

## CYANOSIS AND INDISCRIMINATE SELF-DRUGGING.

*To the Editors of THE LANCET.*

SIRS,—I have read with pleasure and also with no little benefit the interesting lecture by Dr. Thomas Oliver which appeared in *THE LANCET*, Dec. 29th, 1906, p. 1772, which warningly illustrates the ill-effects upon the body which may be brought about by the indiscriminate self-drugging with medicaments ordinarily regarded by the public as non-injurious even if non-effectual. It is scarcely to be expected that the lay person should know whether or not certain drugs are or are not more than ordinarily injurious; as a matter of fact, he or she commonly regards them as being safe principally on account of the ease with which they can be procured and the publicity given to the class of medicine by its exposure in the windows and show cases of chemists' shops, contained, as it usually is, in the pleasing and portable little tin-stoppered bottle.

The lecture recalls to my mind two cases which have occurred in my own practice during the last 12 months, in both instances in women, and I should perhaps not have noted the effect of this class of drug had it not been that the symptoms of the second case were practically identical with those of the first. The first case was that of a nurse, aged 30 years, who for some time had suffered from dysmenorrhœa, but which latterly had been of such severity as to cause her to resort to drugging; on the night the incident occurred she had taken two antikamnia pellets but as she got no relief from them within an hour she took two more. In about an hour's time she was seized with violent pains in the lower part of the abdomen, accompanied by an urgent condition of dyspnoea with pallid face, blue lips, ears, nose, and finger tips; the pulse- and respiration-rates were both increased in frequency. She said she had at the time a feeling of impending death. She was given a little brandy-and-water and when I saw her I ordered fomentations to the lower abdomen. She was apparently quite well again in an hour and a half.

The second case, also a nurse, aged 27 years, although robust looking, had suffered six years previously from scarlet fever complicated by pleurisy and albuminuria; she was never free from a slight albuminuria and had recently been troubled with nasty headaches on and off. She was given four antipyrine pellets by another nurse who was in the habit of taking them for headache. She took all four at once and about half an hour later she was taken ill and with the exception of the absence of abdominal pain she had similar symptoms to the previous case, but had a more marked and prolonged initial faint. She was put to bed and was given a little brandy-and-water with hot applications over the præcordial region, and was apparently quite well again in about three hours.

I am, Sirs, yours faithfully,

JOSEPH BEARD, F.R.C.S. Edin., D.P.H. Camb.

Bootle, Jan. 8th, 1907.

## THE CASE OF GEORGE EDALJI: A QUESTION FOR OPHTHALMOLOGISTS.

*To the Editors of THE LANCET.*

SIRS,—Might I ask you in the cause of justice to permit me to put the following question to those of your readers who are engaged in eye practice:—

“Do you consider it physically possible for Mr. George Edalji, whose degree of myopic astigmatism as determined by retinoscopy under homatropine is

Right eye — 8.75 diop. spher.  
— 1.75 diop. cylind. axis 90°.  
Left eye — 8.25 diop. spher.,

to have set forth upon a pitch dark night with neither moon nor stars, to have crossed country for half a mile climbing fences, finding gaps in hedges, and passing over a broad railway line, to have found and mutilated a pony which was loose in a large field, to have returned half a mile, and to have accomplished it all under 35 minutes, the limit of the possible time at his disposal? Mr. Edalji did not wear spectacles.”

A consensus of scientific opinion upon this point would greatly aid me in getting justice for this young professional

man, condemned for an offence which in my opinion he could not possibly have committed.

I am, Sirs, yours faithfully,

ARTHUR CONAN DOYLE, M.D.

Undershaw, Hindhead, Surrey, Jan. 13th, 1907.

## AMYL NITRITE IN HÆMOPTYSIS.

*To the Editors of THE LANCET.*

SIRS,—If I have read him correctly, Dr. Albert Abrams in his two recent letters on the above subject maintains that amyl nitrite inhalation promotes hæmostasis of the lung largely through reflex action. The vapour of the drug stimulates the terminations of the vagus in the nasal mucosa. Thence reflexly the longitudinal muscular fibres of the bronchioles are made to contract and express the blood from the lung parenchyma. This seems overmuch to expect from the “weaker longitudinal fibres.” But whether or no these be competent for the task, it is certain that amyl nitrite can render the lung more or less exsanguine without assistance from the nasal mucosa or its nerve supply. In the laboratory demonstrations by Pic and Petitjean, the lung was rendered so anæmic that when incised no single drop of blood escaped. Yet the amyl nitrite responsible for the result *was injected into the femoral vein*. Further, nitroglycerine given by the mouth has proved no mean substitute for amyl nitrite inhalation in some cases of hæmoptysis.

Referring to the inhibitory influence of amyl nitrite on uterine hæmorrhage, Dr. Abrams expresses the opinion that the drug “acts on the fibres of the uterus with secondary constriction of the blood-vessels.” An action on the uterine musculature, so far as I know, has not been hitherto postulated of the drug. But even if true, how could such action explain the influence of amyl nitrite on the hæmorrhage which follows removal of parovarian cysts and on that which accompanies rupture of the sac in ectopic gestation?

In point of fact, the only physiological action of amyl nitrite which rests on any secure foundation is the sudden production of vaso-dilation—or, in other words, the sudden inhibition of vascular tone—in wide areas, if not generally; this being of necessity associated with a fall of blood pressure and a compensatory acceleration of the heart beat. All other actions ascribed to the drug would appear to depend on mere inference from preconceived theories. For example, from the relief sometimes afforded by it in the asthmatic paroxysm, amyl nitrite is inferred to have the power of relaxing the bronchial muscles. But the inference is unjustifiable because the view that asthma depends on bronchial constriction remains an unverified hypothesis. The only view of the mechanism of the asthmatic paroxysm which is consistent with the *known* physiological action of amyl nitrite, is the vaso-motor hypothesis: amyl nitrite relieves asthma by relaxing the peripheral vaso-constriction which is an essential factor in the bronchial vascular distension responsible for the obstruction to respiration.

I am, Sirs, yours faithfully,

Upper Norwood, Jan. 12th, 1907.

FRANCIS HARE.

## GAS FIRES.

*To the Editors of THE LANCET.*

SIRS,—We have read with interest Mr. Francis Jones's letter in *THE LANCET* of Dec. 15th last criticising the results of the recent inquiry held by the Coal Smoke Abatement Society on gas stoves and should be glad if you can find space for the following reply.

*Length of the tests.*—While admitting that, within limits, a long test is preferable to a short one, we consider that in practice a full working day is quite sufficient. In this conclusion we are supported by the accepted practice in the case of boiler trials. The purpose of the inquiry being to provide data upon which to base general conclusions as to gas stoves, an investigation into the behaviour of 25 different stoves in different rooms is surely far preferable to a test of only *one* stove in *one* room, however long continued, which was, we believe, the condition holding in Mr. Jones's experiments. We consider it quite impossible to arrive at sound general conclusions as to the value of gas-stoves from such a test, however instructive the results may be in other ways. A peculiarity in the room or stove may vitiate the entire results.