

bodies would be intolerable. On the other hand, it is almost impossible to get at them or to examine thoroughly the holds of ships.

#### SUPRARENAL CAPSULE DISEASE.

A new form of disease of the suprarenal capsules, quite distinct from Addison's disease, has just been described by Sergeant and Bernard in the *General Archives of Medicine*. This syndrome is similar to that obtained by totally suppressing these organs in different animals. The symptoms observed are those of Addison's disease, such as asthenia, vomiting, pains in the lumbar region and final collapse. One phenomenon is, however, absent, the dark color of the skin or melanoderma. Dr. Sergeant establishes three forms of this disease and classifies them in the following manner: In one variety, of which he has collected eight observations, no symptoms are noticed before death, which takes place suddenly. In performing the autopsy, the lesions affecting the suprarenal capsules are found. In a second variety, he describes the acute forms, which last from twenty-four hours to three weeks, with an average duration of three to eight days. The most salient feature in these cases is that the aspect of the patient is that of a man suffering from some rapid form of autointoxication or poisoning. The third variety is related to the other forms as chronic is to acute uremia. As usual, there are pains in the lumbar region, vomiting, diarrhea and syncope. The patient grows slim and anemic, asthenia sets in, and death ensues by progressive cachexia, or sometimes by the disease taking on a rapid course.

This disease generally affects young patients in the midst of apparent good health, sometimes after a slight blow or injury, or as a result of paludism. The diagnosis is almost alway erroneous, and what is generally thought of is poisoning, appendicitis, acute peritonitis, or cholera. In some sub-acute cases, the diagnosis might be thought of when the progressive asthenia is the dominant symptom. The pathology observed is that of Addison's disease, tuberculosis, cancer, suppuration or hemorrhagic foci. The prevalent lesion is, however, tuberculosis. In most cases, well-nigh all trace of glandular substance had disappeared.

#### COCAIN AS AN ANESTHETIC.

At the meeting of the Academy of Medicine held May 29, Dr. Tuffier cited several examples of the use of cocaine as an anesthetic by injecting it into the spinal arachnoid space. The dose used was 1 cg., and the condition obtained was sufficient to allow, in one instance, the amputation of a leg, in another the performance of laparotomy, and in still another, nephrectomy.

#### HYPERSPLENOMEGALIC BILIARY CIRRHOSIS.

There has been an interesting discussion at the medical society of the hospitals over the disease known as hypersplenomegalic biliary cirrhosis, that has been minutely described by Drs. Gilbert and Fournier in the *Presse Médicale*. It is characterized more especially by the fact that the patient suffers from jaundice without having the large liver seen in the "Maladie de Hanot," or hypertrophic biliary cirrhosis. Dr. Chauffard, the great liver specialist, took the authors to task because they had declared that Popoff's article on the subject was quite distinct from their own, and that their work on the subject was anterior to his. Dr. Gilbert answered that there was no question of priority between Popoff and himself, as he had published articles on the subject in 1895 that were not cited by Chauffard.

#### PANACEA FOR LA GRIPPE.

During the last influenza epidemic, which took place this spring, a deputy, Dr. Borne, gave a special formula for the treatment of influenza to a great number of his colleagues at the Chamber of Deputies. The fame of it spread abroad. Dr. Borne was interviewed, and his formula was published in the newspapers. There was nothing, so far as I can remember, very special in its concoction, it being slightly antithermic, laxative and antiseptic.

THE French minister of war, de Gallifet, has summarily and absolutely prohibited the sale of alcoholic liquors of any kind in all the military canteens.

## Correspondence.

### Typhoid Fever Among American Soldiers in 1898.

PHILADELPHIA, June 9, 1900.

To the Editor:—In Dr. Vaughan's article on typhoid fever among the American soldiers in 1898, which was published in THE JOURNAL of June 9, 1900, there is a statement which, I think, calls for some explanation on my part. He says, "The claim is made by an assistant-surgeon of one of the Pennsylvania regiments that there was not a case of typhoid fever in his command, but the records of the Philadelphia hospitals show that certain cases sent from this regiment proved to be typhoid fever." The regiment referred to was the 2d Pennsylvania, of which I had the honor to be one of the assistant-surgeons. The regiment returned to Philadelphia on Sept. 15, 1898, for the purpose of being mustered out. With the approval of its commanding officer, Col. John Biddle Porter, I wrote an account of the sanitary condition of the regiment, which I forwarded to the Charlotte, N. C., *Medical Journal* on October 12, and which appeared in the November number of that journal. I sent a reprint of my article to Dr. Vaughan as soon as I learned that he was on the committee to investigate the causes of typhoid fever among the troops. The points to which I desire to attract attention are: 1. In my article I stated distinctly that we had had a death from typhoid fever, and the record of this death will be found in our official returns. 2. Not a single case of illness of any kind whatsoever was sent from our regiment to a Philadelphia hospital during our entire camp life. 3. After our return on September 15, the men scattered in all directions and were no longer under the charge of their medical officers. In an interview with the late Dr. Shakespeare, last February, he informed me that during October and November, 1898, the records of Philadelphia hospitals showed that several men who claimed to have been members of the regiment, had been treated for typhoid fever in those institutions. 4. The man who died of typhoid fever was in that battalion of the regiment stationed at Pennsgrove, N. J., and was under the sole medical charge of the other assistant-surgeon, Dr. R. P. Robins, now captain and assistant-surgeon, U. S. V., serving with his regiment in the Philippines. That gentleman signed the death certificate, typhoid fever, and in his official return named that disease as the cause of the man's death, so that he could hardly have made the claim that there were no cases of typhoid fever in the regiment.

I write this in order that there may be no misunderstanding in regard to Dr. Vaughan's statement. It would be a great satisfaction to me if Dr. Vaughan would state definitely who made the claim that there were no cases of typhoid fever in the 2d Pennsylvania, as I certainly did not, and I do not see how the other assistant-surgeon could have done so.

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## Deaths and Obituaries.

BENJAMIN HOWARD, M.D., College of Physicians and Surgeons, N. Y., 1858, died at Elberon, N. J., June 21. He was a native of England, and came to America quite a young man. He soon turned his attention to the study of medicine. He served in the Civil War as assistant-surgeon of the Nineteenth Regiment, N. Y. Vol. Inf., and later of the Third N. Y. Light Artillery. He was medical purveyor and medical director in the Department of the Ohio and later in the Army of the Potomac. Before the days of antiseptics, he attracted the attention of surgeons to the treatment of gunshot wounds of the chest by hermetical sealing instead of drainage. An army ambulance wagon exhibited at the Paris International Exposition, however, brought him more renown, and to this day is an accepted model, with more or less minor modifications. In 1873, his health failed and he left New York for a prolonged stay in Europe, Asia and Africa. His health somewhat regained, he took up his residence in London, England, where he became a Fellow of the Royal College of Surgeons, a writer of important medical papers, and in addition was active in