ACUTE SUFFOCATIVE PULMONARY ŒDEMA.

To the Editors of THE LANCET.

SIRS,—Under the title of “Acute Suffocative Pulmonary Œdema” some cases have been described by Dr. J. L. Steven and Mr. T. Lissaman in THE LANCET of Jan. 11th (p. 73) and Feb. 8th (p. 366) respectively. Dr. Steven states that with the exception of Dieulafoy he is unable to find in medical literature any adequate or satisfactory description of the condition. Mr. Lissaman states that he could find no description in any of the works at his disposal. The purport of this note is to point out that the characteristic symptoms have been very clearly described by Laennec. I cannot do better than give the quotation in full:—

“*Acute Suffocative Catarrh of Adults and Children.*—This variety does not appear to me to have hitherto sufficiently engaged the attention of physicians. It is very rare in adults. In young children it is more common and is often in them confounded with croup. It is recognised by the tracheal rhonchus perceptible by the naked ear, and by the imminent suffocation and frequent lividity of the face. The stethoscope detects, over the whole chest, a loud mucous (and very liquid) rhonchus, and a very frequent and usually irregular action of the heart. The disease is an acute catarrh affecting the whole, or a very large portion, of the mucous membrane of the lungs. Its duration is from 24 to 48 hours, or at most some days. At the end of this time either the patient dies or expectoration commences and puts an end to the suffocation, and the disorder then follows the progress of a simple acute catarrh. When the suffocation lasts there is but little cough, and the expectoration, if any, is altogether pituitous or fluid: it retains this character for some days at least, and then becomes more abundant; but recovery sometimes takes place without its ever becoming properly mucous, in which case the disease is only a variety of the acute bronchial phlegmorrhagy or pituitous catarrh. When, on the other hand, the expectoration becomes mucous, the disease is simply an ordinary acute catarrh, in which the suffocative character of the invasion is caused by the extent of tumefaction of the bronchial membrane and by the great quantity of fluid secreted at once.”

In this description we note more especially the extreme rarity of the condition in adults, the imminent suffocation and lividity, the very frequent pulse, the short duration of the symptoms, and the expectoration of a fluid secretion with but little cough. These are the points on which the writers of the articles have laid stress.

I am, Sirs, yours faithfully,

Henrietta-street, W., Feb. 11th, 1902.

A. G. AULD.

THE DANGERS OF A COMMON COLD.

To the Editors of THE LANCET.

SIRS,—The letter on “The Dangers of a Common Cold” by Dr. R. P. White, in THE LANCET of Feb. 8th, p. 402, sets forth the common experience of the profession with regard to its rapid spread whatever its real nature may be. But how can we explain the fact that some are so susceptible while others never suffer? Since I began to study diet I have been astonished at the number of cases of which I have heard, even of medical men, who, by eating less and not so often, have found that their susceptibility to colds has quite gone. Such facts as I have met with point to the conclusion that it is the system overcharged with the products of food which was not required and can act only as a poison to every organ in the body, which is most susceptible to colds. If such be a correct conclusion it may help us to understand susceptibility as well as immunity, and it is a subject worthy of investigation.

I am, Sirs, yours faithfully,

JOHN HADDON, M.D. Edin.

Denholm, Hawick, Feb. 11th, 1902.

“WHAT’S WHAT.”

To the Editors of THE LANCET.

SIRS,—As you have devoted a column of your valuable journal to the exposition of Mr. W. Watson Cheyne’s point of view, and the correspondence he had with me with regard to

the Appendix on London Medical Men in “What’s What,” I trust that you will have the fairness to allow me a brief space in which to state my own point of view in this matter. And this is the more desirable since the question appears to be one which greatly exercises the medical profession, and concerning which, not Mr. Cheyne only, but several other surgeons have addressed to me complaints.

First allow me to state the exact offence complained of. It is that I have printed a favourable opinion, which I state is derived from personal experience, concerning some twelve surgeons and doctors, most of them being well-known specialists. I have expressly limited my words by the following qualifications: “We do not suggest that the doctors named hereafter are superior to their fellows; we simply state that we have had experience of them as capable men in the various maladies alluded to, and that we should not hesitate to employ them ourselves.”

Now, Sirs, I venture to assert that a similar statement, so limited, made concerning the members of any other occupation or business known to men would not have been considered annoying, improper, or in any way objectionable. It must be remembered that with regard to none of the gentlemen mentioned is there a word calculated to give pain or to express disapproval. My remarks are entirely confined to saying—I have had experience which justifies me in stating that those who go to A, B, or C for the cure of such and such diseases will go to men who are capable in their profession.

Can it be maintained—excluding the question of medical etiquette, with which at present I have nothing to do, and with which, indeed, a layman has no right to concern himself,—can it be maintained, I say, that to afford the public such information is in itself improper? Consider the record of any great man’s illness and the newspaper comments on the skill and devotion of this or that medical attendant. Has anyone ever asserted that such comments were objectionable? Consider the biographical sketches of men such as Sir Henry Thompson or the late Sir Andrew Clark, in which are recorded, not only their abilities, but the steps by which they attained eminence. Has any objection ever been taken to the publication of these, though their very essence is laudation? Why, then, should it be taken to the Appendix of “What’s What,” which is clearly conceived in the interests of the public? The answer is to be found in the last letter which you publish from Mr. Watson Cheyne—that to the *Medical Times*. In that letter Mr. Cheyne states, with pardonable heat, that he has been unjustly suspected of self-advertisement, and he asserts that there is no reason why he should be so suspected. I most heartily agree with him; I go still further and say that such suspicion is as ridiculous as it is unjust—is absolutely incorrect and entirely unwarranted. There is no shadow of ground which could justify such assertion.

But, Sirs, I must go a step further: not only is this the case with regard to Mr. Watson Cheyne, it is also the case with regard to Mr. Harry Quilter. I am not a stranger to the public; it is more than a quarter of a century since I began to write continuously in books and newspapers, and opportunities have not been lacking to me, if my bent had been in that direction, of advertising my friends or calumniating my enemies. As a writer on the most important daily and weekly journals in England, as the editor of a well-known review, and as a constant contributor to magazines and newspapers of high standing, my words have been continually before the public, my opinions have been plainly expressed, frequently challenged, and as frequently defended. But no critic, however bitter, no adversary, however unjust, has ever said during the last quarter of a century that I wrote in the interests of advertisement, that I stated as facts what I did not believe.

Surely, Sirs, I have a right, with such a record, to resent this accusation even more strenuously than Mr. Watson Cheyne. Indeed, I have more ground for resenting it, for my whole life has afforded proof that it is false. In truth, it is a “dirty” suspicion, unworthy of a decent newspaper, and one for which there is no redress. It is true that no one who knows the gentlemen referred to would believe that they paid me to praise them, and no one who knows me will believe that I was so paid. But the majority of readers will know neither of us, and so this “pseudo-anonymous anonymuncle,” as Charles Reade would have called him, and his malicious insinuations will doubtless prejudice the minds of many envious and suspicious persons.

One last word, on the question which lies at the root of this matter—that of the medical etiquette which forbids