

Purser, who was King's Professor of the Institutes of Medicine from 1874 to 1901, and Regius Professor of Physic from 1917 to 1925. The first lecture under this scheme was given in 1931 by Sir Edward Sharpey-Schafer, F.R.S., of Edinburgh, who was one of Purser's former colleagues.

RICHARD H. HUNTER.

20 Haypark Avenue, Belfast.

## Letters, Notes and Queries

### Sodium Malate in Hypertension

To the Editor:

You will find enclosed an item copied from the *Journal of the American Chemical Society*, forwarded to us by our engineering department.

During the past year it has been discovered that the sodium salt of malic acid has a taste practically identical with table salt and may be used as a substitute by sufferers from high blood pressure, Bright's disease, and dropsy, who have been required to omit salt from their food, according to an announcement made by John C. Krantz, Jr., at a joint meeting of the members of the state boards of pharmacy and delegates of faculties of colleges of pharmacy, held in Atlantic City, March 12. Doctor Krantz stated that extensive investigations had shown that the substitution of this salt would satisfy the craving for salt in food, but have no ill effects.

Could you give me any further information concerning this, as regards how much it has been used, if at all, by the medical profession; if it has been adopted by them; if so, where is it possible to obtain it?

R. A. GILCHRIST, M.B.

Ocean Falls Hospital,  
Ocean Falls, B.C.,  
February 13, 1932.

*Answer.*—The use of sodium malate for the purpose above suggested is unsound. Oedema seems to be associated with sodium retention and the substance in question is a sodium salt just as much as is sodium chloride.

Sodium malate is probably oxidized in the body to sodium bicarbonate. The administration of sodium bicarbonate in oedema increases the oedema.

In seeking a substitute for sodium chloride in the diet it is necessary to look for something else than a sodium salt. The chlorine fraction of sodium chloride has nothing to do with oedema; hence eliminating it, as is done in the administration of sodium malate, is a matter of no importance.

R. L. STEHLE,  
Professor of Pharmacology,  
McGill University.

Answers to questions appearing in this column should be sent to the Editor, 3640 University Street, Montreal.

We are indebted to Prof. R. L. Stehle for his comment on the subject. We are sure that sodium malate has not been widely adopted by the medical profession as a remedy for the conditions mentioned.—(ED.)

### A New Treatment for Narcotic Patients

To the Editor:

The following clipping from the Associated Press was handed me by a man who honestly would like to get rid of the addiction spoken of in the clipping and asked me to find out if there was any endorsement of the facts mentioned, and I thought by writing you I might find out if this cure has had any medical discussion which you have printed or in the future might print regarding this new treatment. I do not see any mention of the matter in the February edition and would like to be posted by you if you have had any discussion printed or might possibly have an article on it.

Complete breaking up of a morphine drug habit in six days by a treatment new to medicine was reported on January 15th at Cornell University. The patient apparently was completely cured, and with little discomfort.

The treatment is the administration of a compound designed to wash the brain and nervous system clean of the "habit". This habit, under the Cornell interpretation, is due to a thickening of proteins in brain cells, a condition which persists after the narcotic is stopped and which accounts for the continuance of the craving. The new antidote, sodium rhodanate, is a peptizer, or thinner, of the thickened proteins.

The hospital story of this case is to appear in the January number of the *Proceedings of the National Academy of Sciences*. It is told by Wilder D. Bancroft, Ph.D., Robert S. Gutsell, M.D., and John E. Butzler, Jr.

The morphine patient was a male nurse, an addict for 16 years. Cures had been attempted six times previously, and he had been recorded as a "mean case". The treatment consisted in reducing him in six days from twelve grains of morphine daily to none; and substituting sodium rhodanate for the morphine cuts.

M. E. COMMINS

Bath, N.B.,  
February 13, 1932.

*Answer.*—I have looked up the article you refer to and find that the men who report on the use of sodium rhodanate in the treatment of opium addiction are attached to the Baker Chemical Laboratory of Cornell University and may be taken, we judge, as reliable workers. However, they only report one case which they know of personally in which this form of treatment was employed. They add this:

" . . . We understand unofficially that good results have already been obtained on drug addicts by other physicians and who have been testing this theory; but, unfortunately, nothing has been published so far and we have no first hand information as to the results."