opinion. In general it seems that the bacteriologists and scientific laboratory workers show far less enthusiasm for the claims of lactic acid bacteria to a place in practical therapy than do the clinicians. The information on many points is, however, still so vague and empirical that it is almost impossible to formulate a rational plan based on acceptable scientific evidence. In view of the enthusiasm with which the use of the products is heralded by a considerable number of clinicians, whose opinions are evidently based on empirical data, it seems advisable to the committee, pending the acquisition of further knowledge, to retain those preparations in N. N. R. for the present with a revised statement regarding their possible usefulness.

The committee's inquiries have elicited the general opinion that the Bulgarian bacilli cannot be effectively implanted in the alimentary tract by feeding cultures thereof and that it is not rational to attempt such an implantation. The overwhelming preponderance of opinion is against the usefulness of cultures of the bacilli in infected sinuses, cavities, etc.

In view of the uncertainty regarding the rôle of the *Bacillus acidophilus* the committee recommends that cultures of this bacillus be not included in N. N. R. at present.

Information from various sources indicates the importance of controlling the viability and purity of the cultures offered for sale. This the Council has done in the past and must do in the future. The committee submits a revised statement for N. N. R. 1920 with the recommendation that all descriptions of lactic acid products listed therein be made to conform therewith.

sider "those cases in which directly following the influenza attack a typical but chronic epilepsy develops." He thinks that all of these cases end in recovery and believes that there is no case on record of permanent epilepsy following influenza. He then cites one case in detail, and proceeds to the discussion of "many other forms of convulsions and disturbances in movement" observed subsequent to influenza.

Leichtenstern also points out that the early German name for influenza, *Blitzkatarrh*, had reference to the sudden onset of the disease, and cites various forms of convulsive onsets, as on pages 593 and 599 of the reference cited above, in these cases chiefly in children.

Other references are:

- Ruhemann, J.: Die Influenza in dem Winter 1889-1890, Leipzig, 1891 (a monograph of 188 pages).
Landgraf: Gesellschaft der Charité-Aerzte in Berlin; *Berlin, klin. Wchschr.*, 1890, Nos. 9 and 12.
Van Deventer: *Centralbl. f. Nerven- u. Psychiat.* 13: 49.
Jaccoud: *Pathologie interne*, Paris, 1870, p. 780; *Nouveau Dictionnaire*, Paris, 1873, Part 16, p. 740.

These references and a brief discussion of the subject were presented in the course of a more general article in the *Archives of Neurology and Psychiatry* (September, 1919, pp. 291-337).

Finally, one is moved to inquire if the child reported by Dr. Clark were not possibly hypophrenic or at least retarded to start with. A child capable, at 2 years of age, of only "some words" and the ability "to walk with slight support," would hardly be considered up to normal standards, unless the brief reference to these faculties has permitted too wide an inference.

KARL A. MENNINGER, M.D., Topeka, Kan.

Correspondence

"INFLUENZA AND EPILEPTIFORM ATTACKS"

To the Editor:—Dr. L. Pierce Clark (*THE JOURNAL*, Dec. 6, 1919, p. 1767) introduces his report of a case of influenza and epileptiform attacks with the words: "Since no case has yet been recorded in which epilepsy or epileptiform attacks have apparently been initiated by influenza. . . ." Of course, Dr. Clark must mean that no such case has been reported from the 1918-1919 epidemic of influenza, since there are numerous cases in the literature from previous epidemics, as cited below. But the present epidemic of influenza seemed to have a much more potent effect on patients already avowedly epileptic than in the direction of producing epilepsy or epileptiform syndromes. Maillard G. and Brune, in the *Presse médicale* (27:70 [Feb. 10] 1919), consider the topic "Grippe et épilepsie" under the heads of (1) "The Influence of Influenza on Epilepsy," and (2) "The Influence of Epilepsy on Influenza," and the latter was certainly much more pronounced, in France, than the former.

I have personally communicated with practically all the epileptic institutions in the United States in regard to the effect of influenza on epilepsy, and in answer to the query as to whether any patients had been admitted for whose epileptic attacks influenza had been given or considered a precipitating factor there was a unanimous reply of "None." In our Boston series of nearly 180 cases of mental disease associated with influenza we had no such case, although we had a number of established epileptics whose disease was apparently more or less modified by the influenza.

Consequently, Dr. Clark's claim for priority in the report of an apparent case of epilepsy precipitated by influenza of the recent epidemic is probably fully justified. In regard to the phenomenon as observed in previous epidemics, one may well quote Leichtenstern (a series of "Influenza Lectures" in the *Deutsche medizinische Wochenschrift* for 1890 may be consulted, but the matter is well summarized in his article in Nothnagel's *Encyclopedia*, volume on Malaria, Influenza, Dengue) who says (page 653 of the English translation): "Influenza frequently begins in children with an eclamptic seizure, and very rarely in adults with typical epileptiform attacks combined with total unconsciousness and succeeding stupor." Leichtenstern then goes on to con-

"THE OMISSION OF DRAINAGE IN COMMON DUCT SURGERY"

To the Editor:—I have welcomed the important communication of Drs. Richter and Buchbinder on this subject in *THE JOURNAL*, December 6. Although undoubtedly not giving the last word, the authors serve the good purpose of stimulating controversy on the vital subject of drainage of the common bile duct—a subject which in greater part surgeons the world over seem to regard as settled.

The authors emphasize the desirability of closing the abdominal wound without drainage in order to avoid adhesions, taking it for granted, I presume, that it would be superfluous to call attention to the much more serious and occasionally disastrous results which follow the prolonged loss of bile by way of the incision into the common duct. To surgeons who are not prepared to follow the example of Drs. Richter and Buchbinder I would recommend drainage of the common duct by a small tube passed well into it through the cystic duct. This is the method practiced by me at present. The incision into the common duct is closed with great care and the line of suture tested by injections through the tube in the two ducts. On the third or fourth day the tube is clamped and, if the bile is found to pass freely into the ductus choledochus, is removed. Usually the leakage thereafter of bile is insignificant in amount; there may even be merely a slight stain on the first dressing after removal of the tube.

All that we gain as a rule by drainage of the bile duct is relief of tension. This relief is afforded by drainage by way of the cystic duct and tends to insure prompt healing of the line of suture of the common duct. Aside from the deplorable condition of the patient brought about by the great loss of bile, it seems irrational to me to place a drain in the infected common duct through the line of the incision into it with the expectation that primary healing of the wound in the duct will usually take place. Unquestionably the entire line of suture, contaminated inside and out with pus-producing organisms and further imperiled by the presence of the tube, has in many instances broken down.

Very slim cigaret drains (three or four or more) should surround the tube in the cystic duct and be removed with it on the third or fourth day. The gauze tips which serve to hold the drains in place should project hardly if at all

beyond the gutta-percha shell. Such drains may be removed without distress to the patient. The suggestion of Dr. Follis to rotate them on their long axis when beginning their extraction is a helpful one. The sinus leading to the cystic duct should be sterilized with bismuth paste or other antiseptic. I would warn against the use of Dakin's solution in so fresh a sinus lined by intestines. The results obtained by Dr. William C. Lusk by the persistent and frequent use of an antiseptic in the treatment of rectal fistula are significant.

W. S. HALSTED, M.D., Baltimore.

"STANDARDIZATION OF LABORATORY TESTS"

To the Editor:—In view of the comment on the desirability of standardizing certain laboratory procedures in the interest of uniformity of interpretations (THE JOURNAL, Dec. 6, 1919, p. 1773), readers will be interested in knowing that the Laboratory Section of the American Public Health Association has, for the past fifteen years, had committees on standard methods for various public health laboratory procedures. The more active of these have been the committees on the bacteriologic and chemical examinations of water and sewage, and on the examination of milk, of shell-fish, and of air. There have also been committees on the bacteriologic diagnosis of various diseases and on the making of various biologic products.

The work of these committees has been of great value. The report of the Committee on Standard Methods of Water Analysis has been rather generally adopted by water laboratories throughout the country.

The existence of standard methods of procedure has not tended to discourage research work. On the other hand, it has encouraged such work. Aside from those whose investigative initiative will lead them to carry on research work under any circumstances, the workers in various laboratories schooled in various methods of procedure and working under different conditions have carried on extensive investigations with the idea of determining whether or not the standard methods are an improvement on the methods previously employed, and wherein such methods fail under various conditions. Research work, once started, always suggests further lines of investigation.

About five years ago, a committee was appointed to consider the establishment of standard methods for the diagnosis of syphilis. This included, of course, the Wassermann test. The committee reported that in view of the fact that at that time few public health laboratories were making Wassermann tests, it was thought inadvisable to have the association proceed with the adoption of a standard method. The situation has, however, materially changed. The Wassermann test is now made in practically all the better state board of health laboratories as well as in the larger city board of health laboratories. Your suggestion is therefore opportune. It will be called to the attention of the Laboratory Section of the American Public Health Association.

HENRY ALBERT, M.D., Iowa City.

"ACUTE ABDOMEN"

To the Editor:—Did Homer nod or am I hypercritical? I have seen acute abdomens in insects, and even some fishes have abdomens that might be called acute; but an "acute abdomen" in man I have not yet seen except in print in a recent issue, and in bold face type too. Page 1797.

M. W. LYON, JR., M.D., South Bend, Ind.

[Respectfully referred to the surgeon whose foot the shoe fits; and there are several of him.—Ed.]

Maternal Welfare Clinics in Rural Districts.—Maternal clinics should be established in rural communities as well as in the larger centers of population. The work should be educational. There should be means of giving social and economic relief and there should be methods of furnishing medical and nursing supervision and care.—*Minnesota Health J.*, Nov. 20, 1919.

Medical Education, Registration and Hospital Service

COMING EXAMINATIONS

ALABAMA: Montgomery, Jan. 13. Chairman, Dr. Samuel W. Welch, Montgomery.
ARIZONA: Phoenix, Jan. 6-7. Sec., Dr. Ancil Martin, 207 Goodrich Bldg., Phoenix.
COLORADO: Denver, Jan. 6. Sec., Dr. David A. Strickler, 612 Empire Bldg., Denver.
DISTRICT OF COLUMBIA: Washington, Jan. 13. Sec., Dr. Edgar P. Copeland, The Rockingham, Washington.
HAWAII: Honolulu, Jan. 5-8. Sec., Dr. J. R. Judd, Honolulu.
MINNESOTA: Minneapolis, Jan. 6-9. Sec., Dr. Thos. McDavitt, Lowry Bldg., St. Paul.
MISSOURI: St. Louis, Jan. 12-14. Sec., Dr. George H. Jones, State House, Jefferson City.
NATIONAL BOARD OF MEDICAL EXAMINERS: St. Louis and Chicago, Feb. 18-25. Sec., Dr. J. S. Rodman, 1310 Medical Arts Bldg., Philadelphia, Pa.
NEW MEXICO: Santa Fe, Jan. 12-13. Sec., Dr. R. E. McBride, Las Cruces.
NEW YORK: New York City, Albany, Buffalo, Syracuse, Jan. 27-31. Asst. Professional Examinations, Mr. H. J. Hamilton, Albany.
NORTH DAKOTA: Grand Forks, Jan. 6. Sec., Dr. George M. Williamson, Grand Forks.
OKLAHOMA: Oklahoma City, Jan. 13-14. Sec., Dr. J. M. Byrum, Shawnee.
OREGON: Portland, Jan. 6. Sec., Dr. Frank W. Wood, 559 Morgan Bldg., Portland.
PENNSYLVANIA: Philadelphia, Jan. 13-17. Pres., Dr. John M. Baldy, Harrisburg.
RHODE ISLAND: Providence, Jan. 2-3. Sec., Dr. B. U. Richards, State House, Providence.
SOUTH DAKOTA: Pierre, Jan. 13. Sec., Dr. Park B. Jenkins, Waubay.
WASHINGTON: Spokane, Jan. 6-8. Sec., Dr. C. N. Suttner, 415 Old National Bank Bldg., Spokane.
WEST VIRGINIA: Charleston, Jan. 13. Sec., Dr. S. L. Jepson, Masonic Bldg., Charleston.
WISCONSIN: Madison, Jan. 13-15. Sec., Dr. John M. Dodd, 220 E. Second St., Ashland.

Maryland June Examination

Dr. J. McP. Scott, secretary of the Maryland Board of Medical Examiners, reports the written examination held at Baltimore, June 18-21, 1919. The examination covered 9 subjects and included 100 questions. An average of 75 per cent. was required to pass. Of the 109 candidates examined, 103 passed and 6 failed. The following colleges were represented:

College	PASSED	Year Grad.	Per Cent.
George Washington University	(1918)	76	
Howard University	(1918)	91	
Northwestern University	(1918)	81	
Johns Hopkins University	(1911) 75, (1917) 82, 84, 92, (1918) 82, 83, 87, 89, 90, 92, 92, 93, (1919) 77, 78, 79, 82, 84, 84, 84, 84, 85, 85, 85, 85, 86, 86, 86, 86, 87, 87, 87, 88, 88, 88, 88, 88, 89, 89, 89, 89, 90, 90, 91, 91, 91, 91, 91, 92, 92, 93, 94, 96, 98,		
University of Maryland	(1912) 75, (1916) 84, (1917) 87, (1918) 76, 77, 77, 78, 78, 78, 79, 80, 80, 82, 85, 88, 90, (1919) 75, 78, 82, 82, 83, 84, 85, 86, 86, 87, 87, 87, 88, 88, 88, 89, 89, 92, 93,		
Harvard University	(1915)	85	
Washington University	(1918)	87	
Jefferson Medical College	(1918) 86, (1919)	83	
Meharry Medical College	(1918) 77, 78, 82, 83,		
FAILED			
Johns Hopkins University	(1917) 69, (1918)	73	
Maryland Medical College	(1913)	*	
University of Maryland	(1917) 68, (1918)	73	
Meharry Medical College	(1916)	*	

Dr. J. McP. Scott also reports that thirty-four candidates were licensed through reciprocity from Nov. 19, 1918, to Aug. 1, 1919. Three candidates were refused reciprocity certificates. The following colleges were represented:

College	LICENSED THROUGH RECIPROCITY	Year Grad.	Reciprocity with
Columbia University	(1890) Dist. Colum.		
Georgetown University	(1906) Dist. Colum.		
George Washington University	(1910), (1916) Dist. Colum.		
Howard University	(1904) Dist. of Columbia, (1912)		Louisiana
	(1914)		Virginia
Chicago College of Medicine and Surgery	(1916), (1918)		Illinois
Jenner Medical College	(1915)		Illinois
University of Louisville	(1909)		W. Virginia
Baltimore Medical College	(1907), (1911, 2)		West Virginia, (1913) Virginia.
Baltimore University	(1891) †, (1904)		W. Virginia
College of Physicians and Surgeons, Baltimore	(1910)		W. Virginia
Johns Hopkins University	(1918)		Alabama
Maryland Medical College	(1908) West Virginia		(1909) Maine
Pennsylvania.			
University of Maryland	(1905) North Carolina, (1914)		Maine, Penna.
Missouri Medical College	(1879)		Missouri