

Status of Naturopathy

SIR,—Dr. R. E. W. Oliver's inquiry with regard to homoeopathy (January 27, p. 192) includes a disparaging remark in respect to naturopathy. This is uncalled for. Naturopathy is concerned with the fundamental conditions of life upon which health and disease largely depend. A week earlier you published a letter by Dr. Hector W. Jordan (January 20, p. 137) with the title "Health, Diet, Soil," and on February 3 (p. 250) a letter from Dr. N. C. Penrose under the same title. These deal with two aspects of naturopathy (diet and soil), while air, sun, water, and exercise are others. We, the undersigned, are a group of practitioners who are applying all these principles in our practice with convincing results. We urge our colleagues to apply naturopathy in their own practices, since in so doing they will be striking at the real roots of much of the ill-health of civilized man.—We are, etc.,

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London, W.1.

Whooping-cough Prophylaxis and Treatment

SIR,—It seems a pity that whooping-cough vaccine is not more used for the treatment of this distressing disease. Prophylactic treatment has deservedly caught the fancy of the practitioner—I think via American research—but "hamaphylaxis," treatment of the already existing infection, has not, or so it seems from inquiries I have been making.

In 1907 Professor Bordet kindly sent me a culture of his then newly isolated *B. pertussis*, and I inoculated with a vaccine made therefrom a series of 1,000 cases at Great Ormond Street and St. Mary's Hospitals, greatly increasing the dose from the ultra-cautious suggestions of Professor Bordet to about the present-day dosage. It proved a great success for both prevention and treatment, and I frequently received the fervent thanks of harassed mothers and nurses for quiet nights regained.

I then got interested in other immunological work, and did not go back to whooping-cough when the first world war was over. I am writing thus belatedly in praise of this vaccine treatment because I recently came across a bad case of whooping-cough in a woman of 45 which seems to have been cleared up by it very satisfactorily.

She had had a very bad cough for some time, but on December 29 last her cough became so bad that she was quite unable to sleep and remained entirely sleepless for ten days in spite of drugs. That was her exact story: and it is certainly true that, being a hard-working woman in the day-time, she had become quite hysterical from fatigue and lack of sleep through the coughing.

I verified that it really was whooping-cough by the cough-plate technique, getting thereby a plate spattered all over with the dewdrop-like colonies of pertussis. As the cough seemed to be getting worse and worse, I gave a tentative dose of vaccine of 250 million organisms, and 24 hours later she got sound sleep at last, for the cough had stopped; two days later it began again slightly, but after a dose of 500 million it promptly stopped again. It started very slightly once more, so I gave a dose of 900 million—and she has had no cough since. These three doses occupied just one week. I then tried another cough-plate, and careful examination could not disclose one single pertussis colony. As a placebo I gave one further dose of 1,000 million, but I think it was not needed.

It cannot be guaranteed that every time small curative doses of a pertussis vaccine are given we shall get an equally dramatic result; but, from what I recollect of my whooping-cough cases before the first world war, this vaccine is always worth considering. I found it extremely bland, producing little or no reaction.

There is another aspect. Whenever an infection is brought to an end by immunity (either by those naturally occurring auto-inoculations which for millions of years have served and saved our ancestors, or artificially by a prepared vaccine) the patient is not likely to have a second attack, because he

now possesses some immunity-producing mechanism, and probably some reserve of immunity too. That is, of course, the only reason why whooping-cough occurs only once in the lives of most of us. If, however, a powerful antibiotic like "chloromycetin" is employed to end the infection summarily, then the patient is no better defended than before the attack, and may even be in a worse state for resisting a second infection. Certainly a whooping-cough patient cured by antibiotics should at once have a course of prophylactic inoculation to replace this deficiency in immunization. These antibiotics are a magnificent life-line to be thrown to those struggling in deep waters; but, if our patient is liable to tumble in again, he had better perhaps be taught to swim out again by immunization.—I am, etc.,

London, W.1.

JOHN FREEMAN.

General Health and Allergic Response

SIR,—At a meeting of the British Association of Allergists held recently the subject was brought up by Dr. Cohen of pruritus in an adult resulting from eating apples. It was stated that the patient in question only sometimes suffered from pruritus after eating apples, and that at other times apples appeared to exert no ill effect. Mr. Francis mentioned that he believed that many clinical allergic reactions only appeared when the patient was generally in a poor condition and unfit. This, of course, may explain why so many men with allergies—for example, asthma, hay fever, vasomotor rhinitis, etc.—lost their symptoms and were quite fit while training in the Army, only to experience return of their old symptoms when they were back again in civilian life.

In association with this, I would like to mention a case of my own in which a man of 70 suffered from pruritus when he ate apples. If he stopped eating apples, the pruritus stopped. If, however, he continued eating apples and testosterone propionate was administered at the same time, he did not suffer any more from pruritus. Is this, therefore, a case of curing or ameliorating a specific disease by improving the general health of the patient, without even treating the specific condition? I think it is, but I would welcome other comments.—I am, etc.,

Liverpool.

A. E. BERNSTIEN.

Chicken-pox and Chloramphenicol

SIR,—I should like to report a severe case of chicken-pox in which a dramatic recovery followed treatment with chloramphenicol.

On January 3 a boy aged 6 developed chicken-pox that ran a very mild course. He had a slight temperature for two days, there were very few spots, and he had almost recovered in a week.

On January 21 the father, aged 35, developed a temperature of 104° F. (40° C.). He was covered from head to foot with a vesicular rash so extensive that there was hardly space to put a farthing on clear skin. On the face, which was swollen and bloated, the vesicles were almost confluent. The soft palate, hard palate, pharynx, and post-pharyngeal wall were also covered and the uvula oedematous. Most of the vesicles contained blood. The mouth and pharynx were so inflamed that he could not drink, although he felt very thirsty. There was even difficulty in swallowing saliva. The eyes were glazed and sunken, the face red, the whole body steamed with fever, and he looked alarmingly ill.

I saw the patient within half an hour of the appearance of the rash and immediately gave him four capsules of chloramphenicol and prescribed two capsules every four hours afterwards. He was at no time awakened during the night, so that he had no chloramphenicol from about 10 p.m. each night until 6 to 7 o'clock the following morning. Local treatment to the rash consisted of frequent applications of calamine lotion.

The following day the whole picture had changed. The temperature had fallen to a little over 100° F. (37.8° C.), he had lost his toxic look, had ceased sweating, had slept fairly well, and was prepared to joke ruefully about getting "a kid's complaint." He was able to sit up in bed and read the paper. Within 24 hours he could swallow in comparative comfort, and at the end of a further 48 hours asked for a light meal.