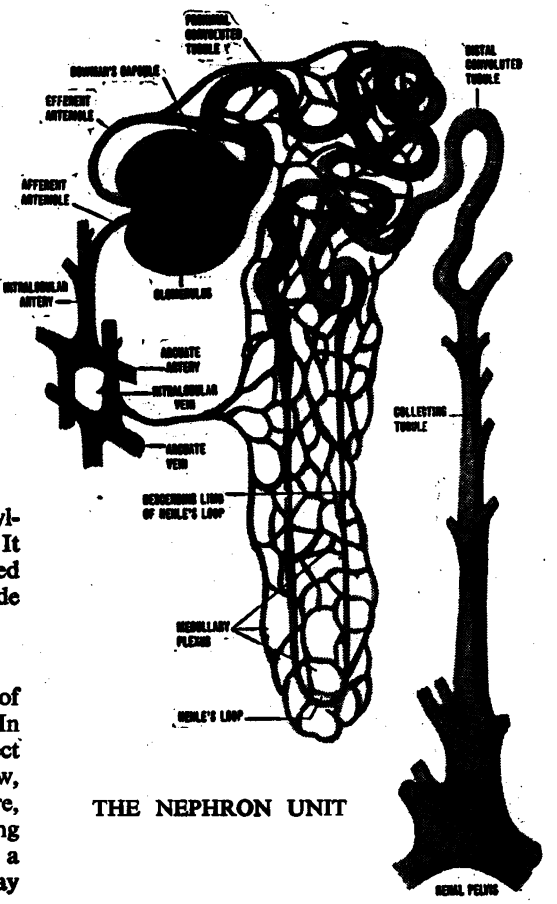
MICTINE*

Effective, Non-Mercurial Oral Diuretic



THE NEPHRON UNIT

STRUCTURE

" Mictine," brand of aminometradine, is 1-allyl-3-ethyl-6-aminotetrahydropyrimidinedione. It avoids the undesirable side-effects associated with mercurial, xanthine or sulphonamide agents.

ACTION AND EFFECTIVENESS

" Mictine " is believed to act by inhibition of sodium ion absorption in the renal tubule. In therapeutic dosages it has not caused any effect on glomerular filtration rate, renal plasma flow, cardiac output, heart rate or blood pressure, nor any alteration in the blood or blood-forming tissues or in renal or hepatic function. In a group of unselected patients 70 per cent. may be expected to respond to " Mictine."

TOLERANCE

" Mictine " is not toxic at therapeutic dosages. On the other hand, side-effects do occur such as headache and gastro-intestinal symptoms. These are reduced to a minimum if an interrupted dosage scheme is adopted.

ADMINISTRATION

" Mictine " is indicated in the maintenance of an oedema-free state in any patient requiring diuretic therapy and the effecting of initial diuresis in all patients but those with severe congestive failure. For these purposes the dosage is one to four tablets daily in divided doses *during meals* on alternate days or on three successive days followed by four days without therapy. " Mictine " is not intended to produce initial diuresis in more severe congestive failure ; however, " Mictine " may be given when other diuretics are contra-indicated, or if tolerance to them has developed.

Available in bottles of 25, 100 and 500 tablets each containing 200 mg. aminometradine.

Full literature is available to the medical profession on request. G. D. Searle & Co. Ltd., High Wycombe, Bucks. *High Wycombe* 1770.

**Registered Trade Mark*

SEARLE

MI : P86

Dosage

Individual responses are extremely variable and the dose must be determined for each patient. Dosage up to 2,000 mg. a day can be tolerated by adults, though at these levels Parkinsonian symptoms may develop. It is usual to begin with 75 mg. or 100 mg. daily by mouth, gradually increasing the dose as necessary. There is probably no advantage in exceeding 600 mg. or 800 mg. daily.

For rapid action the intramuscular or intravenous routes should be used. The 2.5 per cent. solution should be diluted about 10 times with saline before being injected intravenously. Deep intramuscular injection is well tolerated, though it may occasionally cause pain at the site of the injection. The elixir of chlorpromazine (4 ml. contains 25 mg.) is rapidly absorbed and in some instances is more effective than tablets.

Chlorpromazine can be combined with other physical treatments, such as insulin coma and E.C.T. For prolonged sleep chlorpromazine may be combined with barbiturates, such as amytal and phenobarbitone, and anti-histamines, such as phenergan, and in physically fit adults may be continued up to a month without difficulty.

Side-effects

These are frequent and for this reason it is doubtful if it is suitable for patients outside hospital, except under careful supervision. Dizziness, palpitations, shivering, lethargy and colicky abdominal pains are all common, but usually pass off after a few days' treatment. Skin rashes are more serious, but jaundice and agranulocytosis are the complications most to be feared. Large doses may produce a Parkinsonian syndrome, and the drug is also mildly epileptogenic. As a rule complications are not serious and disappear when the dose is reduced or administration discontinued. Surprisingly, they do not usually recur when the drug is restarted.

Jaundice may be due to intra-hepatic obstruction and any interference with biliary drainage may predispose to this complication. Chlorpromazine should therefore probably not be given where there is a history of liver disease.

When lethargy and weakness are a problem chlorpromazine may be reduced or combined with either d-amphetamine or phenidyl-acetate (Ritalin).

It must also be remembered that this and similar drugs potentiate the effect of barbiturates and alcohol and should not be given when unknown quantities of these have been taken. A contact dermatitis or a photosensitization reaction may be a troublesome complication where staff repeatedly handle chlorpromazine (Lewty, 1955).

Dracaena Sp

oral PENIDURAL*

BENZATHINE PENICILLIN

PACKS:

For oral administration:

Suspension in 60ml. bottles (each 5ml. teaspoonful contains 300,000 units.)

Tablets in tubes of 20 and bottles of 100. Each tablet contains 200,000 units.

Oral Drops in 10ml. bottles (complete with dropper calibrated to deliver 100,000 units.)

trade mark

Conclusion

Foetal hypoxia is responsible for a large proportion of stillbirths and neonatal deaths and considerable morbidity in the neonatal period.

Prevention of the conditions which cause hypoxia must be the ultimate aim and progress is being made. In the meantime, much work is needed on the mechanisms by which hypoxia leads to neonatal morbidity and death, so that better treatment for infants with respiratory difficulty after birth can be devised.

The prognosis of foetal hypoxia is not yet clear, but it appears likely that the risk of impaired neurological function in later life is small in most cases.

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Summary

1. The clinico-pathological features of calcinosis are discussed.

2. It is emphasized that in all cases a primary condition should be assiduously sought.

3. Four cases of soft-tissue calcification are described; in three of these cases there was evidence of a primary collagen disorder and in the fourth case the calcification was secondary to chronic renal failure.

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Case No. 3 has been the subject of an article by Dr. R. W. Brookfield, Dr. E. L. Rubin and Dr. M. K. Alexander in the *Journal of the Faculty of Radiologists*, **7**, 2, 1955.

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