

HERPES AND VARICELLA.

SIR,—Dr. Gray Hill is to be congratulated on his valuable contribution (August 4th, p. 197) to this ever popular discussion, in the shape of eight first-cases of chicken-pox traceable to an original herpes zoster, making a percentage of 23.5, and this in spite of careful isolation.

The lower percentage (1.6) in Dr. Cowie's report¹ need not invalidate, as Dr. Hill seems to imply, the general argument for a common origin, as, after all, percentages depend to a large extent on environment. One may imagine the case of a teacher who, in spite of an attack of shingles, continues her teaching in a school of 100 young children. One child contracts chicken-pox, which spreads in the usual way until fifty have succumbed to the disease. This works out, of course, at 2 per cent. On the other hand, take the case of shingles in a mother on an isolated Rhodesian farm. She has an only child, an infant at the breast, who contracts the disease in the shape of chicken-pox.² At another farm, equally isolated, a ten-year-old girl is taking arsenic for her chorea and at the same time acting as mother's help with the youngest member of the family. The arsenic induces a shingle eruption, and the baby, being in close daily contact with its sister, contracts a mild chicken-pox. The other members of the family, having all had chicken-pox at an earlier period of their existence, escape infection on this occasion.³ Taking these two cases together we get a percentage of 100, which is clearly due to the chance that no opportunity offers itself for the further spread of infection.

Some light can, I think, be thrown on the question of immunity by a study of those less common cases in which the herpetic is followed by the varicellar eruption in the same individual. The term "concurrent" in this connexion, although often used, is apt to mislead one as to the actual sequence of events. No case has been yet recorded in which the two eruptions appear simultaneously. In the *British Medical Journal*, during the period 1913 to 1927 inclusive, 176 cases of the relationship are recorded; 35 of these are instances of the occurrence of both eruptions in one patient, and in every case the shingles eruption is the first to appear, the chicken-pox following after a period of one to four days.

In Head and Campbell's classical article on the pathology of herpes zoster⁴ a case of the double eruption is mentioned with an interval of twenty-four hours only. It is noteworthy that these two careful observers had no hesitation in giving the chicken-pox eruption its true title, avoiding the now (may we hope?) obsolete term "generalized eruption." These cases show that a distinction, even if slight, must be made between the two eruptions, sufficient at any rate to affect the question of immunity. The rule of sequence is invariably the same: in not one of the 35 cases alluded to above do we find the varicellar preceding the herpetic eruption. If we also bear in mind the difference of selective action—zoster having a predilection for the posterior nerve roots and varicella being a systemic infection—I think we have an additional reason why there need be no reciprocal immunity. The common origin, however, confirmed bacteriologically by Kundratitz,⁵ can surely no longer be an open question, as some would have us believe.—I am, etc.,

Capetown.

W. P. LE FEUVRE, M.R.C.S., L.R.C.P.

TOXIC EFFECTS OF ASPIRIN.

SIR,—Some three or four years ago I read in the *Journal* a letter warning your readers that ulceration of the buccal mucous membrane was frequently caused by aspirin, and my experience since then has entirely confirmed your correspondent's statement. Recently I have had occasion to attribute another pathological condition to the use of the same drug. The following is a brief note of the case.

The patient, a man aged 52, has been in the habit of taking aspirin during the past nineteen years for the relief of febrile

attacks, to which he is somewhat prone, as well as for rheumatic myalgia and migraine. The amount of aspirin ingested would be, it is estimated, about ten grains per week on the average.

A very severe attack of cheilopompholyx, of both hands, occurred in 1916, incapacitating him from all work for seventeen weeks. Each year since then he has suffered from similar attacks of varying severity, always worse in warm weather. Internal treatment and local applications were of little utility—the only remedy which gave relief from the almost intolerable itching being exposure to small doses of α rays. For the last two or three years the dysidrosis has been practically chronic with acute and subacute exacerbations and only few and brief intermissions.

Last year the patient was warned by both a dermatologist and a radiologist that further exposure to α rays might be followed by serious results, and this treatment was not again resorted to. During last winter, and until the spring of this year, the skin of the hands was never entirely normal; at the best there was excessive dryness with exfoliation of the epidermis. In the spring, aspirin was suspected as a possible source of aggravation, and its use was therefore entirely discarded. The state of the skin immediately began to improve, and has continued to do so steadily despite the onset of summer. Throughout the recent warm weather there has been no recurrence of any kind, and the skin of the hands is now entirely normal, though no treatment, other than the relinquishment of aspirin, has been attempted.

I am, etc.,

Wylam, Aug. 30th.

H. E. DAVISON, M.D.

The Services.

INDIAN MEDICAL SERVICE.

AMENDMENT OF STUDY LEAVE RULES.

THE following amendment to Rule 10 of the Study Leave Rules for the Indian Medical Service published with Army Department Notification No. 890, dated July 9th, 1926, has been made by the Secretary of State for India in Council.

After the penultimate paragraph of the said rule there shall be added—

Study allowance may be given at the discretion of the Government of India or Local Government for any period up to fourteen days at one time during which the officer is prevented by sickness duly certified by a medical practitioner from pursuing the sanctioned course of study.

The following have been appointed on probation to permanent commissions in the Indian Medical Service: Captain F. R. W. K. Allen, I.A.(ret.), Messrs. J. S. McMillan, V. E. M. Lee, M. R. Sinclair, G. B. W. Fisher, R. A. Paton, A. V. O'Brien, G. F. Condon, S. T. Davies, E. S. S. Lucas, H. W. Farrell, D. Tennant, H. S. Smithwick, and F. W. H. Caughey.

NORTH PERSIAN FORCES MEMORIAL MEDAL.

THE War Office announces that Dr. W. H. Dye, Colonial Medical Services, has been awarded the North Persian Forces Memorial Medal for the year 1927 for his paper "The relative importance of man and beast in human trypanosomiasis," published in the *Transactions of the Royal Society of Tropical Medicine and Hygiene*, November, 1927. This medal is awarded annually for the best paper on tropical medicine or hygiene published in any journal during the preceding twelve months by a medical officer, of under twelve years' service, of the Royal Navy, Royal Army Medical Corps, Royal Air Force, Indian Medical Service, or of the Colonial Medical Service, provided the Memorial Committee considers that any of the papers published has attained a standard of merit justifying an award.

DEATHS IN THE SERVICES.

SURGEON CAPTAIN JOHN CHRISTOPHER DURSTON, R.N.(ret.), died at Ramsgate on July 26th. He was educated at St. Thomas's Hospital, and after taking the M.R.C.S. and L.R.C.P.Lond. in 1893, entered the navy in the same year. He attained the rank of fleet surgeon, afterwards changed to surgeon commander, on November 14th, 1907, and retired on January 1st, 1922, on reaching the age limit, with an honorary step as surgeon captain. In his early years of service he acted as surgeon in China, Japan, and on the Pacific station, and again served in China as staff surgeon on H.M.S. *Flora*. During the early part of the great war he served as fleet surgeon on H.M.S. *Defence*, flagship of the cruiser squadron in the Mediterranean, then in charge of the Naval Hospital at Haulbowline, and later as surgeon commander on H.M.S. *Barham*, in the second battle squadron. After retirement he became assistant medical officer of the Haine isolation hospital in Thanet, and a few months later became medical officer, resigning on account of ill health in 1926.

¹ *British Medical Journal*, March 28th, 1925.² *British Journal of Dermatology*, October-December, 1917, p. 254.³ *Medical Journal of South Africa*, March, 1918.⁴ *Brain*, 1900, p. 353.⁵ *Zeitschrift für Kinderheilkunde*, 1925, p. 379.