

In notes now available I find recorded sixteen of a considerably larger number of examinations of male foreign students. Of these sixteen cases, seven, or 43 per cent., were positive. Four of the seven exhibited whipworm infestation, four hookworm, two *Ascaris*, and two *Strongyloides stercoralis*. The most interesting case was that of a Porto Rican who was found to harbor five different species of intestinal worms. There were present eggs of the hookworm, whipworm, *Ascaris*, *Schistosoma masoni*, and the larvae of *Strongyloides stercoralis*. Details of this case I reported in *Science*, Oct. 18, 1912.

As bearing on the possibilities of parasite dissemination, it may be noted that one of the cases of hookworm infestation was that of a Cuban student who had been in this country for four years. For two years he attended a school in central Pennsylvania, but made his home throughout the four years in a small village in southern New York. This patient also harbored whipworms. He was given thymol treatment by a local physician, and a subsequent diligent examination failed to reveal hookworm eggs, although those of the whipworm were apparently as abundant as at first.

It is significant, also, that two of the hookworm and one of the *Strongyloides* carriers were in courses which required summer camp work, and so were associated with their fellow students under conditions which were favorable for transmission of parasitic infestation.

In considering percentages of infestation, there is the well known risk in having estimates on the few data available for both Mr. Van Lier's studies and mine. This may be illustrated by the fact that if I considered the first ten cases in my notes the figures show a 60 per cent. infection, while if I take the last ten cases there would seem to be only 20 per cent. The possible error in considering a total of only thirty-six cases is very great.

Moreover, it must be noted that these are picked cases, the patients having consulted the university medical officer, or local physicians, for indisposition which might have been in part referable to the presence of the parasites. From Mr. Van Lier's statement that the stools examined "were obtained from the Clinical Department of the University of Wisconsin," it would appear that the same restrictions might apply to his data.

Whatever the exact percentages, it is obvious that parasite carriers may at any time be a source of infestation of their associates. This applies not only to foreign students but also to our own students from regions infested with hookworm. However tolerant the carrier may be himself, general sanitary considerations demand that he be rid of his parasites. Such studies as are presented by Mr. Van Lier are very suggestive, and afford valuable data for determining the distribution and possible sources of introduction of intestinal parasites in the United States.

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#### Ventilation of Operating Rooms

*To the Editor:*—With all our fresh air propaganda is it not strange that the sterilizing and operating rooms of our city seem never to have profited by it? I have assisted or operated in five Chicago hospitals and have witnessed operations in seven others, and in none of the operating rooms was there any evidence of scientific heating and ventilation such as may be found in public schools and other buildings.

Postoperative pneumonia is considered due to chilling of the patient, but I believe the vitiated atmosphere of the operating room may have a devitalizing influence on the patient. When you consider the amount of fresh air that is necessary to keep the carbon dioxide below the safety limit, it is strange that more patients do not succumb.

The operator dreads a draft of air which sends dust flying, with the chance that each particle of dust is an airplane carrying a germ as a passenger. But air can be washed, warmed and filtered, and delivered and removed from rooms without dust raising, and it should be done.

E. P. S. MILLER, M.D., Chicago.

## Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

### THE RECTAL TUBE AND HIGH INJECTIONS

*To the Editor:*—I have been trying to find some reference to enemas in recent numbers of THE JOURNAL. I want to find out how far a rectal [colon] tube can be inserted in giving "high injection." My understanding is that the tube does not go so far as usually supposed, but curls up in the rectum. Will you kindly give me the truth of this?

F. B. BOGARDUS, Eureka, Mont.

ANSWER.—Naunyn in 1896, Nothnagel in 1898, and Boas in 1903 disputed the contention of contemporaries, generally accepted up to that time, that the soft tube could be introduced into the colon, contending that it never passed the sigmoid. G. S. Hanes of Louisville in 1909 claimed that it could be done, but failed to demonstrate it by roentgenograms, some of his own pictures showing the tube coiled in the rectum. Soper of St. Louis, in 1909, tried to pass the tube in a series of sixty patients, in the side and knee-chest positions, using either a well oiled tube, a tube with a mixture of oil and bismuth, or a watery solution of bismuth flowing at the time of the introduction. Roentgenograms showed that the tube coiled up in the rectum in every instance except one, a case of congenital idiopathic dilatation of the colon (Hirschsprung's disease), in which the tube passed into the dilated colon. Yates of Detroit attempted to pass a variety of instruments in addition to the usual colon tubes, such as Wales bougies, large, heavy bodied, soft rubber catheters, a metallic spiral coil, the flexible stilet of a horse catheter, and different sizes, weights and lumens of both rectal and stomach tubes, but, as shown by roentgenograms, with failure in every instance. The patients were placed in the dorsal, knee-chest, ventral, Sims, and modifications of these postures. The tube always coiled in the rectum or failed to pass the sigmoid. In a discussion of Yates' paper this was confirmed by McMurtry of Louisville, and by F. Reder of St. Louis, who worked with Soper in his experiments, as well as by others. Machell in 1911, working with children, came to the same conclusion, declaring that the tube always coiled in the rectum, frequently presenting its tip at the anus. In the discussion this was confirmed by Chapin and Jacobi, the latter saying that in experiments conducted by him in children, roentgenograms had shown the tip of the tube in the region of the liver, but that it had simply carried the sigmoid, which is disproportionately long in children, to that region, and never entered the colon. Yates, Machell and others say that it is not necessary to introduce the tube into the colon, but that the short tube answers every purpose, the irrigations being carried to the colon and even to the cecum in a very short time, facilitated, perhaps, by posture. Yates accepts the view of some authors that this is due to a reversed peristalsis and is not necessarily the result of pressure in the rectum.

Naunyn: *Mitt. a. d. Grenzgeb. d. Med. u. Chir.*, 1896.

Nothnagel: *Specielle Pathologie und Therapie*, 1898.

Boas: *Berl. klin. Wchnschr.*, 1903.

Hanes, G. S.: *Kentucky Med. Jour.*, 1904, iv, 173.

Soper, H. W.: The Colon Tube and the High Enema, *THE JOURNAL A. M. A.*, Aug. 7, 1909, p. 426.

Yates, H. W.: The Present Status of the Colon Tube, *Tr. Am. Assn. Gynec. and Obst.*, 1910, p. 13; abstr., *THE JOURNAL A. M. A.*, Oct. 8, 1910, p. 1310.

Machell, H. T.: Colon Irrigation with the Long and Short Tube, *Tr. Am. Ped. Assn.*, 1911, p. 268; abstr., *THE JOURNAL A. M. A.*, July 8, 1911, p. 153.

### IODIN AND BENZIN—BLUE EYES—TELEGONY

*To the Editor:*—1. As a dry cleaner with iodine, which should be used, benzin ( $C_6H_{14}$ , a fractional distillate of coal oil), or benzene ( $C_6H_6$ , a destructive distillate of coal tar)?

2. If both parents have blue eyes, is it possible for the child to have brown eyes?

3. Does a first pregnancy by one husband influence in any way the offspring by a second husband, or leave an indelible stain on the mother?

Please omit my name.

L. H. M.

ANSWER.—1. The solvent usually employed in this country is the fraction of petroleum known as benzin. Benzene (benzol,  $C_6H_6$ ) can also be used.

2. The expression "blue eyes" as used colloquially has not a very sharply defined meaning. It should be reserved for such eyes as have no pigment in the iris except that of the