5. It has certain advantages for literary work over any other city in this country, because it contains the Congressional library, the largest general library in America, and the Surgeon-General's library (which has been rendered so available to all scientific readers by the work of Dr. Billings and his assistants). Washington contains also various other libraries, as well as museums and laboratories.

6. These advantages must in the nature of things tend to increase as time goes on, so that it is quite conceivable that, even if the publication of the JOURNAL shall be continued at Chicago for the present, it will be forced to go to Washington finally. Should this prove to be the case, it is obvious that the move had better be made now than later on.

7. The unfortunate defection from the ranks of the AMERICAN MEDICAL ASSOCIATION bids fair to heal in good time. This promise of better things has been brought about greatly through the powerful influence of the JOURNAL. If the JOURNAL shall be moved farther East, a happy outcome of these complications will come more quickly.

8. The JOURNAL is the only prominent medical publication in this country which is not issued from the press of some private publishing firm. Its publishers are, or should be, the entire medical profession of America. It must, therefore, be published in the interests of no set or clique; its opinions must be quite unbiased by any local interest, any spirit of business or any private scheme.

9. There can be no question that the medical profession as well as the laity need in this country one powerful, well edited and liberally supported medical journal, which shall be an acknowledged authority upon scientific medicine, State medicine, hygiene and medical ethics.

10. The high grade of scholarship, the breadth of view and the business sagacity which have been shown of late in the management of the JOURNAL, give every promise that it is bound to become such a publication as has just been described; in short, an American medical journal of which Americans may be justly proud.

11. It will take this high place all the sooner if its seat of publication, its general surroundings and its support shall be as favorable as possible.

12. If the present rate of advance in the character of the JOURNAL shall be maintained the title should become THE AMERICAN MEDICAL JOURNAL; and in smaller type, the words THE JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION should appear upon the title page.

13. While it is true that the character of a publication is influenced by its environment it is also true that a publication exercises an influence upon the thoughts and action of those in whose midst it may be published, and this influence naturally increases with the growth and power of the publication; it would be well therefore that the JOURNAL should be published in Washington by reason of the restraining and enlightening influence its presence may have upon our legislators.

14. Great questions of national health, national hygiene and physical well-being are now engaging the attention of scientific men the world over, and as intimated above the JOURNAL OF THE AMERICAN MEDICAL ASSOCIATION should be in a position to test the alleged discoveries in these lines and to impress what else may be found valuable not only upon the profession but upon our public men as well.

15. The advance of the medical profession in America in learning, dignity, wealth and power has been marvelous during the past two decades. There is no probability that there can be in these respects a retrograde movement. The times are propitious. The future of American medicine is bright with hope. Let the JOURNAL seize the opportunity to place itself at the head of the profession and let each and every one of the members of the ASSOCIATION forgetting all local pride and all sectional prejudice do all that in us lies to advance no particu-

lar sect nor interest, no especial State, county or city but the power and good name of American medicine and the prosperity of its medical association. Let us be broad minded and patriotic and sink all sectional feeling in our common love of our profession and our devotion to the healing art.

RICHARD C. NEWTON, M.D.

A Testimonial to Prof. N. S. Davis.

POMFRET, CONN., June 30, 1896.

To the Editor:—D. L.'s letter in the JOURNAL of June 20 in regard to a memorial to Dr. N. S. Davis reminds me that I have in my possession a medal struck in 1846, on its face a medallion and the words "N. S. Davis," and on the reverse the inscription "AMERICAN MEDICAL ASSOCIATION," and the date "1846." This medal was given to me by Mrs. Williams of this town, whose husband, the late Dr. Lewis Williams, was a delegate to the 1846 meeting, which I think met in Louisville, Ky.

S. BURDEN OVERLOCK, M. D.

NOTE.—This convention met in New York in 1846.

Treatment of Typhoid Fever.

JUNE 8, 1896.

To the Editor:—I have been much interested in the discussion of the "Woodbridge" treatment of enteric fever, and I am greatly pleased to see that many realize the necessity for fulfilling what I have long considered the essential requirements in not only this, but most, if not all, intestinal disturbances, viz.: Rid the digestive canal, promptly and thoroughly, of all offending or decomposing matter, together with the products of decomposition, thus preventing their absorption; render the contents of the entire tract aseptic as far as possible, and lastly—this and the first being, to my mind, the prime consideration—inducing decided alkalinity, as it is in acid media that most, nearly all, the obnoxious microorganisms thrive best. The degree of alkalinity should be positive and sufficient, and as, within reasonable limits, there is no danger of overdoing the matter, large quantities of alkali, preferably bicarbonate of sodium, should be given with sufficient frequency to maintain the condition.

While practicing in San Diego, Cal., I had many cases of enteric fever to treat, not one of which failed to yield promptly to the course of treatment here indicated, barring two, which were moribund as the result of intestinal hemorrhage when I first saw them.

I had recently on my hands a puny infant to treat, whose surroundings were in the highest degree unfavorable, suffering from entero-peritonitis, to which I gave freely sod. bic., 2 drams, and sod. et pot. tart., 1 dram, in milk every two hours. When I first saw the child it was to all appearances nearly dead; thighs flexed upon the abdomen; too weak to even cry; abdomen distended almost to bursting; temperature 106.5, pulse too rapid and weak to accurately count. I promptly got it under the influence of that most reliable and efficient of all stimulants, nitro-glycerin, and then began the administration of alkalies. It began to respond to treatment at once, free evacuations of most offensive material soon taking place, followed by reduction in temperature and tympanites. Ten days later the child had practically recovered. In fact I have found that in all cases of acute intestinal trouble, even when profuse diarrhea is present, brisk cathartics afford the most prompt and certain relief. With them moderate doses of anodynes may be given, but not to the extent of inhibiting catharsis.

While on this subject permit me to invite attention to the great and decided efficacy of large quantities of alkalies in chronic digestive disorders. Particularly in those disturbances from which the users of tobacco and alcohol suffer, will this be found the case. To many such I have frequently given doses of one to two ounces of bicarbonate of sodium, fre-

quently repeated, not only with great and prompt relief to the induced trouble, but, in not a few instances, with at least a temporary overcoming of the causative trouble as well. As in nearly every case of digestive trouble there is a condition of hyperacidity of the gastric juice, is not the giving of alkalis the rational procedure? In fact is not the "requisite degree of acidity of the gastric juice" one of the numerous "bugbears" in the path toward "rational therapeutics"?

H. W. YEMANS, M.D.

Orrhotherapy in Diphtheria.

To the Editor:—The statistics for my paper on page 1, of this JOURNAL, were collected for me by Dr. Wm. R. Parkes, who had taken everything that could be found in my own journals and in the extensive files at the Newberry Library. It should be kept in mind by the reader that all statistics whether favorable or unfavorable to the use of antitoxin in diphtheria have been used and I have attempted to present an impartial statement. If I have failed to give the credit to antitoxin that many of my readers think is due, it is only because such credit is not borne out by the statistics and I beg the reader to make a careful analysis of the table. It should be specially observed that in nearly all statistics the comparison of the death rate in diphtheria has been made for the latter part of 1894 or for 1895 where antitoxin was used, with *previous* years when antitoxin was not used. As shown in observation 8 of the table Behring's statistics for Berlin prove that the death rate for diphtheria in 1895, whether antitoxin was used or not, was very much less than in previous years, it being only 14 per cent. in 4,479 cases treated in Berlin without antitoxin. If, therefore, statistics of all the patients treated with antitoxin in the latter part of 1894 or in 1895 could have been compared with those treated without antitoxin in the same period, it would appear from these statistics that the death rate in the latter would have been less than in the former.

Yours truly,

J. FETTER INGALS, M.D.

[Received after the article was in press.]

The Bracelin Remedy for Diphtheria.

[After all the talk in the newspapers on the subject, and elsewhere, we are sure our readers will gladly know that Dr. Bracelin is still in the ranks of the profession and repudiates the term "secret" as applied to his treatment.]—ED.

CHICAGO, ILL., June 29, 1896.

To the Editor:—Diphtheria, one of the most common and the most fatal of all acute infectious diseases from which the human family suffers, has been the *bête noire* of the medical profession.

For years investigators have been studying the disease so as to learn the cause which produces it, and, if possible, to discover a remedy which would remove the cause or modify or neutralize its effects, but without any satisfactory results. At length, after years of patient study and observation, two German scientists discovered that a certain kind of bacteria was invariably to be found in the diphtheritic deposit. They made known their discovery and now the Klebs-Löffler bacillus is looked upon as the specific cause of the disease. Since the discovery of microbic cause of the disease different antiseptics known to be destructive to bacteria have been used with varying degrees of success, but on the whole with unsatisfactory results.

Medical journals and daily newspapers were filled with reports of wonderful cures effected by the different methods of treatment adopted, yet the average death rate has remained about the same. The last aspirant for professional honors in the treatment of diphtheria, antitoxin, and most generally accepted by the profession as a successful remedy, does not appear to be so useful as it was at first believed it would be.

Clinical tests as reported by some are favorable; as reported by others very unfavorable. According to some reports the death rate has been lowered, but others again show that there has been no appreciable lowering of the rate of mortality. So many authentic records of sudden deaths following immediately after it had been injected, and apparently caused by the remedy, as also the constitutional disturbances undoubtedly produced by it have made many of the profession halt in their advocacy of such a dangerous remedy, even if it had proved more successful in curing the disease than it has been, they feeling that it is not safe nor advisable to use such a dangerous remedy.

In my opinion diphtheria is a self-limited disease of specific origin. If, after the appearance of the disease, auto-infection can be prevented the efforts of nature will, unaided, effect a cure, but if the products of decomposition containing the specific poison of the disease (whether we believe this to be the Klebs-Löffler bacillus or the ptomaines produced by it) are allowed to enter the circulation the disease increases in virulence, the powers of resistance are weakened and the victim dies.

Theoretically, a remedy to be successful in the treatment of diphtheria should be one which would be constitutional as well as local in effect. It should be destructive to the specific cause as found in the diphtheritic deposits, prevent decomposition of the diphtheritic membrane and destroy or prevent formation of the ptomaines which cause auto-infection. But before treatment has been commenced there may have been a greater amount of diphtheritic poison in the system than nature unaided is able to destroy. The remedy must therefore be a constitutional as well as a local one, so that entering the system it may assist nature in her efforts to destroy or neutralize the poison already there. Such a remedy would be an ideal one and should, in my opinion, meet the requirements necessary for the successful treatment of diphtheria.

In January, 1893, I discovered a remedy which appears to meet all the requirements of the ideal remedy. I have been experimenting with, testing clinically and improving on the original idea, until now I believe it is as near a specific for diphtheria as it is possible for a remedy to be for any disease. Since that time I have treated a large number of diphtheria cases in all stages of the disease and have only lost about one per cent., and I believe I have verified my theory that, if chlorin gas, corrected, should prove to be a safe bactericide for diphtheria, it would also be an effective remedy for all diseases of the respiratory organs of a microbic nature. This theory has been fully confirmed by the experience of many physicians beside myself who have used chlorin gas as prepared by me. It is too much to expect that such a small death rate can always be maintained, but I believe that by the use of this remedy the death rate will be less than 5 per cent. Not one who has used it as a prophylactic when exposed to the disease has been attacked by diphtheria. This is the best evidence of its efficiency as a prophylactic. As it is used by inhalation, it not only acts upon the diseased tissue locally, but being a vapor the remedial agent enters the lungs, passes into the circulation with the oxygen and materially aids nature in destroying the systemic poison. It is simple, easy to use, and absolutely safe; there is no danger of any harmful result following its use, or evil being caused by it. The remedy has been successfully used in a number of diseases of the throat and lungs, pneumonia, hay fever, asthma, laryngitis, common colds, bronchitis, whooping-cough, catarrh, consumption, etc. All cases of consumption in the first or second stages where it has been used, have recovered and are now well. Consumptive cases require, in addition to the inhalations, appropriate constitutional and supportive treatment on the usual lines. It has failed to cure in the last stages of the disease, but affords great relief to the sufferer. I have reason