

Wright's work on opsonins suggested that the reason that the light treatment is of such great value is that the inflammatory reaction floods the affected tissues with opsonins. If that were the explanation it would follow that other measures which determine the flow of blood to the part should be equally successful. Some years ago I was given the opportunity, by the courtesy of the inventor, of trying Gould's apparatus. The instrument consists essentially of an air pump to which was attached a modified cupping glass. Mr. H. Rischbieth, who was then my clinical assistant, and I made many trials with this apparatus in comparison with the Finsen lamp. We never obtained a reaction which was in any way comparable with the latter. The effect appeared to be too transitory. Since then I have used cupping-glasses for the same purpose but without obtaining any satisfactory results. Prolonged fomentation has also been tried. Dr. W. Bulloch suggested dry heat and I had several patients treated for weeks with small bags filled with hot sand. In no single instance was there any appreciable result. One more point has been tested. It was suggested that the pressure used to the affected part in the Finsen treatment was more important than the light. To determine the value of this I had several patients subjected to compression of a lupus spot with the usual compressors with no benefit or, indeed, any sign of alteration in the character of the lupus tissue.

In conclusion, I must thank my clinical assistants for their valuable coöperation and especially the sisters and nurses in the light department, to whose constant attention to the difficult details of the work the success of the treatment is due.

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### A CASE OF EGG POISONING.

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THIS case is of interest because, although egg poisoning is not extremely rare, I have been unable to find any record of cure. Jonathan Hutchinson in his "Pedigree of Disease" (1884), p. 35, speaks of eating eggs producing violent vomiting, a sense of sinking, and abdominal distress quite inexplicable, and temporary defect of sight. An artist could not see to paint after eating an egg, there being temporary suspension of the power of accommodation in both eyes, with heat of the stomach and abdominal discomfort one or two hours after breakfast. A little egg in a pudding or sauce would be sufficient to cause these symptoms, which were quite cured by abstinence from eggs. Other cases are recorded but I can find no real attempt at cure. It is possible the following account may call forth several others.

In June, 1906, I saw a boy, aged 13 years, whose parents complained that he could not eat egg in any form. He could not eat meringues nor any cake with white of egg. He had had an attack after eating bacon cooked with eggs, and the smallest piece of bread or bun with white of egg upset him. In the attack there was first of all free secretion of saliva, the lips burned, the patient felt sick, itched, and an urticarial rash shortly broke out; he swelled all over, with puffy eyelids and lips, tight, red, swollen skin, and could hardly breathe from a sort of asthmatic attack. He was found gasping in an attack after eating a small apple fritter. Never in his life had he eaten an egg. As a baby he spat out any food that contained the least trace of egg. As a child he could eat any cake free from egg, but not the smallest piece of sponge cake. He swelled up almost instantly after eating a small bun free from egg but which had been brushed over with the white of egg. Raw egg blistered his skin. He has also had attacks after eating soup cleared with white of egg, and with the smallest bit in apple sauce when not in the least suspected; so that "suggestion" played no part. He may have had some 150 attacks. He is a healthy boy generally, but has had enlarged glands, cured without operation, is of lymphatic temperament, and has some gouty eczema; the lungs and organs generally are sound and healthy.

In December, 1906, treatment was begun on the lines of establishing tolerance to this especial poison. Six weeks before, being at school he had eaten at lunch about six mouthfuls of a ginger pudding which was found to have egg in it. He felt a pricking in the tongue and throat which got better; and then in half an hour an urticarial rash came out

and lasted two or three hours. There were swelling, shortness of breath and wheezing, and swollen eyes and joints. The theory of the poisoning was that the egg albumin acted in some way on the serum albumin so as to cause transudation.

The treatment consisted in the constant administration of egg with a little calcium lactate added to stop the transudation. Pills were made containing  $\frac{1}{10000}$ th part of a raw egg and two grains of calcium lactate each. The boy continued his usual school and home life all the time but was closely guarded against any egg in the food. He never knew there was egg in the pills. The first month (December) he took  $\frac{1}{10000}$ th egg daily. The next (January) this was gradually increased every four days till  $\frac{1}{1000}$ th of raw egg was taken daily with no symptoms. (Far less than this had previously caused symptoms.) In the month of February pills with cooked and raw egg were taken alternately, and the quantity in each pill was increased to  $\frac{1}{500}$ th of an egg daily, the calcium lactate being continued. In March the amount was steadily increased till  $\frac{1}{250}$ th was taken daily with no symptoms. In April it was raised to  $\frac{1}{125}$ th of an egg and in May  $\frac{1}{62}$ th of an egg was reached, still without symptoms, it being now quite clear that real tolerance was being established. In June it was raised to  $\frac{1}{31}$ rd. The patient by this time had consumed a whole egg in the six months for the first time in his life. In July the pills were dropped and the boy was given as a test some puddings and cake in which he thought there was egg but which had none and no symptoms ensued. He then had egg in his food constantly, till by the end of July he was taking  $\frac{1}{8}$ th of an egg daily. In July alone he ate nearly four eggs in his food. All this time he was quite well, and the amount was rapidly increased till he ate an egg a day and since has had egg in some form in food every day, and can now eat anything.

Some may think a great deal of trouble was taken to cure this idiosyncrasy, but when we remember that it was not connected with some rare food such as pineapple, which could easily be avoided, but with an article that enters into nearly all a schoolboy eats, and that his life had been more than once in danger from such food, it will be seen that the trouble taken was amply justified. The difference to the boy is, of course, enormous, and there was no sign whatever that he "would grow out of it." It would seem that with sufficient care and patience tolerance may be established in the case of most poisonous foods, and, of course, there is abundant general evidence as to this. I have ventured to record the present case because, as far as I know, it is unique, though, as I have said, I daresay this may call forth letters to prove that it is not.

Harley-street, W.

### Clinical Notes:

#### MEDICAL, SURGICAL, OBSTETRICAL, AND THERAPEUTICAL.

#### WARNING AGAINST THE INDISCRIMINATE USE OF THE OPHTHALMO-REACTION (CALMETTE) IN THE DIAGNOSIS OF TUBERCLE.

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THE case, that of a school-girl, 12 years of age, is reported to demonstrate that the ophthalmo-reaction (Calmette) must be used with caution and discrimination. The patient was, on Oct. 8th, 1907, admitted to the Ophthalmic Institution suffering from superficial vascular ulceration of the right cornea. There was a history of a similar attack in the left eye two years before and though careful examination revealed no sign of tubercle in the lungs or the abdomen both cervical and submaxillary glands were much enlarged. On the 10th one drop of a 1 per cent. solution of tuberculin was instilled into the left eye which was at that time perfectly free from inflammation, although there was a faint nebula on the cornea the result of the previous attack of ulceration. Within 24 hours there was violent muco-purulent reaction, the discharge being very abundant and accompanied by marked swelling of the lids and thickening of the palpebral conjunctiva. The inflammation could not be