

suppress. I said that it antidoted the other secretion and so allowed pregnancy to continue. I believe that other mucous membranes, among them the nasal mucosa, take part in such a reaction, and that this explains the striking result obtained by Mr. Willson-Pepper and Dr. Royle.—I am, etc.,

London, W.1, May 19.

CHAS. W. A. EMERY.

SIR,—I have noted with great interest the article in the *Journal* of May 13 (p. 974) on the effect of progesterone on the nasal mucosa. The authors' notes on the beneficial effect of this on the nasal condition suggest that a good line of research might be undertaken in these conditions.

For the past thirteen months I have been trying the effect of various hormones, particularly progynon, proluton, testoviron, and pregnyl, on certain cases of asthma which have a very definite menstrual association. The results up to date have been promising, and I hope very shortly to publish a paper on these results. Without going into any further detail, I thought it might be as well to publish this preliminary note, as I think there is a very large field for clinical research here.

Mr. J. K. Willson-Pepper and Dr. H. Royle are to be congratulated and encouraged on what is a chance but not an irrelevant clinical observation.—I am, etc.,

Liverpool Royal Infirmary, May 16.

H. CANTOR.

### Tonsillitis and Leukaemoid Blood Count

SIR,—The case described as "ulcerative tonsillitis with blood count simulating lymphoid leukaemia" by Dr. N. Wynn-Williams (*Journal*, May 20, p. 1032) may be accepted as an example of glandular fever of the anginose type, the form which on the Continent was termed monocytic angina, and caused confusion there until its identity with glandular fever and infective mononucleosis was recognized. Cases of glandular fever stand prontosil badly, and it should not be given in any of the clinical forms. In the anginose type simple treatment to the fauces is indicated, but no other treatment is necessary or beneficial. Recovery is invariable.—I am, etc.,

London, W.1, May 21.

H. LETHEBY TIDY.

### Mental Confusion after Belladonna

SIR,—In the *Journal* of May 13 (p. 975) Case II of myasthenia gravis, reported by Dr. Ralph T. Collins, was during his psychotic state receiving treatment by atropine, prostigmin, and ephedrine. No mention was made of the dose of atropine given, and one is tempted to wonder if this patient might have been sensitive to the alkaloid and if his mental state might not have been directly related to his treatment. I have on occasions found a mild confusion and excitement in patients who were taking belladonna, which ceased on its withdrawal.—I am, etc.,

Iford, May 13.

R. N. C. SMITH.

### A Complication of Haemostasis

SIR,—We have read with great interest the letter from Dr. Gordon Scott which appeared in your issue of March 25 (p. 642). We note that Dr. Scott had used stryphnon with satisfaction, but that in one case of intended blood transfusion the latter was rendered impossible owing to agglutination, which Dr. Scott thinks may have been due to the previous administration of stryphnon. Over a period of more than ten years we have used stryphnon in large doses, both orally and by injections, for internal haemorrhage of varying aetiology, and have also been able to show its therapeutic effect in the acute form of

thrombopenic purpura (*Klin. Wschr.*, 1936, 15, 935). We have been repeatedly called upon to give one or more blood transfusions to patients who had previously received an injection of stryphnon, and we can state that we ourselves have never experienced, nor heard of, any after-effects from the administration of this haemostatic. In the blood-group determination as practised in this country we have never observed any abnormal agglutination reactions.

Following on the publication of Dr. Scott's letter we have tested the agglutination reaction of new patients to whom stryphnon had previously been given, and in none of these cases was there any result similar to that reported by your correspondent. As we are extremely interested in this question we would be glad to have further details of the methods used by Dr. Scott in his investigations. We would like to carry out a fresh series of tests on similar cases, using his methods. From our wide experience of this subject our belief is that the injection of stryphnon is not attended by danger to the patient in subsequent blood transfusion.—We are, etc.,

RUDOLF KLIMA.

FELIX BODART.

Kaiserin Elisabeth-Spital, Vienna, May 9.

### Organization of Out-patients

SIR,—Mr. Walter Howarth's article on the organization of out-patients at a teaching hospital (May 13, p. 991) draws attention to a very grave defect in the care of the poorer members of the community, and suggests a very reasonable cure. In the course of visits to a number of hospitals in Canada and the U.S.A. I have had the opportunity to study the various ways in which this problem has been attacked. In most cases the press of patients is avoided by having very numerous out-patient clinics of a highly specialized type, but this does not completely avoid the waste of time inflicted on the patient. In 1937 I found that the Peter Bent Brigham Hospital in Boston, a teaching organization associated with Harvard Medical School, had a well-organized appointment system for out-patients in all departments, and when I visited the Toronto General Hospital in January of this year I found a similar system being used. Of thirty-one recognized hospitals in North America, apart from small hospitals, special clinics, and sanatoria, which I visited, these were the only two where such a system was in use, so that the idea would appear to be capable of further extension. I have no idea how many hospitals in these countries have used such organization, but Mr. Howarth's article suggests that there is a need for it, and that it can be successfully introduced in spite of certain obvious disadvantages.

In these days when the importance of early diagnosis is being constantly impressed upon us it would appear to be up to the hospitals to make it possible for the patient to obtain advice with minimal delay and exposure to the rather lugubrious atmosphere of the out-patient waiting-room.—I am, etc.,

DONOUGH O'BRIEN.

B.Sc., M.B., B.Ch.

Dublin, May 15.

### Admission to Hospital

SIR,—I am pleased to see that this subject is at present creating more interest in the correspondence columns than was the case when Mr. William Ibbotson raised it last year in the *Supplement* of October 1, on which occasion I followed in support of his contentions. "Country Doctor," in your issue of May 13 (p. 1007), explains his method of securing early or immediate admission for his