limbs are cold, especially while the icebag is in use. Local or general bleeding is a measure to be used under the exceptional circumstances of a dilated right side of the heart, and then with great caution."

He wisely warns that any measures that worry or excite the child and that make it cry or severely angry are not worth continuing.

Patton does not discuss the subject of diet during the acute cardiac process, but it must be remembered that the diet should be liquid as long as there is fever, and that the amount taken each time should be small; therefore the frequency should be at least every three and sometimes every two hours, care being taken when the child is quietly sleeping not to awaken it for either food or medicine. After the fever has stopped, the nutrition should be pushed, by a gradually increasing diet, with nutritious cereals and eggs, meat perhaps being best avoided for some time, but the bulk of any one meal should be small. Both too cold and too hot liquids should be avoided.

Iron was not mentioned, but the necessity for it as soon as the acute process is passed, especially after the prolonged use of salicylates, is very important. The iron may be administered in the form of the *Eisenzucker* of the German Pharmacopeia, thus:

R. gm.
Tabletas ferri oxidi saccharati, āā..... 12 gr. iii
No. 20.

Sig.: A tablet two or three times a day, after meals.

Or:
R. c.c.
Tincturæ ferri chloridi..... 25 or flʒi

Sig.: Five drops in a small glass of lemonade three times a day, after meals.

Or:
R. c.c.
Tincturæ ferri chloridi..... 5 flʒi
Glycerini 20 or flʒiv
Syrupi acidi citrici..... 25 flʒi
Aque ad 100 ad flʒiii

M. et sig.: A teaspoonful, in water, three times a day, before meals. (Shake.)

Or:
R. gm.
Quinina sulphatis 1 or gr. xv
Ferri reducti 2 gr. xxx

M. et fac capsulas 20.

Sig.: One three times a day, after meals.

Or:
R. c.c.
Syrupi ferri iodidi 25 or flʒi
Sig.: Ten drops, in water, three times a day, after meals.

[If this prescription is ordered, there is no need of any other iodid.]

Diet in Enterocolitis of Young Children.

Dr. John L. Morse discusses this subject in the *British Medical Journal* of Oct. 13, 1906.

He advocates in every instance the withholding of all food for at least twenty-four hours, as unless the baby is profoundly debilitated, it will stand such starvation well. The child must, of course, be freely supplied with water during this short starvation period. If the baby vomits, the water would best be given by rectum, and even if only partially retained will still be of benefit.

Barley water or starch water with the addition of milk sugar should be the first food given after the starvation period, then beef juice or beef tea may be tried, and egg albumin water begun, care constantly being taken to give either plain water or these liquids in sufficient amount that there be no water deprivation.

It is best to withhold milk until the temperature is normal, but Morse thinks it should be begun at least by the end of a

week, even if the disease is not under control. Modified milk and pasteurized milk and peptonized mixtures may be tried, and buttermilk will often be best tolerated. The strength of such foods should be gradually increased, and the length of time between the feedings increased as the child improves. If in spite of all management or treatment the inflammation persists and the child fails, breast milk from a healthy wet nurse may save the patient.

Buttermilk.

Buttermilk has long been advocated for various conditions, and has lately been advised by Dr. H. C. Carpenter of Philadelphia as a food for infants in gastrointestinal disorders and in infantile atrophy.

"Buttermilk generally contains from 1/2 to 1 1/2 per cent. of fat, from 2 to 3 per cent. of proteid, and the casein goes into the formation of a lactate. Also, buttermilk contains a higher proportion of albumin than ordinary milk."—London *Lancet*, Oct. 5, 1907, p. 977.

Tablets can now be obtained on the market for preparing buttermilk artificially and quickly, which makes it possible for this treatment to be tried in all cases with the pure milk.

Correspondence

Postgraduate Work in Vienna.

VIENNA, AUSTRIA, Nov. 12, 1907.

To the Editor:—Some readers of THE JOURNAL, and especially those younger ones who intend to study in Vienna, will perhaps be interested in the observations of an American physician here. There are probably eighty-five American doctors studying here at present. Since my last visit an efficient "American Medical Association of Vienna" has been organized and is of great assistance in helping newcomers to get properly started on their studies. By writing to the secretary of this association at Café Klinik, 21 Spital Gasse IX, Vienna, a pamphlet may be obtained, giving the information in condensed form that an American wishes for in deciding where and how to study abroad. Lectures on some live subject are given frequently by some of the Vienna faculty before the association.

The course which many believe to be the best in the world for American students—that on gross pathology in Weichselbaum's pathologic laboratory—is as popular as ever. There is always a waiting list for this course. Twenty men pay approximately \$10 each for twenty lectures and have demonstrated to them by an expert the organs from the most interesting and instructive of the many autopsies made daily. For a record of the autopsy is as essential here as the name and sex of the patient, provided only that recovery from his illness does not prevent a perfect record.

The work is at present in charge of Ghon, and an "overflow" course is also given by Stoerk, another of Weichselbaum's assistants. It is an excellent sign that these lectures continue to hold the attention of the young men studying here, for nothing is more important than a full appreciation of the need of sound pathologic knowledge for the practice of our art.

As an example of the variety and abundance of material shown at a single demonstration, in one evening we saw three cases of tumors of the brain, three of cancer of the stomach, one of cerebral hemorrhage, one of cancer of the bladder, and one of ascending infection of the urinary organs from prostatic disease. There were also shown preserved specimens illustrating the subject of brain tumor, and the usual microscopic sections of the tumors shown.

The most popular lecturer on internal medicine continues to be Kovács. He is prominently mentioned in connection with the vacancy to be soon made by the retirement of von Schrötter, who has just passed his seventieth birthday. It is interesting to note that a dozen assistants follow him in his rounds—a compliment not often paid. He takes up his cases in a most exhaustive manner, frequently spending two hours on one

case and going into the finest details of diagnosis. Neither Türk nor Schmidt, formerly popular in the medical courses, are teaching at present.

The buildings of the new General Hospital are nearing completion, across the street from the pathologic department. Some of the present ones date from 1784, so that the contrast is great between the old and the new. The nearness of the new buildings will conduce to the same concentration of material in one great center which constitutes the chief advantage in medical study in Vienna as compared with any other clinic in the world.

We have heard so much in America of the work of Wright and the opsonic theory that I have been interested in noting the extremely conservative attitude of Vienna on the subject. An assistant in Neusser's clinic has, however, just returned from London, and is making preparations to carry on extensive investigations along this line.

There has been a certain evil tendency heretofore to attempt to substitute other methods of laboratory research for the less brilliant and often more difficult procedures of a more purely clinical nature. We ought to impress on the students that the new methods are additions to and not substitutes for our present armamentarium.

Finally, it is gratifying to hear more frequently than formerly the names of the more prominent American authorities—perhaps rather more the surgical than the medical ones. The international medical and surgical congresses have doubtless aided in some degree to bring this about. J. N. HALL, M.D.

The Bedbug May Have Other Hosts Than Man.

DETROIT, NOV. 30, 1907.

To the Editor:—The question has been asked a number of times of late: "Can the bedbug live on other animals besides man?" I answer this positively: "Yes." In this laboratory (the biologic laboratory of Parke, Davis & Co.) we purposely raise tens of thousands of bedbugs, using the guinea-pig as host, for the purpose of testing the efficacy of insecticides, as we find them much more resistant to such than any of our common insects.

It should be noted that there are a number of allied species living on birds, bats and beetles, that are often supposed to be true bedbugs, but are not. I sent a number of the bedbugs raised on our guinea-pigs, to the Bureau of Entomology at Washington, where they confirmed our opinion that these were the genuine *Cimex lectularis*, or human bedbug. The entomologists state that in our northern communities there is but one brood of eggs laid and hatched each year. This is apparently a mistake, if we may judge from our guinea-pigs. While they are more numerous, apparently breeding faster in summer-time, they appear to reproduce throughout the year.

That the bedbug might be a means of transferring disease was pointed out many years ago. Interest in the subject revived when it was shown that malaria, yellow fever and probably bubonic plague were transmitted at least largely through the agency of insects. A little experimental work has been done, but so far as I have been able to find, while there is every probability that the bedbug can transmit disease, there is little in the way of positive proof of this opinion. The bedbug has been suspected of being able to transmit the following diseases: Leprosy, lupus, syphilis, plague, pneumonia, typhoid, relapsing fever, anthrax, some of the skin diseases, and possibly carcinoma.

The world-wide distribution of the bedbug, its nocturnal feeding habits, make it often impossible to avoid its attack. Again, its resistance to starvation and to the various would-be insecticides makes it most difficult to get rid of the pest once it is present. Packard, who was one of our most reliable entomologists, states that these bedbugs will live for a year to a year and a half without food or drink, enclosed in a bottle. These facts may account for their remaining in uninhabited houses for years and their unexpected and apparently unaccountable transference from house to house.

Attempting to show that the bedbug can take a disease from one animal and transfer it to another, I have inoculated guinea-pigs with anthrax, placed them in glass jars, and then

placed in the jars several starved bedbugs. On washing and crushing these bugs the next day, the anthrax germs were easily demonstrated within their bodies, and from such we have cultivated the germs. But this, of course, does not prove that this bedbug, biting another animal, will transmit the disease, although the presumptive evidence is strong. So far I have no positive proof. The difficulty in the way is that the hungry bedbug will gorge himself with the blood of the defenseless animal, and probably will not want to feed again for a week or so. Meantime the germs taken into its stomach, it may be, are digested or in some manner destroyed, and so, except for the possible clinging of germs to its biting apparatus, there might be little possibility of transference of the disease to the second animal.

The conditions in the case of the human being are very favorable, as the bite of the bug usually makes the individual restless, he turns over and often attempts to rid himself of the pest, so that it may well happen that the bug will be only partially satisfied and ready to attack another individual, who may occupy the same room or bed, the next night.

CHARLES T. MCCLINTOCK, M.D.

Hemorrhage from the Bowel Following Appendectomy.

NEW YORK CITY, NOV. 29, 1907.

To the Editor:—I have just read the interesting article by Dr. J. R. Judd of Honolulu on the above subject in THE JOURNAL, November 30, page 1843. He asks this question:

"Why may it not be that in some cases of hemorrhage from the bowel following appendectomy there is a condition similar to that of hematemesis following abdominal operation?" He then quotes Walch's case from Kelly's book, which in all probability was hemorrhage from a gastric or duodenal ulcer since there was vomiting of blood. As the operator has used a simple ligature around the stump of the appendix, and since hemorrhage did not occur until six days after the operation, bleeding from the stump, in my opinion, was precluded.

I have made diligent inquiries by correspondence and personally and before the large assembly of operators, at the meeting at Atlantic City in June, 1907, and have yet failed to obtain a record of a single case of accident occurring after the application of the silk ligature to the stump of the appendix, no other procedure being done.

The single case mentioned by Dr. Judd was evidently not connected with the operation on the appendix. From this it is evident that there is a greater danger from any method of suture which requires the insertion of a needle into the walls of the cecum, without regard to crushing the stump or stitching the open end or by inversion with double rows of superficial sutures, or by clipping off the appendix close to the level of the cecum and rolling in the stump, than by the simple ligation with silk with carbolic acid disinfection of the stump.

The least possible violence to the tissues in securing the best possible result should be accepted as one of the cardinal principles of surgery. In my opinion it is violated in the unnecessary suturing of the cecal wall. In addition to the numerous cases of disaster already reported with the suture method, others have come to my notice but the demonstration is already so positive that their narration is unnecessary.

JOHN A. WYETH.

Nostrum Prescribing.

PUEBLO, COLO., NOV. 28, 1907.

To the Editor:—I spent last month in New York City with some old-time friends in whose home is a small boy. A few days before my arrival this boy was out of sorts, and the father went to their physician for a prescription. Imagine my surprise to discover that the prescription that father received was for a bottle of Castoria—and there it was, literature, wrappers and all.

I looked up the directory of the American Medical Association only to find that this physician is not only a member of the state society, but also of the American Medical Association. And he orders Castoria! Is it because the children cry for it? Riding up Fifth Avenue the other day the elegant home of Castoria's promoter was pointed out, and not far from