the journal. His resignation is to take effect at the close of the year. He has been one of the pioneers in the closer organization of the medical press in his own country and throughout the world.

The Austrian Trouble.—In Austria the government, through its representatives in parliament, seems to have publicly identified itself with the ignorant enemies of science and progress. Our Austrian exchanges comment with grief on this disgrace to their country. The culmination of the trouble was reached in a discussion of vivisection in the lower Austria Landtag. Several members, including the speaker of the house, accused the members of the medical profession, especially certain world-famous Vienna professors, of experimenting on poor patients and of other obnoxious practices in the line of vivisection. The matter was referred to a committee whose report recommends that all the laboratory animals should be removed from the clinics of the gynecologists Chrobak and Schauta. The dean, Professor Weichselbaum, and the other members of the faculty have publicly protested against this measure and the profession throughout Europe is watching aghast this dark cloud that is obscuring the brilliancy of the famous Vienna school. A public meeting of protest has been held at Vienna by the students and professors, and the medical chamber passed a unanimous resolution that the members of the national health service should resign in a body. The minister of education has tried to conciliate the profession, urging them not to take the words of the speaker of the house too seriously and exaggerate their import. Our Berlin exchanges quote Billroth's complaints of the indifference if not actual enmity of the legislators, even as long ago as 1874, and the conditions have evidently not improved since then. It is only a few weeks ago that the Austrian authorities decreed that cancer should be tried on an extensive scale in certain Vienna hospitals, as mentioned at the time in this column.

Correspondence.

The Red-Light Treatment of Smallpox.

PHILADELPHIA, Nov. 14, 1903.

To the Editor:—I deem it proper to briefly reply to Dr. Finsen's article on "The Red-Light Treatment of Smallpox," which appeared in the last number of *THE JOURNAL*.

I wish to make public acknowledgment that I have done Dr. Finsen an injustice in stating that the red-light treatment did not originate with him. A treatment, which in effect was a sort of red-light treatment, was certainly employed by John of Gaddesden, but Dr. Finsen calls attention to the fact that the exclusion of the actinic rays of the sun was not its purpose, and that the red blankets and hangings, in all probability, did not exclude all daylight.

As to the value of the so-called red-light treatment, I am more convinced than ever of its inutility as additional clinical evidence comes to hand. I regret very much that Dr. Finsen did not discuss some of the theoretical objections to his theory. It appears to me that one of the strongest arguments against the correctness of Finsen's view is that the negro, whose skin is protected against the entrance of actinic solar rays by a blackish pigment—a far better barrier than red screens—is just as liable to die from smallpox or to be pitted by the disease as his white neighbor. Dr. Finsen has himself stated that "pigmentation constitutes a defense against the effects of the chemical rays." If his statement is true, and if the negro is not protected (which is an irrefutable fact) then the conclusion is imperative that chemical rays of light have nothing to do with pustulation in smallpox.

In support of his red-light treatment, Finsen quotes the results of treatment of 150 cases of smallpox in northern Europe. How often in the history of medicine have wonderful powers been attributed to therapeutic agents because of apparent clinical results. Rectal injections of hydrogen sulphid, the original tuberculin and a host of once loudly-acclaimed measures and drugs have after a time been lost sight of. Dr. Nelson D. Brayton, Indianapolis, has observed many cases of smallpox treated in red-light wards. He writes: "With an experience of at least 300 cases, I regret that I also must corroborate the results that Dr. Welch and Dr. Schamberg arrived at in Philadelphia, in the two cases in which they

tried the red-light treatment of the disease, and say there is nothing in it. While it may sound well in theory and look beautiful in practice, it is nevertheless true that the dead are still removed, and the pitted and scarred still recover in a red-light hospital."

In order that the truth may be arrived at, it is important that negative and unfavorable results, as well as the successful ones, should be brought to public attention.

1636 Walnut Street.

JAY F. SCHAMBERG, M.D.

Dose of Carbohc Acid and Dosage in General.

NEW YORK, Nov. 14, 1903.

To the Editor:—In reference to the dose of carbohc acid, I should like to say that I personally know a patient who is taking one-half dram, or 30 minims, of pure liquefied carbohc acid at a dose two or three times a day. He has been taking it for some time, and with apparent great benefit. Of course, he has reached the dose gradually, starting with one or two minim doses. I might take this opportunity to add that our so-called science of posology is in an uncertain, chaotic condition, and that no intelligent physician, who is able to watch and interpret effects, should be hampered by book doses. He need not be afraid of being styled a homeopath, if he thinks he gets good effects from and, therefore, prescribes doses much below the accepted minimum; nor, on the other hand, should he hesitate to order doses much above the dispensatory and dose-book maximum if he thinks such doses are demanded by the exigencies of the case. I have more than once prescribed doses which staggered the druggist—such as one ounce of bismuth subnitrate at a single dose, in gastric ulcer, 1/20 gr. of atropin sulphate in suspected intussusception—but which produced the happiest results on the patient. It would be well if the various board examiners gave a little more latitude to the candidates in the subject of posology.

WM. J. ROBINSON, M.D.

The County Society and the Index Medicus.

ELKTON, MD., Oct. 30, 1903.

To the Editor:—The Cecil County (Md.) Medical Society has subscribed to the *Index Medicus*. I have thought that if a good proportion of the county societies would become interested in this matter, and follow the example of this Maryland society, the continued existence of this important journal would be assured. We propose to deposit the numbers in a public place accessible to all our members. I take it that making a universal index of medical literature available to the mass of the profession can not fail to have far-reaching results beyond the demonstration of the ability of organization in creating and sustaining great professional enterprises.

CHARLES M. ELLIS, M.D.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

THE HIPPOCRATIC OATH.

WISCONSIN, Nov. 13, 1903.

To the Editor:—Will you kindly give me the form of the oath or obligation that is administered to all graduates in medicine?

D. D.

ANSWER.—Our correspondent probably refers to the Hippocratic Oath, which is as follows:

"I swear by Apollo the physician and $\text{\textcircled{C}}$ Esculapius and Health, and All-heal and all gods and goddesses, that, according to my ability and judgment, I will keep this Oath, and this stipulation to reckon him who taught me this art equally dear to me as my parents, to share my substance with him, and relieve his necessities if required, to look on his offspring in the same footing as my own brothers and to teach them this art, if they shall wish to learn it, without fee or stipulation, and that by precept, lecture and every other mode of instruction, I will impart a knowledge of the art to my own sons and those of my teachers, and to disciples bound by stipulation and oath, according to the law of medicine, but to none others. I will follow the system of regimen which, according to my ability and judgment, I consider for the benefit of my