

## CHRONIC OSTEO-ARTHRITIS OF THE WRIST.

DR. WILLIAM ARMSTRONG (Buxton) writes: In answer to "Rosaceae," I have had excellent results in cases of chronic osteo-arthritis of the wrist from ionization of the affected part with a 10 per cent. solution of cocaine in guaiacol, followed by light applications of the electric cautery. This may be repeated twice a week for three or four weeks.

## GENERAL PSORIASIS.

DR. ERNEST YOUNG (London) writes: I would suggest that "Senex" places his patient upon an exclusive meat and hot-water diet for a month to six weeks. Several obstinate cases of psoriasis have been cured by this method.

DR. P. NEWELL (Cliftonville, Margate) writes: I would suggest that antimony in small doses, and continued for a time, might be tried. Failing any benefit from this, thuja occidentalis is useful. Arsenic I have never seen any benefit from in big doses; on the contrary, it in my experience aggravates. If given at all, it ought to be so in small doses. Failing drugs, there remains the inevitable "high frequency," which is supposed to cure all the ills that flesh is heir to.

## LETTERS, NOTES, ETC.

## POISONING AFTER SMALL DOSES OF ASPIRIN.

DR. S. J. KILLEN, D.P.H. (Carrickfergus) writes: With regard to Dr. Conwy Morgan's account of a case of poisoning after small doses of aspirin (BRITISH MEDICAL JOURNAL, February 11th, 1911, p. 307), one evening, a short time ago, I gave a man who was complaining of lumbago a dose of 10 grains of aceto-salicylic acid. I saw him about an hour later when his face was considerably swollen, the swelling being most apparent in his eyelids and lips. He complained that his tongue felt thick, and that he could hardly "swallow his spittle"; an urticarial rash was also present on the body and limbs. The man was very nervous and anxious, and at once attributed his condition to the powder he had taken. I gave him 3 grains of calomel, and saw him next day, when the rash was gone and the swelling almost gone. The pain of which he had been complaining had also disappeared, and he was practically well. A feeling of stiffness, however, remained in the eyelids for about two days.

## SIGNS OF DEATH.

W. A. S. writes: In your issue of February 18th (p. 407) is a letter from "Esculapius" on a certainly important subject; but what struck me in one paragraph was his saying, "If decomposition has in the slightest degree commenced," etc. Now, I should like to ask him whether, knowingly, he would sanction any patient of his being buried before decomposition—the only absolutely certain sign of death—had commenced?—a duty many of the profession, I fear, consider unnecessary to discharge, though I personally am most particular.

## VACCINE TREATMENT OF CORYZA.

DR. GEORGE WILLETT (Keynsham) writes, in reply to "W. H. G.": My experience of the vaccine treatment of coryza is eminently satisfactory—marked and rapid improvement in symptoms, and gain in weight especially. A careful bacteriological examination of the nasal discharge is all-important. If the predominant organism can be isolated and pure vaccine made so much the better; but if two or more organisms are found in anything like equal amounts, a mixed vaccine is advisable containing them all, so as to provide for the varying resistance of a patient, which seems to fluctuate at different dates. I am of opinion that far more important than merely subduing the symptoms is the getting rid of the toxæmic state which these cases so often show, and which I for one have never till quite lately fully appreciated. The damage to the general health produced by constant nasal catarrh seems out of all proportion to the condition itself, and is, to my mind, the greatest argument in favour of vaccine treatment. The rapid production of immunity is the object to be aimed at (tinkering with ineffective doses is so much waste of time); begin with a small dose, and double it every three days till either a reaction of some sort is produced (for example, rise of temperature) or the highest advisable doses of the particular organism have been reached. Should *M. catarrhalis* be present, the immunizer will very likely notice marked attacks of low spirits and melancholy after the injections; but this is to be regarded as the surest sign that he is on the right track, and that success is at hand.

## SEX IN HEREDITY.

DR. ARTHUR TODD-WHITE (Leytonstone, Essex) writes: Reading about Sir F. Galton's views on heredity reminds me of a law of Nature which I have never seen stated anywhere—namely, "Males inherit the characteristics of their female parent, and females inherit the characteristics of their male parent." It is obvious that if this was not the case the difference between the sexes would by now, as regards brain power, be enormous. Until recent years the female sex spent, compared with the male, little time on study, so that in the absence of this law, the "mere man" would by now have an enormous advantage in brain power over the female. We often notice how rarely a great writer, great poet, or great artist has a son who follows in his footsteps, although the daughters may write or paint. If a son does have tastes like his father they are acquired by contact and example from the parent, and are not natural but acquired tastes. Some of our

scientific men have been followed by scientific sons, but they should, if the scientific tastes were hereditary, have them in a greater degree than their fathers; but this is never the case, and had the father died during the infancy of these sons then it is probable that scientific work would never have been undertaken by them. In the same way, when an amiable woman marries a bad tempered man the sons will be amiable and the daughters bad-tempered. This is not a matter for statistics; it is simply a matter of every-day observation, and, as I point out above, an absolutely necessary law to preserve the balance between the sexes. If it did not exist, the characters, tastes, brain power, etc., of the two sexes would by now have become so diverse as would make it almost impossible for them to exist together.

## EFFECTIVE TREATMENT OF PHTHISIS.

DR. GODFREY W. HAMBLETON (London) writes: The following is a brief note of a system of treatment that I have found effective and permanent in early cases of phthisis. It is founded on inferences drawn from a careful examination of the conditions under which I was better or worse when suffering from phthisis, and examination of the relations of man to his environment in the respective incidence and absence of the disease. I drew the conclusion that the causes of phthisis are the conditions that tend to impede respiratory capacity, and an irritant or poison that accumulates in consequence thereof. Effective treatment of phthisis is based on the following principles:

To eliminate the accumulated irritant or poison from the system, and to establish an equilibrium between the amount of respiratory interchange required to be effected and that effected. To deal with the present state locally and generally according to its requirements. To develop the lungs to the necessary extent. To carry out the above without producing indications of friction.

There is no difficulty in carrying out these principles in cases in which the disease is neither extensive nor associated with or following other disease. The irritant or poison can be eliminated by increasing the functions of the skin, kidneys, and alimentary canal by means of warm baths or sponging the whole body, diaphoretics, diuretics, and saline aperients. The amount of compensatory action required and the organ or organs to be used depend upon the extent of the disease and the state of the patient. Great care must be taken to secure that the patient is continuously under conditions that tend to promote respiratory function, passively at first and actively in the open air as soon as possible. No attempt must be made to actively develop the lungs until the disease is quiescent. Then active measures may be gradually adopted and progressively increased until a sufficient amount of development has been obtained, care being taken to avoid either fatigue or strain.

In 1901 I published the results of the first 50 cases. Fifteen cases were lost sight of, 10 died—they were extensively diseased—the disease was arrested in 9, and 16 completely recovered; their average chest girth (males) being 37½ in., and expansion 4½ in., an average increase of 2½ and 2½ in. respectively (*Lancet*, 1901). In some cases my diagnosis was corroborated by other physicians in consultation or otherwise. Since that date I have heard of no death in those cases, and I know that many of them continue well. I have met with no failure in really early cases where the treatment was systematically carried out. Further experience has confirmed those results, and I am satisfied that this system of treatment is effective in early cases of phthisis.

## A MICROSCOPIC DIAGNOSIS.

A CORRESPONDENT writes: The wife of a clergyman was very ill with symptoms of ptomaine poisoning, and remained ill for some days. The husband was well known for his vain tastes, especially that of preserving the juvenile colour of his hair. A certain barber was always his guide and mentor in all matters hairy. Like all quacks, the barber dabbled in medical matters, and possessed a microscope. The clergyman ventured to send him a lock of his wife's hair for examination, and presently he received a communication from the professor of hair to say that his examination of the hair revealed to him the fact that his wife was suffering from *apendicitis*.

## ERRATUM.

IN the JOURNAL of February 18th, p. 416, col. 1, line 9, the word "grams" should be "grains."

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