

more examples of the deplorable interference due to public hysteria and misdirected sentiment, exemplified by the sending of special trains to convey the sick many hundreds of miles to civil hospitals. Certainly these cases stood a better chance of recovery, left quietly in any field-hospital, than after transportation on long journeys in ill-ventilated and ill-equipped trains with the attendant excitement and shock of removal to and from cars, ambulances, etc.

8. To leave the consideration of those unfortunate, though unavoidable, conditions which are so closely associated with all large military camps in time of war, and in which it is made clear that a careful and scientific study of any but selected cases was quite out of the question, I wish to refer again to the general peculiarities of camp fevers. Personal observation has convinced me that diseases, developing under such unusual conditions and environments, will rarely present the clinical picture seen in the disease in private practice. This may be explained by the marked physical and psychic modifications induced in the patient before the invasion of actual disease, by the changed conditions of nutrition, habitat and activity. These have certainly a strong influence on the metabolic mechanism of the body, producing in those patients observing hygienic precautions and suited for the radical change, a beneficial influence, enhancing vitality and resisting power and modifying favorably the disease; in others, neglectful of hygiene and unsuited for the radical change, assisting the evolution of the gravest and most complicated types. Perhaps this will explain the difference of mortality in the Civil War between the so-called "typhomalarial" fever—about 7 per cent. and the cases classed as typhoid (about 39 per cent.). I venture to suggest that, in the nimble plasmodium of Laveran and the ubiquitous bacillus of Eberth, it is possible we may not have the only bacterial agents capable of producing the symptoms so universally associated with paludal and enteric fevers; although it is undeniable that an enhanced tissue resistance or an attenuation of the specific organism of a disease may adequately account for the striking modifications of a large series of cases originating in military or other camps, and resulting in a great and uniformly reduced mortality.

It was therefore my opinion, and that of most surgeons, that a large number of cases recorded as malarial fever were really typhoid fever of a modified form; they were what the older doctors—those dominated by the nosology of the Civil War—would have called "typhomalarial fever" inasmuch as they failed to conform clinically to either typical typhoid or typical malarial fever, but maintained a middle ground with a low rate of mortality. Bacteriologic investigation in the field was practically out of the question. We refused, therefore, to perpetuate that unjustifiable term "typhomalarial," and used the term "malarial" in filling out the morning sick reports, rarely changing the diagnosis thus recorded unless undoubted symptoms proved this in error. We were justified in this as it was easy enough to point to a group of cases and say, "These are probably modified typhoid cases," yet for the reasons enumerated it would have been practically impossible to say of a single case in such a group, "this is *certainly* typhoid" or "this one is *certainly* a case of malarial fever." Therefore I think it is not to be regretted that we classed such doubtful cases with the malarias and administered antiperiodics, using as far as possible the dietetic precautions observed in typhoid fever, rather than to have classed them with undoubted typhoid cases and withheld quinin or at least a sufficient dosage to have made an impression on the paludal disease. It is to be remembered that most of these camps were in the South and constantly subjected to conditions favorable to the propagation of malarial fevers and the development of grave types.

However, eliminating all consideration of the analogy between these alleged *undiagnosed* cases of typhoid fever and the old Civil War quibble "typhomalarial fever," a consideration of the conditions which I have enumerated will make our work appear highly creditable: especially when we compare our low mortality rate with the best results of private and hospital practice, and more especially with the high rate in the African and other wars. Are not results, after all, the best criterion? Do they not testify that "the young doctors to whom we en-

trusted scores of valuable lives" fulfilled that trust about as well as their imperial medical majesties—our patronizing critics—could have done? I do not wish to be understood as criticizing the higher officers of the army—every one acquainted with the facts is aware that the obstacles and shortcomings were, in a large measure, not to be foreseen; they were the inevitable consequences of organizing and equipping, on short notice, an army so large that the nucleus of trained officers and men, provided by the regular establishment, was but a meager leaven for the vast concourse of volunteers whose experience—when they had any—generally gained in those regimental picnics, called state camps, was entirely inadequate for the serious business of large encampments during actual war. The wonder is that they did so well. The ideal camp provisions that later shaped themselves with a ripper experience and ampler opportunity certainly carried with themselves a vindication of the much maligned officers in command of the various departments concerned.

I am writing this for the edification of those doctors who fail to see an inestimable advantage in their opportunities for the extended examination and careful study of their cases, and who seem to have a confused idea of the difference between a modern health resort and a hastily prepared military camp.

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#### Original Papers Used for Advertising.

CHICAGO, March 30, 1901.

To the Editor:—I notice in the advertising columns of THE JOURNAL of March 30, an advertisement which states: "Official Figures Reported to the AMERICAN MEDICAL ASSOCIATION by the Chairman of Section on Pediatrics," and then it goes on to give statistics where 6325 cases of diphtheria were treated with the advertiser's antitoxin, with a mortality of only 4.11 per cent., and 859 cases treated with all other American and foreign serums with a mortality of 7.46 per cent. These figures are taken from an article which is furnished to whoever applies to the manufacturer of the antitoxin referred to, and on the inside of the cover it states that "this is presented with the compliments of the author." I wish to ask if it is possible that this article was written as an advertisement for this particular antitoxin? If this is a fact, is it not a prostitution of the position of a chairman of a Section in the AMERICAN MEDICAL ASSOCIATION? Very truly,

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**Fatalities of Spinal Cocainization.**—P. Reclus states that spinal cocainization now has a record of six deaths in Europe. Gailav and Jonnesco, of Bucharest, have each reported a fatality. In the former's case 1.5 cg. of cocain was injected and a leg amputated. Two hours later the temperature rose to 38 and 40 C., pulse 125 and death in twenty hours. Juilliard has also reported a death the second day after an operation for hydrocele and inguinal hernia. The autopsy showed a ruptured aneurysm of the Sylvian artery. The vasoconstriction induced by the cocain may have been a factor in the premature rupture of the aneurysm. Even in Tuffier's case, in which a mitral lesion and acute edema of the lung have been assigned as the cause of death, Reclus queries whether the action of the cocain may not have been a factor in the evolution of the edema. Heumberg has also reported the death of a man of 30 in coma fifteen days after an operation under spinal cocainization. The autopsy disclosed hemorrhage in the cauda equina. In Dumont's case a febrile, tuberculous lad in bad general condition died two days after spinal cocainization, and no direct cause for the death could be discovered at the autopsy unless it were the cocain. This total of six deaths to less than 2000 applications of spinal cocainization, is not an encouraging record, he remarked, in the conclusion of his address to the Paris Académie de Médecine, March 19.