

the *Medical Record*. This paper was submitted to THE JOURNAL a year ago, and was returned with the following communication from the editor:

"I have read your article on 'The Treatment of Epithelioma, Lupus, etc., with Thorium Paste.' Had this come from any one but you we should probably have sent it back with a brief note to the effect that it was not available. Our reason for this would be that it seems to be advocating a nostrum. You do not state what the preparation is. Further, you say it is not yet on the market. If this is so, what is the use of publishing an article about it? If a doctor who has confidence in you reads your paper he will want to get some of this paste, and he would undoubtedly be vexed to find that it is not obtainable. Suppose it were obtainable, however, the next question is: What is it? Can anybody make it? If so, what are the exact ingredients, and how is it made?"

The letter bears the date of Feb. 28, 1911.—EDITOR.]

## Correspondence

### A Thirty-Day Rhythm in Apoplexy

*To the Editor:*—In THE JOURNAL for February 3, p. 330, there appears an article under the catchy title given above. The first paragraph of this article makes it clear that "that type of cerebral hemorrhage which we designate as apoplexy" is to be considered, and in several places further along in the article the fact that cerebral hemorrhage, not embolism or thrombosis (and not cerebral arteriosclerosis with arteriospasm), is the lesion the author is investigating.

From the notes of cases which Dr. Hurst offers, it appears very doubtful whether he was dealing with cases of cerebral hemorrhage at all. Before it becomes profitable to draw on the imagination for the evolution of a theory to explain a fact, the existence of the fact has to be established, and in this first requirement the author of the above article sadly fails. The case notes he offers in proof of his diagnosis are very inadequate to satisfy a reader of the correctness of such diagnosis.

For example, Case 1, a woman over 90 had an indefinite number of attacks of what are assumed to have been cerebral hemorrhage; in twenty-one months that she is under Dr. Hurst's care she has ten of them, some very severe, and yet lives to tell the tale. No symptoms were cited in proof of the nature of the "attacks." Must we accept this as a case of repeated cerebral hemorrhage? Patients 2, 3 and 5 make out no better cases for the diagnosis of cerebral hemorrhage than this first one. Patient 4 might have had a hemorrhage—probably did—and does not show any rhythmic periodicity of attacks, for he had only one. He is classed here, I suppose, because "the nurse notes that there have been periods recurring every month or every two months in which the patient was less well, was restless and irritable."

Of the five cases that we are asked to consider as cases of cerebral hemorrhage, four, or 80 per cent., had multiple attacks within two years, while Starr, among 200 cases of apoplexy including embolism and thrombosis, which show much more often repeated attacks than hemorrhage, had only twenty-two cases, or 11 per cent., with more than one attack.

Were it necessary to analyze this article further in order to show its misleading statements many more holes could be punched in it, but I do not think it necessary to occupy space with a consideration of "theories," "treatment," etc., for, the giant being shown to be a windmill, what need of the valiant knight?

M. SCHULMAN, New York.

[The above was referred to Dr. Hurst, who replies:]

*To the Editor:*—Dr. Schulman's criticism of my article affords me the opportunity to explain the necessity for some omissions which have been, here and there, misunderstood. Space in THE JOURNAL is far too precious to be trespassed on lightly; for that reason my article, at the first writing some four times as long, was stripped to the barest essentials necessary to report the observations. These observations on apoplexy were limited by the title to the subdivisions of etiology and treatment. Dr. Schulman's letter deals mainly with the subdivision of diagnosis, a matter I designedly excluded. The criticism can probably be answered most satisfactorily to Dr.

Schulman by naming some of the symptoms which were considered as justifying a diagnosis of apoplexy. In the case he cites at length (Case 1 in the article), the patient was unconscious, the face cyanosed, respiration stertorous, left arm and leg flaccid, pupils dilated and irresponsive to light, conjugate deviation of head and eyes to the right, cheek flapping with respiration, pulse slow and full, and twenty-four hours later she had but partially regained consciousness. There was not a word of this in my article, and in its absence it is entirely legitimate for my critic to satisfy himself as to the symptoms that would lead me to arrive at a diagnosis of apoplexy. The responsibilities imposed by the practice of medicine are far too grave to justify us in accepting anyone's unsupported word. In this spirit I welcome the criticism.

Dealing seriatim with some of his other points:

1. The "catchy title" was given by the manuscript editor in THE JOURNAL office. I am grateful for the selection of a title infinitely more suitable than my own choice.

2. The phrase "that type of cerebral hemorrhage which we designate apoplexy" was used to exclude matters not germane to the subject, such, for instance, as hemorrhage from traumatism.

3. "Embolism and thrombosis" (presuming that Dr. Schulman means by the latter "arterial thrombosis" and does not confuse it with sinus or venous thrombosis) are in many cases notoriously difficult of diagnosis from cerebral hemorrhage before the post-mortem. Even then, in many cases, they are found to coexist and to be so interwoven as to seem rather fortuitous differences of degree than of kind. Dr. Schulman will recall that cerebral hemorrhage is frequently the result of aneurysm, which itself may be due to embolism or to endarteritis; and that endarteritis is often the precursor of thrombosis.

4. "Cerebral arteriosclerosis with arteriospasm" by influencing blood-pressure may predispose to cerebral hemorrhage, and in such cases must, of course, coexist with it. I wish to make the point that while embolism, arterial thrombosis, or arteriosclerosis with arteriospasm may have existed in the cases I quote (only post-mortem examination can prove that they did not), such existence would not exclude or vitiate by one iota the diagnosis made.

5. For reasons given above "no proof of diagnosis" was offered; matters not offered at all are naturally "inadequately offered."

6. Case 4 was "classed here," not because "the nurse notes, etc.," but because (all available evidence sustaining the diagnosis made by the family physician), the series of blood-pressure readings taken during the period the patient was under my care showed, as stated in the article, the rhythmic variations which were being reported.

7. "Eighty per cent. had multiple attacks." My critic makes an error here. It has escaped his attention that seven cases are mentioned, not five. On second thought he will probably agree that it would be the height of folly to attempt to calculate a percentage rate from seven cases. In general, I may add that, given a certain diseased condition (such as we are considering here) all degrees, from the symptomless minute hemorrhage discovered post mortem, to the most severe, can and do exist; that with increasingly accurate methods of investigation (blood-pressure apparatus, for example) lesser grades which formerly escaped attention are now searched for and found.

It is the unwritten law of our profession that observations seeming to promise any aid in our battle with disease be promptly made common property, rough-hewn and incomplete though they be. If "holes can be punched in" the article, all the more reason for publishing it, so that men with more time, means and ability may weigh it, elaborate it, and correct it to the perfection of truth, which in medicine, as in other sciences, we often see but "dimly, as through a veil." As to the simile of the giant, the windmill and the valiant knight, may I remind the valiant knight who has deigned to couch a lance at my small windmill that on the plain of Montiel, also, it was the knight who was in error; the constructor of the windmill was never accused of mistaking it for a giant.

JULIUS HAROLD HURST, Montecito, Cal.