Correspondence

An Anaphylactic or a "Sensitin"

To the Editor:—In attempting to describe a patient who was subject to attacks resembling serum sickness after eating certain food, I said that she was sensitive to certain toxic food substances, and had been sensitized. It occurred to me that a term might be coined to describe a patient who was subject to the anaphylactic manifestations such as asthma, urticaria, tachycardia and dyspnea, just as we describe a child with a thyrosis as a *cretin*, one mentally defective as an *idiot*. To say that a patient was anaphylactic might in a loose way describe his condition or tendencies toward the exhibition of such a condition; but it does not completely fill the bill. A term like a "sensitin" might be conveniently employed to describe such a one who has been sensitized and is accordingly prone to exhibit the phenomena of anaphylaxis.

ROBERT L. PITFIELD, M.D., Philadelphia.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

KERATODERMA OF THE EXTREMITIES

To the Editor:—Kindly inform me what one could use to soften dry, hard hands. The man is a stone worker handling paving blocks—perhaps seven or eight hundred per day. So far as I can learn the trouble is due to his occupation, though he says his hands never perspire and the latter trouble probably is not due to his occupation. He gives no history of venereal disease or any previous diseases and is a perfectly healthy man.

J. F. R., M.D.

ANSWER.—Although this history and description are too meager to permit a diagnosis, it is possible that the man is suffering from hereditary keratoderma of the extremities. This is, however, sometimes an acquired condition from unknown causes, and occasionally from the use of arsenic. The absence of sweat on the palms especially suggests the hereditary condition. The hereditary cases are essentially a form of ichthyosis—a congenital hyperkeratosis confined to the palms and soles, or less frequently to one or the other. There is no satisfactory treatment for it. It may be improved by the use of Roentgen rays. The best palliative treatment is the use of an ointment containing from one-half to 1 dram of salicylic acid in 1 ounce of petrolatum or rose ointment, or equal parts of petrolatum and diachylon ointment. The mixture of petrolatum and diachylon ointment is the best base if one can get a well made smooth diachylon ointment. The palms should be greased with this several times in the twenty-four hours, and thoroughly greased at bedtime, and gloves worn. It should not be used to the point where it produces an irritation of the hands.

REMOVAL OF STAIN ON CORNEA—TREATMENT OF INTRA-OCULAR HEMORRHAGE

To the Editor:—1. What will remove the stain on the cornea produced by cauterization with a silver nitrate stick after anesthetizing with cocaine hydrochlorid?

2. What is the treatment of intra-ocular hemorrhage following a cataract operation?

S. Y. ORESA, M.D., Jolo, Sulu, P. I.

ANSWER.—1. It has been asserted that stains of the cornea from weak solutions of silver nitrate have been removed by bathing the eye in a solution of sodium thiosulphate (hypo-sulphite) after first cocainizing the eye to soften the epithelium, and then gently scratching the surface of the cornea. Cauterization of the cornea, however, with a stick of silver nitrate would probably extend beyond the epithelial layer and involve the corneal tissue proper, in which case a permanent scar would result. In order to reduce the density of such an opacity, various methods of treatment are employed, such as massaging the cornea with 1 per cent. yellow mercuric oxid ointment, or with so-called "brown ointment." Instillations into the conjunctival sac of a 1 per cent. solution of atropin and from 5 to 10 per cent. solution

of ethyl-morphin hydrochlorid (dionin), together with hot applications to the eye, are followed by good results in some cases. It is reported that this method of treatment combined with the administration of thiosinamin, either hypodermically or by mouth, has been followed by brilliant results in certain cases. Recent improvements in the technic of corneal transplantation have made this a useful surgical procedure in some of these conditions.

2. Hemorrhage into the anterior chamber following cataract extraction is usually caused by making too large a conjunctival flap, the blood coming from the severed scleroconjunctival vessels. It may be due also to prolonged and excessive cocaineization and the too early use of suprarenal preparations. In attempting to remove the blood it is better not to manipulate the lips of the wound too much, but to flood the eye with warm boric solution and coax the blood out of the eye with dabs of cotton and by means of the anterior chamber syringe. A small quantity of blood remaining in the anterior chamber soon becomes absorbed and does little harm except temporarily to obscure the intra-ocular field of operation. If, however, it becomes organized and forms one variety of after-cataract, the use of atropin is indicated to prevent posterior synechias, and ethyl-morphin hydrochlorid to promote absorption of the deposit.

LOW BLOOD PRESSURE

To the Editor:—Please give interpretation of the following low blood pressure:

A man, aged 39, height 6 feet, weight 190 pounds, has good general health except for headache, from slight to severe, which appears about every ten days. He has had these headaches ever since 10 years of age. Two grains of calomel at bedtime will clear the head by morning.

The urine is normal; he has no syphilis; he has never used alcoholic liquors, tea, coffee or tobacco.

The systolic blood pressure is 115, diastolic, 75. The patient has had low blood pressure for at least six years.

Please give diagnosis, prognosis and treatment if any is indicated.

If you print this please leave out my name and address.

E. H. B., M.D.

ANSWER.—Taking into consideration all the facts mentioned, and assuming that no other important facts have been omitted, the patient here described is probably entirely normal with the exception of periodic headache, or migraine. The systolic blood pressure, while a trifle lower than the average, is within the range of pressure seen in normal persons. The relation of systolic (115) and diastolic (75) pressure (pressure pulse 40) is also normal. The statement that for the past six years during a period of presumably good health the blood pressure has been low is important because it indicates that the present low blood pressure does not follow a previous higher pressure, in which case the recent low pressure might indicate beginning myocardial failure. In advancing myocardial weakness, the pressure pulse would also be relatively lower than in the case here described.

Other common causes of low blood pressure, such as asthenia from wasting diseases, malignancy and Addison's disease, are excluded by the statement that the patient is in otherwise good health, and that the pressure is known to have been low for at least six years.

INDICAN IN THE BLOOD

To the Editor:—Please tell me where I can find information as to indican in the blood and methods of testing for same. Kindly omit my name.

M. H. B., M.D.

ANSWER.—The following are references to literature on this subject:

Haas, G.: Ueber Indikanämie, München. med. Wchnschr., 1915, lxii, 1043; abstr., THE JOURNAL, Sept. 18, 1915, p. 1064.

Dorner, G.: Diagnose der Urämie durch Indikanbestimmung im Blutserum, transudaten und Exsudaten, Deutsch. Arch. f. klin. Med., 1914, cxiii, 342; abstr., THE JOURNAL, April 4, 1914, p. 1128.

Tschertkoff, J.: Indikanämie und Urämie (Azotämie), Deutsch. med. Wchnschr., 1914, xl, 1713; abstr., THE JOURNAL, Oct. 17, 1914, p. 1430.

Dorner precipitates from 10 to 20 c.c. of blood with five times its bulk of 95 per cent. alcohol, and then filters and evaporates the alcohol. The residue is taken up in water and precipitated with 2 or 3 drops of lead acetate, and then filled up to 10 c.c., and an equal amount of Obermayer's reagent (a solution of 2 gm. ferric chlorid in 1 liter of strong hydrochloric acid) is added. The whole is then shaken out in the water bath with 1 c.c. of chloroform. Chloroform takes on a blue tint when the reaction is positive.

Tschertkoff removes the albumin from the serum by mixing with an equal bulk of a 20 per cent. solution of trichloroacetic