In patients with a normal resting electrocardiogram and in whom no recurrence of tachycardia occurs, a maintenance dose of digoxin should be continued for 6 months and may then be withdrawn. When the electrocardiogram shows pre-excitation or where recurrences have occurred (except in the first few days after initial tachycardia) it is advisable to continue maintenance treatment for at least a year after the last episode. Withdrawal of drugs may then be attempted cautiously, but if further recurrences occur prolonged maintenance treatment is indicated.

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What use are nose drops?

Vasoconstriction of the nasal mucosa may be attempted for the relief of nasal congestion associated with upper respiratory tract infections. Frequently these episodes may be complicated by sinusitis and otitis media and it is sometimes claimed that the use of nose drops assists the drainage of the sinuses and the middle ear.

Most nose drops arrive in the bowel and have no effect on the nasal mucosa. This is because the drops are not correctly applied to the mucosa because of lack of instruction or failure to perform it.

The correct installation of drops into the nose of an infant or child is difficult and might be considered impossible. The child lies on his back across a bed with his head hanging over the edge of the bed. He ought to be able to see that point where the wall behind him meets the floor. The precise number of drops, at blood heat, should be instilled into each nostril, after which he should remain in that position for at least two minutes to allow absorption. Because there is a tendency for agents to produce a rebound effect of worse nasal congestion after a few

hours and because frequent use of nasal drops is known to produce chemical rhinitis, nose drops should only be used in the acute phase. If the desired result has not been achieved after three or four days and vasoconstriction of the nasal mucosa is still required a drug selected should be given by mouth. However, a recent controlled trial from Pittsburgh¹ shows that even if taken orally decongestants such as antihistamine are no more effective than placebo in the management of otitis media with effusion.

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