CORRESPONDENCE

Letters are welcome on all matters of general interest. Publication does not necessarily imply that the Editor agrees with the views expressed.

ARSENICAL ENCEPHALOPATHY

Sir,—In his interesting article on the above subject, which was published in the Journal for September and December, 1946, pp. 93 and 139, Dr. E. E. Prebble said (p. 100): "The Salvarsan Committee expresses the opinion that the condition is really an acute cerebral syphilis, intensified as a result of the injection, but they do not give any evidence which really supports this view." I was a member of the Salvarsan Committee, and am very conscious of the fact that, if such a theory had been advanced there, I should have opposed it strenuously. Accordingly I have waited for Dr. Prebble's list of references before writing to you on the subject. Dr. Prebble's reference is to the Medical Research Council's Special Report No. 66, on p. 22 of which appears the following:

"Pathology of Encephalitis Haemorrhagica"

"Two views have been held with regard to the aetiology of this very fatal complication: (1) that it is really acute cerebral syphilis, intensified as a result of the injection (Hexheimer reaction); (2) that it is the direct result of the salvarsan, possibly in persons unduly susceptible to the drug.

An examination of the literature of active syphilis in pre-salvarsan days does not lend support to the first theory. . . Add to this the fact that no spironemesis can generally be found in the cerebral tissues, and a strong case against the condition being regarded as acute cerebral syphilis begins to be built up.

The probabilities of salvarsan being the direct cause appear very great . . ."

To me it appears that the view of the Salvarsan Committee that arsenical encephalopathy is not due to cerebral syphilis, intensified by the injection, could not have been expressed more clearly.

Unfortunately, this letter must appear some months after the original statement, and I apprehend that, in consequence of the latter, in years to come many a critical review on toxic effects of the arsphenamine group of remedies will mistakenly attribute to the Salvarsan Committee the view that arsenical encephalopathy is due to cerebral syphilis.

I am, etc.,

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BOOK REVIEW

AN ATLAS OF THE COMMONER SKIN DISEASES


(Bristol: John Wright and Sons Ltd. 1946. Third Edit. Pp. 343 with 139 Coloured Plates. Price 50s. net.)

It is recognized that dermatology can be learnt successfully only by attendance at a skin clinic, where the differential diagnosis can be considered in relation to the actual patient. Dermatology is perhaps unique in this respect, for in no other branch of medicine is the visual memory so essential to a full understanding of a particular disease. However, Semon's Atlas has for twelve years been accepted as a supplement in which the common diseases can be shown to the student when required, whereas the typical patient will never appear when he is most needed. The Atlas has already gained a wide popularity with the student, who so frequently finds the subject especially difficult to grasp; and many practitioners have come to refer to it for assistance in obscure cases when no expert advice is available.

The high standard of the publication has been fully maintained in this third edition; in spite of the many difficulties of production which exist at the present time. Many additional plates have been added, and the descriptive details have been expanded. The colour reproduction is generally excellent, although plates 11, 18, 43, 47, 52, and 78 are below the average standard. It is clear that considerable care has been taken in the selection of cases suitable to illustrate the characteristics of the various diseases, but when the diagnosis of the cases shown in plates 42, 45, 96, and 101 appears from the photographs to be debatable, and plate 125 is not convincing. Nevertheless, this enlarged new edition is a commendable achievement which reflects credit on both the authors and publishers, and there can be no doubt of the success which it will attain.

D.E.