NEONATAL SEPTICEMIA AT KING FAISAL SPECIALIST HOSPITAL AND RESEARCH CENTRE

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29 cases of neonatal septicemia from King Faisal Specialist Hospital and Research Centre are described. A high incidence of prematurity (45%) and congenital malformations (45%) were found as predisposing factors. The mortality was 45%, mainly due to severe malformations and late referrals. Apnea, lethargy, feeding problems, and hyperthermia or hyopthermia, were the most commonly encountered symptoms. 76% of the infants had an abnormal total leukocyte count. 31% of the cases had positive blood cultures for Salmonella enteritidis and one case of Bacteroids fragilis septicemia and meningitis is reported. No cases of septicemia due to beta-haemolytic streptococcus group B were found. All but two strains of bacterias were resistant to ampicillin. The importance of doing studies on neonatal septicemia on a local basis is stressed.

VALUE OF SERUM GONADOTROPHINS AND TESTICULAR BIOPSY IN THE ETIOLOGY OF AZOOSPERMIA. A REPORT OF THREE ILLUSTRATIVE CASES AND REVIEW OF THE PROBLEM.

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Serum luteinising hormone (LH) and follicle stimulating hormone (FSH) were measured in three patients with azoospermia. The first patient had low LH and FSH levels due to an isolated luteinising hormone releasing factor (LH-RF) deficiency. Testicular biopsy is unhelpful in this disorder. The second patient had normal LH and FSH levels and testicular biopsy showed adult semeniferous tubule failure. The third patient had raised LH and FSH levels and testicular biopsy showed Sertoli cell only syndrome.

These patients represent the three categories of LH, FSH disturbance associated with azoospermia. Low levels indicate hypothalamic-pituitary failure. In these cases testicular biopsy is contra-indicated and the response to therapy can be followed from semen analysis. Normal levels may be found in sub-clinial hypothalamic-pituitary failure and unless access to the clomiphene citrate and LH-F test are available, gonadal biopsy is necessary to identify other causes of normal serum. LH, FSH i.e., adult semeniferous tubule failure (hypospermatogenesis and maturation arrest) and obstructive azoospermia. Raised levels of LH and FSH would rule out obstruction but biopsy is justified in excluding a treatable infective source of testicular failure and in diagnosing uncommon causes such as the Sertoli cell only syndrome.

IN VITRO GROWTH BEHAVIOUR AND ANTICANCER DRUG SENSITIVITY OF A LINE OF BURKITT'S LYMPHOMA

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Ten anticancer drugs were tested for their ability to suppress in vitro colony formation of the Raji cell line of Burkitt's lymphoma. The cells were exposed to each drug for one hour. For eight of the drugs, a precise negative linear relationship was found between the log number of colonies and the dose of drug, which permitted a quantitative measure of the killing effect in units of percent reduction in colonies per unit increase in concentration. Adriamycin displayed the strongest cell killing effect. These results contribute to the growing body of literature demonstrating that quantitative soft agar culture can be a practical method for determining the anticancer drug sensitivity of tumour cells.