Medical Journal, Dr. Cox states that financially the association is living from hand to mouth, and that if the movement came to an end for lack of funds it would not be resuscitated in this generation. It is obvious that it could never be resuscitated under more favourable conditions, and it is in the hope that support may be given immediately that I make this appeal to my fellow practitioners in the British health resorts.—I am, etc.,

November 18th. SPARTAN.

Alcoholic Neuritis a Deficiency Disease?

SIR,—All of us who treat cases of alcoholic excess will, I am sure, agree with your correspondents as to the importance of a diet rich in vitamins, though some may prefer to rely less on patent products than on good food and an abundance of fresh fruit and fresh vegetables. It is necessary also to ensure that the supply of these should be well maintained during the winter months.

There is another aspect of the problem, however, to which I should like to refer, and that is the possibility of chronic hypoglycaemia as a factor in the production of alcoholic neuritis. A comparison of the signs and symptoms of the two syndromes is suggestive. The alcoholic's need of carbohydrate is well known—Hunt[1] and Leyton[2] have given a reason for this—and I have been constantly impressed by the low blood sugar values obtained in hard drinkers. I hope to continue investigations and to report later on the subject. In the meantime glucose has found a permanent place in our treatment here.—I am, etc.,

Rendlesham Hall, Woodbridge. Nov. 19th. H. K. V. SOLTAU.

Treatment of Coronary Thrombosis

SIR,—It may be rash for anyone with a necessarily limited experience of coronary thrombosis even to comment on Dr. Strickland Goodall's helpful and authoritative letter, but I hope that the following remarks may at least succeed in drawing forth an answer to the questions raised.

Although the analogy has frequently been drawn between coronary and cerebral thrombosis, I have never seen or heard any analogy drawn between these and the clinically similar cardiac and cerebral attacks in malignant tertian malaria. If this analogy is in any way valid some or all of the following propositions should hold. (1) The onset of the attack may not always be due to a thrombosis, but to a nearly sudden and complete stasis. (2) During the period of stasis the attack should be curable by appropriate means, if such exist. (3) After such a cured attack it is quite possible that no more will occur. (4) The stasis may not always be due to the viscosity of the blood, but to some localized stickiness between the blood vessel walls and the blood corpuscles. The existence of this stickiness is clearly shown under the microscope in some sections of malarial tissue, and that it depends on two factors is inferred from the fact that the infected corpuscles do not stick to all the capillaries, but only to those in a very limited area. If some of these propositions are correct, I think it would help to explain some of the vagaries of coronary thrombosis and other "heart attacks," though it leaves the ultimate cause as obscure as ever. It does, however, affect the problem of treatment. Until clotting has actually occurred there is probably no extreme degeneration of the cardiac muscle, and during this period cardiac stimulants might be permissible and helpful. I do not know how long the blood may remain at a standstill in the blood vessels without clotting, but the following case is suggestive.

Just three years ago I was called to see a distant connexion by marriage, a man of 70, who had lain comatose and stertorous for six days, treated as a case of cerebral haemorrhage. With his doctor's consent treatment was instituted on the supposition that it might only be a threatened cerebral thrombosis. Two days later definite improvement had taken place, and in four days the man was quite rational. He finally made a practically perfect recovery and is well to-day. Here sufficient stasis of the blood to cause complete unconsciousness had existed for nearly eight days, apparently without clotting taking place.

On the more immediate subject of coronary thrombosis I only wish to quote one case, and that is by permission of my partner, Dr. Mary MacLaren. Some months ago she saw a woman within twenty minutes of the onset of the violent pain and profound collapse of a typical coronary thrombosis. Acting on a suggestion I had made from the considerations I have mentioned, she immediately injected an ampoule of cardiazol ephedrine, which, from our limited trials, we have found the most rapidly potent of the many cardiovascular stimulants. Within a few minutes the woman's pain and collapse had disappeared, and next day, against advice, she did her washing as usual, and has kept well since.

Of course there may have been a mistake in diagnosis, though the attack was absolutely "textbook," apart from the rapid recovery. On the other hand, it may possibly have been a case of correct treatment suggested by admittedly hazardous reasoning. Any comments would be welcomed.—I am, etc.,

Winsford, Cheshire, Nov. 15th. W. N. LEAK, M.D.

Problems of Herpes

SIR,—Last week a small child, aged 2 years 9½ months, came under my observation, and I found she was suffering from a typical attack of herpes zoster. This is the first time I have ever seen so young a child with this complaint, and as I find that the same applies to my immediate colleagues the case seems worth recording. Upon inquiry I found that the child has lately been away from home staying with the grandparents, and that six weeks ago the grandfather developed a severe attack of shingles. My patient has a younger brother, so I am wondering if this little person is going to develop herpes or chicken-pox.

While on this subject I should like to record another case. I used to be under the impression that one attack conferred immunity, but a patient of mine has had repeated attacks. She first started in 1917, with a severe attack on the left side of head and forehead. Several slight attacks have occurred between 1917 and this year, vesicles forming on the old site over the left eye and accompanied by neuralgic pains. This summer there have been three attacks in succession: the first, in July, on the old site; the second, in August, on the right side of the head affecting the palate, lip, right nostril, and ear; and, in September, the third attack occurred, quite a slight one, back on the old site on the left forehead. This patient now has acute gastric pain for the first time in her life; as this was ushered in with what she calls her "shingles headache," I am wondering if she can possibly have had an attack of herpes on her stomach wall.—I am, etc.,

Newmarket, Nov. 15th. GILBERT C. GRAY.

Vascular Hypertension

SIR,—May I be allowed to express my hearty appreciation of the excellent article on hypertension by Professor W. W. D. Thomson in the *Journal* of November 18th. It places the whole problem in a very clear light. Had Professor Thomson amplified his records regarding the estimations of the blood pressure I feel that he would have increased our indebtedness still further. By this I mean that in all estimations it is highly desirable to state first of all the width of the armlet used in the

[1] Hunt, T. C.: *Lancet*, 1930, i, 121.
[2] Leyton, O.: Ibid., July, 1933, p. 120.