A CASE OF IDIOSYNCRASY TO EGG ALBUMIN.

To the Editors of The Lancet.

Sirs,—The following case of extreme idiosyncrasy to egg albumin is, I believe, of considerable rarity and is remarkable from the fact that this substance produces in the patient in question severe gastro-intestinal irritation when taken internally and sets up urticaria when applied locally to the skin.

The patient, a woman, aged 26 years, came under my notice in the early part of this year with the history that from earliest childhood she had been unable to take eggs or to eat any article of diet which contained them. It was stated that the symptoms produced on ingestion of eggs were nausea and vomiting, followed by abdominal pain and evacuation of copious watery faeces. The symptoms lasted a longer or shorter time according to the dose. The organs of the body were sound, there was no albumin in the glazing of a roll being sufficient to cause considerable uneasiness. The first occasion on which egg albumin was given to her was stated to have been at the age of ten months and nearly resulted in her death, the symptoms consisting of muscular rigidity and cyanosis. Subsequently many attempts were made to establish tolerance to eggs but without result. At the present day the patient finds her diet extremely irksome; the certainty of becoming ill if she should happen to partake of any dish in the composition of which eggs have been used practically precludes her from dining away from home. The symptoms produced varied in degree according to the dose and were equivalent to four grammes would appear to be a relatively large dose and is followed in a short time by stinging in the throat, epigastric pain, vomiting, and later by either diarrhoea or obstinate constipation. With smaller doses pain comes on about an hour after the egg has been taken and lasts a longer or shorter time according to the dose.

In addition to the gastro-intestinal irritation produced by the ingestion of the egg, it was stated to me that the application to the skin of the raw white of egg would raise a blister. I have made some observations in cases of stinging and every case I came across was below the proportional chest build. The chest was not well developed and the respiratory capacity, as tested by a spirometer, was considerably below the normal—in other words, the pump supplying the voice reed was inadequate. The breathing capacity is always increased by encouraging the development of abdominal breathing, which is so well marked in good singers, but is discouraged by the writer of the article who observes that "singing relieves the stuttering " and calls it a " trick."

The expectation is simply the mouth and the time of the tune unconsciously give the singer an idea of the quantity of air required to phonate, and it is this idea that requires cultivation in order to relieve stutters of their impediment.

I am, Sirs, yours faithfully,

John Jackson,
Organising Secretary to the Mission to Lepers in India and the East.


THE TREATMENT OF RINGWORM.

To the Editors of The Lancet.

Sirs,—I have read with interest the various articles and letters which have appeared in The Lancet on ringworm and I have been struck with the ease with which some men can cure it with comparatively simple remedies. My experience unfortunately has been quite the reverse. In deep seated ringworm parasiticus and escharotis I have found of little or no practical utility. It would take up too much space to enumerate all the drugs I have tried for months without success. About a year ago, however, an article by Dr. H. G. Adamson appeared in The Lancet on the Treatment of Ringworm of the Scalp by Means of the X Rays, and I asked Mr. Blackburn of Messrs. Mottershead and Co. to carry it out according to the directions on several occasions without success. The existing article is a confirmation of the experiments, as I have in the last six weeks, successfully cured a boy of moderate degree of ringworm parasiticus and escharotis, by an exposure of from 20 to 24 minutes for a single sitting for each patch. Some of the children had it applied three or four times for different patches at intervals of several days. Their heads were then anointed with a weak ammoniated mercury ointment. In three weeks the hair came out, leaving their heads were then anointed with a weak ammoniated mercury ointment. In three weeks the hair came out, leaving

Dr. Lancereaux's communication to the Academy of Medicine.

The Lancet, June 24th, 1905, p. 1175.
THE AFTER EFFECT OF ETHYL CHLORIDE ANESTHESIA.

To the Editors of THE LANCET.

Sirs,—I have followed with interest the reports on ethyl chloride as an anaesthetic, especially in dental work. I have used it for that purpose in a large number of cases and find it a good anaesthetic, as there is a period of analgesia after the patient is conscious. As yet I have had no fatal cases but have noticed bad after-effects. I always fill the bag with nitrous oxide and then gradually drop into the bag a side tube three cubic centimetres of ethyl chloride (for an adult). Dr. A. B. Kingsford in his reports says that he has noticed two forms of rigidity, but according to his experience these come on during the anaesthesia. In all my cases the rigidity was only noticed after the dental operation was past. The local spasm I found most frequently in the fingers; the patient complained of great pain and it took considerable force to relax the same. This form of rigidity occurred very frequently.

To the second form of rigidity the patient took the anaesthesia all right and after the teeth were out he suddenly took what to me looked exceedingly like an epileptic fit. Then he became quite rigid in the opisthotonos position along the dental chair. The pulse could hardly be felt, the breathing ceased for a few seconds, his head was retracted to the one side, the teeth were clenched, and the eyes staring and fixed with the pale grey ash colour of death. He suddenly became conscious and felt sick and vomited, but then became quite rigid again. His pulse was 39 but it gradually became e.

I am, Sirs, yours faithfully,
CLAUDRE ST. AUBYN-FARRER,
7, Westbourne Park-road, W., July 18th, 1906. President.

THE AFTER-EFFECT OF ETHYL CHLORIDE ANESTHESIA.

The general Medical Council: The direct representative for Scotland.

To the Editors of THE LANCET.

Sirs.—We have been instrumental in promoting a requisition to Dr. Norman Walker inviting him to be a candidate for the post of Direct Representative for Scotland on the General Medical Council. Dr. Walker received so large a measure of the first part of the deposit on the date occasion and has since continued to take so active and useful a part in the promotion of the improvement of medical education as well as in other matters of medical politics that we have every reason to believe that on this occasion his candidature will be successful.

The requisition has been largely signed by practitioners from all parts of Scotland and Dr. Walker has indicated his willingness to accept it. We shall be glad to hear from those who wish to join the general committee.

We are, Sirs, your faithfully,
G. A. GIBSON,
5, Drumchapel gardens, Edinburgh.
F. W. N. HAYDEN,
12, Charlotte-square, Edinburgh.
July 24th, 1906.

A NECESSARY REPUDIATION.

To the Editors of THE LANCET.

Sirs,—I have followed with interest the reports on ethyl chloride as an anaesthetic, especially in dental work. I have used it for that purpose in a large number of cases and find it a good anaesthetic, as there is a period of analgesia after the patient is conscious. As yet I have had no fatal cases but have noticed bad after-effects. I always fill the bag with nitrous oxide and then gradually drop into the bag a side tube three cubic centimetres of ethyl chloride (for an adult). Dr. A. B. Kingsford in his reports says that he has noticed two forms of rigidity, but according to his experience these come on during the anaesthesia. In all my cases the rigidity was only noticed after the dental operation was past. The local spasm I found most frequently in the fingers; the patient complained of great pain and it took considerable force to relax the same. This form of rigidity occurred very frequently.

To the second form of rigidity the patient took the anaesthesia all right and after the teeth were out he suddenly took what to me looked exceedingly like an epileptic fit. Then he became quite rigid in the opisthotonos position along the dental chair. The pulse could hardly be felt, the breathing ceased for a few seconds, his head was retracted to the one side, the teeth were clenched, and the eyes staring and fixed with the pale grey ash colour of death. He suddenly became conscious and felt sick and vomited, but then became quite rigid again. His pulse was 39 but it gradually became e.

I am, Sirs, yours faithfully,
ARTHUR W. WHEATLY, M.B.Durh.,
Consulting Surgeon, Western Ophthalmic Hospital.
Kensington, S.W., July 24th, 1906.

* * * We sympathise warmly with our correspondent, who has a right to feel intensely annoyed with the Free Lance.—Ed. L.

THE UNIVERSITIES AND THE FUTURE OF DENTISTRY.

To the Editors of THE LANCET.

Sirs,—The progress and development of the profession of dentistry must always be matters of interest to medical men. Whether in the future the two professions will tend to be differentiated more clearly or to become amalgamated completely the aims and objects of the practitioners of medicine and dental surgery are so analogous that any movement on one side will naturally be watched sympathetically. Conclusively I may say that the establishment of dentistry as a special department of medicine on lines analogous to the