ness is found just as commonly in the right hypochondrium, where it should be distinguished from tenderness due to lesions of the gall-bladder.

Angina has long been used to denote pain arising from the heart. Whatever may be the underlying cause of submammary tenderness it has nothing to do with the heart; and there would seem to be as little justification for the use of the term "angina innocens" in these cases as for "pseudo-angina" and "secondary angina," now happily fallen into obscurity.—I am, etc.,

Harrogate, June 14. C. W. C. BAIN.

Early Diagnosis and Treatment of Heart Failure

SIR,—I have read with much pleasure and profit the article on early diagnosis and treatment of heart failure by Dr. William Evans (*Journal*, June 5, p. 1145). It bears the stamp of lucidity and common sense so characteristic of the writer's method of teaching, but while emphasizing the need for early recognition of heart failure, Dr. Evans omits to mention the common clinical symptoms of nausea and vomiting, which I regard as among the earliest signs pointing to the heart as the cause of the trouble. In many years of general practice I have come to look upon this clinical symptom of vomiting as of the utmost importance. I have met it in many cases of heart failure resulting from mechanical causes, but more often in toxic cases, particularly in diphtheria and lobar pneumonia.

Dr. Evans has discussed heart failure resulting from mechanical obstruction in the heart itself, as in mitral stenosis, aortic stenosis, etc.; also that complicating hyperpiesia, emphysema, and bronchitis, but he has omitted to tell us of the heart failure resulting from toxic conditions such as acute lobar pneumonia, erysipelas, the fevers, and, particularly, diphtheria, which most concerns the general practitioner. It is not the breakdown of a mitral stenosis or the paroxysmal nocturnal dyspnoea of our hyperpietics, but the acute heart failure of cases of pneumonia and of fever that try us.

Anyone who has had charge of a diphtheria ward will bear out what I say regarding vomiting as an early sign of impending cardiac failure. Even in patients known to be suffering from heart disease, apart from undue breathlessness on exertion, or the brisk haemoptysis of a mitral stenosis, a complaint of persistent nausea and occasional vomiting, or even an unaccountable indigestion, should at once direct attention to the heart. I have known such patients be put on a milk diet and a bismuth and soda mixture instead of being put to bed and given digitalis. Digitalis is without doubt the best drug for mechanical failure, but in toxic cases, especially pneumonia, it is useless. Taking acute lobar pneumonia as an example, when circulatory failure threatens, far from finding that strychnine, camphor, and pituitary have "far survived their usefulness," as Dr. William Evans suggests, I have found them life-saving. I have found especially useful 1 c.cm. doses of pituitrin, given every two or three hours. It raises the blood pressure, and, although the effect is temporary, by repeating the dose frequently we help to tide the heart muscle over a crisis. Strychnine does good indirectly by stimulating the vasomotor nerves and so raising the blood pressure. Camphor as "coramine" is less certain and must be given in fairly large doses (3 to 4 c.cm.) every few hours, but in the cardiac failure of acute pneumonia it can sometimes be most useful.—I am, etc.,

Bournemouth, June 17. VINCENT NORMAN, M.D., M.R.C.P.

Cancer of the Oesophagus

SIR,—I hope that my mentor, Mr. Herbert Tilley, will not object to a respectful word of difference from one of his disciples. I was surprised at the statement in his article on cancer of the oesophagus in the *Journal* of June 12 (p. 1199) that he could not, out of his vast experience, "call to mind a single patient who did not succumb to the disease within twelve months from the commencement of treatment" (by means of radon seeds). We have been working intensively at this method, and out of our relatively small number of cases—fifty or sixty in all—we have had two three-year survivals—one had a recurrence after this interval, the other died in his sleep without further symptoms. I recently saw two patients, both of whom had been treated by the insertion of radon seeds nearly eighteen months ago. One was treated through the mouth, and his obstruction was then returning, so he probably has had a recurrence. The other, who was dealt with by combined per oral and retrograde transgastric methods, was perfectly well and could swallow without difficulty.

Deep *x*-ray therapy can, it is true, produce some very fine results, at any rate for the time being; but I have seen too many cases of severe malaise during what is a fairly prolonged treatment, together with the serious complications mentioned in Mr. Tilley's article, to be convinced that it is the treatment of choice in the usual case of the poor debilitated old man, particularly as the extent of his increased expectation of life is still somewhat doubtful. After all, the insertion of seeds through an oesophagoscope is a minor operation entailing no upset to the patient, and will in most cases give the patient back his power of swallowing, which is what he wants.

I freely admit that the majority of these cases do not, as Mr. Tilley says, see the first anniversary of their treatment; in fact most of them are dead within six or nine months. Such cases as the above, however, and also the healed scar which I am sure Mr. Tilley has seen on oesophagoscoping his patients afterwards, prove that radon seeds can destroy the growth; but, as he points out, seeding through an oesophagoscope is a haphazard attempt at even distribution of the seeds throughout the growth. It may be that a combination of seeding and *x* rays will prove better than either alone, the first lessening the amount of the second which is necessary, and thereby diminishing unpleasant reactions and complications.

Mrs. Hilton is to be congratulated on the result of her case mentioned in the *Journal* of last week, but it would be interesting to know the average increase of life she attains with deep *x* rays, and the percentage of real improvement in swallowing.—I am, etc.,

Guildford, June 16. G. H. STEELE, M.S., F.R.C.S.

Ionization for Hay Fever

SIR,—It is a recognized fact that sufferers from those symptoms to which the diagnostic label of "hay fever" is attached usually belong to the more leisured classes. This probably partly accounts for the fact that our "hay-fever" patients are relatively more commonly seen in the consulting-room than in the out-patient department. So far as my personal experience goes, this is not the case with vasomotor rhinitis of the non-seasonal type. I still see a good many of the latter in the out-patient department, and it is a humiliating confession that in neither class of case can I satisfy my conscience that any improvement in the patients' condition can be undoubtedly