Suppressio Veri; Suggestio Falsi.

ST. LOUIS, MO., Oct. 9, 1897.

To the Editor:—In consideration of the above and the correspondence between Drs. Woodbridge and Upshur, I propose to give a brief sketch of my experience in typhoid fever in Missouri for over forty years.

In the fall of 1853 I had charge of a family of seventeen persons, in age ranging from 1 to 20 years (Dr. C's family). Called in consultation Dr. McD., a graduate of a Philadelphia medical college. We diagnosed typhoid fever in case one. The patient was about 20 years of age, of sanguine temperament and good health up to that time. Treatment began with a purgative dose of calomel, hot turpentine stupes over the bowels (right iliac region), aromatic sulph. acid as a drink, and Dover's powder at night. The diarrhea was kept within reasonable bounds by the two latter, increasing or lessening the amount according to circumstances. After his bowels were moved from the first purgative, we gave from $\frac{1}{2}$ to 2 grs. calomel every six hours. About the ninth day his tongue had cleaned and become moist. Tympanites and some pain subsided over bowels and he was convalescing rapidly, but contrary to orders he got up, dressed, and persisted in walking about his room. In the afternoon he was seized with a severe hemorrhage and within a period of about three hours died from perforation of the bowels (supposed). There is nothing out of the ordinary in this case. The unexpected termination, and the alarming condition of the remaining sixteen called for the most deliberate and philosophic consideration. All had diarrhea, some were in bed, others preparing to go, and all without exception presented unmistakable evidences of type with the case above.

I proposed calomel in small doses as a curative and prophylactic. It was opposed on the ground of its constitutional effects. I referred the other two doctors to the old axiom, "Abusus non tollit usum" and began by giving calomel $\frac{1}{4}$ to 2 grs. every four, six and eight hours, alternately with permanganate of pot. in similar doses. This treatment was given, with some variations, to the entire family of sixteen. All made good recoveries and in about three weeks were discharged.

In summing up the treatment which I have invariably practiced, I wish to emphasize calomel and permanganate potass. (or if preferred as a matter of choice, bichlorid hydr.) in minute doses as a preventive, abortive or curative. Of course the many adjuncts, such a turpentine, arom. sulph. acid, etc., should and ought to be considered in many cases. The constitutional effects of the first named agent should always be sought for as speedily as possible and held there until the patient is beyond all danger of relapse.

In all cases where the stools are particularly offensive (and all are) the permanganate potass. should be continued until the fetor, etc., are corrected and this change is evidence of the destruction of the germs, poison, in other words, typhoid bacillus. In diet: Liquid food, buttermilk, sweet milk, raw eggs beat up with spts. frumenti, soups, etc.

My success in typhoid fever has been so completely satisfactory that I am not disposed to change this described treatment of it for any other.

In this article I wish to place myself on record as endorsing the several articles in the JOURNAL favorable to blood-letting (notably Dr. Todd, San Francisco) in pneumonia, puerperal convulsions, certain conditions of the brain and stomach, etc.

J. M. FOREMAN, M.D.

Wants the Discussion Continued.

MILTON, DEL., Oct. 9, 1897.

To the Editor:—We have been watching the controversy which has been going on between Drs. Woodbridge and Upshur, yet it has not been interesting or edifying to your readers for

we have been looking for them to say something to confirm the abortive treatment of typhoid fever or *vice versa*. While we have not been able to indorse all that Dr. Woodbridge claims, yet we have reason to believe that there is some good in it and the antiseptics which he uses. We have ever believed in antiseptising of the alimentary canal in every disease, and purging out the accumulation of the ages, following this with some antiseptic remedy. There can never any harm occur from this course, but many, many times great good. But let the doctors comment and criticise each other as they may about the abortive treatment of Dr. W., however good or bad it may be, it will have a tendency to revolutionize the treatment of typhoid fever and that of all others. The agitation of this by Dr. W., if it does nothing else, will cause the subject to be ventilated as perhaps no other has been since my debut into the profession. And whatever subject is gotten up for discussion in any direction will be beneficial and bring out and develop the truth. We say go on Doctors, but let us have less of your spleen and more of the cause and treatment of typhoid fever.

JAMES A. HOPKINS, M.D.

Hospital Internships.

CHICAGO, Sept. 30, 1897.

To the Editor:—I read with interest your editorial, "The Advantages of Hospital Internship," in the last number of the JOURNAL.

My opinion is that all agree in acknowledging the benefit of hospital training. Why do more students not secure to themselves the advantages of such a training? Is it a want of appreciation on the part of the prospective physician? I think not.

The average student, yes, 95 per cent., are anxious to secure a place in some good hospital, in fact in any hospital. Place the blame where it belongs. The fact is that there are too few places of this kind to be filled. The case you cite illustrates my point very nicely. You say fourteen students came up for examination to fill twelve vacancies. Out of that fourteen twelve got hospital positions and two were disappointed. Had there been forty come up for the same examination twelve would have gotten places and twenty eight would have been counted out. That is one reason why more do not make the effort. Another will be found in the fact that those who anticipate taking the examination for hospital internship devote their last year to "bucking" for examination, as they call it, to the exclusion of hospital and dispensary clinical work. Instruction under the tuition of their teachers is ignored entirely. What then happens to the unfortunate candidate? He finds himself, on graduation day, decidedly short in clinical experience, with but little prospect of getting more before entering active practice, unless he should be so fortunate as to have more money than many of them possess.

This can be remedied to some extent by shortening the period of internship. If the term was made twelve months instead of eighteen months, just one-half as many more would receive the benefit of a hospital training. There are always more candidates than there are places.

The physicians who control our hospitals are responsible for this and to them should an appeal be made for more internes and shorter service. Yours truly,

A SUBSCRIBER.

Death from Carbolic Acid.

WEAVERVILLE, N. C., Sept. 23, 1897.

To the Editor:—I report this case as I have not been able to find one in which death took place so soon after taking so small a quantity of carbolic acid.

Mrs. Miles, aged 28, mother of two children, youngest 5 years old, was in the third week of typhoid fever, about the sixteenth day with temperature ranging from 100 degrees in the morning

to 101.4 in the afternoon, when the nurse gave her one teaspoonful of carbolic acid (red) in one-fourth glass of water.

In three minutes she was unconscious, her lips and face livid, and muscles rigid.

The nurse gave mustard and warm water without effect, then she was given magnesia, lime-water, sweet oil and raw eggs. In fifteen minutes she was profoundly comatose and would have died of heart failure, but was given, hypodermically, morphin and strychnia, and death took place from the lungs. She was dead in less than forty minutes. W. L. REAGAN, M.D.

A Query on Serum Treatment.

JACKSON, TENN., Sept. 9, 1897.

To the Editor:—Since it appears that the serum of the blood taken from those who have typhoid fever will destroy the typhoid bacillus, is it not reasonable to suppose that serum taken from those who have just recovered from the disease and inserted into the blood or tissues of those who have it, may prove a remedy for the disease?

Or, for fear of contamination from the blood of those who had it, may not the typhoid bacillus be injected into the horse or cow and the serum taken from those animals and injected into the blood or tissues of typhoid patients prove to be an antitoxin to the disease? J. A. CROOK, M.D.

SOCIETY NEWS.

The American Academy of Railway Surgeons elected the following officers; President, Dr. R. Harvey Reed, Columbus, Ohio; first vice president, Dr. W. J. Mayo, Rochester, Minn.; second vice president, Dr. Arthur D. Bevan, Chicago; secretary, Dr. C. D. Bryant, Omaha. Place of meeting, Chicago, 1898.

The International Congress of Pharmacy, Brussels, August 14 to 19, recommended the institution of a superior council of legal chemistry; also that the usual denomination given to a chemical product cease to be a trade mark or private property after it has fallen into the public domain (referring to products with well-defined formulae, antipyrin for example). An international committee was appointed to prepare a codex of methods of analyzing for the titration of drugs and Galenic preparations containing definite principles. Professor Remington of Philadelphia delivered an address on "Revision of the Pharmacopoeia," with an appeal for concerted action on the part of physicians and druggists, the former agreeing not to prescribe secret formula remedies and the latter agreeing not to manufacture them. Denayer concluded his report on "Organ Extracts," by urging the importance of absolute sterility in the liquid form and absolute freedom from moisture in the powder, tablet, etc., form, kept preferably in dessicators *à la chaux* (lime). All the European countries, the United States and Mexico were well represented. The next congress will convene in Paris in 1900.

Newport (R. I.) Medical Society.—Newport, R. I., Sept. 11, 1897. Dear Doctor:—As chairman of a committee of the Newport Medical Society I am directed to call the attention of all Medical Societies and Journals to the following letter:

At a regular meeting of the Newport Medical Society, held Wednesday, May 19, 1897, the following resolutions were unanimously passed:

Resolved, That it is the opinion of this Society that Congress should change the existing laws regarding the employment of physicians on steamships and other vessels and, with a view to the attainment of that end, the Society deems it advisable that the words "other than ferry boats" be inserted between the words "vessels" and "carrying," which are on the eighth line on the forty-ninth page in Section 5, Chapter 6, Title forty-eight of the "Laws Governing the Steamboat Inspection Service, Revised Statutes of the United States as amended by various Acts of Congress, printed 1896." Also that the word "immigrant" on the ninth line of the same page be erased.

Also that the words "or passengers or other than cabin passengers" on the ninth and tenth lines of the same page (forty-ninth) be erased and the words "lying between one inspector's district and another or going foreign" be inserted instead. Also that the word "fifty" be erased and the word "thirty-five" be substituted for it on the tenth line of the forty-ninth page. Also that on the twelfth line between the words "articles" and "and" should be inserted the words "and not required to do other duties that those usually required of a ship's surgeon on government vessels." Also that after the word "dollars" on the twenty-second line on the forty-ninth page should be inserted the words "for each trip or voyage."

Resolved, That the President and Secretary of the Newport Medical Society forward to the President (Dr. Nicholas Senn) of the AMERICAN MEDICAL ASSOCIATION a copy of these resolutions, and urge in their communication to him the expediency of urgent action on the part of the delegates to the AMERICAN MEDICAL ASSOCIATION, and also that each delegate shall use all influence with his individual Congressman to attain this very desirable result.

A copy of these resolutions was forwarded to the President of the AMERICAN MEDICAL ASSOCIATION, with two copies of the "Laws governing the steamboat inspection service," one for the President and one for the Secretary, Dr. W. B. Atkinson, both marked. Our delegate, Dr. Mary E. Baldwin, delivered the resolutions to the Secretary, who informs us that, owing to great pressure of business, they were not brought before the ASSOCIATION by him, expecting that our delegate would present them; and as our delegate expected that they would be presented by the Secretary they were, unfortunately, not presented at all.

At the regular meeting of the Society held the 21st of July, a committee of five was appointed to draw up a letter containing the above resolutions and also to give some data concerning this important matter and to forward them to all medical societies and journals. We can only say (what our Society has often said before) if this great event be brought about that it will give employment to hundreds of competent physicians, open new paths to the younger members of the profession and prove of great practical usefulness and benefit to the traveling public.

On the steamboats between Fall River, Mass., and New York City there are sometimes as many as a thousand passengers on the boat. Although the trip lasts, as a rule, only nine hours, still there are times when the boats are delayed for hours and it seems that it would be more in keeping with the humanity of the times to have a physician on the boat than to have the expense of canary birds and brass bands and that the money would be much better expended if such were the case. All the steamboats on the Sound, on the Great Lakes, on the long rivers where passengers are often for days without medical aid, practice the same economy. Our seagoing steamers running South, as a rule have no physician on board. Some employ the device of employing the purser as surgeon and when he is pressed, owing to his numerous duties, appoint at times a man who is not any more qualified than the purser to act as a surgeon's assistant. Such steamers as those running from Philadelphia to Portland carry often thirty or forty passengers and a crew of twenty or more and being often out three days should have a physician on board. A passenger on one of the lines running South was obliged to act for the company, as a man had a severe injury and could not be put ashore for three days. The passenger was, fortunately, a surgeon. Again, it is very common on all the steamboats to rely upon traveling physicians to care for sick seamen and passengers. They receive no compensation for their services and are not even returned their passage money. Such conduct is inexcusable besides being a great wrong to the public. Invalid physicians, traveling for their health, have been called up to attend to cases and have suffered greatly in consequence of being disturbed of their night's rest. Cases of childbirth on steamers are not infrequent, and the chairman of this committee had a case of childbirth and was up all night, and on another occasion passed a whole afternoon and night with a patient (one of the waiters) who was suffering from a nearly fatal attack of edema of the glottis. In neither case was any remuneration given nor was the passage money returned. Another member of this committee has often had to perform duties not only of a medical character, but those of a surgeon. The profession is injured in this way, and it is absurd as well as injurious to the profession to have pursers act as surgeons or surgeons perform duties of a clerical character, and none of which belong to the duties of a ship's surgeon.

We, therefore, protest against the existence of this abuse any longer, and we call upon our medical brothers throughout the land to aid us in any and all ways to abolish this abuse, to