

1912). Lieutenant Percy Cecil Parker Ingram, from the 2nd London (City of London) Field Ambulance, Royal Army Medical Corps, to be Lieutenant (dated June 8th, 1912).

Attached to Units other than Medical Units.—Lieutenant Charles B. Baxter to be Captain (dated Dec. 7th, 1911). Captain Robert J. R. C. Simons to be Major (dated May 11th, 1912). Lieutenant-Colonel Charles Boyce resigns his commission and is granted permission to retain his rank and to wear the prescribed uniform (dated June 12th, 1912). Lieutenant William S. Paterson to be Captain (dated May 2nd, 1912). Captain Thomas Kay to be Major (dated May 3rd, 1912). Lieutenant-Colonel and Honorary Surgeon-Colonel John M. Harper resigns his commission, and is granted permission to retain his rank and to wear the prescribed uniform (dated June 8th, 1912). Captain Charles H. Sedgwick resigns his commission (dated June 8th, 1912).

Correspondence.

"Audi alteram partem."

THE TREATMENT OF ANAPHYLACTIC SHOCK.

To the Editor of THE LANCET.

SIR,—I was very interested in the letter¹ by Dr. H. M. Wilson and Dr. J. R. O'Brien on the treatment of anaphylactic shock. My interest is increased by the fact that the patient is one whom I have known for nearly three years, and one whom I have seen on several occasions right up to the time when Dr. Wilson was attending her, and since. I can scarcely bring myself to believe that this is a case of anaphylactic shock, but rather a case of ordinary heart failure (associated, it is true, with exophthalmic goitre), which was relieved by a method often adopted in such severe cases. I give below a short and rough account of the patient's medical history so far as I can remember it, and your readers can then judge for themselves whether they still agree with the diagnosis of "anaphylactic shock." Dr. Wilson and Dr. O'Brien appear not to be aware of one or two very important points, a knowledge of which seems to me to put a different aspect on the case altogether.

A female, aged 44, married. I first saw the patient two and three-quarter years (1909) ago in consultation. At that time she was suffering with well-marked exophthalmic goitre associated with severe heart trouble. A photograph which I saw at that time, and which was taken 16 years previously, seemed to show well-marked exophthalmos. She said she had suffered with palpitation of the heart for some months. Her condition at that time was, besides Graves's disease, great dyspnoea, even when in bed, œdema of the legs, pulse very rapid and weak, and the heart showed dilatation. The position of the impulse I cannot remember, but it was a good way out from the normal. I advised her then to go to bed for six months at the least on account of her heart. She remained in bed for three months. In August, 1910, she was admitted into the Royal Free Hospital and treated in bed for three months. For the first six weeks she was put on Rodagen. On her discharge she was feeling much better and went to a convalescent home for two weeks. From January to July, 1911, she was under medical attention on and off, and again in December, 1911. During this period her symptoms were dyspnoea, œdema of legs, and palpitation. About Christmas, 1911, the patient suffered with abdominal pain, felt more especially over the epigastrium and over the bladder area. The other symptoms were as noted above. On Feb. 26th, 1912, the patient was put on thyroidectin capsules, 5-grain, three times a day. After two days the abdominal pain was severe, and the dose was reduced to 2½ grains three times a day. From Feb. 26th till May 19th the patient took in all about 54 5-grain capsules, the dose being half a capsule three times a day. On May 13th, 1912, the patient came to the surgery and saw me. She was very ill, and I told her that she was not fit to be about but must go to bed. She had much dyspnoea, weak and rapid pulse, and œdema of ankles. On

May 19th, 1912, the patient was taken much worse. Severe abdominal pain over bladder, liver, and epigastrium. Thyroidectin was omitted. On May 24th, 1912, I saw the patient who was very ill in bed. Her trouble was evidently the result of cardiac failure. She could not lie down in bed on account of the great dyspnoea, which was typical of heart disease. There were œdema of legs, rapid pulse, 150, and very weak and irregular. The heart: impulse seventh space, 6 in. from middle line in axilla. Dulness above to second space, and to right border of sternum. A systolic bruit at apex. Heart's action very irregular. There was great tenderness over epigastrium and liver. Slight jaundice of conjunctivæ and patient was vomiting. I found that for the five weeks previously she had been taking too many liberties with her strength, doing the cooking and some household duties. Her condition was very similar to that which was present on the first occasion that I saw her. On that and also this visit I hardly thought she would pull round. On May 27th, 1912, Dr. Wilson and Dr. O'Brien saw her and carried out their treatment, described in their letter, a treatment which in these severe cases is well known to "snatch a patient from imminent death." On June 7th, 1912, I saw the patient again. Her urgent condition had been relieved, but otherwise she was much the same. Pulse 120, dyspnoea present, but the patient could lie down with two pillows. œdema of legs and abdominal pain.

From the above account it would appear that this "alarming train of symptoms which developed" is really no new development due to the condition called anaphylactic shock, but rather a more severe form of a train of heart symptoms which have been present for about three years, and which became acute and urgent as a result of the patient having taken too many liberties during the previous five weeks.

I am, Sir, yours faithfully,

T. PERCIVAL BERRY, M.D. Lond.

Swindon, June 10th, 1912.

RAGGED SCHOOL UNION AND SHAFTESBURY SOCIETY.

To the Editor of THE LANCET.

SIR,—It is at once a Christian duty and a patriotic thing to give the children of the stifling streets and courts of poorest London at least a glimpse of their own country. It is so very easy to provide this overwhelming pleasure—10s. per child per fortnight.

The long experience of the Ragged School Union and Shaftesbury Society in this work of arranging holidays for slum children, both for the day and the fortnight, or longer, is a guarantee, I think, of wisdom in the expenditure of all donations for this health-giving purpose, and I can personally vouch for the lasting all-round benefits that such benevolence confers.

I appeal to your readers to enable this society to send at least 10,000 poor children to our holiday homes this summer who must otherwise remain in London. Contributions, large or small, will be gratefully acknowledged if sent to Sir John Kirk, 32, John-street, Theobalds-road, London, W.C.

I am, Sir, yours faithfully,

June 6th, 1912.

JOHN KIRK, Director.

THE ABOLITION OF POST-OPERATIVE PAIN.

To the Editor of THE LANCET.

SIR,—Hitherto we have not been enabled to put the finishing touch on the efforts of science by ridding a patient finally and definitely of the reactionary pain following on wounds and injuries inflicted by the surgeon or coming under the category of accidents. Popular dread of all surgical operations, in my experience, is aimed chiefly at the suffering which they undergo or expect to undergo or have seen friends suffer after an operation, or an accidental injury such as a crushed or broken limb. The use of a method entirely free from every surgical objection, which enables a surgeon to guarantee a patient on whom he is about to operate a total freedom of any pain whatsoever after operation, will, I venture to hope, prove a great advance in modern surgical procedure. After all, what I now ask space to call attention to is really but a different and extended form of safe local

¹ THE LANCET, June 8th, p. 1567.