

## Correspondence.

## Correct Use of Words.

CHICAGO, Nov. 4, 1899.

*To the Editor:*—The former usage of the Latin word *sutura*, and its English derivative suture, always had three meanings: 1, a seam, or the line of union made by sewing parts together; 2, the seam-like lines of junction of the cranial bones; 3—in surgical use—the thread used to make the row of stitches composing a suture.

According to the best authority the Latins did not apply the word *sutura* to a single stitch. For the latter they employed a phrase of two words signifying "a passage of the thread." There was also a rare word, *punctio*, for stitch, but it almost never appears in their literature.

When our medical ancestors dropped the Latin and began to write their works in English, their dignity, or perhaps their pomposity led them to feel that the use of the word seam was too much like the low phraseology of cobblers and tailors, so they altered the Latin word *sutura* to make the English suture. However, they were not entirely relieved from contact with the despised English tongue. There was the word stitch and no Latin derivative for it, but they made the best of it, and manfully concluded to use it, so that stitch and suture were in these days never confounded. General literature has never changed in that respect. The great dictionaries of the English language are nearly or quite unanimous in stating that stitch and suture are not synonymous. Webster, Worcester, "The Century Dictionary," "The Standard," and the "Encyclopedic" dictionaries agree in this. All the earlier surgical authors, and the older medical dictionaries agree on the same point.

However, a change set in. About forty years ago careless, or illy-educated surgeons, both in this country and in England, began confusing the two terms. The medical dictionaries held back at first, but by degrees they yielded to the constant pressure of the blunders in professional books and journals, and now they are giving a set of definitions which, in a blundering and confused way, admit that stitch and suture are or may be synonymous terms. Highly educated medical writers still cling to the pure English use of the words, but the blunderers are apparently winning the victory by the sheer pressure of superior numbers.

There are surgeons of great merit whose writings are continually helping on this deterioration. It is a matter of regret, because it lowers the standard of English clearness and precision. One writer says, nearly as follows: "I closed the incision with a suture six inches long. . . . by inserting fifteen sutures about a centimeter apart. Here the writer, a man of high reputation, actually claims to have made one suture by putting in fifteen sutures. Scores of reputable writers are blundering in the same way. I give no names because I am fighting literary errors and not combating individuals.

It is apparently the useless introduction of the Latinized term "suture" which has led to this error. No one would ever have confounded seam and stitch, but suture, not being vernacular, is a hazy term in many minds.

It is best for the clearness, honor and influence of our professional literature that we use the simplest and purest English possible. Yet a surgical writer said to me not long ago that he preferred to use as many Greek and Latin derivatives as possible, so as to add dignity to his words.

I know that we have to express many objects and facts which have no English names, and hence we can not avoid all technical terms, but the evil is that unskilled writers load up their pages with an enormous and unnecessary amount of such rubbish. Any excess of technical verbiage conceals clear thought as the scabbard conceals the sword. Draw the blade when you wish to strike home.

The long Greek and Latin derivatives of our college days, when uselessly lugged in, have a musty smell. They are the dried catnip of literature. Like bunches of herbs hanging on the rafters of housewives' garrets, they swing and rattle in empty heads, giving forth only an ancient medicinal odor.

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EDMUND ANDREWS, M.D.

## Milk from Tuberculous Cows.

WORCESTER, PA., Oct. 16, 1899.

*To the Editor:* In vol. xxxiii, page 988 of the JOURNAL, you say: "Considerable positive evidence exists of the danger from use of milk derived from tuberculous cows." This statement and statements like it are very misleading and can not be accepted by one that has given the matter much thought. It has by no means been proved that the disease is transmittable from bovine to man or vice versa, and yet this is a question that should be decided.

Such statements will have a discouraging influence on scientific investigators. It certainly has not been proved that man will take tuberculosis from milk of cows or from their meat, and expressions like the above are accountable for so few investigators working up this subject at the present time.

Very truly,

E. G. KRIEBEL, M.D.

[It has been abundantly demonstrated that the milk of tuberculous animals—and in less degree its secondary products, butter and cheese—contains tubercle bacilli, and inoculation of lower animals with such material has been followed by the development of tuberculosis. (See JOURNAL, Feb. 18, 1899, p. 373.) We are not aware that analogous experiments have been made on human beings, but it is the consensus of opinion that there is an intimate relationship, if not actual identity, between the bacilli of animal and of human tuberculosis. Ed.]

## Association Committee on Legislation.

CLEVELAND, OHIO, Nov. 1, 1899.

*To the Editor:* Readers of the JOURNAL will remember that at the Columbus meeting of the ASSOCIATION the Committee on Legislation, of which Dr. H. L. E. Johnson, Washington, D. C., is chairman, was authorized to invite, in the name of the ASSOCIATION, the army medical service, the navy medical service and each state society of legally qualified practitioners of medicine, to send one delegate each to a conference to be held at Washington, D. C.; such conference to consider the medical and sanitary legislation now pending, and the members of the conference to report to their respective societies such action as ought to be taken. It goes without saying that the members of the conference will push to their utmost ability those measures on which the profession is now in substantial agreement, such as, for instance, the measure to establish a national board of health, which we hope will be got through at the coming session of Congress. While the committee representing the AMERICAN MEDICAL ASSOCIATION carries weight with Congress, its members can not appeal to the senators and representatives from a given state with the directness and force that a committee can which has been appointed for that purpose by the medical association of their own state. Nor will a resolution passed by the AMERICAN MEDICAL ASSOCIATION come home to them like an expression of opinion from the physicians of their own state—men whom they know and of whose character and attainments they are personally cognizant. Each congressman will say to himself, when the committee from his own state calls on him: "If the state medical society regards that matter of sufficient importance to send a man here and pay his expenses there must be something to it, and I can afford to give it my careful consideration," and unless there appear strong reasons to the contrary the measure is likely to get his hearty support. While denominated a "conference," in the resolution, such an assembly of representative men from the AMERICAN MEDICAL ASSOCIATION and the various state societies, called together for business, would run little risk of degenerating into a "talking match." The first day's session would definitely determine what were the measures on which the medical profession had already agreed, and which of those were in such shape before Congress that they could be advantageously pushed. Forenoons could be spent by the members of the conference interviewing their respective senators and representatives, and by special committees of the conference appearing before the committees of Congress having such legislation in charge. Afternoons and evenings could be spent by the conference in deciding which measures it would be best to "tackle" next, and a report could be agreed on, which the members would submit to their respective societies for ratification or rejection. In three or four days so spent every member of both House and Senate will have been

interviewed by a physician duly accredited from his own state; hearings will have been had before the proper congressional committees, and matters will have been systematized for future action. The conference can then adjourn, leaving the permanent committee in Washington and vicinity with full power to act. That committee would then represent in the minds of the congressmen, not merely the AMERICAN MEDICAL ASSOCIATION, but the organized medical profession of the United States. It could see that the proper bills were introduced, that they were before the proper committees and in such shape as to be pushed by the next conference when the members came together fortified by the action, not only of the AMERICAN MEDICAL ASSOCIATION but of their respective state societies as well. This move of the AMERICAN MEDICAL ASSOCIATION makes it possible for the opinions of the medical profession to exercise a steady pressure on Congress for the public good. It furnishes a means by which the consensus of the mature judgment of the medical profession of the United States can find authoritative expression, and puts it out of the power of irresponsible physicians, with time on their hands and "money to burn," to air their fads before congressional committees under the guise of medical opinions.

Respectfully,  
L. B. TUCKERMAN, M.D.

#### Medicine in the Far East.

(From Our Special Correspondent.)

KIOTO, JAPAN, Oct. 4, 1899.

#### THE FOREIGNER'S STATUS.

When over a generation ago Japan was compelled to abandon her position of isolation and open her doors to the ingress of western trade, and western ideas, her rulers wisely concluded to profit as much as possible by this new innovation, and allow her people to imbibe as much of western learning as it was possible for them to assimilate. Hence, she sent her brightest youths to Europe and America, to be instructed in their best institutions of learning, as well as inviting men of eminence to come to Japan and act as teachers in her own institutions of learning. From some cause or other, Germany was chosen as the country where most of these young men were sent to be educated; and German professors were called, in the main, to fill chairs in Japanese colleges.

The army that achieved such phenomenal success in the war between Japan and China, was drilled by German officers. A couple of decades ago nearly all the professors in the medical department of the Imperial University at Tokio were Germans. To-day, however, with a medical faculty composed of twenty professors, all the Germans but two, viz., Prof. Erwin Baelz and Prof. Julius Scriba, have been weeded out.

In fact, this weeding out process extends through every department where foreigners formerly held positions. A decade ago English engineers ran all the engines on all the railroads in Japan. To-day not a single one is to be seen. The German officers who once drilled the Japanese soldiers have been dismissed and their places filled by natives. In fact, the prints here boast that in a generation Japan has been able to stand abreast of the West in all the higher departments of learning, and predicts that at the end of another generation she will be able to eclipse all her rivals.

In the service of Dr. Scriba I saw considerable surgery, and though he stands high as an operator and teacher, his technic was not what one would have expected from a German as far as cleanliness and antisepsis are concerned. He uses chloroform exclusively as an anesthetic, because he considers it safer than ether, and sets his patients upright when operating on the face and head, because this position, he says, lessens the tendency to hemorrhage, never hinting at the fact that such a position immensely increases the danger of the patient's dying from the effects of the chloroform.

Prof. Baelz is a fine teacher of clinical medicine and, as a general practitioner, probably stands at the head of his profession in Japan. Speaking of his German colleagues who have been let out of the medical faculty here, he told me that he had wanted for some years to resign his chair and devote the balance of his life to anthropology, but the authorities seem disinclined to let him go. The explanation of his being retained is probably the fact that, a few years ago, he attended one of the royal family, and was accredited with saving the

patient's life, and in consequence the Mikado is desirous of keeping him within calling distance. Despite the fact that nearly all the German teachers have been sent home, German text-books are still the standard authorities, and bed records are kept in German here in Tokio.

Prof. Baelz, in his clinical teaching uses the German language exclusively. In former years I have met a good many Japanese medical students abroad. And after my acquaintance with these, those I saw at Tokio were a sad disappointment; for while they were extremely attentive as students, the most of them appeared to belong to a lower class socially than their fellow countrymen whom I had met in Europe. A majority of them understand the German in which I heard them taught but imperfectly.

#### DISEASES PREVALENT IN JAPAN.

I learned from Prof. Baelz that genuine croupous pneumonia, erysipelas and acute articular rheumatism are three diseases that are extremely rare in Japan. Nearly all the pneumonia he encounters here is of the infantile type, which he treats with oft-repeated warm baths, with little or no internal medication. I saw a good many cases of typhoid fever in the wards of the Imperial Hospital at Tokio. He tells me that while the sanitary condition of the capital has been immensely improved during the last quarter of a century, typhoid fever has constantly increased. Before the influx of foreigners into Japan the disease could hardly be said to have existed at all; the germ that produces the disease was imported from abroad. After giving a thorough trial to most of the popular remedies for treatment of this disease, including a modified form of the Woodbridge treatment, for the last five years he has used nothing but camphor, and considers the drug superior to any remedy he has ever employed. He gives one gram of the drug in the twenty-four hours, divided into six doses.

#### BERIBERI.

I saw here at Tokio, in the Imperial Hospital, my first cases of that Asiatic disease beriberi. Those I saw were nearly all the result of typhoid fever. A weak circulation, a rapid pulse, and a condition of partial paraplegia were symptoms that existed in all these. The disease is extremely prevalent in Japan, Dr. Baelz having the records of a thousand cases he has treated. He believes there are 50,000 annually in the entire empire. Those who have had a large experience in the management of the affection do not agree as to its cause. The chief of the Japanese medical marine service, Dr. Takali, thinks that it is caused by a deficiency of albumin in the diet of the great masses of the people, and hence his chief element in its treatment is to supply this deficiency by giving the patient freely of egg and the like. Dr. Baelz, however, does not hold to this theory as a causative factor in the production of the disease, but believes that altitude plays an important rôle in its production, and hence sends his patients, when possible, to the mountains, giving them at the same time digitalis, strychnin, etc. Statistics show that from twenty-five to fifty in every thousand of those attacked succumb.

#### DIABETES MELLITUS.

Contrary to what one might expect among a population whose diet is composed largely of articles that contain a large amount of starch, diabetes mellitus is a very rare disease in Japan. Instead of putting his patients who suffer from this malady on a meat diet, which is poor in quality and dear in price here, Dr. Baelz gives them beans almost exclusively, the *Phaseolus radiatus*. Opium and salicylate of soda are the only drugs he gives, and on this plan of treatment his patients usually rapidly recover. An unimpressible condition of the nervous system of the Japanese as a race, may account for their partial exemption from this disease.

#### TUBERCULOSIS.

Tuberculosis is very prevalent, especially among the upper and middle classes who live sedentary lives. The laboring classes, however, who live out-door lives and take considerable bodily exercise, are less liable to the affection. The theory that is advanced to explain this condition of things is that persons who live on a diet composed largely of rice and the like, must use active exercise to consume its waste products, or the system becomes contaminated. Therefore the albuminoids and fats ought to enter largely into the diet of those who are not employed in manual labor.