

Selected Abstracts

Pages with reference to book, From 153 To 154

Coping With Poor Prognosis in the Pediatric Intensive Care Unit. D.A. Waller et al (I.D. Todres, Massachusetts General Hosp. Boston, MA 02114) *Am. Dis. Child* 133:1121-1125 (Nov.) 1979.

The intensive-care pediatrician who prophesies to parents that their child's illness is irreversible may encounter denial and hostility. The physician may compare his plight to that of Cassandra, the mythical Greek prophetess of doom, who was cursed to see into the future and not be believed. Four cases are reported in which parents rejected their child's hopeless prognosis, counterprophesied miraculous cures, resolved to obtain exorcism, criticized the care, or accused nurses of neglect. This produced a painful breakdown in the usually harmonious relationships between doctor, nurses, and parents. Parental denial as a coping mechanism is discussed. Guidelines are presented for the prevention and/or early recognition and management of the Cassandra prophecy phenomenon.

Antimicrobial Selection for Meningitis in Young Infants. G.F. Maguire and M.G. Myers (Univ of Iowa Hospitals, Iowa City, IA 52242) *Am. J. Dis. Child* 133:1132-1133 (Nov.) 1979.

Organisms causing community-acquired meningitis in the first four months of life were reviewed. Species of *Streptococcus* and *Enterobacteriaceae* were preponderant in the neonatal period, whereas *S. pneumoniae* and *Haemophilus influenzae* were preponderant after the first month of life. The *Enterobacteriaceae*, other than *Salmonella*, were not associated with meningitis in infants over 1 month of age. Implications for antimicrobial selection were considered.

Streptococcal Pharyngitis Therapy. C.W. Derrick and H.C. Dillon, Jr. (Univ of Alabama School of Medicine, Birmingham, AL 35294) *Am. J. Dis. Child* 133:1146-1148 (Nov.) 1979.

The recommended dosage of erythromycin, without regard to the formulation prescribed, for children with streptococcal pharyngitis is 30 to 40 mg/kg/day. The authors previously reported an acceptable streptococcal eradication rate among patients with pharyngitis treated with erythromycin estolate, 20 mg/kg/day. In this study the efficacy of this same dosage of erythromycin estolate was compared with a 30 mg/kg/day dosage of erythromycin ethylsuccinate. Streptococcal eradication rates were nearly identical in the two groups of patients. The efficacy of erythromycin estolate at a dosage lower than that recommended for children is most likely explained on pharmacologic grounds: better absorption and higher levels in serum and tissue than those achieved with other erythromycin formulations. It seems rational to calculate required dosages of erythromycin on the basis of the formulation being administered.

Simultaneous Bilateral Retinal Arterial Occlusions Treated by Exchange Transfusions. H. Weissman et al (A.J. Nadel, 129E 69th St, New York, NY 10021) *Arch. Ophthalmol.* 97:2151-2153 (Nov.) 1979.

Bilateral retinal vascular occlusions that occurred simultaneously in a 25-year-old man were treated by exchange transfusions. After the transfusions, the patency of the previously occluded vessels was reestablished. Subsequently, the patient recovered good central vision. Exchange transfusions, used during the past few years for treatment of life-threatening situations, may become useful for the treatment of retinal arterial occlusions in patients with sickle cell disease.

Changes in the QRS Complex and ST Segment in Transmural and Subendocardial Myocardial Infarctions. H. Ruonio et al (Dept of Medicine, Univ of Kuopio, Kuopio, Finland) *Am. Heart J.* 98:176-184 (Aug.) 1979.

The QRS complex and ST segment in the ECGs of 80 patients who died of an acute myocardial infarction (MI) were studied in relation to the extent of the MI (subendocardial vs transmural). Changes in the QRS complex developed in nine out of the 15 patients with an acute subendocardial MI; five fulfilled the conventional QRS criteria for a myocardial infarction. A definite ST segment depression (a J point depression of 2 mm or more in at least one lead, and a horizontal or down ward sloping ST

segment with a minimum duration of 0.08 s) occurred most frequently in connection with a circumferential subendocardial MI (88%), but it was also found in a regional subendocardial (43%) and transmural MI (43%). In 17% of patients who had a transmural MI, this was the only ECG abnormality. Subendocardial MI cannot always be distinguished from transmural MI on the basis of the presence or absence of the QRS changes; as ST segment depression can give additional information on the evaluation of an acute phase of an MI.

The Electrophysiologic Effects of Intravenous Propranolol in the Wolff-Parkinson-White Syndrome. P.A. Barrett et al (Cedars-Sinai Medical Centre, Los Angeles, CA 90048) Am. Heart J. 98:213-223 (Aug.)1979.

Fourteen patients with the Wolff-Parkinson-White (WPW) syndrome were studied by intracardiac stimulation techniques, before and after the intravenous administration of propranolol, 0.1 mg/kg. There was no significant change or only a slight increase in the effective refractory periods of all parts of the reentry tachycardia circuit studied, in either anterograde or retrograde directions. Reentry tachycardia was initiated in nine patients in the control state, and in ten patients after propranolol. The rate of reentry atrioventricular node-accessory pathway tachycardia was decreased, but by only 10%. The duration and outer limit of the tachycardia zone of atrial extra-stimuli were not significantly decreased. Propranolol, by rapid intravenous infusion administration, is unlikely to be an effective primary therapy for paroxysmal supraventricular tachycardia in the WPW syndrome.

Male Infertility due to Sulphasalazine. A.J. Levy et al (Northwick Park Hosp and Clinical Research Centre, Harrow, Middlesex, England) Lancet 2:276-278 (Aug. 11) 1979.

Four young immigrants whose ulcerative colitis was controlled by sulphasalazine had oligospermia and infertility. No other cause for infertility was found in them nor in their wives. Findings on semen analyses rapidly improved in all patients on withdrawal of sulphasalazine, which resulted in four pregnancies in three of the wives. Reintroduction of sulphasalazine was followed by rapid deterioration in the semen of two patients.