head cold. I advised him to suck some of the penicillin lozenges. Two days later his left knee was swollen, with fluid in and around the joint. It was tender but not red, and his temperature was normal. The penicillin lozenges were continued, and by the next day his right knee was mildly affected in the same way, and hydrarthrosis of the joints of the fingers prevented full flexion. The penicillin was stopped and within twenty-four hours the joints appeared normal. A skin test showed a sensitivity equal to that of his son.

This record shows once more how indiscriminate use of penicillin can produce startling results. It also points out the benefit of knowing about a patient's sensitivity to penicillin, so that an attempt may be made to desensitize him in preparation for a possible future sudden need for penicillin.—I am, etc.,

Leeds.

R. A. MURRAY SCOTT.

SIR,—Dr. A. I. Suchecki's article on the above subject (Dec. 21, 1946, p. 938) prompts me to write of a recent case which showed somewhat unusual features. On Oct. 14, 1946, a male patient of mine was admitted to hospital because of an acute septic infection of an old gunshot wound above the right ankle. For five days he had sodium penicillin parenterally in repeated doses amounting to 100,000 units each 24 hours, and there was a rapid improvement both generally and locally. Penicillin was continued as a local treatment, and improvement was maintained until on Nov. 22 he developed a mild urticaria on the neck and shoulders and two days later a generalized angioneurotic oedema, which gradually subsided under "benadryl."

The interesting features seem to be (a) the late reaction—five weeks after cessation of parenteral treatment—and (b) the development of severe sensitization during local application.—I am, etc.,

Corbridge.

J. N. TURNBULL.

Curare

SIR,—The use of curare in the production of relaxation has been hailed by many anaesthetists and surgeons as a milestone in anaesthesia. The comments of the nursing profession are, however, very different. I have made inquiries of half a dozen ward sisters, and without exception they condemn the use of curare on three grounds: first, that patients are more frequently in a condition of shock when they return to the ward. This is probably due to insufficient anaesthesia. Secondly, that marked respiratory depression is usually present, which requires the unremitting attention of a nurse for a long period of time. Thirdly, that paralytic ileus frequently complicates the recovery of the patient. This condition may of course come on after any variety of anaesthetic, but the impression is gaining ground that it occurs much more frequently after the use of curare for an abdominal operation. One of my surgical colleagues has received a letter (which I have permission to quote) from the matron of a nursing home, in which she asks whether she is justified in restraining anaesthetists from using curare in her home owing to the many cases of ileus that have occurred and the inability of her nursing staff to cope with them without the presence of a resident medical officer.

Insufficient attention is often paid to the point of view of the nurse in the assessment of a new drug. Too little time is spent by the modern anaesthetist in the ward, watching the post-operative course of his patient. Curare is an extremely valuable addition to the armamentarium of the anaesthetist, but it is not the perfect anaesthetic drug—for which we are still seeking.—I am, etc.,

London, W.1.

MASSEY DAWKINS.

"Lissive" Action of Curares

SIR,—The recent article on *d*-tubocurarine chloride by Kellgren *et al.* (Dec. 14, 1946, p. 898) is not quite correct where it implies that we attributed the selective rigidity-removing ("lissive") action of some curares to a *sedative* effect upon the central nervous system.

We were unable to establish the source of the "lissive" action of curare in canine tetany or in man. We found it to be the property of some samples only, and those samples could not be identified geographically. One of us subsequently found the same property (in respect of canine tetany only) in the non-quaternary alkaloidal fractions of certain *Strychnos* and other

plants (1937), and noted that its presence was accompanied by a mixture of curariform and strychnine-like actions. It thus seems possible that the "lissive" action of some curares is due to a combination of two antagonistic effects—one centrally excitant, the other peripherally depressant. If this is so, the fact may ultimately be capable of therapeutic exploitation.—We are, etc.,

St. Bartholomew's Hospital Medical College,
London.

H. HARTRIDGE.

RANYARD WEST.

REFERENCE

West, R. (1937). *Arch. internat. Pharmacodyn.*, 56, 107.

Acroparaesthesia and its Treatment

SIR,—Some time ago Dr. F. M. R. Walshe discussed this syndrome in the *Journal* (Nov. 3, 1945, p. 596) and also described it in the fourth edition of his *Diseases of the Nervous System*. This syndrome is found chiefly in women, but recently I have found it also in men. It consists of weakness and stiffness in the forearm, especially when starting their work in the morning, and dropping things from the affected hand, which feels clumsy. In addition there are symptoms of a neuralgic character: numbness, and pins and needles in the fingers and hand. There is always marked tenderness of the extensor muscles in the forearm. Walshe prescribed rest as the only effective treatment. In severe cases he advocated a week in bed propped up during the day, with the arms in slings and taken out only for feeding, etc.

For several months now, following the work of Good (*Minor Medicine*, p. 169) and Kelly (*Ann. rheum. Dis.*, 1945-6, 5, 1, 69) I have treated several of these cases with excellent results. The treatment consists of injecting 0.5% procaine into tender spots found in the extensor mass at the level of the neck of the radius. The needle is inserted into the muscle and its point is then used as a probe to find the tender spots. When the exact spot is located by the needle point there is no doubt about it, for the patient, however stoical, will be unable to suppress a wince. Inject 0.5 ml., then probe for other spots, watching the patient's face, and inject again.

After treatment, when the anaesthetic effect has worn off, the pain may be worse for a day or two. The patient should be warned. Great relief follows. If this is not complete further injections may be given in a week's time. At this second examination the injected spots will no longer be tender but others will be found in much the same area. It is seldom that the injection treatment has to be repeated more than twice.—I am, etc.,

London, S.W.4.

A. P. MAGONET.

Endogenous Depression in General Practice

SIR,—I was interested in the article on this subject by Dr. C. A. H. Watts (Jan. 4, p. 11), particularly in his emphasizing that most of these cases can be treated outside a mental hospital with much better results; with this I am in entire agreement, and it is the goal and aim of most medical men. Among the doctors in mental hospitals we have some who are most distinguished and of the highest integrity, but there are others who are unfortunately incompetent for this type of work or who are indifferent, under whom the patient gets better in spite of them and not because of them. Very much good is done in some mental hospitals, but in others there is much that could be improved, and there is a tremendous drainage of the nation's money, medical man-power, and nursing staff, who take away with one hand what they unsuccessfully and feebly attempt to give with the other. When the patient comes out of hospital he finds attributed to him qualities so peculiar and so amusing that the whole position would be farcical if it were not so deadly dangerous and tragic.

I would most earnestly appeal, Sir, for the complete re-organization of conditions in some mental hospitals which, it is public knowledge, are far from good, and for breaking completely the archaic laws and decaying bonds which loosely bind the whole structure. They perpetuate the very conditions which they are impotent to cure. It is a system which needs rapid clarification from the shroud of obscurity which surrounds it in an abyss of futility and waste.

I was interested to read also in the same issue (p. 33) the remarks of Dr. L. Sheldon, who states that no fewer than