Correspondence.

"Audi alteram partem."

DIET IN CHRONIC BRIGHT'S DISEASE.

To the Editors of THE LANCET.

SIRS,—I beg to offer the following few remarks as bearing on the important question raised in the paper read by Dr. Hale White at the Medical and Chirurgical Society on April 25th. I have for many years been practically convinced of the uselessness of prescribing any more strict dietetic rules in cases of chronic Bright's disease, presumably ranking in the "granular" class, than may be indicated by the general symptoms in each individual instance apart from all question of urea excretion. After experience of many cases treated on a full mixed or ordinary diet, several of which had previously been long kept, according to usually received principles, on a diet as slightly nitrogenous as possible, I can say confidently with Dr. Hale White that I have had no occasion to regret the employment of this method, but rather much reason to be more than satisfied therewith. I have never observed any notable diminution in the quantity of urine passed by the patients thus treated, or any increase of albumen; and in some few cases where estimation of the amount of urea was made the results were various, as in Dr. Hale White's cases, and seemingly of no clinical importance. In many instances a notable improvement of the general health and a much diminished tendency to suffer from headache, weariness, and irritability soon followed the substitution of ordinary good living for the theoretically strict diet of the nephrologists; and in more than one case this amendment, with rapidly receding anæmia, was so striking and immediate (the patients soon resuming and enjoying ordinary or strenuous lives after many months or some years of invalidism and idleness), as to lead to the apparently inevitable conclusion that they had been suffering more from the treatment than from the disease.

With respect to the full-dieting of patients who not only have the signs and some of the general symptoms of kidney disease but also are sufferers from dropsy with much albuminuria and marked oliguria, and, still more, of those who are the subjects of "acute" or "subacute" nephritis, the question is wider and, of course, much more difficult. My own experience has not furnished me with much material from which useful conclusions can be drawn, as I have usually followed the old line of procedure; but I have ventured in several cases of these kinds, both of adults and children, to relax greatly the conventional rules with but little appreciable effect on the quality or quantity of the urine and with no resultant harm to the patient. In a few of these distinct improvement in feeling ensued on a more generous diet, even when the ultimate lessening of dropsy and increase of urinary flow were too late and too gradual to be ascribed to any change of treatment. I cannot but think that, if it be once established that an ordinary mixed diet does not increase the dangerous tendency to so-called "uræmia" or favour any other ill in cases of kidney disease, the treatment of chronic nephritis, and possibly of nephritis generally, might be authoritatively revised with great and multiform advantages to a large class of sufferers.—I am, Sirs, your truly,

Harley-street, W., May 2nd., 1893.

H. B. DONKIN.

"CASES OF CONTRACTED TENDONS."

To the Editors of THE LANCET.

SIRS,—In THE LANCET of May 6th Mr. Macready criticises the statement of Mr. W. T. Tivy (in THE LANCET of April 22nd) that cases of hammer-toe may be successfully treated by division of the extensor tendon, followed by immediate extension and massage, and asserts that the deformity is produced by a deficiency in the length of the lateral ligaments and that the division of the extensor tendon would be fruitless and disappointing. That the lateral ligaments are shortened in severe and long-standing cases of hammer-toe I have no doubt. Specimens showing this have been exhibited at the Pathological Society by Mr. Shattock and by myself. But on the other hand I have observed numerous instances of the deformity in an early stage in which I am convinced that the contraction of the extensor was the

chief factor, and which were successfully treated by division of the tendon and subsequent manipulation. Surely, too, it is more in accordance with the function of ligaments and with our knowledge of the pathology of other deformities that ligaments should become shortened in adaptation to a long-continued muscular contraction than that they should be the active agents in producing a flexion which leads to subsequent muscular shortening.

It appears to me that the chief point in Mr. Tivy's communication was his recommendation that the tenotomy should be "followed by immediate and daily extension and massage of the divided tendons." This is in my opinion a great improvement upon the plan of keeping the foot at rest after tenotomy for a longer period than is needful for the healing of the punctures. It seems to me that there is considerable variety amongst the cases of hammer-toe that reach a degree calling for operative treatment. Some of these need only the division of the extensor tendon and subsequent stretching and manipulation; others need in addition the division of the lateral ligaments and sometimes of other restraining bands of fascia. Cases of longer duration and greater severity may be best treated by excision of the joint, whilst neglected cases and those in which the corn over the knuckle has become ulcerated, or in which the adjacent toes are distorted, are often best treated by amputation of the toe at the metatarso-phalangeal joint.

I am, Sirs, yours truly,

Savile-row, May 8th, 1893.

WARRINGTON HAWARD.

To the Editors of THE LANCET.

SIRS,—Mr. Macready, in his comments upon my notes on cases of contracted tendons, overlooks the fact that it was only in cases of acquired hammer-toes, produced by overcrowding the toes in tight boots, that I advocated division followed by immediate massage and stretching of the extensor tendons. In ordinary cases of congenital hammer-toes, of course, the initial lesion is not in the extensors.

I am, Sirs, yours faithfully,

Lansdown-place, Clifton, May 9th, 1893.

W. J. TIVY.

POISONING BY UNSOUND MEAT.

To the Editors of THE LANCET.

SIRS,—In view of the cases of wholesale poisoning from eating unsound meat, recently reported in THE LANCET, I should like to record my experience of scores of cases I see in the course of the year of a similar kind, but most frequently caused by eating unwholesome fish. There are in this neighbourhood a great many fried-fish shops, and it is no uncommon thing for one or more people to come to me with all the symptoms of poisoning after eating some of this food; generally they suffer from urticaria, severe cramps in the bowels, with profuse diarrhoea and sickness. So common is this that when these symptoms present themselves the first thing I say to them is, "You have been eating fried fish during the last day or two;" failing to elicit an answer in the affirmative, I then ask them if they have been eating rabbit or steak pudding, and one of these is generally confessed to. Now I have never had a fatal case, but I nearly lost a woman after eating mussels that her husband had brought from the seaside (he was a railway guard), but fortunately I saw her soon after she had eaten them, a general nettlerash having developed in a few minutes. I at once got rid of the contents of the stomach by means of an emetic and the patient got better. My invariable manner of treating these patients is by giving them the following aperient: Half an ounce of sulphate of magnesia, one drachm of carbonate of magnesia, one drachm and a half of tincture of hyoscyamus, one drachm and a half of spirit of chloroform, peppermint water to six ounces; an ounce to be taken every two hours. This invariably clears the bowels and a little alkaline tonic finishes the treatment. I do not pretend to say what the poison is, and I am under the impression that an expert a short time ago, in a court of justice, would not state positively what the poison was; but the fact remains, and this is the way I deal with these cases. Now what I should like to ask is this—If there be such a virulent poison circulating in the blood and the treatment such as here described has such a good effect, how far is the poison of cholera analogous to this, and is not Sir George Johnson's treatment of it by small doses of castor oil the correct one?

I am, Sirs, yours truly,

Harrow-road, May 2nd, 1893. A. L. GRIFFITH, M.D.St.And.