

Correspondence.

"Audi alteram partem."

"HETERÆSTHESIA."

To the Editor of THE LANCET.

SIR,—In connexion with Major D. W. Carmalt Jones's paper, "Sensory Changes in the Diagnosis of Trench Fever," which appeared in THE LANCET of Oct. 5th, we think that our own observations on a somewhat similar phenomenon may be of interest. We originally found that in a case of Brown-Séquard paralysis the phenomenon of allocheiria occurred at segmental boundaries when one electrode of the faradic battery was drawn across the skin upon the side of the body which exhibited sensory changes. In this manner we were able to map the segmental areas upon the whole of the left side of the body from the level of the second thoracic segment downwards, but were unable to find any corresponding phenomenon upon the right side of the body. This latter fact and the precautions which we took negated the possibility of "suggestion." Having found this phenomenon accidentally, we proceeded to look for similar phenomena in other conditions. We found that when the unipolar faradic electrode is drawn over the skin (a pin may be used with less satisfactory results) in certain neurological conditions the patient responds either by a movement or by speech when cutaneous lines (which seem to be segmental or radicular) are passed across. His response indicates that the apparent sensory value of the stimulus (which varies in locus but not in strength) changes as the electrode passes across the line. The change may be in either direction—increase or decrease. The conditions in which we discovered this phenomenon are: concussion of the brain with fracture of the base of the skull; concussion of the spinal cord from the graze of a live shell; true shell concussion. In these states the phenomenon is transient—disappearing in a few days or weeks.

In many individuals it is extremely easy to obtain the phenomenon by "suggestion" even when it is thought that suitable precautions are being taken to prevent this. The drawing of a line upon the skin with a blue pencil in itself suggests to the patient where the next change should be felt, and we have found in our practice that it is advisable to mark points of change with dots, and to pass haphazard from one part of the body to another, finally joining the dots with lines for permanent record by photography. Where a line of change is being investigated it is essential to start the electrode at different distances from the expected line and to move it at an even rate over the skin. After using every precaution we are certain that the phenomenon as it occurs in such cases is a true one, and not due to "suggestion."

We would like to propose the term "heteræsthesia" for the phenomenon. As the lines of change do not, in our experience, mark a constant variation in sensibility (for at one time the line of change may be one at which the sensation is apparently intensified, while at another time, the electrode being drawn in the same direction across it, the change may be one of diminution) it has occurred to us that the phenomenon may be due to the disturbance of a higher mechanism which normally tends to adjust the excitabilities of the spinal segments, and, when disturbed, may allow those excitabilities to have greater than normal variation amongst themselves.

We have had the advantage of controlling our results in a large number of cases, many of whom have had malaria, and can say definitely that it is not necessarily present in men who have had malaria without concussion. But we have not examined cases of malaria during the fever or immediately after it. We have to a certain extent relied on this phenomenon of "heteræsthesia" in the diagnosis of shell concussion.

It would be interesting to know what Major Carmalt Jones's experience is with regard to the relation of the phenomenon to the period of fever and with regard to the duration of the phenomenon after the fever has ceased. We hope that a short paper which we wrote last year on this phenomenon as it occurs in neurological cases will shortly appear in another journal.

We are, Sir, yours faithfully,

Neurological Department, B.S.F.,
Nov. 1st, 1918.T. GRAHAM BROWN.
R. M. STEWART.

ANTIMONY IN BILHARZIOSIS.

To the Editor of THE LANCET.

SIR,—I have read Mr. J. E. R. McDonagh's note in THE LANCET of Sept. 14th. Nothing is new in medicine, and I dare say that tartar emetic (antimony tartrate) has been used many times for bilharzia, especially in days gone by before tartar emetic fell into disrepute. I have not seen Mr. McDonagh's book.

In May, 1917, after making a trial of antimony tartrate by intravenous injection for leishmaniasis (kala-azar, espundia, tropical sore, all of which are found in the Sudan), and finding it, as other workers had found before, a specific, I began to try it for the *Schistosomum hæmatobium* (Bilharz), and found it equally successful, and we have since used it as routine treatment and have still the treatment under trial at the Khartoum Civil Hospital. I hold the same opinion about it as I did at first—that it is a specific cure for bilharziosis. My work was original, and has been, independent of anyone else's work and quite spontaneous, and I had never read of, or heard of, or dreamt of any other worker having before tried antimony for bilharzia.

Although I had written my paper considerably before I despatched it to THE LANCET on June 2nd, it was published on Sept. 7th, 1918. I have now had one and a half years' experience of cases under the treatment, and think it will prove a great benefit to the people of Egypt. If they can get rid of the scourge of bilharziosis the Egyptians will become a clear-complexioned, rosy-faced race. One of the most striking features of the treatment is the change from the muddy, sallow face to a healthy, pink, clear complexion. I intend to publish more observations on the treatment shortly, but there is no hurry.

I may say that antimony tartrate for bilharziosis is under trial at the Egyptian Army Military Hospital, Khartoum, and I hope that Major Innes, R.A.M.C. (T.), who is interested in the treatment, and who is carrying it out with the caution and patience and with all the splendid critical qualities of the Scottish race which have made its scientific work so valuable, will have something favourable to put on paper soon.

I am, Sir, yours faithfully,

J. B. CHRISTOPHERSON, M.D.,

Director, Khartoum and Omdurman Civil Hospitals.
Khartoum, Sudan, Nov. 20th, 1918.

EPIDEMIC ENCEPHALO-MYELITIS AND INFLUENZA.

To the Editor of THE LANCET.

SIR,—It seems worth while, at the risk of being wearisome, to draw attention to the increasing volume of testimony that points to the essential unity of epidemic encephalo-myelitis (in the epidemiological sense at least) with epidemic influenza. In this connexion the recent paper by Dr. Smith Jelliffe,¹ and the remarks of Dr. Beates,² as well as the observations of Sir Thomas Horder³ concerning the present prevalence of poliomyelitis, are of very great importance. Professor Chartier⁴ has discussed, with delicate irony, the claims of "encephalitis lethargica" to be considered an autonomous affection, and hints, not obscurely, that it is really "*une variété symptomatique d'une infection générale telle que l'influenza*." In a paper read by me a week or two ago before the Section (of the Royal Society of Medicine) for the Study of the History of Medicine, I gave many historical records of epidemics of encephalitis, encephalo-myelitis, and poliomyelitis, definitely associated with epidemics of influenza. But though Brorström, in 1910, first showed the relation between poliomyelitis and influenza it is Dr. Hamer who, above all others, has insisted on the importance of recognising the epidemiological association between these various epidemic prevalences generally.

As Lombard, of Geneva,⁵ wrote many years ago:—

La grippe est souvent précédée par une constitution éminemment nerveuse, dont les caractères principaux sont de porter la trouble dans les fonctions du cerveau et des nerfs encéphaliques.

In 1837, too, the "apoplectic" forms of encephalitis on which Dr. Farquhar Buzzard has justly laid so much stress were observed by Réamier and others, while Gintrac, of Bordeaux, described in the clearest manner "epidemic stupor" in

¹ New York Medical Journal, 1918, ii., 757, 807. ² Ibid., 922.³ THE LANCET, 1918, ii., 874.⁴ La Presse Médicale, Dec. 23rd, 1918, 660, 661.⁵ Gaz. Méd., 1833, 729, and 1837, 214.

children; all this occurring, in Malcorps' words, amongst the "prodromes nerveux" of the epidemic influenza of that year.

Surely then, as Chartier says, if "encephalitis lethargica" is to take place as an autonomous affection, "il serait important de fixer nettement les limites et les caractères différentiels de cette maladie."

I am, Sir, yours faithfully,
Harley-street, W., Jan. 3rd, 1919. F. G. CROOKSHANK.

RESIDENTIAL TREATMENT FOR PREGNANT WOMEN SUFFERING FROM VENEREAL DISEASES.

To the Editor of THE LANCET.

SIR,—In an annotation on the Prevention of Syphilis among Infants in your issue of Dec. 28th last reference was made to work done by the London Hospital, Whitechapel, and the Thavies Inn Venereal Centre for Pregnant Women, and it was stated that the London Hospital Venereal Department and the Thavies Inn Venereal Centre provided the only residential treatment in the metropolis for pregnant women suffering from venereal disease.

We have been desired by the board of management of the London Lock Hospital to write saying that this is incorrect, as since May, 1918, the London Lock Hospital has had a large maternity department open and working at the Harrow-road institution. During the period from May to December, 1918, 68 married and unmarried pregnant women have been admitted and treated and 42 women delivered, of whom 20 were suffering from syphilis and 22 from gonorrhœa, and 43 babies have been born.

We are informed by Mr. Charles Gibbs, F.R.C.S., and Mr. Arthur Shillitoe, F.R.C.S., honorary surgeons at Harrow-road, that all our pregnant syphilitic patients have a full course of "606" before their confinements. The results are most gratifying, as a large proportion of these women give a negative blood test before confinement and are delivered of children with a negative reaction.

In conclusion we wish to state that intravenous injections of "606" have been given to expectant mothers and babies admitted to the Lock Hospital since February, 1916, and it must be noted that the figures given above only refer to the period May to December of last year.

We are, Sir, yours faithfully,

KINNAIRD,
Chairman of the Board,
J. F. W. DEACON,
Deputy Chairman of the Board,
J. ERNEST LANE,
Chairman of the Medical Committee.

London Lock Hospital and Rescue Home, Harrow-road,
London, W., Jan. 3rd, 1919.

* * We are glad to hear of 42 other women offered efficient treatment in their desperate extremity. But the need must be tenfold greater than the accommodation, and this was the main lesson we wished to draw.—ED. L.

ADVANCES IN THE TREATMENT OF FRACTURES.

To the Editor of THE LANCET.

SIR,—Several letters have appeared in the columns of THE LANCET under the above heading emphasising the great work carried out by Major M. Sinclair in his method of extension and immobilisation of fractures of the long bones. It may appear to be ungracious to offer any criticism when the results obtained are so good as far as the length and the alignment of the fractured bone are concerned, but in many cases treated by prolonged immobilisation by Major Sinclair's method there remains a considerable degree of limitation of movement in the joint below the fracture. In the case of the fractured femur this has been overcome by the method devised by Major Besley and subsequently modified by Major W. Pearson, by which the extension is made directly to the lower end of the femur by means of pointed callipers, whilst movement is made frequently in the knee-joint without any interference with the fracture. Major Sinclair's net-frame is of great advantage when, in addition to the fractured femur, there are wounds in the buttock, or when abduction is required, but the arrangement of the more recent fracture bed devised by Major

Pearson allows of an equally simple dressing, &c., without the disadvantages of a special and somewhat cumbersome apparatus.

However, the greatest credit must still be given to Major Sinclair as the originator of methods, even if certain modifications of these methods have been found more efficacious in some forms of fracture.

I am, Sir, yours faithfully,
R. H. JOCELYN SWAN,

Major, R.A.M.C.; Consulting Surgeon, Woolwich District.
Jan. 6th, 1919.

THE CAUSES AND INCIDENCE OF DENTAL CARIES.

To the Editor of THE LANCET.

SIR,—In his letter on this subject published in THE LANCET of Jan. 4th Dr. Harry Campbell states: "I have again and again referred to the prosaic fact that there are among the inhabitants of this country some 200 million carious teeth, as many alveolar abscesses (pyorrhœa alveolaris), and some 30 million root abscesses." I presume that Dr. Campbell will not object to furnishing some evidence of this "prosaic fact" (?) for the benefit of your readers, many of whom are (like myself) deeply interested in the subject.

I am, Sir, yours faithfully,
R. DENISON PEDLEY.

Railway Approach, London Bridge, S.E., Jan. 6th, 1919.

THE PRACTICE OF THE ABSENTEE.

To the Editor of THE LANCET.

SIR,—I cannot understand Dr. F. R. Mallett's indignation with the letter of Dec. 28th, 1918, signed "Major, R.A.M.C. (T.C.)." I am a doctor in general practice who has been to the front and returned to practice. I find on my return that several of my former patients are being treated by professional brethren who remained at home; these patients are not asked if they wish to return to me. There being very little opposition, the doctors who remained at home charged high fees, frequently demanding the money before they left their houses. My midwifery cases who had "booked" the other doctors are not returned to me. New panel patients, who in the ordinary course would have come on my list, have been put on the lists of the doctors who remained, and every difficulty is put in the way of their coming to me.

The doctors who remained at home opened during my absence a surgery within half a mile of my house. It is still open. These tactics will not pay in the long run, but it is a little irritating to those who have undergone the hardships of active service and who have been under shell fire to hear so much about "the overwork" of those who stayed safely at home and who probably earned twice their usual incomes. I would suggest that these overworked gentlemen should join the R.A.M.C. for the demobilisation and so allow their brethren who have been to the front to come back at once and start their practices with less opposition.

I am, Sir, yours faithfully,
TEMP. R.A.M.C.

Jan. 6th, 1919.

To the Editor of THE LANCET.

SIR,—With reference to the correspondence in THE LANCET on the above subject, may I state my own case as I have just been demobilised after 20 months' service? I arranged with a neighbour to carry on in my absence, the receipts to be divided between us. There was very little panel (only 100), the rest being private work. The practice is an old-established one, and has never done less than £1000 per year. At the time of handing over there was a visiting list of 20 per day; when I returned I was given a list of six patients only, not six per day. During the whole of this time I have received exactly £42 from the private part of the practice and about an equal amount from the panel, which has, of course, steadily got less. My rent and rates are £75 per year, so that had the war continued a little longer I should have been compelled to either give up the house or file my petition.

However, I am so pleased to be back comparatively sound that I do not complain, and if I can only manage to get through this year without getting very much into debt I shall indeed be a happy man. I don't blame anyone, least of all the practitioner who has carried on for me, as