Sulphanilamide for Meningococcal Meningitis

SIR,—The letter of Major F. J. O'Meara in the *Journal* of August 6 (p. 317) indicates some doubt as to the efficacy of sulphanilamide in the fulminating sporadic type of meningococcal meningitis. In one of the two cases which he quotes treatment with serum and soluseptasine (May and Baker) was given. Now Whitby (*Lancet*, 1937, **1**, 1517) showed that the benzylsulphonamide preparations, proseptasine and soluseptasine, were *inactive* in experimental *meningococcal* infections. In a recent article (*Lancet*, 1938, **2**, 8) I pointed out this fact and also gave some indications for dosage of sulphanilamide in this disease. The series described contained a considerable number of sporadic fulminating cases with haemorrhagic rashes.—I am, etc.,

H. STANLEY BANKS,
Medical Superintendent,
Park Hospital.

Hither Green, S.E.13, August 6.

Chemotherapy of Gonorrhoea

SIR,—Your annotation of August 6 (p. 294) rather emphasizes the toxic effects of uleron in cases of gonorrhoea.

During the last seven months I have given uleron to 200 cases of gonorrhoea in the male—all ambulatory cases under observation by me at three- to four-day intervals. The dosage has been 3 grammes in twenty-four hours (1 gramme every eight hours approximately) for five consecutive days; omission of uleron for two to four days; and repeating the five-day "Stoss" with same dosage. Patients were told not to eat eggs or take Epsom salts; no other instructions. The great majority have received three such "Stoss." One patient only has shown any suspicion of toxic effect, and that was a case of photosensitive dermatitis, like solar erythema, though not exposed to sunlight. A further twelve cases have received 4 grammes in the first twenty-four hours of the five-day "Stoss." None has shown any toxic effect.

In my hands uleron has proved more effective and safer in gonorrhoea in the male than had sulphanilamide (prontosil album)—ninety-nine cases. Uleron is effective in early gonococcal infections five to fourteen days old, but even more effective in infections of twenty-one days and over.

In staphylococcal infections—boils and three cases of carbuncle—uleron in the above dosage for five consecutive days has been effective and without toxic effects.—I am, etc.,

H. M. HANSCHELL,
Honorary Medical Superintendent and Medical Officer i/c Venereal Diseases Department, Royal Albert Dock Hospital.

London, E.16, August 6.

X-Ray Screening in General Practice

SIR,—With regard to the interesting and helpful commentary by Dr. J. V. Sparks in your correspondence columns of July 30 (p. 256) dealing with the use of fluoroscopy in examinations of the chest, I believe that early lesions in the lungs would be more frequently detected by screening if greater attention were paid to certain important factors.

A screen of first-class quality is obviously required. A small focus tube is helpful in the elucidation of detail. *X*-ray penetration may have to be increased in the obese, the very muscular, and in deep-chested subjects. The patient may have to be examined in different positions, special care being taken to eliminate the shadow of the scapulae. After a general view of the chest with wide-open diaphragms, then comparing the same zones on either side with a slightly smaller opening, it is generally advisable to examine any suspected region with a small aperture.

Most important of all factors, however, is the necessity for taking adequate care to adapt fully the eyes to the darkness of the screening room. It is, I believe, failure in this regard which probably accounts for the majority of the cases in which Dr. Sparks states that "early lesions of the lungs are not often visualized by screen examinations." With full adaptation of the eyes and optimal technical conditions, I have seen clearly on the screen quite small nodular infiltrations, limited in extent, and small Assmann's foci which were not at all dense.

As I am employing radioscopy constantly, I take care when engaged in this work to secure sufficient adaptation of the eyes by wearing red goggles for at least twenty minutes before beginning screening and at any time when I am obliged to leave the *x*-ray room between cases. With my eyes properly adapted for screening, I have rarely had any surprises from subsequent radiography.—I am, etc.,

Montana, Switzerland, August 4. HILARY ROCHE.

Complications of Gold Therapy

SIR,—Having used chrysotherapy for the treatment of rheumatoid arthritis since 1933, I entirely disagree with Dr. H. Warren Crowe's statement in his letter in the *Journal* of July 30 (p. 261) that vaccines yield as good results as gold therapy. I have long since given up the treatment of rheumatoid arthritis with vaccines because of the extremely disappointing results, whereas with chrysotherapy practically all cases have shown beneficial results, some almost miraculous. Patients crippled and bedridden, who could only get about in bath chairs or on crutches, have been able to walk unaided, and in many cases even resume their household duties and other occupations. Some of these patients were at first treated by vaccine therapy according to Dr. Crowe's method, with negative results, and then they were subjected to chrysotherapy with remarkable improvement.

With regard to reactions, in my experience those cases that produced reactions did better than those that did not, so that one should adjust the dosage to produce some reaction. Severe reactions can usually be avoided by simultaneous injection of calcium gluconate. In over 100 cases of rheumatoid arthritis treated by chrysotherapy I have never had any gold abscess, and therefore no "gold abscesses which fail to heal for months," as Dr. Crowe states. With regard to his statement that "one often has the greatest difficulty in persuading an entirely suitable patient to agree to chrysotherapy," most of my time is spent in dissuading patients who come to me requesting gold treatment for their arthritis but whom I consider are not cases of true rheumatoid arthritis and therefore not suitable for chrysotherapy.

Finally, at the recent discussion on rheumatoid arthritis at Plymouth I noticed that all the principal speakers were unanimously of opinion that chrysotherapy was the only effective treatment for this condition, and most of them had given up vaccine therapy because of its disappointing results.—I am, etc.,

London, W.1, July 30. MAURICE NEWMAN.