

have thus not perused every page of every issue. (GP was first published in April, 1950.) However, if members of my staff turn up additional material, I will see that copies are sent to Senator Nelson.

Sincerely,

MAC F. CAHAL.

[From American Academy of General Practice, January 1965]

VIVE LA DIFFERENCE

Another instance has recently come to our attention in which members of the "weaker sex" have demonstrated a superiority over their masculine counterparts. Experimental work both in dogs and in rabbits has indicated that the female of the species is more resistant to digitalis cardiotoxicity than the male. This extra tolerance seems to be due to estrogen and related steroid compounds.

A survey of hospitalized patients under age 40 with rheumatic heart disease indicated that approximately 20 percent of the male patients receiving digitalis develop signs of digitalis intoxication at some time during hospitalization. In the group of females, only 10 percent of those receiving digitalis develop digitalis-induced arrhythmias (*American Heart Journal*, September 1964).

Because of the limited size of the series, the results are not of high statistical significance and there are other weaknesses which the authors appreciate in a retrospective study.

However, digitalis preparations are frequently, if not usually, administered as a "standard" dose. Therefore, the finding of a lesser incidence in the somewhat smaller group of patients (the females) presents added weight to the validity of the study. This new piece of information, coupled with the relatively high rate of toxicity noted particularly among male patients in the study, would indicate that there is still much for us to learn about the actions and usage of digitalis preparations. As for the plus on the female scoreboard, we are becoming used to that.

[From American Academy of General Practice, June 1965]

PHENACETIN AND THE NEPHROLOGISTS

A Food and Drug Administration ruling still requires a printed warning label on over-the-counter preparations containing phenacetin, stating that these products may damage the kidneys when used in large amounts. Despite such official warnings, evidence pointing to the nephrotoxicity of phenacetin is still largely circumstantial.

(Incidentally, the great strides in the understanding and the management of medical renal disease have brought into great prominence the medical subspecialty now called "nephrology." To be sure, the functional unit of the kidney is the nephron. However, one might consider some of the other terms that would seem equally suitable for labeling this field of study. Why not "renology"? Of course, "urology" does not seem acceptable to the "salt and water" doctor.)

Back to phenacetin. Several years ago, Schreiner queried many nephrologists on the relationship of phenacetin to kidney disease. More than half of 74 nephrologists reported that they had never seen a case of nephritis related to phenacetin.

Now, Strickler suggests that phenacetin may have been singled out unjustly. He cites the conflicting findings in the clinical investigative literature. It is possible that "phenacetin nephritis" is in reality chronic pyelonephritis. The problem still has not been studied in systematic fashion.

[From American Academy of General Practice, September 1967]

DRUG REMOVAL

Suicidal or accidental ingestion of potentially lethal drugs continues to represent an important clinical problem. Two recent trends have been of interest in this regard. The first is the variety of new drugs involved in overdosage situa-