Correspondence.

"Audi alteram partem."

FEMALE HÆMOPHILIACS AND DE NOVO CASES OF HÆMOPHILIA.

To the Editor of THE LANCET.

SIR,—The new iatro-mathematical school comes as a wild nor'-easter to brace us into better mental health and habits. It was really delightful to hear Dr. Bulloch belabour the physicians at the Medical Society, and that I had myself to kiss the chastening rod added not a little to the enjoyment of the evening.

I would like to say a word or two on the question of female hæmophiliacs and the *de novo* cases. Dr. Bulloch thinks it extremely unlikely that any of the female cases are genuine. It is very difficult not to accept the following: A girl, aged 19, was admitted Nov. 16th, 1897, with epistaxis and purpura. The patient is one of three children, of whom one boy, aged 12, has always bled excessively when cut, has bled from the nose at intervals, and three weeks ago had purpura. The father had frequent epistaxis as a boy, and is now living and well; the mother is healthy and there are no bleeders known in her family. One of the father's brothers had frequent epistaxis; of his children, a son, aged 20, has had profuse epistaxis, and a few weeks ago he bled for two hours. Of course, such a history would not be regarded by Dr. Bulloch as very conclusive, and yet it shows a marked tendency to hæmorrhage. The girl herself has always bled freely when cut, when the teeth were drawn, or even when the gums were rubbed hard. A year ago she had soreness and swelling of both the shoulder-joints. She has had no menstrual irregularities. On Oct. 3rd she began to have epistaxis, which has continued at intervals ever since; at the same time she had bleeding from the gums. Hæmorrhages into the skin were noted about Nov. 1st. Her blood coagulation-time ranged from 10 to 15 minutes. In spite of all known methods of treatment the bleeding recurred at intervals, and successive crops of cutaneous hæmorrhage, and she died on Nov. 30th.

Was this a true hæmophiliac, or only an aggravated case of purpura hæmorrhagica in a family with marked tendency to epistaxis? The latter would no doubt be Dr. Bulloch's view. One has to recognise that purpura in severe forms may occur in several members of a family. I have notes of a case seen with Dr. F. H. Smith, a woman aged 63, whose mother died from purpura, and the patient's twin sister died from the same disease; there had been no other cases in the family.

There is a chronic purpura which must not be mistaken for hæmophilia. Miss E., aged 46, seen with Dr. Mary Sherwood, began to have epistaxis at her eleventh year. Every few months for the next five years she had severe attacks, almost always accompanied with crops of purpura. When about 26 years old the attacks of epistaxis ceased and she has only had two short attacks in the last 20 years. She does not think that for years she has ever been entirely free from spots of purpura, chiefly small scattered petechiæ. She bruises easily, and the slightest abrasion is followed by hæmorrhage, but she has never bled from the gums. I saw her in a severe attack of epistaxis, and the following day she had an enormous extravasation of blood involving the greater part of the skin of the front and outer side of the right arm.

As to the *de novo* origin, I mentioned in the discussion how important it is to look carefully into the family history, as the patients may deny knowledge of the peculiarity or they may not know the collateral history.

There is an Oxford bleeder, G. C., who has frequently been admitted to the infirmary, among whose ascendants it does not seem possible to trace any similar cases. He and his brother were bleeders from childhood—spontaneously, from slight cuts, and bruises. Both have been greatly troubled with the joint lesions. The brother died from tuberculosis at 26. The patient whom I saw the other day must be regarded as a bleeder. The tendency began about his second year; he has had frequent attacks of epistaxis, and on three occasions he nearly died from accidents—once when he "mashed" his finger in the door, the second occasion a cut on his right forefinger, and

the third he accidentally scratched the roof of his mouth. He has also had three attacks of severe abdominal pain with vomiting of blood and melæna. He has been greatly troubled with swellings of the joints, which have come on at the time of the hæmorrhages, and the skin about them has been blood-stained. He is only just recovering from an attack in the ankles. He has small hæmorrhages into the muscles which leave little nodular thickenings, one of which is just disappearing from the left biceps. Three months ago he had to have a tooth taken out, and he bled at intervals for 12 days. The patient's mother died from tuberculosis; none of his brothers were bleeders; the maternal grandmother and grandfather not known, but the patient's father, an intelligent man, has never heard of any bleeders either in his wife's family or in his own.

I am, Sir, yours faithfully,

April 25th, 1910.

WILLIAM OSLER.

A DANGEROUS DRY SHAMPOO.

To the Editor of THE LANCET.

SIR,—The danger of the dry shampoo with commercial carbon tetrachloride containing carbon bisulphide, thereby increasing its poisonous properties, has been so far established that any further fatal accident will result in a criminal prosecution. Before the inquiry into the above matter had been completed an immediate death in a hair-dressing establishment resulted from the ignition of an inflammable mixture of air and vapour of petrol purchased from a neighbouring garage. It might have been expected that even if the use of such dangerous materials had not been stopped by legislation the public would have been sufficiently warned. One reads with surprise the following passage in a modern society paper:—

The first thing to be done is to give it [the hair of a pretty girl] a dry shampoo; the best thing to use for this purpose being gasoline, which is not so very dangerous provided reasonable care is taken, which includes, of course, performing the operation in daylight. It is also a good plan to stop up the ears with cotton-wool, as some people are apt to find that it affects their hearing.

With regard to the above sentence, which has been copied exactly, it is desirable to point out that gasoline, properly so-called, sp. gr. at 15° C. = 0.66, cannot be purchased by the public, as its use for any general purpose has been strictly prohibited owing to its giving off an inflammable vapour even below ordinary room temperature, say 15° C., or 60° F. It must therefore be supposed that some other kind of petrol must be meant, which may be sold under a copied name; but there does not appear to be any guarantee that the flash-point of the article so supplied has been determined, nor that "reasonable care" would be taken even in daylight. A lighted match or even a cigarette end might, and probably would, produce a conflagration.

It is further presumed that the word "it" (the italics are those of the present writer) must refer to the gasoline and not to the cotton wool. If so, then the admission that the vapour of the gasoline affects the auditory apparatus, probably the membrana tympani, appears a sufficient condemnation; it would clearly require a very tightly-fitting plug of cotton wool to exclude all vapour. It may be pointed out that for cleansing hair, long or short, the old text ἀπὸ τῶν μὲν ὕδατος—"Water is the best"—still remains uncontroverted.

I am, Sir, yours faithfully,

April 25th, 1910.

V. H. VELEY, F.R.S., D.Sc.

THE MIDWIVES BILL AND POOR-LAW RELIEF.

To the Editor of THE LANCET.

SIR,—A somewhat interesting discussion is being published in your columns on this subject. It might prove of interest to your readers and instructive to Mrs. Sidney Webb if I give two personal experiences of calls attended in the last year. Early in 1909 the Newbury board of guardians (owing to the difficulty found in getting practitioners to attend cases when summoned by a Central Midwives Board call) issued a notice to all legally qualified persons that the Board would pay in cases where such calls had been issued fees in accordance with the Poor-law scale. In August last, at 12 midnight, I received a C.M.B. call to Weston (six and a half miles), one of the villages under the control of the Newbury board.