Argyria due to Intranasal Medication

SIR,—Dr. W. F. Macdonald's report in your issue of August 5 (p. 279) of a case of argyria due to the use of an intranasal spray containing silver encourages me to put on record a somewhat similar case of a lady who was sent to see me on account of a curious pigmentation. The blood had previously been examined spectroscopically for methaemoglobin and sulphaemoglobin with a negative result. I thought the pigmentation highly suggestive of argyrism, and on inquiry I found that owing to a misunderstanding she had been using a preparation containing 20 per cent. silver iodide continuously for more than three years, instead of using it only occasionally when her gums were swollen and sore. This instance reinforces Dr. Macdonald's warning.—I am, etc.,

London, W.1, Aug 7. W. LANGDON-BROWN.

Dentures after Extraction

SIR,—The writers of the article on dental sepsis (Drs. J. M. Vaizey and A. E. Clark-Kennedy) in your issue of June 24 (p. 1269) stress a point which is too often disregarded, to the great disadvantage of the patient—namely, the importance of immediate prosthesis after extraction of all the natural teeth. A person suddenly rendered toothless is in misery. The inability to eat with its consequent handicap to digestion, the difficulty of speech, the alteration in appearance, and general discomfort combine, particularly if the patient be a woman, to produce a degree of mental depression which may be quite serious, especially in cases where health is already impaired. Moreover, if more than a short time elapses before the fitting of dentures, changes take place in the temporo-maxillary joint and in the muscular balance which make their use more difficult when eventually they are supplied. Also, it is generally held that there is more absorption of the alveolar ridges during a waiting period than occurs if they have to bear the pressure of mastication from the first. It may not be generally realized that all this is usually quite avoidable; that, although at present it is the exception rather than the rule, adaptation of dentures at the same time as the last teeth are removed is practically always possible; and that the necessity for the patient to leave the dental chair edentulous need rarely occur. To achieve this result involves, of course, careful planning on the part of the dentist and some extra expenditure of time and trouble, but this is more than repaid in comfort and efficiency. The only objection is economic, and this unfortunately operates in the case of the national health insurance patient, who is condemned to toothlessness, with all its accompanying evils, for a minimum period, often greatly extended, of three months.—I am, etc.,

Jamaica, July 16. J. H. BADCOCK.

Tracheitis

SIR,—I was interested in the letter on tracheitis from Dr. B. Burnett Ham in the *Journal* of July 29 (p. 250) because in my opinion it is of frequent occurrence in general practice. Acute tracheitis is a common malady in young and old, and usually follows some upper respiratory passage infection. In adults the common complaint is a dry, painful, spasmodic, and exhausting cough with some vague pains over the sternum, or even pain in the abdominal muscles from the strain of coughing. Some patients state that the cough "makes me sick." On examination of the lungs one is usually struck with the absence of physical signs, adventitious sounds, etc., unless later on bronchitis develops. The temperature is usually normal, unless affected by any other concomitant condition. Indeed, so great is the contrast between the patient's complaint and the absence of physical signs that at times one is rather dubious about the patient's statements as to his sufferings! One is still somewhat reluctant in writing a certificate for the patient, in the absence of bronchitis, to call the condition "bronchial catarrh" when "tracheitis" would perhaps be a more appropriate term. In children one has to be careful to exclude whooping-cough. The treatment in such cases is, apart from the special attention to the responsible causative agents in the upper respiratory tract, rest (if possible); other hygienic attentions; medicated hot steam inhalations; and sedative mixtures to relieve the dry, spasmodic cough. A useful mixture is some belladonna in a linctus, and later on even the addition of some pot. iod. in order to facilitate the expectoration.—I am, etc.,

Surbiton, July 30. L. B. SHELTON.

SIR,—In reading the letter by Dr. Burnett Ham I am disposed to question whether the cough he describes is due to a tracheitis. I have observed such a cough in very many cases over a period of many years, not only in conjunction with tuberculosis clinics but also outside this work. I have even experienced it personally. The cough I have observed is exactly as described by Dr. Ham, with the exception of hoarseness. The paroxysms may often, and in fact do, give rise to nausea and retching, but with no "whoop," and are accompanied by a feeling of constriction and soreness behind the sternum, which may be felt as high as the larynx—due, I have always presumed, to the intenseness of the cough and inability to "bring up" the offending irritation. The cough is often worse after meals and is incited by exertion. It may come on at night-time when the patient takes a prone position in bed, and then perforce has to sit up the better to deal with the paroxysms. The sputum is scanty and sticky and, when vomiting is almost induced, mucoid and bitter. I have never observed the "soot-like particles." The patient may sometimes complain of having a "cold," but more often I seem to have observed that the patient suffers with a gastritis or, as they say, "indigestion"—in other words, hyperacidity.

For my own purposes I have always classified this cough as a "stomach" cough—that is, gastric in origin, perhaps due to vagal irritation. For long I have treated this type of cough with small drinks of bicarbonate of soda, which work like magic, to the profound astonishment of the patient. I have never met this treatment elsewhere, and am glad to have it corroborated in Dr. Ham's letter. I agree that ordinary cough mixtures are useless in affording relief, but heroin I have always advocated and used as a linctus if the paroxysms have not been entirely abated by the sodium bicarbonate.—I am, etc.,

Bournemouth, July 31. CHARLES F. PEDLEY.

Bee-sting Anaphylaxis

SIR,—I was interested to read the letters you have published recently about the effects produced by what one might call massive stinging by bees. They remind me of a lady, an enthusiastic bee-keeper in the middle sixties, to whom I have twice been called urgently.

On the first occasion, in June, 1937, I was summoned at 8.30 p.m. The patient had been stung by her bees in about