

in charge of the wards. He agreed with the diagnosis, but said the custom in that hospital was to wait, leaving the question of operation to some future time, and meanwhile keeping a close eye on the patient's condition.

Of course, one of three things will happen: (1) Absorption of the inflammatory products with resultant adhesions. (2) A circumscribed abscess cavity with a gangrenous appendix floating in the products of its own decomposition. (3) Extension of the inflammatory process with peritonitis, followed by immediate and grave operation.

My reason for writing is to indicate that there are different schools of opinion on the correct procedure. I have known similar cases, sent to different hospitals, and still have vivid memories of the trenchant and almost libellous comments of two surgeons on the characters and qualifications of the doctors who had attended and delayed sending the patients into hospital. My own Edinburgh training was directed to early and immediate operation. It is not for me to go into the arguments pro and con in this matter. But in view of the evidently divergent opinions held I should like an authoritative statement as to what the majority of surgeons practise in these types of appendix cases.—I am, etc.,

Bedfont, Middlesex, June 24.

J. HEPBURN.

### “What is Osteopathy?”

SIR,—I am glad Dr. Kelman Macdonald has made it quite clear (*Journal*, June 19, p. 1284) that he and I do not agree as to the interpretation of osteopathic findings—that was my hope when I answered his letter. But I am in entire agreement with him when he says that “the physiological circulatory conditions prevailing around a joint and the pathological findings supervening in joint injury are facts which are not altered by what interpretation” I put on them or by what he reads into them. I have never at any time suggested otherwise, and it is difficult to understand why he elects to answer my letter with such an implication. I only claim that my interpretation is based on physiological and pathological findings which in the main are accepted by almost the entire scientific world, and his is based on osteopathic pathology, which is not.—I am, etc.,

\*London, W.1, June 22.

MORTON SMART.

### Ionization for Hay Fever

SIR,—Although feeling much sympathy for my friend Mr. Vlasto on his non-success in treatment of hay fever by zinc ionization, I am unable to explain it. The technique is simple for a rhinologist, although I can quite believe that electrotherapeutists who are not familiar with the anatomy of the nose might have many failures.

On the other hand, in ionization for suppurative otitis media the selection of cases and the technique are of the greatest importance. For attic cases with a tiny perforation the method is quite useless, whereas for cases in which the tympanum is accessible through a good-sized perforation in the lower part of the membrane zinc ionization with proper technique gives the most dramatic success.

With regard to my own experience of ionization for “hay fever,” last year I treated seventeen private cases. Of these, two were done rather late in the season, and although they cleared up satisfactorily they might have been nearing the end of their seasonal misery; so I will not include them. Of the other fifteen, two were free from symptoms after one ionization, two were almost free; nine cases were nearly symptom-free after two

ionizations, and were free after a third. One patient was very little better, and one showed no improvement. The results of my hospital cases were very similar.

In my experience zinc ionization gives better results than any other method. An objection to it is that it is an empirical treatment directed to the nose. We do not know how it acts. For tympanic sepsis, however, this treatment is not empirical. The ionization produces a coagulation necrosis of the organisms in the middle ear, and thus sterilizes the cavity. For this reason the applications of this treatment in the nose and ear should be carefully discriminated and their results not confused.

Vasomotor rhinitis does not yield many successes. One gets an occasional very pleasing cure from ionization, but not the high proportion of cures that one gets in hay fever.—I am, etc.,

Guildford, June 26.

T. B. JOBSON.

SIR,—Mr. Michael Vlasto questions the value of ionization in hay fever. I think the chief value of zinc ionization of the nasal mucosa is to reduce the sensitiveness of the mucous membrane in all those complaints which give rise to paroxysmal sneezing, whether from hypersensitiveness to pollen or to any of the air-borne dusts, or from bacterial causes. At times this may be sufficient to relieve the symptoms. But in hay fever the whole of the patient, every square inch of skin, every drop of blood, is hypersensitive to the pollen and can be proved to be hypersensitive by the Prausnitz-Kustner reaction (passive transfer and the dermal reactions). This being so, it would seem fatuous to rely simply upon treatment of the nose in a complaint in which every cell of the body is sensitized.

In treating those afflicted by immoderate sneezing the first maxim is to discover the cause by the dermal reactions. Next, to desensitize the patient with the protein that may be at fault—pollen, horsehair, orris root, etc. If the nasal mucosa is inordinately sensitive to a probe and the sneezing reflex easily produced with redness of the eyes, then ionization or cauterization is of great value, always allowing that the possibility of the irritation being due to a microbic infection has been ruled out.—I am, etc.,

London, W.1, June 28.

FRANK COKE.

SIR,—Mr. Vlasto, in his letter in the last issue of the *Journal*, asks whether others shared his experience with intranasal ionization for so-called hay fever.

In our special ionization clinic at the Chest Hospital, Margaret Street, over 800 patients have received treatment during the last three months, mainly for seasonal rhinitis. It is difficult to assess the relative proportions of cases which suffer from rhinorrhoea precipitated by pollen and those in which the rhinorrhoea is produced by other factors, such as metabolic disorders, climatic influences, psychopathic vasomotor disturbances, etc. In our experience a large proportion of the cases benefit from ionization. There is no doubt that the therapeutic effect of the ionization largely depends on the technique employed.

Twelve years' experience of this special type of treatment and the advantage of examining and observing such a large number of cases this season have enabled me to obtain improved results by modifying the technique. I intend as soon as possible to publish in detail the technique used at our clinic and to give complete statistical results of this treatment. I hope that others will do the same so that the value of this treatment can be satisfactorily assessed.—I am, etc.,

London, W.1, June 28.

PHILIP FRANKLIN, F.R.C.S.