Correspondence.

"Audi alteram partem."

THE DIFFERENTIATION OF HEART MURMURS IN SOLDIERS.

To the Editor of THE LANCET.

SIR,—Perhaps I may be permitted to make a few comments upon the letters that have appeared upon the subject of my letter in your issue of Nov. 4th, 1916. In the first place, may I remind your correspondents that the object of my communication was to call attention to a simple method by the practice of which I ventured to hope a common mistake might be avoided—I mean the mistake of confusing functional derangement of the heart with organic valvular disease—by means of the pressure test described.

I was pleased to have Dr. Leslie Thorne Thorne's corroboration and experience, and I may truthfully say that the more I have seen of these cases in returned soldiers the more convinced have I become of the value of the test. I must, however, insist upon the necessity for firm pressure, by which the ribs are pressed in by the fingers holding the bell-piece of the stethoscope, and their vibrations thus controlled as far as possible; for, unless this be done, some part of the functional bruit may persist and the observer be led into error.

In reply to Dr. A. Kinsey-Morgan, who questions the frequency of murmur in the cases under discussion, I must repeat that in my experience, derived from the control of medical wards containing upwards of 100 beds, they have been very frequent, though mutable and inconstant; in some, present alone in the recumbent position and altogether inaudible when standing, whilst in others the reverse order holds. In some the murmur is only audible when the patient is lying on his left side; in others, again, it ceases when he draws a long breath, and returns at the end of expiration. It is strange that Dr. A. Kinsey-Morgan should suggest that the bruit to which I referred was the so-called cardio-pulmonary murmur, a well-known type of functional murmur, for, as it happens, the cardio-respiratory bruit, as I have been accustomed to interpret the phenomenon, is, so far as I have been able to discover, the only functional murmur that has consistently withstood the effects of pressure.

I am indebted to Dr. Theodore Fisher for his remarks upon the causation of functional bruits, which greatly interested me; but I trust he will forgive me if I confine myself at present to their behaviour in response to the pressure test and its diagnostic value. I would say, however, that I do not think that the murmurs we render inaudible by pressure are caused by valvular leakage; in other words, I have not been able to regard them as endocardial. That they are the result of some functional disturbance in the cardiac muscle contractions producing vibrations communicated to the chest-wall is more than likely, and for this bruit I ventured to suggest in a paper published in THE LANCET in 1895 the name of neuro-typtic, compounded of neuron and tupto. But it is obvious that this explanation will not cover the entire ground, though I would still regard them as exocardial—as opposed to valvular—murmurs. I may mention that the murmurs of dilatation are not rendered inaudible by pressure, nor are the bruits associated with and ascribed to anæmia (pulmonary systolic). But, on the other hand, systolic murmurs generated at the aortic orifice and conducted to the apex, and often mistaken for evidence of mitral regurgitation, may be arrested by pressure.

I am, Sir, yours faithfully,

Newcastle-on-Tyne, Feb. 3rd, 1917.

DAVID DRUMMOND.

THE PHENOMENA OF ANAPHYLAXIS.

To the Editor of THE LANCET.

SIR,—I fear that I have already trespassed too much on your valuable space, but there is one comment that I should like to make on Captain S. Wyard's letter in your issue of to-day's date. If I understand him correctly, he suggests that the first case I reported, in which the patient received injections of antistreptococcal serum and a streptococcal vaccine, is not a true case of serum anaphylaxis, but is the result of

injecting anaphylatoxin produced by the action of the antistreptococcal serum on the streptococci. It seems to me impossible to accept such an explanation on the following grounds. In the classical experiments of Friedemann, Friedberger, and others on the *in vitro* production of anaphylatoxin, the methods adopted involved the action of considerable amounts of active complement on sensitised protein or bacteria. The various brands of antisera on the market, which have always been stored for some time before use, are in most cases almost destitute of active complement, or contain the merest trace. Again, the production in the test-tube of anaphylatoxin involves either prolonged action on ice or at room temperature or a moderate incubation time at 37° C. As I stated in my letter, the vaccine and antiserum were in this case mixed in the syringe immediately before use and therefore were only in momentary contact at room temperature before inoculation. It is, of course, theoretically possible that the antiserum might sensitise the bacteria so that they were subsequently acted upon by the patient's own complement. This explanation is, I think, completely ruled out by the results of the extensive use of sensitised vaccines, which are, by common consent, less toxic than the non-sensitised variety. There seems to be no reasonable doubt that the anaphylactic symptoms must be attributed in this as in the other cases to the action of the serum.

I was greatly interested by Captain Wyard's statement that the cases in which he had himself observed anaphylactic symptoms were those which had received a series of doses at short intervals. Since my last letter appeared Professor Leyton has very kindly called my attention to a series of observations published by him in the *Journal of Hygiene* in 1908, which bear a striking resemblance to those I reported. It seems to me that it would be of great value if those who are working with antisera would publish any results of the kind which they may have obtained, since at the present time it is most desirable that the risk involved should be accurately estimated.—I am, Sir, yours faithfully,

W. W. C. TOPLEY.

Bacteriological Department, Charing Cross Hospital,
Feb. 10th, 1917.

THE "TOXIC" EFFECTS OF METHYLENE-BLUE.

To the Editor of THE LANCET.

SIR,—It is generally admitted that the administration of methylene-blue has been followed by the most satisfactory results in the treatment of malaria and many other affections. In your issue of Dec. 23rd last appeared a note by Mr. Clifford Dobell and Dr. G. C. Low on the Treatment of Lambliæ Infections, in which it is stated that treatment by methylene-blue had to be discontinued owing to the "toxic" effects produced. In case any who might wish to employ this valuable remedy should be deterred from doing so by consideration of this finding, I desire to place before your readers the results of my experience in the use of methylene-blue.

Many years ago¹ in conjunction with Mr. F. W. Gee, I.M.S., I conducted a series of experiments, not only on natives of India but on British officers and others, with a view to ascertain the value of methylene-blue in the treatment and prophylaxis of malaria. Chloride of zinc is employed in the preparation of this drug, and the slightest trace of this or other impurity remaining in the finished product is apt to set up severe vesical and rectal irritation; the supply obtainable at that time in India was evidently impure, as we had many cases of retention of urine and severe tenesmus. During recent years I have, at home, employed methylene-blue in the treatment of many cases of various kinds without any complaints from the patients.

After reading Mr. Dobell's and Dr. Low's communication, with a view of testing the conclusions I placed a patient showing a heavy "lambliæ" infection on 9 grains per diem of methylene-blue (3 grains with 1 grain extract. hyoscyami in the form of pill three times a day); in all 72 grains were given. The patient did not manifest the slightest discomfort, the general condition improved with increase of body weight, and regular

¹ On the Use of Methylene-blue in Malarial Fevers, *Indian Medical Gazette*, xxviii., 1893.

examination of the stools showed a steady decrease in the number of cysts and free living forms. At present, only a very few cysts can be detected after prolonged search. One is forced to the conclusion that either in the case reported by Mr. Dobell and Dr. Low a pure sample of methylene-blue was not obtained or that the patient was peculiarly intolerant of the remedy.

To anyone who wishes to obtain pure methylene-blue I shall be glad to furnish the name of a drug-house, in Edinburgh, where a supply may be obtained which is "above suspicion."

I am, Sir, yours faithfully,
University of Edinburgh, Feb. 5th, 1917. D. G. MARSHALL.

THE ASSOCIATION OF ATROPHY OF THE TESTICLE AND INGUINAL HERNIA.

To the Editor of THE LANCET.

SIR,—Two patients arrived from France recently with inguinal hernia and atrophy of the testicle on the same side as the hernia. The wasted testes were half as small as those of the opposite ones, and neither of the patients was conscious of this condition. Both of the atrophied testes were well descended in the scrotum. The rarity of this state points rather to a coincidental than a developmental condition. It has an important bearing to the surgeon, who may receive the credit of producing the abnormality, as after the operation the testes will still remain atrophied. I have pointed out the condition to each patient and have asked them to sign a statement that the testicle on the side of the hernia is much smaller than the other testicle. This will not prevent the unscrupulous or the ignorant passing an adverse criticism to suit their own purposes, but it will safeguard the surgeon in case of litigation.—I am, Sir, yours faithfully,

JOSEPH E. G. CALVERLEY, C.M.G., B.S. Lond.
Folkestone, Feb. 8th, 1917.

PNEUMATIC TOURNIQUETS.

To the Editor of THE LANCET.

SIR,—The use of the sphygmomanometer armlet as an agent for obstructing the venous return when either venesection or intravenous medication is to be practised has probably occurred to many physicians. Dr. Hildred Carlill's letter in your issue of Feb. 10th confirms generally what has previously been written on the subject. Dr. J. Alfred Codd drew attention to the method in the *British Medical Journal* of Dec. 11th, 1915, and in the same journal on Jan. 29th, 1916, I ventured to add one or two practical points based on my own experience. One of these I should like to repeat, as I have seen the neglect of it lead to trouble. It is that the armlet prior to inflation should not grip the arm too closely—that, in other words, the constricting force should be provided solely by the air driven into the air-bag and not by the armlet band. Unless this is remembered the deflation of the air-bag at the moment the operation is completed will not entirely remove the obstructing pressure from the vein, and one of the consequences of this may be an unnecessary hæmatoma at the site of puncture. In short, the firm application of the armlet practised in taking the "blood pressure" ought to be avoided when the armlet is used to obstruct the venous return as a necessary preliminary either to venesection or to intravenous medication.

I am, Sir, yours faithfully,
Harley-street, W., Feb. 12th, 1917. C. O. HAWTHORNE.

THE FIRST SCHOOL FOR MOTHERS.

To the Editor of THE LANCET.

SIR,—The article on child welfare work in THE LANCET of Jan. 27th mentions the year 1899 and refers to the foundation of the first school for mothers in the borough of St. Pancras "eight years later." An opportunity was given me to come up from Winchester, where I was then medical officer of health, to attend the opening meeting, which, if my memory serves, took place in the late spring of 1907.

From the annual report for 1906 on the health of the City of Winchester it appears that in November of that year—

.....arrangements were made for the notification of births by midwives within 14 days, the fee offered being 2d. for each birth, or 3d. if the notification also stated the weight of the child at birth. Midwives were supplied with copies of two pamphlets, one entitled "Advice to Mothers," the other

"How to bring up a Baby on the Bottle." Each pamphlet pointed out the advantages of periodical weighing and contained an invitation to mothers to bring their babies once a fortnight to be weighed on the corporation weighing machine. Tea is provided for the mothers gratis.

The mothers attending were advised by the medical officer of health, and the first client was secured some time in the last half of the month of November, 1906. The annual report dated April 16th, 1907, states that eight mothers were attending regularly, presumably on some earlier date when the manuscript of this section of the report was sent to the printer.

If you can find space for the publication of this letter it will serve to give to the corporation of the City of Winchester the credit which is their due of founding the first school for mothers in this country.

I am, Sir, yours faithfully,

J. E. SANDILANDS,
Medical Officer of Health, Royal Borough
of Kensington.

Feb. 5th, 1917.

STOCK MIXTURES AND PANEL PRACTICE.

To the Editor of THE LANCET.

SIR,—The annotation on Stock Mixtures in your issue of Feb. 10th might have laid more emphasis on two points in the circular.

1. The avoidance of deterioration is secured by the selection of the drugs and not by the addition of any form of preservative other than emulsion of chloroform, which appears to be employed more as a flavouring agent than on account of any special property, medicinal or otherwise.

2. Although the universal adoption of this list of stock mixtures will materially lighten the labours of pharmacists engaged in panel practice, it is to be feared that, so far as the medical profession is concerned, while similarly reducing much routine, it must tend to diminish scientific progress and to limit the work of panel practitioners to the treatment of the most prominent symptom.

I am, Sir, yours faithfully,

Feb. 10th, 1917.

SOLLICITUS.

Medical News.

ROYAL COLLEGES OF PHYSICIANS OF LONDON AND SURGEONS OF ENGLAND.—At a meeting of Comitia of the Royal College of Physicians on Jan. 25th and of the Council of the Royal College of Surgeons on Feb. 8th diplomas of L.R.C.P. and M.R.C.S. were respectively conferred upon 83 candidates (including five ladies) who have passed the Final Examination of the Conjoint Board in Medicine, Surgery, and Midwifery, and have complied with the by-laws of each College. The following are the names and medical schools of the successful candidates:—

Jugal Kishor Adhya, Calcutta Medical College and Middlesex Hospital; Adolfo Arias, St. Bartholomew's Hospital; Cedric Whitfield Armstrong, London Hospital; Eric Miles Atkinson, St. Bartholomew's Hospital; Henry Hamilton Bailey, Durham University and London Hospital; Kenneth Norman Grierson Bailey, St. Bartholomew's Hospital; Edwin Jennings Ball, Bristol University; Douglas John Batterham, Cambridge University and St. Bartholomew's Hospital; Leslie Graham Blackmore, Middlesex Hospital; Charles James Longworth Blair, St. Bartholomew's Hospital; Harold John Blampied, St. Thomas's Hospital; Charles Sidney Bluemel, Colorado University and University College Hospital; Duncan Campbell Bluett, Cambridge University and St. Thomas's Hospital; William Hallock Braddock, Columbia University; Hilda Kathleen Brade, Manchester University; John Burke, Glasgow University and London Hospital; Patrick Alfred Buxton, Cambridge University and St. George's Hospital; Charles Herbert Carroll, London Hospital; Duncan Gillard Churcher, St. Thomas's Hospital; Alan Andreas Cockayne, Cambridge University and St. Thomas's Hospital; Cyril John Chesterfield Cooke, University College Hospital; Gunaratnam Franklin Cooke, Ceylon Medical College and St. Bartholomew's Hospital; Jean Cretin, St. Bartholomew's Hospital; Ahmed Tayel Dabbous, Westminster and Guy's Hospitals; Albert Victor Spurgeon Davies, St. Mary's Hospital; George Vincent Davies, St. Mary's Hospital; Mahmoud Abu Bakr Demerdash, Cairo and University College Hospital; Harold Aylmer De Morgan, Middlesex Hospital; Alan Roy Dingley, St. Bartholomew's Hospital; John Reginald Keith Fenning, London Hospital; Langdon Percival Lorimer Firman-Edwards, Cambridge University and St. Bartholomew's Hospital; Arthur Alfred Fitch, Liverpool University and St. Bartholomew's Hospital; Frederick Christopher Ashley Frith, Bristol University; William Vincent Gabe, Middlesex Hospital; Aziz Girgis, London Hospital; Lionel Bernard Goldschmidt, King's College Hospital; Harry Goudge Grant,* Dalhousie University and University College Hospital; John Richard Harris, Cambridge University and St. Thomas's Hospital; Geoffrey Arthur Harrison, Cambridge