

In the course of the investigation about the synergistic pharmacutonic effect of cortison and the antibiotics of aureomycin character during the clinical research in the treatment of homologic jaundice, 4 important results abundantly chrystallized: #1 was the application of aureomycin in individuals that had been previously hyper-sensitive to the drug; #2 the avoidance of side effects such as severe abdominal distention, distress and diarrhoe, especially in persons with a previous history of liver disfunction or damage in anemic persons alcoholics or in persons with previous allergic case histories or persons that had been suffering prior with colitis, dyssentry or amoebiasis. As little as we know what actually constitutes these side effects of these antibiotics, it can be safely assumed that especially through the recent reports on vaginal and rectal symptoms referring to allergic distress in form of itching and swelling of the mucus tissues, the gastro-intestinal disorder must be of the same origin or, rather, more to the point, liver disturbances that accompany or perhaps even cause these disorders. Theoretically, therefore, corton had to be the only way in which logically as well as methodologically these disorders could be avoided without cutting down on the antibiotic effect of the aureomycin, in addition to which it should be considered that in many conditions in which nausea may be the accompanying symptom of the basic disease, would enable the physician in these disorders avoiding the vomiting, to gain sufficient time for the antibiotic to fight the cause.

The homolog<sup>Logic</sup> jaundice with a clinical case from 4 to 8 weeks has been the first testing ground for the efficiency of this drug and in a separate report it can be found that the therapeutical consideration under which the combination of corton-aureomycin has been based, responded clinically beyond expectations. As mentioned in the patent writ, basic therapeutical ideas why cortison in this particular thera-

peutical problem was the combination of choice, was based on the observation that liver tissue in test animals was the only tissue to increase in all its functional ~~growth~~ units during treatment with cortison in high experimental doses whereas all other tissue growth, including the formation of anti-bodies, was either retarded or temporarily halted. From there on, the combination of the 2 drugs became a matter of routine treatment when aureomycin was used in principle. Identical observations were made in simple respiratory infections, pneumonia, intestinal infection, dental extractions etc. with a considerable shortening of therapeutic recovery through elimination of suppuric and other side effects, of infection as such and the possibility of giving higher doses in shorter intervals. The biggest scope, however, becomes preventative application of aureomycin as a matter of routine in plasma transfusion as well as in blood transfusions for the prevention of infectuous jaundice.

Infected jaundice, during the investigation conducted by me, was often cured in short time because of early case discovery through advanced knowledge or precise clinical observation; some cases were cured in ambulatory treatment. Early application shortly after transfusion intravenously administered is, therefore, certain to prevent the development of jaundic contamination. It is worth keeping in mind that incidental production of liver with cortison is a must lest the therapeutical effect as well as the willingness of the transfusient will be hard to overcome because of the 3 simultaneous shocks the liver has to stand: accidental or following surgical intervention; transfusion and, finally, the aureomycin. It is beyond imagination how wide-spread this application will eventually become and what a relief it is to the authorities when the rise in contamination of plasma or blood pools can be disregarded for the treatment of jaundice as that disease will be prevented and finally eradicated from our population.