

## Correspondence.

"Audi alteram partem."

### THE FUTURE OF THE AMERICAN RED CROSS IN PARIS.

To the Editor of THE LANCET.

SIR,—A permanent Chapter of the American Red Cross has been formed in Paris, known as the Paris District Chapter, and of said Chapter I am the chairman. It is proposed that this Chapter shall be the permanent organisation of the American National Red Cross in France, and its functions will be to carry on to a conclusion the work inaugurated by the American Red Cross after the Commission to France which during the war has been in charge of said work has ceased to exist. After the completion of this work it is proposed that the Chapter shall continue to perform all functions ordinarily performed by a Chapter of the American National Red Cross. It is impossible at this time to foresee just what the character of this work will be, but among other things it may involve the care of the graves of American soldiers and sailors buried in France, and also to have an organisation constituted and capable of carrying on any work that it is proper that the Red Cross should do.

I am, Sir, yours faithfully,

GURNEY E. NEWLIN,

Major, A.R.C., Chairman, Paris District Chapter.

4, Place de la Concorde, Paris, Jan. 17th, 1919.

### CAUSES AND INCIDENCE OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—Dr. Harry Campbell's courteous reply to my inquiry is somewhat confusing. In your issue of Jan. 4th he states—

"I have again and again referred to the prosaic fact that there are among the inhabitants of this country 200 million carious teeth, as many alveolar abscesses (pyorrhoea alveolaris), and some 30 million root abscesses."

I ventured to ask for evidence of this "prosaic fact," and Dr. Campbell replies by stating that—

"Taking the population of the United Kingdom as 45 millions, this, according to my estimate, implies for each individual  $4\frac{1}{2}$  carious teeth,  $4\frac{1}{2}$  alveolar abscesses, and 2 root abscesses for every three persons. Does this estimate strike Mr. Pedley as excessive?"

To Dr. Campbell's question I answer frankly: very excessive! Not in accordance with my experience; but that is only my opinion. Surely calculations based upon such estimates are not facts. *Facts are truths*, and can only be regarded as such when supported by irrefutable evidence. Here is an illustration. Dr. Campbell quotes extracts from Dr. James Wheatley's report of 1914 to the education committee of the Salop County Council as to the prevalence of dental caries among elementary school children, and if it is remembered that the percentages include temporary teeth as well as permanent teeth I entirely agree, because it accords with the evidence of the Schools Committee of the British Dental Association, and it has been amply proved by 1000 school medical officers during the past ten years, as recorded in the annual reports of the Chief Medical Officer to the Board of Education. One brief quotation will suffice. On p. 29 of the 1915 report it is stated—

"The proportion of defective teeth including all degrees of defect is higher than in any other malady, and often exceeds 70 or 80 per cent."

Curiously enough, Dr. Campbell seems to refute part of his estimate, for he writes:—

"When we come to examine adults we find that a considerable proportion of carious teeth have been extracted owing to the trouble they have caused, so that the number of carious teeth in a given month does not represent the number of permanent teeth which have become carious within it."

Either the 45 million inhabitants have the  $4\frac{1}{2}$  carious teeth or they have not.

With regard to the  $4\frac{1}{2}$  alveolar abscesses (pyorrhoea alveolaris), these diseases are not identical. Alveolar abscesses are in the majority of cases root abscesses. Pyorrhoea alveolaris is suppuration at the necks of the teeth with slow destruction of the alveolus. The dental surgeon differentiates them, as the physician does pneumonia from pleurisy. Therefore the  $4\frac{1}{2}$  alveolar abscesses, and the two root abscesses for every three persons, may be added together. I do not understand Dr. Campbell's estimate of pyorrhoea alveolaris. His endeavour to find figures for me

in 17 men "hastily examined" reminds me that, like many of my colleagues, I have examined during the past four and a half years quite a large number of soldiers' and sailors' mouths. I believe it is possible to identify, clinically, four or five different forms of suppurative inflammation of the gums which at first might be described as pyorrhoea alveolaris, but which heal up under appropriate treatment without the loss of any teeth.

In conclusion, I deplore the extent of dental caries and its effects, but I think much harm may be done by loose statements and exaggerated ideas. Experience has taught me that there is no royal road to the prevention of dental diseases. To believe that our nation will alter its diet to save its teeth is chimerical. The chief safeguards are habitual cleanliness, systematic inspection, and early treatment. Much has been done during the past 20 years to help the children in our residential Poor-law schools, and an excellent beginning has been made during the past 10 years by the establishment of 300 school dental treatment centres for the children of the elementary schools. Only when skilled assistance is available for every child in the country can we hope to have a nation with clean and healthy mouths.

I am, Sir, yours faithfully,

R. DENISON PEDLEY.

Railway Approach, London Bridge, S.E., Jan. 20th, 1919.

### THE DREAMS OF THE TERROR-NEUROSIS.

To the Editor of THE LANCET.

SIR,—Dr. C. S. Myers (Lieutenant-Colonel, R.A.M.C. (T.C.)), in his article published in your issue of Jan. 11th, draws attention to the dreams of the terror-neurosis encountered in warfare. He raises certain points of interest, in particular as to how such dreams subside as the neurosis improves; whether there is any gradual intrusion into the incidents of warfare characteristic of the terror-dream by those of civil life.

In my experience there is rarely any such history. Patients who have suffered severely from terror-dreams during the earlier phases of their disability associate their improvement with the subsidence, not of the terrifying incidents only, but of dreaming altogether. In the majority of cases of the terror-neurosis patients in the period of cure cease to dream at all, and this is of interest in that it agrees with what the same patients so often say in reply to the questions as to the nature of their dreams before they broke down, before they were invalided, that is to say. For the most part they are consistent in saying that they did not dream at all, and certainly had had no frightening dreams.

There would appear, therefore, to be no period before the dysthymic somatic symptoms become obtrusive in which there are terrifying dreams; the somatic bodily symptoms precede the dream. At first sight this may seem to be curious; it might have been thought that when the conscious intelligence was in abeyance during sleep any emotional tone that was experienced in the waking state and was not allowed free play would make itself felt. The fact that this is not so in many cases may be associated perhaps with the intensity of the "blocking" to which it was subjected during the waking hours, the intensity being so great that it "overflows" into the sleeping state with a similar result, and is, of course, responsible for the terminal somatic symptoms of the neurosis. Once the somatic symptoms have made their appearance and the patient is in a position in which there is no further need for the emotion to be blocked, then fear does appear, and, in severe cases, not only in the dream but in the periods of wakefulness as well. Then we do see the effect of intelligent control, for as the case improves the fear leaves the patient during the day but persists during sleep when such control is in abeyance. In the course of time the control exerted during wakefulness overflows into the period of sleep and lessens the intensity of the dream. Possibly the powerful efforts made by the patient to control himself consciously operates in excess and stops dreaming altogether for a time.

We might almost go so far as to say that the patient who did experience fear in his dreams before the onset of somatic symptoms would not suffer severely when the neurosis was formed; the essential blocking of the emotion of fear in his case not being of any great intensity, not sufficiently intense

to overflow into his sleep and prevent the terror-dream, and therefore not sufficiently intense to bring about the neurosis in any degree of severity.—I am, Sir, yours faithfully,

Manchester, Jan. 14th, 1919.

DONALD E. CORE.

## ENCEPHALITIS LETHARGICA AND TYPHUS.

To the Editor of THE LANCET.

SIR,—I have been struck by the close clinical resemblance which encephalitis lethargica as described in your columns by Dr. A. S. McNalty and Lieutenant-Colonel A. J. Hall bears to typhus fever, a disease little familiar to the medical profession in England except in the pages of such a book as Vincent and Muratet in the "Military Medical Manual" Series. The onset, the rash, constipation, the nervous symptoms of both organic and hysterical nature, the stupor, the inability to protrude the tongue (Remlinger's sign in typhus, hypoglossal palsy mentioned by Dr. F. G. Crookshank), and tremors are some of the striking points these diseases have in common. Epistaxis, however, has not, so far as I know, been mentioned as occurring in lethargic encephalitis; the experience of most medical officers serving with the E.E.F. is that epistaxis is also rare in typhus, contrary to the usual teaching. I inquired recently about this point from an Egyptian medical officer who had seen over 1000 cases of typhus while serving with the Turkish Army; in no instance did he observe epistaxis.

On the pathological side the cause of both diseases is unknown, but an increase of the cellular content of the cerebro-spinal fluid has been found by Major C. R. Box in lethargic encephalitis, and by Devaux in typhus in Roumania, although it is to be noted that an excess of lymphocytes was described by the former, and of polynuclear leucocytes by the latter. Finally, the low mortality of lethargic encephalitis does not contradict this thesis, for typhus mortality is based on epidemics associated with starvation, bad hygienic surroundings, and lack of proper hospital accommodation; further, a mild form of typhus (*Typhus levissimus*) has been recognised abroad for some time.

I am, Sir, yours faithfully,

H. L. C. NOEL,

— Egyptian Hospital, E.E.F.

Captain, R.A.M.C.

## INVALIDISM FOR 15 YEARS THROUGH NASAL BLOCKAGE.

To the Editor of THE LANCET.

SIR,—In his article in THE LANCET of Dec. 14th, 1918, Dr. G. A. Sutherland writes that men with cardio-vascular debility "stand cold weather badly." Last winter I saw a B 3 man who told me he dreaded the cold weather. He always kept several pairs of boots going and wore very thick socks, and in them he placed felt soles. Damp boots and socks were a horror to him. He said he was an invalid and had a bad circulation. By chance my attention was drawn to his nose, and I found his septum was deflected to the left side. He refused an operation. I noticed his alæ nasi did not move, so I suggested he should practise nasal respiration. In a week the action had become automatic, and he told me with rapture he had passed from invalidism to strength. He found that he could wear the same pair of boots every day, and even do without socks. This latter was a great advantage, as it saved him darning socks! He told me he noticed that on a cold day the air passing into his now opened-up nostrils would send his blood shooting to the tips of his toes and fingers and acted like champagne on his mind. He said the cold weather he used to dread now acted as a tonic, and he revelled in it. The only alteration in his manner of life that brought this change about was nasal respiration, which kept his nasal passage on left side patent.

I am, Sir, yours faithfully,

Dec. 20th, 1918.

CHAS. J. HILL AITKEN, M.D. Edin.

## PHTHISIS IN FACTORY AND WORKSHOP.

To the Editor of THE LANCET.

SIR,—May I write a few words in answer to Sir G. Archdall Reid (THE LANCET, Dec. 28th, 1918)?

1. I consider tuberculosis a contagious disease produced by the *Bacillus tuberculosis*.

2. Even though practically everybody is exposed to the infection, only a relatively small number of human beings

die from it—only predisposed people. Naegeli (500 cases of post-mortem examination) found that 97 per cent. of the patients dying in hospital (most of them living in towns) showed evidence that tubercular infection had at one time taken place.

3. Predisposition is either hereditary or acquired.

4. Amongst the most powerful causes of predisposition, hereditary or acquired, is alcoholism.

5. We know very well that civilisation brings alcohol in its train, and that many primitive races have disappeared because they have taken to drinking "fire water."

6. But we must add also that civilisation has brought new diseases to those populations—measles, tuberculosis, syphilis.

7. Dr. Ed. Bertholet has made the following observation. Up to 25 years of age practically all his cases of death from tuberculosis occurred amongst abstainers or very moderate drinkers; over 25 years practically all the cases were chronic alcoholics. I do not know whether his researches have been confirmed elsewhere.

8. In my letter of Dec. 6th (THE LANCET, Dec. 14th, 1918) I was trying to suggest a possible explanation of the great difference in mortality from tuberculosis between men and women under practically similar living conditions, the only difference between them being what Dr. W. C. Sullivan has called "industrial alcoholism" in the men.

I should be very glad to know if Sir G. Archdall Reid and Professor Benjamin Moore have other explanations or hypotheses to offer regarding these facts, my opinion being that women are certainly living, in their homes, under conditions more favourable to contracting tuberculosis, and to death from it, than their husbands.

I am, Sir, yours faithfully,

M. F. BOULENGER.

Darenth Industrial Colony, Dartford, Kent, Jan. 10th, 1919.

## THE LEUCOCYTE COUNT IN INFLUENZA.

To the Editor of THE LANCET.

SIR,—I have seen a few references to the blood in influenza in papers published on the recent epidemic, and they all confirmed past experience. So far as they go my results do the same, but I made no total counts. Obviously this omission could not introduce abnormal cells into my films or take away from them normal forms which they did not contain. And in these respects alone has my experience been exceptional. Excluding moribund and mild cases, it is based on the examination of three moderately severe uncomplicated cases which made good recoveries, and on three cases with severe bronchitic or pneumonic complications which died after 6–10 days of illness.

Briefly, in seven examinations of the fatal cases I saw no eosinophile, and in the other cases these cells disappeared during the height of the disease. Again, in every one of the six cases plasma cells were seen on the fourth day or later. Usually 1 or 2 per cent. were present, but in one of the fatal cases there were 5 per cent. on the sixth day—four days before death. I have never seen anything approaching this in the adult, and it is no exaggeration to call it a phlogocytosis.

In pneumonia and typhoid the eosinopenia is well known. In whooping-cough I have seen 3 per cent. of plasma cells in children. But in a woman of 46, previously healthy, 5 per cent. in influenza seems worthy of record.

I am, Sir, yours faithfully,

Ealing, W., Jan. 19th, 1919.

R. CRAIK, M.D. Glasg.

## METRRORRHAGIA IN INFLUENZA.

To the Editor of THE LANCET.

SIR,—The very complete and excellent account of the last influenza epidemic by Dr. Adolphe Abrahams, Dr. N. Hallows, and Dr. H. French in THE LANCET of Jan. 4th, seems to me to require one slight emendation from the clinical side, in which only I am able to criticise. It is said that in the hæmorrhages nothing abnormal was found from the uterus. If the authors will make a few further inquiries they will find that while epistaxis was common in males, it was rare in females, but these latter in a large proportion had menses coming on during the fever and before the proper time. It was at least so in this neighbourhood, and not alone in my experience. In two instances definite miscarriages