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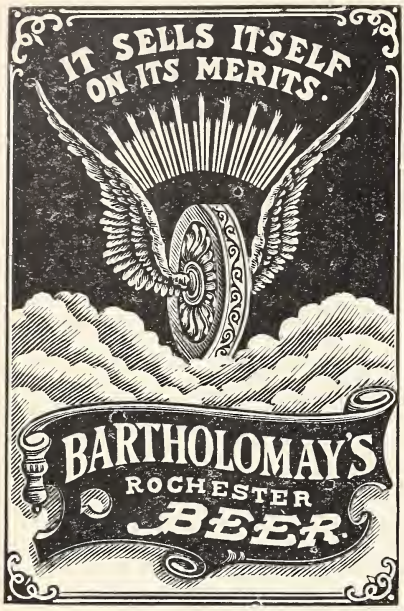

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By PROF. LATTIMORE,
Prosessor of Chemistry at the University of Rochester, New York.

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NOTE ON INFANTILE SCURVY.

BY

JOSEPH LEIDY, JR., M. D., PHILADELPHIA,

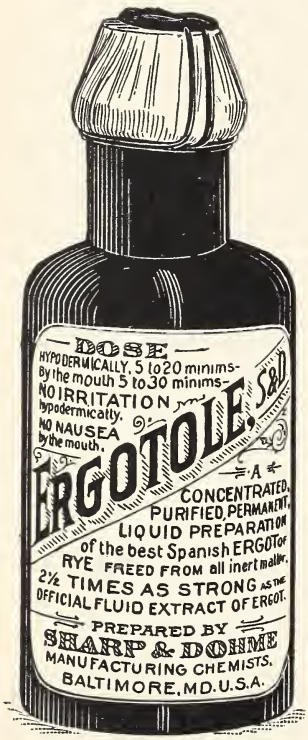
ONE OF THE PHYSICIANS TO THE PENSYLVANIA HOSPITAL AND INSTITUTION FOR FEEBLE-MINDED CHILDREN, ELWYN.

CASE II. The following notes are of a case in private practice and one which was under constant observation :

> R. D., age eleven months, of healthy parentage, one of three children, came with the history of having Rheumatism. The symptoms were entirely referable to the lower extremities, which were painful to the touch, though no evidence of swelling could be detected. When the soles of the feet were pricked the child would make partially successful efforts to draw the limb up ; pressure along the femur or over the knee-joints occasioned considerable pain. Petechial spots were present over both tibia and on the *lower* gums. There was slight anemia. Heart and lungs negative; bowels loose. As the patient was upon sterilized milk, the diet was continued, and in addition, beef-juice and orange-juice ; but little progress was made. At the end of ten days the gums were decidedly spongy, the limbs not at all improved (owing to the tendency to diarrhea), and considerable gastro-intestinal irritation. Pasteurized milk with Fairchild's Peptogenic Powder was substituted for the sterilized milk, in addition to beef-juice and orange-juice, which was continued. Without it were possible to witness the rapid progress toward recovery which this case made, I fear any account would be incredible. Suffice to say, that in four weeks, with the exception of the anemia, the symptoms had entirely disappeared. The patient had regained entire control of the lower extremities, is now increasing in weight, and the anemia rapidly disappearing.

Rheumatism was again the error in diagnosis in this case, and again a point of considerale interest, as well as the rapid amelioration under change of diet rich in fresh food. This child had been brought up on sterilized milk. Of the nine cases which I have had an opportunity of studying personally, six were fed upon one of the proprietary infant foods, three upon sterilized milk—all bottle fed.

Excerpt from *Boston Medical and Surgical Journal* of October 29, 1896.



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Original Articles.

THE IMPORTANCE OF LABORATORY METHODS IN DIAGNOSIS.

By Charles E. Simon, M. D.,
Baltimore.

FIFTH PAPER.

The examination of the feces. — An examination of the feces should be made in all obscure cases of gastro-intestinal disease, as information of value may thus be obtained which could not have been gathered in any other manner.

Amoebic colitis, for example, can only be diagnosed by means of the microscope and successful treatment in this disease, more particularly, presupposes an absolutely correct diagnosis. The experience gathered at the Johns Hopkins Hospital goes to show that this form of colitis is by no means uncommon in the vicinity of Baltimore and the writer would urge upon the physicians living in the country the importance of a careful examination of the feces in every case of "dysentery" or "chronic" diarrhea. The life of the patient will frequently, nay, almost always, depend upon an accurate and early diagnosis.

Patients not infrequently apply to the physician for treatment "because they pass a little blood in their stools." Such cases should always be examined with care and not sent from the office with a simple prescription for supposed piles. A number of such cases have already been reported in which a careful examination of the anus revealed not only the absence of piles, but showed the presence of the amoeba coli in the feces. Further questioning then brought to light that these patients had recently passed through an attack of dysentery. It is very probable that liver abscess, referable to the amoeba coli, would have followed, had proper treatment not been instituted at once.

Piles should only then be diagnosed when they have been actually seen or felt. Physicians generally look at the throats of their patients when they have been informed that they are sore. Why should the anus be thus neglected?

The diagnosis of "intestinal indigestion," viz., chronic intestinal catarrh, should never be based upon the subjective symptoms of the patient alone, but upon the clinical history, taken in conjunction with the results of a careful general examination, including an examination of the gastric contents and of the feces. The almost frantic manner in which almost everything is lately regarded as intestinal indigestion and treated with the various preparations of diastatic ferments is, to say the least, amusing. The journals are full of reports upon the action of such preparations in intestinal indigestion. The writer has undertaken to study the re-

ported cases somewhat critically and has reached the conclusion that the diagnosis was not once beyond doubt. "Biliousness" is fortunately beginning to go out of fashion. May "intestinal indigestion" not take its place!

Nothnagel has shown us that it is not only possible by means of a microscopical examination of the feces to definitely recognize the existence of a chronic catarrhal condition of the intestines, but also to determine its seat with a fair degree of accuracy. His principal conclusions may be summarized as follows:

1. The presence of pure mucus in the absence of fecal material in the dejecta may be regarded as indicating a catarrhal condition of the rectum, sigmoid flexure or the lower portion of the descending colon.

2. A coating of scybalous masses with mucus is usually found in catarrhal conditions of the rectum and the descending colon.

3. A chronic catarrh of the lower segment of the intestine, viz., rectum and descending colon, cannot be excluded, however, by the absence of notable amounts of mucus upon scybalous masses.

4. The presence of hyaline particles of mucus which are visible only with the microscope and which are intimately mixed with the firm or thickly, mushy feces, in the absence of mucus visible with the naked eye, indicates a catarrhal condition of the upper portion of the large intestine, or of the small intestine.

5. The presence of small yellow particles of mucus in the feces indicates disease of the small intestine.

6. The occurrence of a typical bile pigment reaction, when the feces are treated with nitric acid, indicates the existence of increased peristalsis throughout the entire large intestine and the lower portion of the small intestine. From the character of the pigmented constituents of the feces, moreover, it is possible to state whether we are dealing with an increased peristalsis, *per se*, or whether we are dealing with a catarrhal condition of the small intestine.

7. The presence of cylindrical epithelial cells, leucocytes and fat droplets stained with bile pigment, as also of the yellow particles of mucus already mentioned, indicates catarrh of the small intestine associated with increased peristalsis.

8. The presence of an abnormally large number of muscle fibers, as also of starch granules and of fat, is associated with increased peristalsis of the small intestine.

It is thus clear that a careful microscopical examination of the feces will not only indicate the existence of a catarrhal condition of the intestine, but approximately also its seat. If a positive result be reached we may assume that intestinal indigestion exists, as the presence of abnormally large quantities of mucus upon the intestinal mucosa will of necessity interfere with the prompt absorption of the products of salivary, gastric and pancreatic digestion and give rise to increased fermentative and putrefactive processes. The mere occurrence of rumbling, flatus, distension of the abdomen, constipation, anorexia, coated tongue, headache, etc., is not sufficient to establish the diagnosis; the feces must invariably be examined likewise, not to speak of the gastric contents.

An examination of the feces is furthermore indicated in cases of so-called "simple colic." The great majority of these are in reality instances of cholelithiasis and a careful sifting of the feces after an attack will not infrequently lead to the discovery of one or more little gall-stones. The general practitioner should ever bear in mind the dictum of Riedel, the correctness of which has since been amply demonstrated, that icterus does not occur in the great majority of cases of cholelithiasis and that attacks of colic, which do not yield to treatment directed toward the stomach, should be transferred to the surgeon. Anthelmintics should never be administered unless an examination of the feces has revealed the presence of parasites or their ova.

General Technique.—Patients should be instructed to send their stools, as

soon as passed, to the physician's laboratory. Preserving jars made of glass are most convenient for this purpose. In every case the examination should be made on the day on which the specimen is received, and a careful record kept for future reference. This record should contain a general description of the stool as it appears to the naked eye. Its color, consistence and configuration, the presence of mucus, blood, pus, remnants of food, such as curds of milk, undigested bits of meat, vegetables and fruit, seeds, parasites, etc., should all be noted.

If the stool be formed or of a mushy consistence, a portion should be stirred with water and placed in a conical glass for sedimentation. Several drops of the sediment are then spread out upon a glass slide, or a piece of window glass, as described in the examination of the sputum, and examined first with a low and then with a high power. If the examination with the naked eye has revealed the presence of mucus, bits of this should be separately examined with the high power under a coverglass. In the case of a liquid stool it is best not to add any water, but to examine various particles as such, a drop of dilute saline solution (0.6 per cent.) being added, if necessary. In every case particles of mucus should be sought for and studied with special care. Whenever a dysenteric stool is examined, or whenever it is desired to search for amoebae it is well to heat the stool to the temperature of the body and to thoroughly warm the microscopic slide. A warm stage is very convenient, but can be readily dispensed with.

The Amoeba Coli. — The stools in amoebic colitis may vary greatly in appearance. In fresh cases they are usually small in amount, mucoid and streaked here and there with pus. A few grayish white threads are probably always present and in these the amoebae are most abundant. At other times the stools apparently consist of a greenish pultaceous mass in which large, irregular sloughs may be found. In the more chronic cases, however, the stools may be formed, but are covered with large threads of mucus, or may even be entirely enveloped in this material. In this mucus the amoebae will be found.

The appearance of the amoebae is also variable. When at rest they assume a circular, ovoid outline presenting a granular interior so as to resemble a large leucocyte. Most characteristic, however, are the actively moving organisms. Their outline then is irregular. If one of these be studied under a high power a rounded transparent hemispherical knob will be seen to project from some portion of the parasite into which the granular contents of the main body will flow. By thus throwing out pseudopodia the animal is capable of a fairly rapid progression. When once seen they will always be remembered, and are then easily recognized.

The diagnosis, "amoebic colitis," should hence only be made when actively moving amoebae are found, unless indeed, the examiner has had a fair amount of experience, but be it remembered that cold will cause the organisms to assume the circular outline and to become quiescent. Whenever, then, suspicious-looking bodies are found, the slide should be carefully warmed, so as to cause the animal to throw out pseudopodia. Quiescent forms only are found in patients undergoing treatment (irrigation of the colon with a solution of quinine), and in such cases even the application of heat will not call forth any manifestations of life.

It is important to remember that the amoebae may reappear in the feces, when treatment has been suspended for several weeks, and as the patient is always exposed to the danger of amoebic liver abscess as long as amoebae are found in the stools, an examination should be made from time to time, and treatment renewed, until they have disappeared once for all.

In this connection it may not be out of place to point out the fact that the presence of amoebae in the expectoration invariably indicates the existence of liver abscess, often with perforation into the lung, a not uncommon, nay, even frequent, result of amoebic colitis.

Mucus.—The presence of mucus in

the feces must be regarded as an abnormal event in every case. From the standpoint of diagnosis it is further important to note the form in which it appears, whether it be bile stained or not, its relative position in the feces, *i. e.*, whether it occurs upon the outer surface of the stool only, or whether it is found intimately mixed with the feces. Stools are thus met with in which the formed stool or scybalous masses are coated with a thick layer of mucus. In such cases this always presents a transparent, more or less cloudy appearance and is always white or gray, when isolated from the fecal material. In other cases the mucus is intimately mixed with the feces. The latter may be liquid, in which case particles of mucus of variable size may be seen to float about in the stool. Or, again, the stool is mushy in which case the presence of mucus will only be recognized by stirring the mass with a glass rod. Nothnagel has further pointed out that mucus may be present in formed stools in notable quantities, but only recognizable with the microscope.

In another set of cases nothing but irregular masses of pure mucus are passed, when it is of course recognized without difficulty. A similar condition is observed in cases of so-called mucous enteritis. The mucus here appears in the form of bands or cylinders of variable length. In still other cases mucus is found in the form of small yellowish brown or greenish little granules of the size of a poppy-seed and chemical examination will show that the pigment in question is bile pigment. If a drop of concentrated nitric acid be allowed to flow under the coverglass from the side, the typical change of color from yellow to green, to blue, finally to violet, will be observed (Gmelius' reaction).

While the presence of mucus, when occurring in larger masses, is readily recognized with the naked eye, the microscope is necessary, as already mentioned, to establish its presence when it occurs in the form of fine particles intimately mixed with the feces. If in such a case a bit of fecal material is spread out under a coverglass, little islets, more or less numerous, will be observed which apparently consist of tiny fragments which lie closely together, but are still each separated from the other by a very narrow interspace. This appearance is quite characteristic and is common to both the white, viz., gray and yellowish brown particles of mucus. Nothnagel regards their presence as characteristic of disease of the small intestine.

In liquid stools finally roundish or irregular, very pale, hyaline and opaque particles may be found with the microscope, which are devoid of any structure, and partly present a homogeneous and partly a fissured appearance. In all probability these also consist of mucus. Their clinical significance still remains to be determined.

It would lead too far to enter into a detailed consideration of the various morphological elements which may be found in the feces and their clinical significance. It will be sufficient to state that valuable information may frequently be obtained, if the feces be systematically examined in this direction.

Gall Stones.—In order to examine the feces for the presence of gall-stones they should be thoroughly digested with water and passed through a hair-sieve. Biliary concretions may then be found as small crumbling masses or as hard stones, presenting an irregular contour or the smooth characteristic facets. In size they may vary from that of a millet-seed to that of a pigeon's egg. As a rule, of course, they are quite small. The presence of large stones invariably indicates that perforation into the bowel has taken place.

Charcot-Leyden Crystals.—It would lead too far to enter into a description of the various parasites and their ova which may occur in the feces at this place. The writer, however, wishes to draw attention to the frequent coexistence of the so-called Charcot-Leyden crystals with helminthiasis, an observation which was first made by Leichtenstern and which has since been repeatedly confirmed. No special preparation of the stool is necessary. Small particles of fecal matter, diluted with a drop of water, are directly examined un-

der a high power. The crystals in question occur in the form of colorless, elongated octahedra which may vary very much in size. On the other hand, specimens may be found which are from six to nine times as long as the diameters of a red corpuscle, while others again are scarcely visible with even a high power, such as a $\frac{1}{7}$ objective (Bausch and Lomb). They are soluble with difficulty in cold water; insoluble in alcohol, ether, chloroform and dilute (0.6 per cent.) saline solution; slowly soluble in acids and alkalies and even in ammonia. Leichtenstern states that their persistence in the feces after the evacuation of an apparently complete tenia should be regarded as indicating the non-removal of the head.

In conclusion the writer wishes to refer to Elsner's method of demonstrating the presence of the bacillus of typhoid fever in the stools of the patients. If the claims made for this method should be substantiated by further study the diagnosis of typhoid fever could be made within twenty-four to thirty-six hours.

It might be well to send stools of cases of suspected typhoid fever to the bacteriologist of the Health Department for examination.

(Of late Vidal's method of diagnosing typhoid fever by an examination of the blood has attracted much attention. It seems that the method is reliable and preferable to that of Elsner. In the next paper this shall be dealt with in detail.)

SYPHILIS OF THE INNOCENT.

By Henry Alfred Robbins, M. D.,
Washington, D. C.

CLINICAL LECTURE DELIVERED AT THE SOUTH WASHINGTON (D. C.) FREE DISPENSARY, DECEMBER 3, 1896.

THIS little colored girl, aged eleven years, has been referred to us for examination. She complains of sore mouth. On examination you will notice a typical opaline mucous patch, located just under the right bicuspid tooth. Look further and you see another in the right side of the buccal cavity, back by the first molar tooth.

You find enlargement and hardness of the post-cervical, sub-maxillary and epitrochlear glands. Dr. Arwine has placed the child in proper position on the table and you at once will notice a papular, indurated chancre, located on the right labia externa, which is edematous. Oozing from the vagina, there is a most foul discharge. On the corresponding side of the chancre, in the inguinal region, you feel a well-marked bubo. There is the macular erythema, the first eruption of syphilis extending over the chest and abdomen.

On November 11 I reported to the Medical Society three cases of what I supposed were syphilis of non-venereal origin. They were all colored female children, each nine years old. One had enlarged glands and the inguinal and epitrochlear were especially well marked. Over the abdomen there was the characteristic macular eruption. Seated on the labia majora there were a number of condylomata and there was a slight oozing of a mucous discharge at the posterior commissure. The labia were very edematous and on account of the tender age of the child we could not make a thorough examination. The mother has brought the child with her today. You notice now that the edema has subsided and the soakings of black wash and daily dusting of calomel have caused the condylomata to disappear, also .the cauliflower-like excrescences that extended to and around the sphincter ani. Upon separating the labia you see located just within the labia externa, a little to the left of the fourchette, a papular chancre, about the size of a pea, with its ring-like induration.

The water-closet has been accused of being the place where venereal diseases are acquired. There are only two ways

in which the disease can be acquired and that is by direct or indirect contact with something that contains the virus of syphilis. These cases may have been acquired by contact with the parts described, of a not properly cleansed clot, which has been used during the menstrual period of a syphilitic woman, or they may have been produced by design, as it is a well-established fact that certain of the degraded and vicious classes think that if they acquire syphilis they can rid themselves of it by giving it to a child.

Several years ago my friend Dr. Cuthbert sent for me in consultation to see a little colored boy aged five years. We found a characteristic chancre on his prepuce, enlargement of the lymphatic glands and he was covered with a macular erythema. The child confessed to us that his grown up nurse had taken liberties with his person. Only a few days ago, we had in our service a little colored boy seven years old with an acute attack of gonorrhea, the gonococci of Neisser being found in large numbers in the smear of gonorrheal pus on the slide.

This shows the great importance of having a hospital for treatment of venereal diseases where suspected servants can be sent for examination and treatment.

The world at large begins to recognize the contagiousness of pulmonary tuberculosis. Syphilis is just as contagious—I mean acquired in an innocent way. It is not a pleasant topic, neither is smallpox, but the big pox is far more dreadful, for it is not recognized and many of its symptoms are attributed to other diseases, examples of which I gave in a paper called "Syphilis of the Vital Organs."

It is fashionable just now to establish sectarian hospitals for the treatment of the eye, ear and throat. Take away syphilis and there would be no necessity for such hospitals, as it is the chief cause of the eye, ear and throat cases of those who seek aid at the dispensary service.

This colored boy is seventeen years old and he says he has a sore on his penis and also a "waxing kernal." Now take a good look at that sore. You will not have to put on your spectacles or make use of a magnifying glass. It is of mature age and can speak for itself. I imagine it saying "Gentlemen, I am an ulcerating initial lesion of syphilis, and my brother Bubo the boy calls a 'waxing kernal;' you may recognize us in various forms for we have possession and have come to breed."

This is called the Hunterian chancre, but Ambrose Paré discovered it one hundred years before John Hunter was born and was the first to give an accurate description of what is now known as the initial lesion of syphilis.

You will notice that it is located on the right side of a long prepuce. We have already reported several varieties of chancres, initial lesions. I have always in my mind's eye the four types as described from a clinical point of view by the greatest of all living syphilographers, Alfred Fournier, viz.:

First. The erosive desquamative chancre.

Second. The ex-ulcerative chancre.

Third. The ulcerative chancre.

Fourth. The papular chancre."

The erosive chancre consists simply of an epidermic epithelial desquamation, which merely denudes the derma without excavating it.

The ex-ulcerative chancre attacks the derma superficially, laying it bare, but not actually excavating.

The ulcerative chancre (whose acquaintance you have made today, is a speaking illustration), on the other hand, is hollow, excavated, jagged, an ulcer, in fact, but an ulcer at the expense of its own tissue.

Finally, the papular or elevated chancre is situated on a sort of raised plateau and forms a disk rising above and sharply defined from the surrounding tissues; it sometimes assumes the appearance of the *ulcus elevatum* described by some authors.

Three of the little girls that you have recently seen answer to the description of the fourth type of chancre, as described by Fournier. The boy tells us in his own language that he was exposed

about three weeks ago and that he does not remember running against a cart-wheel and that he has not been lifting any heavy logs. This is a classical case, for twenty-one days is the average stage of incubation. According to Fournier, the first act of the drama of syphilis is contamination. Then apparent repose of the organism. Nothing appreciable betrays the disease as yet. Second Act. —Production at the point where the virus has penetrated, and only here, of a lesion called initial, which, for the time, constitutes the only expression of the disease. Third Act. — Explosion of multiple and disseminated lesions beyond and outside of the seat of contamination.

The average time of incubation varies according to the experience of various authors. Diday found the mean duration fourteen days, and so on up to du Mauriac, who mentioned forty days. There are exceptions, as Fournier reports a case in which the stage of incubation was seventy days after exposure. Simonét and le Fort report three cases with a duration of ninety days. The late Dr. F. J. Bumstead told me of a number of cases in which the disease was acquired in Europe, and was developed in this country. I met a young man in Paris who acquired the disease in Portland, Maine, and it made its first manifestations after he had arrived in the capital of France.

The next thing to look for after the appearance of the initial lesion is enlargement and hardness of the lymphatic glands, nearest to the lesion. This is what is called a bubo, or lymphadenitis. There you see it with its cord-like chain of lymphatic vessels leading up to it. Jonathan Hutchinson says that the immoral glands are located above Poupart's ligament, as this one is. Enlarged glands do not always mean syphilis, but I do not remember ever having seen a case of the disease, in which there were not enlarged glands, especially of the epitrochlear. You may find enlarged lymphatic glands and especially below the ligament of Poupart, caused by over-exercise, as excess in dancing, swimming, etc., and also from a sore on the foot or leg, of not a specific nature. We will not take up chancroidal buboes now, only to say that "Syphilis very rarely follows an open bubo." A true syphilitic bubo does not generally go on to suppuration.

Now we will disrobe the boy and we find a most abundant eruption over the chest and abodmen. This is known as the *erythema syphiliticum*, or the macular syphiloderm or syphilide. It is very slightly elevated above the surface of the skin. It varies in form and size. They are rounded hyperemic blotches. In the white race, the eruption is generally known as the roseola syphilide. As it does not itch, it sometimes comes and goes without being observed. Frequently you call the patient's attention to it.

Now our patient tells us that he suffers from headaches and rheumatism. The explosion has taken place and Fournier's drama of the third act of syphilis has commenced. In plain words the history of constitutional syphilis is complete and the disease is ripe for treatment.

Every one thinks he knows how to treat syphilis, especially those who fail to recognize it, when they see it. I regret to state that I have met disciples of Æsculapius who knew just about as much of the disease as Nicodemus did of the new birth.

I have hesitated about writing a paper on the treatment of syphilis, because every case has a history peculiar to itself, and requires a treatment adapted to that particular case. Some have the disease so lightly that I verily believe that they recover without any treatment at all. Other cases assume the most malignant type and go on from bad to worse, in spite of the most approved treatment.

Dr. A. E. Roussel, in the *Medical News*, May 20, 1893, reported a case that was of great interest to me. The patient was a man of exceedingly good record before he acquired the disease. He was forty years of age. Dr. Roussel had charge of the case from the time that the secondary symptoms first appeared. The patient, in spite of the em-

ployment of the very best methods of treatment, developed tertiary symptoms with most agonizing pains over each tibia. He also had necrosis of the hard palate as well as the alveolar processes of the superior maxillary bone and of nasal bones. In the eighth month of the disease, he was reduced from a weight of 190 to 140 pounds. He died a little over one year from the beginning of the disease.

This is a very uncommon history, I am glad to state, but I remember one somewhat similar that occurred here in Washington, about twenty-five years ago and which has never been reported. The man was a patient of one of our very best and noted physicians. This man lost his hard palate and it was with the greatest difficulty that you could understand his nasal twang. I remember that he had to be fed through a stomach tube. He was a married man, who paid dearly for only one licentious indulgence.

From an exalted position in a Presbyterian Assembly and holding an excellent social position he was reduced to an offensive mass of humanity, a most pitiable object. I remember that his wife forgave him and clung to him until they both disappeared from view. I heard that he had returned to his native land on the other side of the Atlantic.

Most fortunately I have had no such cases. I know of no other disease that responds so promptly to the skillful administration of the proper remedies. Often the results of our treatment seem only a little short of the miraculous.

We will give this boy one-quarter of a grain doses of the protoiodide of mercury three times a day.

You notice that we have ordered an ointment containing calomel ℥i, unguent. zinci oxid. ℥i, to be applied to the initial lesion. Long ago we ceased to cauterize the chancre. There is no possible objection to removing some forms with the knife. I would recommend it but I did not believe that it shortens the disease a day. You might as well cut out a vaccination inoculation and expect to abort the secondary fever pustulation. The virus has already been absorbed and is there to do its work.

ARE DISPENSARIES REALLY ABUSED?

By Chas. W. Hartwig, M. D.,
Surgeon to the Presbyterian Eye, Ear and Throat Charity Hospital.

THE subject under consideration is receiving widespread attention, not only here, but all over the entire civilized world. As this has been agitated so often before it will not be necessary to go into preliminaries, but simply to state facts. All are well aware that truths often highly offend, especially when driven home by facts. Our greatest hope is not in revolution but in rectifying a well-known existing and increasing evil. By education and in the teaching of morals to the public, to the false philanthropist who has ground down and made paupers of many. Who has suddenly become conscience stricken and by a payment in the form of tribute, thinking thereby to soothe the awakening conscience.

Many say all that is needed or required of one is to give. What becomes of the gift is a matter of no concern. But I say it is of the greatest import to know what good it does and to what purpose it is used. After that knowledge then we have done our part, or else in trying to counteract a misfortune, we are committing a disastrous and widespread evil. Indiscriminate giving of charity pauperizes a community, converts it into liars and thieves, fills our jails, almshouses and reformatories and who after a while think it an accorded privilege which has been vested in them.

And why ? Simply through the untiring efforts and encouragement of the thoughtless, uninitiated, the over-zealous and the misguided, or those trying to gain favor, honor and prestige.

Let me now cite a few illustrative instances only too true in dispensary life. A man will apply in a great hurry to be treated, as he cannot spare much time from his business. On being questioned he will merely state that he has been paying taxes for many years and because others better able to pay than himself have preceded him he point blank demands treatment. On being refused treatment the abuse heaped on the poor doctor's head is something awful, or possibly through lying, which is sometimes called cunning, manages to escape or evade answering the questions put to him, or answers them in an ambiguous way.

You can tell one who has traveled the circuit by the answers given; they seem to know what is wanted of them, and, of course, they reply to suit the emergency. Many a child is taught its A, B, C's in this special branch. We speak of schools for the education of pickpockets and thieves with a horror, but this fast growing and rapidly spreading evil is but lightly touched upon or not at all. In the one case the culprit is handled by moral, physical and civil law, but in the other is aided, abetted and fostered by the laity, clergy the doctor, and in fact by all. Which, if I may ask the question, is the worst, the former or the latter, or are they to be classed alike ?

I remember a girl twelve years of age on being asked what her father did, promptly replied that her father had told her to tell the doctor that he was very poor and could not pay for treatment. This was given with a great deal of pride, showing how easily and readily the young mind can be moulded. At the Presbyterian Eye, Ear and Throat Charity Hospital a blank is given with questions regarding the inability to pay sonething for treatment; this blank is handed to the suspected individual to fill out. Some few leave the place in disgust, refusing to fill out the same; others more brazen grit their teeth, put on a bold front and brave the storm, thinking by hook or crook to pass over the rapids and safely anchor with a few paltry dollars in their pockets for additional luxuries.

Wives unknown to their husbands, children to their parents, visit dispensaries enticed by some one who has been there before to save the fee of a visit to their physician and attend places of amusement or bedeck themselves with finery. To what must this eventually lead ? A certain minister of the gospel said it was not necessary always to tell the truth; it would seem as if this was the sentiment of many of our dispensary patients. At the Presbyterian Dispensary with which I am connected, charity patients have carried prescriptions in their pockets for two or three years which they have never had filled. This goes to show that they have simply made a convenience of the physicians. Others have the audacity on being caught in the act to say that they do not wish free treatment, pretending not to know where skilled private treatment can be obtained, if they have taken the pains to find a free place with the words—"For the poor only."

It is certainly less trouble to seek a physician's private office. Every excursion from out of town brings a raft of well-to-do persons who seek free dispensaries to save from $1.00 to $25.00 or more, robbing their own physician and boldly swindling another. Some have just returned from the seashore or mountains, of which the fagged out doctor is oftentimes more in need than the patient. But does he get his just desert ? When a doctor himself is ill do the hospitals cheerfully give him a room without paying for the privilege ? Outsiders are plead with and begged to receive the hospitality and charity extended, with the remark that it will cost you absolutely nothing and especial courtesy will be showered upon them.

I will incidentally relate just such a case of a medical man after serving on the staff of one of our institutions for a number of years, who was taken ill and

remained in the same hospital for three days, while still a member of the staff. Immediately after his convalescence he was promptly handed a bill. This goes to show with what courtesy and hospitality the doctor is received by the management. Pray, compare the overworked doctor with the spendthrift or drunken pauper who applies for free treatment. I leave out in comparison the deserving poor, who should at all times be received with open arms and welcomed. See how his work is followed up and appreciated and with what interest his many sacrifices are viewed.

It has been said that contributions are sought by some hospitals with the distinct understanding if a small amount of say one or two dollars is given they and their family need only to apply for free treatment which dare not be refused them whether it be worth $1.00 or $100. This may sound like a comedy farce to many, were it but so. But alas, it is only too true, as those who have investigated and weighed this question know only too well, but which some for policy sake dare not publicly acknowledge. How long is this burning question of the day going to last without any attempt being made on our part of setting things aright? Do not act the part of a coward and wait until a Napoleon miraculously springs up in our midst to conquer and guide you. But be a hero yourself, as opportunities (however golden) present themselves once only. It is therefore the act of wisdom to seize the opportunity. Are we justified in seeing free patients dressed in silks, satins and furs, wearing diamonds, gold watches and profusion of other jewelry, decorated with gold-rimmed spectacles, policemen, letter carriers, city and State officials in general, book-keepers, clerks, mechanics, etc., receiving a fair or good salary, habitual pleasure seekers and theater goers, those who spend their earnings in rum, etc.

How long will this inconsistency go unchecked? Can the medical man look on all this calmly and serenely without raising his voice? Just think for a moment; in Birmingham, England, 128,000 patients out of a population of 500,000 treated in hospitals and dispensaries. Dr. Boyes remarks: "It is a spectacle for the gods to laugh at—a body of learned men exerting their best efforts towards their own undoing." In our different Baltimore dispensaries I firmly believe that from 25 to 60 per cent. are unworthy recipients of charity. The only desire is that all of those who read on this subject will carefully and personally investigate, consider, think and reason out for themselves, get others interested and begin the teaching of morals. By the organization of associations and leading a joint and a personal crusade against those dispensaries disregarding and destroying the prospects of many physicians who are trying to earn an honorable living. A question many times asked, why waste your time and energies on such a minor and insignificant subject. A thing that is worth while tangling is certainly worth solving.

Can we apply our time and talents to a subject more practical and more profitable to all, than the present one that is undermining the medical profession and making medical existence almost unbearable and impossible, destroying the sense of honor, the pride and morality of the laity? What if we can check this calamity in its incipiency before greater havoc is created? Would not that be a practical procedure, a great achievement and a noble deed? Can this be done without injury to those it is intended to benefit? I answer in the affirmative, providing a certain number of physicians and the laity will truly and conscientiously work in harmony. Let us prove that the greater part of the community are not paupers and are not willing to be made such. Your help is needed, mankind needs it and as there is only one epoch in a man's life, grasp the opportunity as time is short at best.

MENTAL FATIGUE AND EXERCISE.—Bum thinks that physical exercise after mental exertion is very bad practice and should be discouraged in the schools. The best thing is physical rest and mental rest in the form of sleep.

Correspondence.

"HYDROPHOBIA."

ANNAPOLIS, MD., January 11, 1897.
Editor MARYLAND MEDICAL JOURNAL:

Dear Sir:—Having read with profound sorrow of the deaths of four boys in Baltimore recently, who were bitten by a rabid dog, and whose treatment at the Pasteur Institute, New York, we have a right to assume was proper and scientific, what are we to do? Four deaths out of eight inoculated will cause the plain country doctor to halt, hesitate, delay, and in this particular disease prompt and immediate treatment is a necessity. I am not writing as a master or teacher upon this subject, but simply as an humble student who has culled the work of other men. My father, and my grandfather, thought and wrote upon this subject; their ideas and those of their cotemporaries have afforded much food for reflection, in view of the innumerable remedies suggested for this as yet incurable malady.

Dr. Joseph E. Muse of Cambridge, Md., suggested several generations ago that chlorine was probably the best antidote for the poison of snakes and mad dogs owing to its power of decomposing animal poisons. Professor Binz of Bonn has of late years made some interesting experiments, using solutions of chlorine in and around the wound.

Dr. Muse also wrote and recommended vapor baths, as suggested by Buisson, for the purpose of sweating the unknown poison out of the system. The *Medical Record* of Jannary 9 mentions the Buisson or vapor bath treatment as a "New treatment for Hydrophobia;" this, of course, is an accident, as all of the readers of that journal must be aware of this old and tried remedy. I do not wish to be recorded as opposed to the Pasteur treatment; it may yet prove a god-send to the human race in the hands of scientific, earnest and faithful men.

I wish to be recorded as suggesting chlorine internally, externally and hypodermically in and around the wound as a reasonable, intelligent, sensible and practical remedy. To this should be added the vapor or sweat bath, which was in use for similar conditions centuries before Buisson ever wrote or was born.

I am not opposed to the advancement of science, new methods and new remedies, but from a careful survey of the histories of the numerous cures for rabies, from scull-cap to actual cautery and inoculation, I am forced to conclude that the remedy is to destroy the poison and eliminate it from the system. Observation, experience, reason, analogy, chemistry and high authority in medical science all teach that chlorine and its compounds will decompose and destroy the poison of insects, snakes and animals. Vapor baths have been used to eliminate poison from the human system from time when the memory of man knows not to the contrary, and since the cases are desperate and the two remedies simple and convenient, would it not be desirable to try them widely and thoroughly? Respectfully,

J. M. WORTHINGTON, M. D.

Medical Progress.

RECENT PROGRESS IN DERMATOLOGY

By T. C. Gilchrist,
M. R. C. S. (ENG.), L. S. A. (LOND. ENG.),
Associate in Dermatology, Johns Hopkins University, Clinical Professor of Dermatology at the Baltimore Medical College and at the Womans' Medical College of Baltimore.

SYPHILITIC REINFECTION.

IN the *Journal of Cutaneous and Genito-Urinary Diseases*, Vol. xiv, No. 167, an interesting case of reinfection of syphilis is recorded by Dr. H. P. Collings. The patient was a man, twenty-eight years of age, who appears to have had syphilis eight years previously, with the usual symptoms of chancre followed by the macular eruption, alopecia and mucous patches in the mouth. He was treated for a period extending over two years.

Six years later the patient presented himself to Dr. Collings with another chancre, twenty-eight days after exposure, the scar of the first chancre still being visible. Six weeks after mucous

patches appeared around the anus, which was later followed by an eruption on the scalp. Mucous patches then formed in the mouth and cutaneous lesions broke out in the right buttock and left calf.

Collins believes this case to be a true example of reinfection of syphilis.

INTRA-UTERINE INFECTION FROM SYPHILIS.

Dr. Abner Post of Boston, in a paper on "Post-conceptional syphilis" read before the American Association of Genito-Urinary Surgeons (abstract in the *Journal of Cutaneous and Genito-Urinary Diseases*) remarked that opinions were divided regarding the existence of the possibility of intra-uterine infection of syphilis. He said that those who are against this view support their argument from the fact that there is no direct interchange of blood corpuscles from mother to fetus and that the contagion of syphilis is carried only by the blood corpuscles and not by the serum. But Dr. Post observes that the problem of infection of the fetus during intra-uterine life simplifies itself into the question whether pathogenic microbes may be transferred from the mother to the fetus or not. Recent investigations have shown that certain micro-organisms, *e. g.*, of pneumonia, of typhoid fever and also the bacterium coli commune, can pass the placenta and infect the fetus, and Dr. Post therefore infers that intra-uterine infection is not impossible in syphilis.

In order to prove that the mother has acquired syphilis, Post refers to the propositions laid down in Taylor's recent edition of his work, which are :

1. It must be shown that the father was free from syphilis at the time of conception.

2. The infection of the mother during pregnancy and her freedom from the disease must be proved beyond a doubt.

3. The child must have unmistakable lesions acquired without doubt before birth.

Dr. Post then reported a case which he regarded as one of post-conceptional syphilis. The following facts were observed by two physicians; the previous good health of the mother was known ; the primary sore was seen during the seventh month of pregnancy ; the secondary eruption occurred two months later ; the child was born apparently healthy, but a perfectly characteristic eruption and accompanying snuffles showed itself at the end of a week ; the father confessed that he had acquired the disease outside of marital relations and transmitted it to his wife.

In the discussion which followed, Dr. Taylor remarked that since it was admitted that syphilis was due to a microbe which resides in the red blood corpuscles and is prevented from coming in contact with the fetus of the placenta, there is nothing to prevent the constant interchange of serum between mother and fetus and this carries with it the toxines of the disease.

Dr. P. A. Morrow did not uphold the view, which he considered rested on insufficient evidence, that the placenta acts as an absolute filter preventing contact of the syphilitic virus with the fetus. He also believed that almost all authorities recognized that the mother may receive infection from a syphilitic fetus. The theory that if the mother acquired syphilis after the sixth month, the product of conception was not liable to become infected, appears to have been somewhat changed according to results of more recent observations, since cases where the mother has contracted syphilis as late as the seventh or eighth month of pregnancy have been recorded.

Dr. White thought that one reason which may account for the rarity of post-conceptional syphilis was probably because the child under these circumstances underwent a species of vaccination, producing an immunity similar to that observed in the mother.

DIET IN SKIN DISEASE.

In a valuable paper read before the last meeting of the American Dermatological Association by Dr. J. C. White of Boston (abstract in the *Journal of Cutaneous and Genito-Urinary Diseases*), he discussed the effect of diet and alcohol upon the causation of and course of the eczematous affections and psoriasis. The disturbance produced by certain articles of food are both direct and indirect, the former being mostly fugitive

in character, *e. g.*, forms of erythema and urticaria, with or without apparent concomitant gastric disturbance, and the latter being produced by the impairment of general nutrition, through a too restricted selection or improper or badly prepared articles of food or those containing toxic properties. Overeating and dieting are both factors of such indirect disturbances.

He also remarked that there are many fallacies about specific articles; the more fixed and positive the belief about them, the more unfounded are they, as a rule. Dr. White then discussed the influence of diet on the causation of eczema.

1. In as far as inference could be drawn from rational dietaries. He here referred to Walter Smith's article on this subject, who says that the consumption of meat in England is 136 pounds per annum per head; in France it is only 46 pounds; whereas in certain nomadic tribes the diet is largely animal but in certain great sects it is largely vegetarian, while in many maritime nations it consists chiefly of fish, yet as far as is at present known, there is no difference in the prevalence or course of eczema among such nations.

2. With regard to the inference from individuals he said that men eat far more meat than women and children, yet eczema is the same in its prevalence and course in these cases and that even under the simplest and most uniform diet, as occurs in infancy, there is most liability and obstinacy of the disease.

3. With reference to the therapeutic test Dr. White observed that this was rarely, if ever, properly applied. Under his experience certain acid fruits easily provoked and often aggravated eczema and he tabooes articles which excite the nervous system and thus aggravate pruritus. He distinctly denied the efficacy of systems of diets devised for prevention or cure of such real or imaginary conditions.

Lastly and fourthly, in discussing the influence of alcohol he said that whole nations use far more than others, yet eczema was not more frequent than the former. In childhood also and in many individuals total abstinence is observed and men took, as a rule, much more than women, yet there has not been any demonstration that the prevalence of eczema is affected by such extreme variations.

Dr. White, therefore, concludes that alcohol is not an important factor in the causation of eczema, but it has both a direct and indirect influence upon the course of the disease by setting up a specific dermatitis and of aggravating any existing one.

In the discussion which followed, Dr. Fordyce remarked that in infancy the tendency to eczema was largely due to delicacy of the skin at that period of life.

Dr. Jackson observed that as a general rule the more simple the diet could be made the sooner would the patient get well.

Dr. Duhring said that there was a vast difference between food as a cause of disease and food as an injurious factor in disease. He questions very much whether food could be regarded as a cause of eczema, except in rare cases, but it had often direct injurious influences upon the disease. With reference to alcohol it was highly injurious in many instances of eczema.

Both Dr. Dyer and Morrow thought that the eczema of infancy was often due to faulty diet or malassimilation. The food was either deficient in quantity or wanting in the proper elements of nutrition. The eczema was found to be markedly improved by correcting these faulty conditions.

Dr. Robinson, the President, said that the eczema of children could be divided into two classes, toxic and parasitic. In forms of indigestion, particularly stomach and small intestine fermentative dyspepsias, certain toxines are found. In his experience the sugars had been found to be particularly injurious and that was a common experience in children who were given cheap candy to eat. He concluded his remarks by saying that when inflammation had once arisen the diet must be considered an important factor in the management of the case.

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BALTIMORE, JANUARY 23, 1897.

Malt Extracts.

VERY recently the result of the investigations of Dr. Charles Harrington as to the value of the various lithia waters was published in these columns. Since that time Dr. Harrington has reported in the *Boston Medical and Surgical Journal* what he considers to be hygienic, therapeutic, dietetic and economic facts concerning extracts of malt.

Malt extracts were according to him thick, honey-like substances extracted from malted barley at a temperature not exceeding 131°F., and brought to the proper consistence by concentration in vacuum pans, and they were supposed to be a powerful converter of starch. These were prescribed by the physician in small quantities and dispensed by the druggist. Their popularity and the benefits derived from their use has resulted in the manufacture of numerous liquid preparations which flood the market and which are not only prescribed by the physician and dispensed by the druggist but are bought outright by the patient from the druggist and even from the grocer; and great singers, actors, professional beauties, strong men, oriental statemen and many others are made to attribute their success to the use of this or that malt extract. These liquid preparations differ from the others in not being thick and syrupy and in being taken by the glassful and in containing alcohol.

Dr. Harrington has gleaned and deduced these facts from observation, but in order to still further carry out his work of investigation he bought in the open market twenty-one different brands of malt extract and examined them as to their composition, their diastasic power and their effects. They seem to be recommended for a great variety of troubles but most of them agree in being beneficial to nursing mothers. Nearly all are to be given in wineglassful doses, or even larger, before or after meals and on retiring. One claims to be a substitute for alcoholic drinks and itself contains more alcohol than ordinary beer.

Dr. Harrington, in analyzing the various lithia waters, refrained from calling the springs by name probably because there are comparatively few springs that claim to put out lithia water in its natural state, but in discussing these twenty-one malt extracts he boldly names them all and gives the analysis of each one. A careful reading of his article does not show any ill will towards the manufacturer of these products and he seems to have been fair in his work. There will doubtless be some replies refuting arguments and the whole discussion will probably be for the good of the physician and his patients.

Struck, as most persons are, with the resemblance of the malt extracts to ordinary beer, porter and ale, Dr. Harrington also analyzed a variety of these liquids and on comparison he found that nine of the malt extracts contained more alcohol than the weaker of the beers and six contained more alcohol than the stronger beers, four more than the ale and two even more alcohol than the porter. In every single one of the twenty-one samples, which include about all the malt extracts on the market, there was complete absence of diastase. Salicylic acid was present in many samples and most notably in one preparation said to be made in Germany, where heavy penalties are attached for the addition of salicylic acid except to those intended for export.

From a moral standpoint, if for no other reason, the dangers of using preparations containing alcohol which claim to be free from it are evident and drinking is encouraged and persons who would touch no liquor in any form innocently partake of these preparations with the idea that they are without alcohol.

Dr. Harrington says if diastase does act in the alimentary canal on the food, then these preparations which claim to contain this substance and do not, are useless, and if diastase is of no use at all, then these malt extracts are no better than the beers, porters and ales and are much more costly, as a comparison of their cost and bottle capacity will show.

Of course in this examination, which seems to have been made conscientiously, no reflection is cast on malt extracts which contain no alcohol and are rich in diastase or which contain even a small amount of alcohol provided it is freely acknowledged on the label. As a fact, it is hardly likely that any malt extract would keep without a small amount of alcohol present. If Dr. Harrington's work arouses a discussion and brings out the true value of the malt extracts it will have accomplished much good. His work sounds sincere and carries with it conviction.

* * *

Abused Members.

The abuse of the body is one of the most prolific sources of the physician's income. Accidents will still continue to happen and disease will still find its way to the most careful, but carelessness and ignorance are the great factors in promoting ill health. Indeed, there are many harmful occupations, many fatal trades and many injurious customs which familiarity has robbed of their terrors. The two especial members which are treated very badly by some persons are the feet and the eyes.

The feet are almost invariably cramped into shoes long enough, but too narrow and too pointed, so that the foot is driven forward and the toes fold one over the other and the nails grow in until torture at times is the result. If custom would allow the wearer to select his own foot covering according to his own comfort he would pick out a long, broad shoe which gave the toes room to spread out and move.

Veils may have their advantage in protecting the face against cold and the hair against the wind, but the average veil is an abomination and not fit to be worn. Not only are the dots very injurious, but the meshes may be too fine. A physician once said that every dot on a woman's veil represented a fee in an oculist's pocket. Whether this be true or not, it is known that every dot on a veil coming before the eye causes a great strain and tires the muscles. Of course there are eyes that can stand the average strain and distant vision through this unnatural obstacle, but too many women have headaches and blurred vision from wearing veils, especially veils with obstructions on them.

If physicians have an especial work to do it is so to give advice that its worth will be felt. As long as it is the fashion to wear veils although injurious, foolish women will wear them even though realizing the harm they do, and as long as pointed and narrow shoes are the mode and make the feet look small just so long will such shoes be worn. Physicians have a duty to perform in giving advice and putting down, whenever opportunity offers, the abuse of these poor maligned members.

* * *

The Feces.

In this issue Dr. Simon continues his articles on laboratory methods in making diagnoses and gives some simple and clear directions for examining the feces. This is one of the most difficult examinations to make because of the difficulty of obtaining proper specimens and the natural objections to making such examinations.

The amoeba coli is so important in dysentery and its complications that in all doubtful cases the feces should be taken to the laboratory or to the office and a specimen put under the microscope, as described by Dr. Simon. Many a long siege of amoebic dysentery, perhaps leading to liver abscess, has been allowed to run on when a simple diagnostic test with a high power of the microscope would have straightened out matters at once and would have led to rational treatment.

The modern physician cannot honestly treat his cases without the most modern tools and he who makes a slovenly diagnosis on the plea of inability to use the microscope or to understand modern methods, will sooner or later be found out and rated where he belongs. A snap diagnosis may sometimes hit but most often it does not and failure is the result.

Medical Items.

We are indebted to the Health Department of Baltimore for the following statement of cases and deaths reported for the week ending January 16, 1897.

Diseases.	Cases Reported	Deaths.
Smallpox		
Pneumonia		33
Phthisis Pulmonalis		27
Measles	2	
Whooping Cough	6	
Pseudo-membranous Croup and Diphtheria.	37	12
Mumps	9	
Scarlet fever	35	2
Varioloid		
Varicella	3	
Typhoid fever	8	2

Smallpox is almost epidemic in Cuba.

Pennsylvania is to have a hospital for consumptives in the country.

There are 2811 students at the University of Pennsylvania, 968 of whom are in the medical department.

At the last meeting of the State Board of Health, Dr. S. C. de Krafft of Cambridge was elected President.

A dispatch from Montevideo reports that Giuseppe Sanarelli has discovered the microorganism of yellow fever.

Dr. Thomas H. Buckler has removed his office from 101 East Preston Street to 1301 Park Avenue, Baltimore.

Dr. J. N. Upshur of Richmond has been elected President of the Richmond Academy of Medicine and Surgery.

The Health Conference of the State and County Health Officers will be held on February 15 at the Faculty Hall.

At the recent annual meeting of the New York Academy of Medicine, Dr. Edward G. Janeway was elected President.

Dr. J. Taber Johnson of Washington has opened a maternity department in connection with his sanatorium, to which physicians may send obstetrical cases and still retain them under their charge.

The bubonic plague has spread with great rapidity in India and careful quarantine is kept up against its invasion into England.

Dr. Colby Cowherd, Gardenville, is dead. He was 69 years old and during the war was surgeon of the Thirteenth Virginia Regiment.

Dr. J. D. Iglehart has been commissioned assistant surgeon, with the rank of captain, for the Fifth Regiment, National Guard, in the place of Dr. Frank West, who resigned some time ago on account of ill-health.

The death is announced of Dr. Ellen C. Leggett of Flushing, Long Island. Dr. Leggett was 60 years old and was graduated from the Woman's Medical College of New York in 1873. She had an office in New York City.

Mr. J. Pierpont Morgan, the wealthy New York banker, has offered to erect a new building for the New York Lying-in Hospital at a cost of $1,000,000, on condition that funds to carry on the work be raised. The board accepted his gift.

At the next meeting of the Medical Society of the Woman's Medical College, to be held at the College building, February 22, Dr. G. Milton Linthicum will read a paper on the "Treatment of Tuberculosis," the discussion to be opened by Dr. William B. Canfield.

Dr. Howard A. Kelly has finished his treatise on gynecology, on which he has been at work for several years past. Several other Baltimore physicians are said to be preparing books for the press. Among them are mentioned Drs. Ashby, Earle, John N. Mackenzie, Flexner, Barker and others.

Dr. Edward Kershner, formerly medical inspector in the United States navy, has been appointed by the commissioners of charities as chief of the medical staff of the Randall's Island Hospital. Since severing his connection with the navy Dr. Kershner has been Professor of Hygiene in the Post-Graduate School of this city.

The American Surgical Association have contributed a fund for the statue of the late Dr. Samuel D. Gross, which has just been cast in Paris. The statue will stand in the Smithsonian Grounds, near the Army Medical Museum at Washington, on a pedestal for which Congress gives $1500. The unveiling of the statue will take place in May.

Book Reviews.

TWO HEALTH-SEEKERS IN SOUTHERN CALIFORNIA. By Wm. A. Edwards, M. D., and Beatrice Harraden. J. B. Lippincott Co., Philadelphia. 1897. 144 pp. $1.00.

These authors have done the health-seeking public a good service by telling the whole and sober truth about a land and climate of so varied and perplexing features as California exhibits. "One traveler reports it to be all sunshine and flowers, another all fog and cold. Some complain of the dry desert winds, with their exciting electrical conditions, while others dwell upon the excessive humidity; when the probable truth is that the critic has not selected the proper environment and has passed by what he is seeking, which is, no doubt, within a few short miles."

Perhaps the best endorsement the reviewer can give this little book is the statement that he was utterly bewildered in his own experience for want of just such plain-spoken information and guidance as is here obtainable. California contains every variety of climate existing sociably side by side within easy driving distance or a day's horseback journey. It is worthless advice to order a patient there without definite suggestion as to locating either on the sea coast, in the valleys, or on the mountain ranges; and the peculiarities of an arid belt should also be understood in advance to prevent disappointment.

"The simple truth about California of the south is quite good enough. It is a fact that here is to be found the best yearly climate in the world." This book neither exaggerates its charms nor passes over its drawbacks.

THE *American Medico-Surgical Bulletin* of New York, published by Merck & Company, appears now on the 10th and 25th of each month. The form is smaller and the volume thicker, the type remaining the same. The hard times have compelled this change. The price is $1.00 a year. Dr. R. G. Eccles, a graduate pharmacist and physician of Brooklyn, is the editor.

THE *Electro-Therapeutist* is a monthly journal of small size, published at Indianapolis under the editorship of Dr. Wm. L. Howe, M. D., Ph. D., and under the auspices of the National College of Electro-Therapeutics.

Current Editorial Comment.

TITLES OF ARTICLES.

Pediatrics.

WRITERS ought to be more careful in the selection of the titles of their articles. No one can read everything, hence the title, even if it do not tell the whole tale, at least should not be misleading.

HOLIDAYS.

Lancet.

MANY men know well what it is, after twelve months of continuous mental work, to feel brain-fagged, though physically quite well. Under such conditions work becomes drudgery and duties that should be light and pleasurable become burdensome. A person in such a case does not need rest in bed or a sea voyage, but some form of agreeable and diversified travel, either amid attractive scenery or places of antiquarian or historic interest. Under such circumstances the cultivation of some hobby is most helpful—such, for example, as the study of some painter's works or the investigation of some special type or period of architecture. To many of the more active and inquiring mind it is indispensable that a holiday should have some motive and purpose or else it will certainly fail of its desired object.

THE DOCTOR'S MISTAKE.

Medical Record.

IN all our relations with our patients, it is the safer and better rule to be more than cautious in our temptations to think aloud in their presence. A discreet general guards his line of possible retreat with as much care as that of attack, concluding that while it is quite bad enough to be defeated, it is still worse to be hopelessly bagged by the enemy. The older practitioner need not be told that the practice of his art is constantly beset by startling surprises. Patients not only get well who should die, but many die without ostensible scientific reasons. To reconcile these constantly recurring experiences makes him an ever-ready trimmer to circumstances and an adept diplomatist with shifting fortune. While apparently knowing everything, he finds it eminently fitting his actual position to know little and say less. The loophole of expediency is as essential to him as are his advice and prescription to his patient. He learns to be astonished at nothing and always on the lookout for the unexpected.

Publishers' Department.

Convention Calendar.

BALTIMORE.

BALTIMORE MEDICAL ASSOCIATION, 847 N. Eutaw St. Meets 2d and 4th Mondays of each month.

BOOK AND JOURNAL CLUB OF THE FACULTY. Meets 2d and 4th Wednesdays, 8 P. M.

CLINICAL SOCIETY, 847 N. Eutaw St. Meets 1st and 3d Fridays—October to June—8.30 P. M. S. K. MERRICK, M. D., President. H. O. REIK, M. D., Secretary.

GYNECOLOGICAL AND OBSTETRICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d Tuesday of each month—October to May (inclusive)—8.30 P. M. WILMER BRINTON, M. D., President. W. W. RUSSELL, M. D., Secretary.

MEDICAL AND SURGICAL SOCIETY OF BALTIMORE, 847 N. Eutaw St. Meets 2d and 4th Thursdays of each month—October to June—8.30 P. M. W. S. GARDNER, M. D., President. CHAS. F. BLAKE, M. D., Corresponding Secretary.

MEDICAL JOURNAL CLUB. Every other Saturday, 8 P. M. 847 N. Eutaw St.

THE JOHNS HOPKINS HOSPITAL HISTORICAL CLUB. Meets 2d Mondays of each month at 8 P. M.

THE JOHNS HOPKINS HOSPITAL MEDICAL SOCIETY. Meets 1st and 3d Mondays, 8 P.M.

THE JOHNS HOPKINS HOSPITAL JOURNAL CLUB. Meets 4th Monday, at 8.15 P. M.

MEDICAL SOCIETY OF WOMAN'S MEDICAL COLLEGE. SUE RADCLIFF, M. D., President. LOUISE ERICH, M. D., Corresponding Secretary. Meets 1st Tuesday in the Month.

UNIVERSITY OF MARYLAND MEDICAL SOCIETY. Meets 3d Tuesday in each month, 8.30 P. M. HIRAM WOODS, JR., M. D., President, dent. E. E. GIBBONS, M. D., Secretary.

WASHINGTON.

CLINICO-PATHOLOGICAL SOCIETY. Meets at members' houses, 1st and 3d Tuesdays in each month. HENRY B. DEALE, M. D., President. R. M. ELLYSON, M. D., Corresponding Secretary. R. H. HOLDEN, M. D., Recording Secretary.

MEDICAL AND SURGICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets 2d Monday each month at members' offices. FRANCIS B. BISHOP, M. D., President. LLEWELLYN ELIOT, M. D., Secretary and Treasurer.

MEDICAL ASSOCIATION OF THE DISTRICT OF COLUMBIA. Meets Georgetown University Law Building 1st Tuesday in April and October. W. P. CARR, M. D., President. J. R. WELLINGTON, M. D., Secretary.

MEDICAL SOCIETY OF THE DISTRICT OF COLUMBIA. Meets Wednesday, 8 P. M. Georgetown University Law Building. S. C. BUSEY, M. D., President. S. S. ADAMS, M. D., Recording Secretary.

WOMAN'S CLINIC. Meets at 1833 14th Street, N. W., bi-monthly. 1st Saturday Evenings. MRS. M. H. ANDERSON, 1st Vice-President. MRS. MARY F. CASE, Secretary.

WASHINGTON OBSTETRICAL AND GYNECOLOGICAL SOCIETY. Meets 1st and 3d Fridays of each month at members' offices. GEORGE BYRD HARRISON, M. D., President. W. S. BOWEN, M. D., Corresponding Secretary.

PROGRESS IN MEDICAL SCIENCE.

THE TREATMENT OF BEDSORES.—The occurrence of bedsores in bedridden patients, as for instance in the course of typhoid fever, during the treatment of certain fractures, or in paralytic subjects, is an event dreaded alike by physician and patient. As most of these ulcerations occur in old persons whose vitality is more or less reduced, it is easy to understand why these cases are so obstinate in yielding to treatment. Aside from scrupulous cleanliness, massage, removal of all pressure from the affected parts by suitable appliances, much can be done to secure the healing of the sore by topical applications of cicatrizing remedies. Although there is a host of agents of this kind, a selection can be readily made since there is none that can compare in efficiency, freedom from irritating and poisonous properties, and agreeableness and convenience of employment with Aristol.

This substance when applied to a sluggish, ulcerative surface, causes granulations to spring up with great rapidity while the discharge becomes less and loses its disagreeable odor. Owing to the lightness and bulkiness of the powder, a small quantity will suffice for a large surface, or Aristol may be employed in the form of an ointment. For bedsores occurring in the course of typhoid fever, Dr. C. Skinner of New Haven, Conn., employs the following treatment: They should be washed twice daily, with three per cent. carbolic acid solution, dusted with an antiseptic powder (Aristol is to be preferred) and a generous pad of absorbent cotton applied over the whole. By changing the position frequently so as to remove pressure from the affected parts, this treatment will usually be sufficient. If it is not, an air cushion will prove very serviceable. This same treatment will prove equally serviceable in cases of bedsores developing in aged persons suffering from fractures of the lower extremities.

Of course in conditions which confine the patient to bed for a long time everything should be done to prevent the formation of these ulcers by baths followed by an alcohol rub, and by gentle massage and sometimes electricity.

PROGRESS IN MEDICAL SCIENCE.

THE PHOSPHOGLYCERATES. — The very prominent position which Phosphoglycerate of Lime and its preparations now hold in therapeutics and its undoubted value as a nerve tonic in the treatment of neurasthenia, warrant physicians prescribing the pure therapeutically active drug only. In 1844 Pelouse first prepared Phosphoglycerate acid by heating glycerine at 100° C. with anhydrous phosphoric acid, and in 1856, Gobley found the same acid in the yolk of egg. This salt is now made by digesting glycerine at 28° for six days at a temperature of a 110° C. with phosphoric acid 60 per cent. The mixture allowed to cool on the seventh day, leaves a glassy transparent mass, which is then saturated with the milk of carbonate of lime. The whole is then filtered and the clear liquid exactly neutralized with lime and again filtered and precipitated by alcohol at 90°. The precipitate is drained as dry as possible and dissolved in cold water, filtered and evaporated at a very low temperature. Various modifications of this general mode of manufacture have been proposed, but the phosphoglycerate of lime prepared by Chapoteaut process (late assistant to Pelouse) is the one generally used in dispensing. It is important, in prescribing phosphoglycerate of lime, to insist on a chemically pure and fresh preparation, as there are numerous adulterations, especially as the phosphoglycerates have always a tendency to decompose, however well prepared. Capsules of four grains each are the best form for internal administration as the salt is then preserved from the action of the air. Hypodermic injections should alway be freshly prepared, as recommended by Professor Albert Robin.

BLENNOSTASINE, a new remedy for colds, influenza, hay fever, la grippe, etc.—This new compound is one of the most valuable products yet discovered for the treatmet of affections characterized by catarrhal super-secretion. In the treatment of "colds," Blennostasine is particularly effective, and far superior to quinine and similar compounds. A dose of four or five grains given every hour will "break up" a severe cold in twenty-four hours, arresting speedily the sneezing and mucous discharge. For preventing accumulations of mucus in the bronchial tubes at night, Blennostasine may be given in doses of five grains at bedtime. The drying or blennostatic effect of this drug is most remarkable, and renders it of great value in the treatment of hay fever. If given frequently the symptoms are promptly relieved, and though recurrence may take place the next year, the usual attack may be averted if treatment is begun early. The contractile effect on the vaso-motor system of the upper respiratory tract is at least as marked as that produced by belladonna, atropine and other compounds, whilst Blennostasine possesses the additional advantage of being absolutely non-toxic. It forms a perfect substitute for belladonna, etc., in hay fever, acute influenza, rhinitis, intermittent rhinorrhea, laryngorrhea and bronchorrhea. Blennostasine, although somewhat analogous to quinine, is without many of its unpleasant qualities. The drying or blennostatic effect of this remedy has suggested the name, which is more convenient than the chemical designation. Blennostasine is a crystaline solid, very soluble in water, and of a bitter taste. Owing to the latter fact, it is best administered in the form of gelatine-coated pills.

PARIS, December 9, 1896.

GEORGE W. COX, M. D., 2258 Wabash Avenue, Chicago, Ill.:

Dear Sir: — Replying to your letter of November 19, I have to say that the Pasteur Institute of Paris occupies the very highest position and seems to have the confidence of the medical fraternity of Europe and of the general public. I am personally assured by Dr. Roux, who succeeded the late Dr. Pasteur as head of this Institute, that none of the "Pasteur Institutes" in America have any connection with it. He says that in most cases the preparations used or sold by these Pasteur Institutes are made by them and do not come from the Institute in Paris. The preparations made here are regularly furnished to the Pasteur Vaccine Company, whose office is at No. 56 Fifth Avenue, Chicago. I am assured by Dr. Roux that this company is entirely reliable, and that its representatives are worthy of confidence.

Yours very truly,

(Signed) SAMUEL E. MORSE,

Consul General of the United States of America.

36 Avenue de 'Opera.

Therapeutic Suggestions

How To Treat a Cough

In an able article under the above heading in the *New York Medical Journal*, Edwin Geer, M. D., Physician in Charge of the City Hospital Dispensary; also Physician in Chief, Outdoor Department, Maryland Maternité Hospital, Baltimore, writes:—

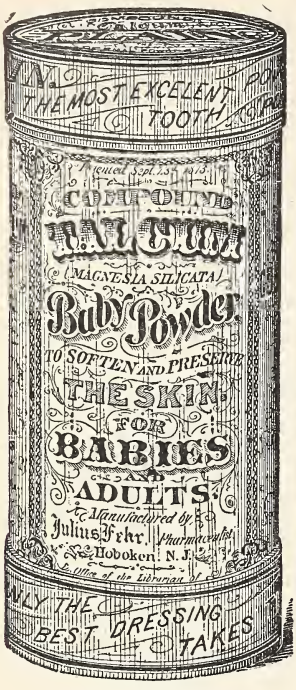
"The object of this brief paper is not to try to teach my colleagues how to treat a cough, but simply to state how I do it, what good results I get, and to call their attention to those lighter affections of the throat and chest the principal symptom of which is an annoying cough, for which alo e we are often consulted. The patient may fear an approaching pneumonia, or be anxious because of a bad family history, or the cough may cause loss of sleep and detention from business. What snall we do for these coughs? It has been my custom for some time to treat each of the conditions after this general plan: If constipation is present, which is generally the case, I find that small doses of calomel and soda open the bowels freely, and if they do not, I follow them with a saline purgative; then I give the following:

℞ Antikamnia and Codeine Tablets, No. xxx.
Sig.: One tablet once every four hours.

"The above tablet contains four grains and three-quarters of antikamnia and a quarter of a grain of sulphate of codeine, and is given for the following reasons: The antikamnia has a marked influence over any febrile action, restores natural activity to the skin, and effectually controls any nervous element which may be in the case. The action of the codeine is equally beneficial, and in some respects enforces the action of its associate. The physiological action of codeine is known to be peculiar, in that it does not arrest secretion in the respiratory or intestinal tract, while it has marked power to control inflammation and irritation. It is not to be compared with morphine, which increases the dryness of the throat, thus often aggravating the condition, while its constipating effect is especially undesirable."

The London Lancet's Endorsement

"Antikamnia is well spoken of as an analgesic and antipyretic in the treatment of neuralgia, rheumatism, lagrippe, etc. It is a white powder of a slight bitter taste and alkaline reaction. It is not disagreeable to take, and may be had either in powder or tablet form, the latter in five-grain size. It is described as not a preventive of, but rather as affording relief to, existent pain. It appears to exert a stimulating rather than a depressing action on the nerve centers and the system generally."



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