Correspondence

A HYPOTHESIS BEARING ON DISEASE THERAPY

To the Editor:—I desire to advance a hypothesis as a serviceable conception of disease processes.

Certain organisms or the toxins elaborated by them or poisons otherwise produced initiate specific processes in certain structures. These processes, if unchecked, run a definite course, and tend to produce characteristic symptoms. In many individuals so afflicted there comes a time in which the injured structures are sensitized not only to the specific proteins elaborated by the causal organisms, but also to allied proteins elaborated by other organisms, and perhaps to allied bodies chemically produced. In such instances the structural change already initiated tends to run as it would if the controlled original cause were still acting.

Thus a tabetic, as a result of vigorous antisyphilitic treatment, may become symptomless, and his cerebrospinal fluid may be brought to normal; but if he should suffer from an infection, as acute appendicitis, the patient's chief and practically only complaint may be acute lightning leg pains. Or, on the other hand, vigorous antisyphilitic treatment may afford a tabetic little relief from such pains, while the removal of a focus of infection may lead quickly to their disappearance.

Or a patient with latent tuberculosis may complain of periarthritic pains due to a fibrositis, the result of infected tonsils. The removal of the tonsils may give speedy relief; but if the latent tuberculosis becomes active, the pains are likely to recur, to be again relieved by the abating or removal of the tuberculous focus.

Many similar instances might be enumerated, each one capable perhaps of other interpretation, but pointing in their summation to the hypothesis suggested.

The moral to be drawn is that a patient with a syphilitic or other infection should not only be treated for that particular infection, but also be rendered as free as possible of other foci, though they apparently have no bearing on his immediate symptoms; and in patients who do not get relief by the treatment of the initiating cause, we must consider the probability of secondary sensitization.

CHARLES MINER COOPER, M.D., San Francisco.

"THE RANGE OF THE GENERAL PRACTITIONER IN PSYCHIATRIC DIAGNOSIS"

To the Editor:—I have just been reading the little gem by Dr. O. I. Hess (THE JOURNAL, NOV. 15, 1919, p. 1544), and thought that possibly I could inform him regarding the meaning of "somatopsychic." The term is such a common one and has so long been firmly embedded in psychiatric language that I had supposed every medical student would have heard it at least once. Certainly, no man can read a psychiatric textbook published in this country in the last fifteen or twenty years and not find the term.

It was originally proposed by Wernicke, whose contributions did so much to clear up the confusion that existed in certain fields in psychiatry. Wernicke divided delusions into three types: allopsychic, autopsychic and somatopsychic. White's "Outline of Psychiatry" or any other standard book will give a good discussion of these terms. In fact, the terms themselves are so simply compounded that I am surprised to find that one who revels in the words "esoteric" and "pedantic" should have any difficulty in arriving at the correct meaning.

As for his discussion of the term "disoriented" versus "confused," I have only this to say, that if the questioner can define "confused" he will do more than any psychiatric writer I know, including Kraepelin; whereas, "disorientation" is a word which can be precisely defined and used by people in all parts of the world with exactly the same meaning.

It is regrettable, of course, that the doctor should have found his "ideation" and "orientation" somewhat befogged

by the use of these terms, but I am sure that we all find occasional words which we do not understand in the writings of specialists in other fields than our own. Of course, the question of terminology is an extremely important one. New words have as their greatest value that they can be precisely defined to convey a certain idea, whereas old words that have been in use for a long time have changed greatly in meaning from time to time, and very frequently no two persons can be found to agree on what is meant by a given term. The trouble is that the average man regards all efforts to improve terminology as pedantic, and dismisses the whole problem with no further effort to understand.

It is, accordingly, a good sign when one is interested enough to attempt to find out what a given word means. Let us hope there will be many more such inquiries.

LAWSON G. LOWREY, M.D., Boston.
Chief Medical Officer, Boston State Hospital,
Psychopathic Department.

THE USE OF ACRIFLAVINE

To the Editor:—Under the section devoted to N. N. R. (THE JOURNAL, NOV. 8, 1919, p. 1443), the action and uses of acriflavine are noted, with the fact that its clinical use has occasioned numerous and exceedingly conflicting published reports. My experience is that the preparation has no special virtue, compared to the usual nontoxic antiseptics, when employed in the cited indications. Acriflavine's chief value is its remarkable power to stimulate epithelial growth on healthy granulating surfaces. In cases in which Thiersch's method of skin grafting is indicated, as after amputation of the breast, I follow and recommend the practice of Mr. A. J. Couzens of London—wet eusol dressings for from twenty-four to thirty-six hours, then changing to wet acriflavine dressings, 1:1,000. Healing occurs with great rapidity.

MAXWELL QUACKENBOS, M.D., New York.

EXPANSION OF THE WORK OF THE RED CROSS

To the Editor:—I have just finished reading Dr. Farrand's pamphlet on health centers as peace time activities for the great Red Cross organization. As near as I can judge, most of this work will be planned by laymen, and I can see in it, what every medical man will see on reflection, the possibility of sentimentality overriding common sense.

If this health work is to do any real good, it must be steered by wise counsel of the best men in the profession; and in my judgment it is of such importance that the problems should be handled by a special committee of the American Medical Association. It is possible that something of the sort has been planned.

Enthusiasts in health and welfare work find it easy to strike a popular chord and arouse enthusiasm in the lay mind over their theories, some of which would not stand analysis; and the thought occurred to me that one way our Association might help retain sanity in this field is to see that the medical profession, through well chosen speakers, has its views presented in the same way as those who bring out all this new propaganda.

Somebody in every community will have to sit on the lid.

W. S. CHASE, M.D., Akron, Ohio.

"THE RELATIONSHIP BETWEEN HERPES ZOSTER, SYPHILIS AND CHICKENPOX"

To the Editor:—I have read your editorial on the relationship between herpes zoster, syphilis and chickenpox. The segmental distribution and spinal findings indicate that it may have a central causative factor, as distinguished from peripheral nerve irritations. Some time ago I had a case of gallstone disease in which occurred a marked herpetic eruption over the abdomen in the region of the gallbladder. At this time the patient was suffering from repeated attacks of colic with marked jaundice, evidently due to common duct