

progress. Early results from this study being conducted by G. Raghu, W.J. DePaso, K. Cain, et al indicate that azathioprine is associated with an improvement in gas exchange.

In summary, DIP should be considered in differential diagnosis of dyspnea of unexplained etiology. An open lung biopsy should be done as soon as possible to make a definitive diagnosis. Once the diagnosis is confirmed, high doses of steroid should be instituted.

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YOCON® YOHIMBINE HCl

Description: Yohimbine is a 3a-15a-20B-17a-hydroxy Yohimbine-16a-carboxylic acid methyl ester. The alkaloid is found in Rubaceae and related trees. Also in Rauwolfia Serpentina (L) Benth. Yohimbine is an indolalkylamine alkaloid with chemical similarity to reserpine. It is a crystalline powder, odorless. Each compressed tablet contains (1/12 gr.) 5.4 mg of Yohimbine Hydrochloride.

Action: Yohimbine blocks presynaptic alpha-2 adrenergic receptors. Its action on peripheral blood vessels resembles that of reserpine, though it is weaker and of short duration. Yohimbine's peripheral autonomic nervous system effect is to increase parasympathetic (cholinergic) and decrease sympathetic (adrenergic) activity. It is to be noted that in male sexual performance, erection is linked to cholinergic activity and to alpha-2 adrenergic blockade which may theoretically result in increased penile inflow, decreased penile outflow or both.

Yohimbine exerts a stimulating action on the mood and may increase anxiety. Such actions have not been adequately studied or related to dosage although they appear to require high doses of the drug. Yohimbine has a mild anti-diuretic action, probably via stimulation of hypothalamic centers and release of posterior pituitary hormone.

Reportedly, Yohimbine exerts no significant influence on cardiac stimulation and other effects mediated by B-adrenergic receptors, its effect on blood pressure, if any, would be to lower it; however no adequate studies are at hand to quantitate this effect in terms of Yohimbine dosage.

Indications: Yocon® is indicated as a sympatholytic and mydriatic. It may have activity as an aphrodisiac.

Contraindications: Renal diseases, and patient's sensitive to the drug. In view of the limited and inadequate information at hand, no precise tabulation can be offered of additional contraindications.

Warning: Generally, this drug is not proposed for use in females and certainly must not be used during pregnancy. Neither is this drug proposed for use in pediatric, geriatric or cardio-renal patients with gastric or duodenal ulcer history. Nor should it be used in conjunction with mood-modifying drugs such as antidepressants, or in psychiatric patients in general.

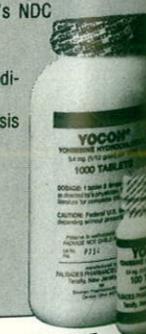
Adverse Reactions: Yohimbine readily penetrates the (CNS) and produces a complex pattern of responses in lower doses than required to produce peripheral α-adrenergic blockade. These include, anti-diuresis, a general picture of central excitation including elevation of blood pressure and heart rate, increased motor activity, irritability and tremor. Sweating, nausea and vomiting are common after parenteral administration of the drug.^{1,2} Also dizziness, headache, skin flushing reported when used orally.^{1,3}

Dosage and Administration: Experimental dosage reported in treatment of erectile impotence,^{1,3,4} 1 tablet (5.4 mg) 3 times a day, to adult males taken orally. Occasional side effects reported with this dosage are nausea, dizziness or nervousness. In the event of side effects dosage to be reduced to ½ tablet 3 times a day, followed by gradual increases to 1 tablet 3 times a day. Reported therapy not more than 10 weeks.³

How Supplied: Oral tablets of Yocon® 1/12 gr. 5.4 mg in bottles of 100's NDC 53159-001-01 and 1000's NDC 53159-001-10.

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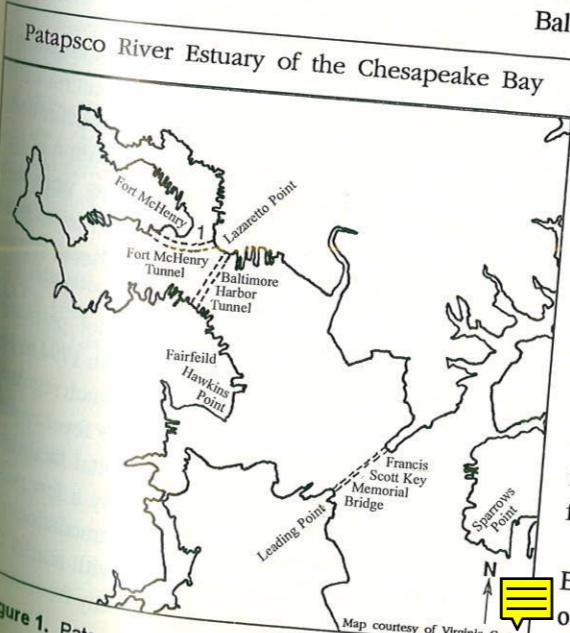


Figure 1. Patapsco River Estuary of the Chesapeake Bay
Map courtesy of Virginia Carter
Maryland Medical Journal November 1993

Vignette of medical history: Lazaretto Point

Joseph M. Miller, M.D.

ABSTRACT: During the Black Death's reign in the fifteenth century, a number of installations providing care for lepers were converted into quarantine stations. Known as lazarettos or pesthouses, they served as disinfection way stations for travelers and, later, as hospitals for those diagnosed with pestilential diseases (e.g., smallpox, typhus, cholera). Beginning in the late 1700s, quarantine stations and pesthouses were established in the Baltimore area, including Hawkins Point, Lazaretto Point, Fairfield, and Leading Point.

Lazaretto, an unusual medical name, is ingrained in the nomenclature of Baltimore's geography. Just north of the eastern entrances to the Fort McHenry and Baltimore Harbor tunnels is a site well known to previous generations of Baltimoreans but virtually forgotten at present (Figure 1). Lazaretto Point and its lighthouse guarded the entrance to Baltimore's inner harbor for many years. The curious name recalls a period of history stretching back about 550 years and is derived from the practice of quarantine.

Few present-day internists or surgeons can recall practice without the powerful help of the ever-expanding world of immunology and chemotherapy. Before this era, deaths occasioned by infectious disease were legion, and, too frequently, the physician was virtually helpless when confronted by them. Well before the discovery of the cause of these ailments, however, health officials grasped the idea that infection could be carried and spread by people and goods coming from infected areas.

Infectious disease importation was an acute source of anxiety to the European nations trading with the East in the Middle Ages.^{1,2} Venice, one of the principal places where East met West, initiated steps in 1448 to safeguard against plague when it authorized the formation of a sanitary council. Potentially infected ships, goods, and

people were to be isolated on an island in Venice's lagoon. Having experienced more than 70 plague epidemics in 700 years, Venice was more than ready to seek any type of protection.

The Venetians believed that 40 days were required to dissipate the causes of infections, and so the term "quarantine" (derived from the Latin *quadraginia*, meaning 40 days) was born. Plague, cholera, typhus, relapsing fever, smallpox, and yellow fever were the diseases demanding attention.

During the Black Death's reign in the fifteenth century, a number of installations providing care for lepers were converted into quarantine stations. In Venice, the house of Saint Lazarus was the first such area to be used in 1448 and was called a "lazaretto." The term was derived from the Italian *lazzaro*, meaning leper. The Church of Santa Maria di Nazaret was also used as a pesthouse (house or hospital for persons infected with pestilential diseases) in the fifteenth century. (Lazarus, incidentally, was the name of the poor man full of sores in the well-known Biblical parable.) All merchants and travelers from the Levant (lands bordering the eastern shores of the Mediterranean Sea) were required to remain at the station for a designated time before being admitted to the city. Other marine cities soon followed Venice's example.

Subsequent recognition that these diseases could also travel by overland routes led to the creation of frontier disinfection stations. Persons, merchandise, and mail were isolated and detained according to local regulations.

Later, in the American colonies, New York, Philadelphia, Boston, and Charleston were exposed to communicable diseases, particularly smallpox, brought in by crews and passengers of incoming ships.³ To prevent the spread of the disorders, towns established quarantine stations. Boston had one in 1717, Philadelphia in 1742, Charleston in 1752, and New York before 1757.

Maryland, too, recognized the dangers associated with infectious diseases early in its history as it was the first colony to enact a quarantine law in 1766.⁴ Additions to the basic law were made in succeeding years. In 1792, Dr. John Ross was appointed to control quarantine by sea, and Dr. John Worthington, by land.

Baltimore, itself, although acting a little later, was well aware of the dangers of an epidemic. In 1793, the General Assembly of Maryland, through the governor, authorized the appointment of one or more skillful physicians to visit and examine all foreign vessels and those coming from suspected epidemic areas and, if necessary, exert the full power of quarantine upon the ill.⁵ Vessels with diseased patients would not be brought above Hawkins Point. The 1793 law also provided for the erection of a temporary hospital for the reception of such sick people as a physician might direct there to obtain better accommodations or cure.

In 1801, an act for erecting a lazaretto near the waters of the Patapsco River was passed by the Assembly.⁶⁻⁸ Authorization

was provided for the purchase of 10 acres of land, and, if a satisfactory price could not be reached, the power of condemnation was granted. A place appropriate for the reception of individuals with the plague or other malignant contagions was necessary to prevent their spread.

The hospital, built at Hawkins Point due west across the Patapsco River from Sparrows Point and under the jurisdiction of the Baltimore City Health Department, was probably used from 1795 to 1830. During some of that period, a portion of the United States Marine Hospital was equipped for the care of patients with contagious diseases. This particular building, constructed shortly after 1801, was located at Lazaretto Point just across the river from Fort McHenry. The site was destroyed by fire in 1836, and then the US Marine Hospital could not even provide hospital facilities for sailors having ordinary diseases for an extended period of time.

About 1845, the city constructed a new quarantine station called the Marine Hospital in Fairfield just south of Fort McHenry. Designed primarily to care for immigrants, a portion of the building was set aside as a pesthouse for cases of smallpox and typhus fever of city origin. The name "Marine Hospital" was a misnomer as the site was a hospital for immigrants and a pesthouse for the city.

In 1851, the quarantine station was moved to Leading Point about eight miles below Fort McHenry. Two wooden structures were erected—one for sailors and passengers with contagious diseases, and the other to serve as a pesthouse for the city.

The city council had direct control of the institution as shown by a statute enacted on June 2, 1862, which provided for the appointment of a "suitable person, to be known and designated as the Marine Hospital physician" on an annual basis.⁹ The individual had to be "a legally authorized practicing physician." All of the physician's duties were carefully and specifically defined by law.

In 1886, public health continued to demand the attention of Maryland legislators.¹⁰ The need for more efficient means for protecting constituents' welfare resulted in further definition of the duties of the State Board of Health and creation of local boards in the counties. These insular groups were to be cognizant of all unhealthy nuisances within their sanitary jurisdiction and take the necessary steps to restrict or suppress these diseases.

In retrospect, maritime quarantine was not particularly effective in Baltimore. In nearly every year from 1794 to 1807, yellow fever epidemics were seen. Although such regulations were lacking between 1807 and 1821, yellow fever appeared only in 1819 and 1821. In addition, hospital facilities for isolation were hopelessly inadequate as only a few patients could be treated. As the city's hospital accommodations grew, many individuals on the steamship lines with scarlet fever, measles, and diphtheria were admitted directly from the ships to the hospitals.

Since 1845, quarantine has served a good purpose, however, in preventing the ingress of the severe types of malaria from Central and South America. Curiously, many patients with smallpox and typhus fever sent from the city to the old Marine Hospital died of malaria contracted while at the hospital.

The Lazaretto Lighthouse of Baltimore was also located on the point of the same name.^{11,12} Built in 1831 for \$2,100, the cylindrical brick structure was a major navigational aid marking the entrance to Baltimore's harbor. The tower stood for 95 years until it was replaced by a new structure, which remained in place until 1954. Four years later, the property was sold for commercial use, with all evidence of the operation of the point as a lazaretto and a lighthouse having vanished. The name, however, remains on present-day maps.

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