etc., in Germany, and that a number are officiating in special institutes, insane asylums, etc. The resistance to the admission of women to the medical profession was peculiarly strong in Germany, but the question has been decided in favor of the women. In conclusion the correspondent comments on the remarkable interest and endurance manifested by the participants in the congress and the audience. Women who are constantly complaining to their family physician that they are unable to sit still for any length of time, and who suffer from headache, palpitations and suffocation, even in a short stay in a vitiated atmosphere, these women would sit for hours, without stirring, in the hot, crowded hall, following every speaker with the closest attention, and not feeling either headaches or the tendency to suffocation. He regards his observations of these women as an interesting contribution to the question of "employment therapy" in nervous conditions.

Recent Progress in the Campaign Against Tuberculosis Abroad.—Helmboe of Norway stated at the recent International Antituberculosis Conference that small sanatoria were being constructed in the various communities in his country and temporary aid supplied to families fighting tuberculosis—the funds derived from the profits of the government monopoly of the liquor trade. Brouardel of France stated that the French Antituberculosis Federation now groups thirty-eight different organizations or institutions, founded by private initiative, beside the public institutions. A committee comprising von Schrötter of Germany and Landouzy of France was appointed to draw up a general schedule for study of the predisposition to tuberculosis, so that physicians of all countries can work along identical lines. Leon Deraeq was entrusted with the task of preparing a model of what he calls the individual sanitary pass-book (*livret sanitaire individuel populaire*). Details in regard to diseases, environment, etc., are to be noted down under proper headings, thus forming the nosologic tree of the family and individual, like the genealogic tree. The advantages of special antituberculosis dispensaries, such as are described in the editorial on page 33, are being proclaimed more and more. The one founded by Calmette at Lille is serving as a model, and others are now planned at Berlin and elsewhere in Europe. The Germans have coined the term *Fürsorgestellen* for them. They are not intended to conflict with any of the measures and institutions already in existence, but merely to try to do what they necessarily leave undone. They require the co-operation of charitable persons or societies in order to accomplish their aims.

Organization of the Profession in Germany.—The organization and purposes of the Leipzig Verband have been described in these columns from time to time. The fourth annual general assembly was held at Rostock, June 23, with 219 delegates in attendance. The last year has been the crucial year of the existence of the Verband—the demands for aid from physicians in their struggle with the sickness insurance societies have been almost continuous since the new legislation went into effect May 1. (See page 1435 of the last volume.) The Verband has now almost 16,200 members, more than 400 members having been added since last January. It has interfered in 208 cases of conflict between physicians and the insurance societies, all but 43 being within the last few months. The results were in favor of the medical men in all but 3 instances. At the present moment a conflict is still on at 76 different places. The hardest battles were fought at Cologne and Leipzig, and in each case the federal authorities interfered on behalf of the physicians, who thus gained most of their points. The Verband also does a large business in supplying medical positions, etc. In the first five months of 1904 fully 988 matters of this kind passed through its hands, and 516 were satisfactorily concluded. An organ of its own has become necessary, and this is provided by the *Aerztlichen Mitteilungen*, published by Back of Strasburg. The office force has been increased from 3 to 10; 35,000 letters or circulars have been mailed from the office during these five months. Besides the income from dues, the treasury has received voluntary gifts amounting to \$12,500. In the discussions that followed the reading of the reports the delegates were enthusiastic in their commendation of the executive ability displayed by the directors of the Verband and the great work they have accomplished. The treasury at present is able to meet easily all demands—even very comprehensive ones. The officers of the Verband urged that special efforts should be made to interest the younger medical men in the organization of the profession, adding that a very effectual mode of interesting them would be by developing more and more the employment department of the Verband, obtaining

positions for young applicants. Old established physicians can and must co-operate to this end. The beneficial results will be far-reaching and durable.

PARIS LETTER.

Appendicitis.

The advisability of operating for appendicitis in its initial stages is more than ever a subject for discussion among members of the medical profession here as well as with the public. The recent death of the daughter of a prominent American, who was operated on for acute appendicitis, has caused some discussion in the American colony in Paris, and the Paris edition of the *New York Herald* has received various letters from correspondents who air their views on this subject. Dr. Gilbert, professor extraordinary at the Faculty, suggests a theory for the causes of appendicitis. It may be due, like other diseases, such as mumps, angiocholecystitis, mucomembranous enteritis or pancreatitis, to a defective condition of the organism, which allows the invasion and multiplication of bacteria. This condition is liable to exist in certain families, and explains the frequency of appendicitis among the members of such a family. Jaundice or liver trouble, which is sometimes associated with this disease, is not so much a consequence of the disease as a result of the primary weakness which allows the patient to become infected. An autopsy on patients dying from appendicitis often shows that the lesions of the liver are of an earlier date than those of the appendix. He calls this family tendency the "diathesis of auto-infection," which term, he thinks, should be substituted for "arthritis." His latest communication on the subject was given in the *Presse Médicale* of April 27, No. 34.

Correspondence.

The Treatment of Leukemia and Pseudo-Leukemia with Roentgen Rays.

CHICAGO, July 6, 1904.

To the Editor:—In THE JOURNAL, July 2, 1904, there is a report of a case of leukemia treated with x-rays by Grosh and Stone. The article begins, "In August, 1903, Senn reported an apparent cure of a case of myelogenous leukemia under the influence of Roentgen rays," and ends, "This report is submitted because of the scarcity of reported cases, in the hope that other workers will soon take up investigations in this field." In the same issue of THE JOURNAL there is an abstract from the *Muenchener medicinische Wochenschrift* on the influence of Roentgen rays on lymphoid tissue, in which it is said, "Heineke adds a note in correcting the proof of his article that his theoretical assumptions have already received confirmation by the news from America that Senn and Crane have cured cases of leukemia and pseudo-leukemia by Roentgen treatment."

I have before me articles published since the beginning of this year on the treatment of pseudo-leukemia and leukemia by Steinwand, Finch, Grad, Brown, Bryant, Taylor and Grosh and Stone—as far as I know all of the articles which have appeared during this time. In two of these articles there is no reference to previous work, and in the other five the first work in this field referred to is Senn's reports in 1903 of a case of leukemia and two cases of pseudo-leukemia treated with x-rays. It would seem, therefore, that the impression is general that the first work in the treatment of leukemia and pseudo-leukemia with x-rays was that of Senn. This error has apparently arisen from two facts: First, from the prominence of the reporter of Senn's cases; and, second, from the fact that in Senn's reports of his cases there is no reference to the previous use of x-rays in the treatment of either leukemia or pseudo-leukemia. The facts, however, are these: Senn reported in the *New York Medical Journal*, April 18, 1903, two cases of pseudo-leukemia which had been successfully treated with x-rays, and in the *Medical Record*, Aug. 22, 1903, he reported "A Case of Spleno-Medullary Leukemia Successfully Treated by the Use of the Roentgen Ray." He does not make any reference in either of these articles to previous work with x-rays in either leukemia or pseudo-leukemia. Previous to this time, however, the following reports of cases of

leukemia and pseudo-leukemia treated with Roentgen rays (in most cases with symptomatic cure) had been made: Of pseudo-leukemia: Childs, *Medical News*, January, 1903; Dunn, *American Practitioner and News*, October, 1902; Hett, *Domination Medical Monthly*, August, 1902; Williams, in his book on "Roentgen Rays," published about March, 1902; Pusey, *THE JOURNAL A. M. A.*, Jan. 18 and April 12, 1902. Of leukemia: Pusey, *THE JOURNAL A. M. A.*, April 12, 1902, and in his book on "Roentgen Rays," published in June, 1903.

My first cases of pseudo-leukemia treated with Roentgen rays were demonstrated before the Chicago Medical Society, Feb. 26, 1902, and at that time reference was made to a case of splenic leukemia which I had treated without success with Roentgen rays. In my book published in June, 1903, a case of leukemia which had been treated with Roentgen rays between November, 1901, and February, 1902, with the disappearance of almost all of the tumors, was reported. The pioneer work and the published reports in this field thus go back more than a year before Senn's report.

I trust that I have no exaggerated impression of the importance of my priority in the treatment of these conditions. I feel, indeed, that the credit for originality in the treatment of my first four cases belongs not so much to me as to Drs. A. J. Ochsner, L. L. McArthur and Jacob Frank, who referred them to me. But I have some pride in the fact that my cases of these conditions were treated, demonstrated and published apparently long before any one else had thought of applying the agent in such cases, and that I thus initiated a method of treatment in these hitherto intractable cases which has certainly been a step in advance. And in the interest of historical accuracy, I wish to call attention to the early work of Williams, Hett, Dunn, Childs and myself, which has apparently been forgotten. There is, I believe, the more reason to do this because all that has been done in the later cases was done in these first cases.

W. A. PUSEY.

An Adjourned Section Meeting.

PHILADELPHIA, June 18, 1904.

To the Editor:—According to the program of the Atlantic City session of the Association several papers were to be read and discussed in the Section on Materia Medica, Pharmacy and Therapeutics on the morning of Friday, June 10. Among these was one by Dr. McDonnell, New Haven, Conn., entitled "The Action of Drugs on the Skin," the discussion of which I was to open. The author had kindly furnished me in advance a copy of his paper in order that I might have the opportunity of arranging my thoughts. It had also been agreed that I was to be allowed a few minutes for some brief remarks on the x-ray treatment of Hodgkin's disease. Repairing to the appointed place at the appointed time I was surprised to find an announcement on the blackboard that the section had adjourned *sine die*. A number of other members had also gathered to attend the same meeting.

The excellent program prepared by Dr. Osborne, the chairman of the section, had been disarranged and those who had written papers or who had been asked to take part in discussions were disappointed. I am far from wishing to pass any censorious criticism on the chairman, or, indeed, any individual, but am merely speaking on general principles. I can readily understand that strong pressure was brought to bear on the chairman and those present. All members can not be in attendance on all the sections. On the previous afternoon I, for instance, had been engaged in the work of another section and was ignorant of the adjournment of the Section on Materia Medica, Pharmacy and Therapeutics until the Friday morning.

I would respectfully submit that such a sudden and unannounced curtailment of the program is injurious to the interests of the Association. If individual members wished to leave early for home they should not prevent those who remained and whose names were on the program from reading and discussing their papers. An unexpected adjournment and, as a result, the exclusion of papers which had been prepared at the expense of time and labor, is calculated to work an injury to

the success of any section. Moreover, there are members who will feel disinclined to contribute papers when there is no certainty that they shall be read.

For these reasons, which could be amplified did space permit, I am of the opinion that hereafter it should be made a stringent rule that a program be followed as arranged. It should not be made too long for the allotted time and there would then be no excuse for premature adjournment. Dr. Osborne had received, long before the time of meeting, promises of a sufficient number of contributions to occupy the hours, and it is due to his efforts, as well as those who prepare matter to be read or discussed, that all the writers should receive their proper share of attention. This can not occur when the proceedings are brought to an abrupt close.

J. V. SHOEMAKER.

[We asked the secretary of the section to reply to the above letter, which he does as follows.—Ed.]

CHICAGO, June 27, 1904.

To the Editor:—Dr. Shoemaker's criticism concerning the premature adjournment of the section is in a sense justified. It was the intention of the officers not to permit the very thing which did happen. A number of members whose names were on the program were present at the session, but failed to appear at the meetings, three because as delegates their presence was required in the House. Three of the authors who appeared on the Friday morning program were anxious to leave earlier and they were substituted for the absentees. This left only one paper for Friday, that referred to by Dr. Shoemaker, and there was doubt as to Dr. McDonnell's attendance. There was consequently nothing to do but to prematurely adjourn. It is regretted fully as much by the chairman, Dr. Osborne, and the secretary as by anyone, and especial apology is due to Dr. Shoemaker, who had been especially invited to discuss the paper of Dr. McDonnell.

C. S. N. HALLBERG,
Secretary of the Section.

Scarlatinal Infectiousness.

CHICAGO, July 18, 1904.

To the Editor:—Will you kindly allow me to make a few comments on the editorial in *THE JOURNAL*, July 16, entitled "Scarlatinal Infectiousness"?

Lauder's two faulty "systems" of handling scarlet fever and the experience of Killick Millard are used as the basis of the editorial. I say faulty "systems" because they both have to their credit "return cases." The conclusions to be drawn from the editorial are, first, that mild cases of scarlet fever should be protected from severe and complicated cases; second, that in the absence of complications such as inflammation of mucous membrane and abscesses, a child can be turned loose with safety to others though the skin is still peeling; third, that the infectiousness of the desquamating skin is exaggerated. The editorial is interesting as a matter of current news, but decidedly harmful if accepted as a piece of authoritative advice as to the manner of managing scarlet fever.

With the first conclusion I have no quarrel. Experience has taught me that some of the complications of severe cases are a menace to persons having the disease in a mild form. This is notably true of the diphtheritic complication. Conclusions two and three can be spoken of under one head. That the danger from the desquamating skin is exaggerated or that it is safe to remove the restrictions from a scarlet fever patient while there is desquamation, I do not believe. I would have to disregard my own experience to believe this teaching. Furthermore, I do not think the evidence submitted warrants me in accepting such teaching. The comparison of two faulty "systems" to prove that one "system" is the right one to follow because it is no worse than the other hardly merits a serious thought. It is admitted by Lauder that seven "return cases" of scarlet fever resulted in the 1902 or "old system," and a like number in the 1903 or "new system." In practical results you will observe the two systems are equally bad. Because one bad practice is no worse than another is no good reason for advocating the continued existence of either.