaccine for epidemic use and to give assistance to other countries for the control of polio.

Efforts are to be made to provide more potent inactivated vaccine that will require fewer doses.

Dr. Salk has been doing research aimed at one shot only.

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