It is immaterial if years ago a writer in Ziemssen's Encyclopedia did recommend quinin in enormous doses in the treatment of pneumonia. What if Drs. A. or B. have after some fashion tried it? When I was a student quinin in moderate doses was a treatment of pneumonia, the lancet was in disrepute; drugs were little relied on as specifics.

Alonzo Clark told us that "if the good Lord would forgive him he would never again pack the chest of a pneumonia patient with ice," he having lost eight consecutive cases in Bellevue Hospital by this practice. Several years after graduation I observed the practice in Vienna of applying cold cloths to the chest and giving a little red wine internally. For more than 20 years since that time I have noted that some physicians use ice locally; others, blisters, the flaxseed poultice, the Clark oil-silk jacket, etc. Internally have been administered alcohol, the coal-tar products, strychnin, digitalis, salicylate of soda and creosotal. All have kept the mortality at about the time-honored standard of from 10 to 40 per cent., in accordance with the age of the patient, his natural resistance and the character of the prevalent severity of the pneumonia.

Galbraith tells the indications for the size of the initial and subsequent doses of quinin, and insists likewise on the systematic administration of the tincture of chlorid of iron in conjunction with the quinin.

I hope the profession will give Galbraith's treatment a fair trial and report results.

J. E. SUMMERS, JR.

Text-Books in Korean.

PHILADELPHIA, April 2, 1906.

To the Editor:—Into how many separate languages "Gray's Anatomy" has been translated perhaps only its publishers can tell us. Another tongue has just been added to the list, owing to the painstaking labors of Dr. O. R. Avison of Seoul, Korea, formerly of the teaching force of the Toronto Medical College. The volume he so produced he has made available to ambitious young Koreans by causing a certain number of copies to be mimeographed. He has done the same with a number of other elementary text-books; but the result is, of course, far inferior to printing and the supply adequate for only a very limited demand.

The young men for whose especial use this work is being done are under instruction in a number of hospitals in different cities in Korea. Left to themselves they would have been still following the barbarous methods in vogue among practitioners of the native school, compounding prescriptions of a dozen or two ingredients, unsavory and incompatible, prohibiting nourishment, while administering drastic potions, searing regions tender with inflammation, plunging the hot needle into brain or abdomen an unknown depth, and aggravating diseased joint conditions until fetid suppuration destroys the limb. The substitution of aseptic surgical methods and of a rational therapeutics for such procedures is the beneficent work of mission hospitals; and the training of a generation of enlightened physicians is one of the inseparable accompaniments. Problems are many in connection with such an educational need, among them that of text-books.

The outlook before a young graduate in medicine in Korea renders more than usually delicate the question of the measures that may wisely be adopted in his education. The scale of fees reasonably to be counted on from most of his patients is not such as to warrant a luxurious style of life. Yet sleeping and sitting on the floor, a diet of rice, pickled cabbage, red pepper sauce and dried fish, and dressing in the flowing garb of the Korean, accord little, on the other hand, with surgical or even with personal cleanliness. To train a young man abroad is practically to train him to such a disgust with his own people that he becomes denationalized; to train him among them calls for the creation of much new material.

The members of the committee who are interesting themselves in this problem stand ready to receive and to forward contributions toward a fund for the publication of medical text-books in Korean. It seems certainly a fair proposition to ask the profession in America to provide the books from which these aspirants across the water may learn the correct principles of the great art of healing.

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Palatable Castor Oil.

CHICAGO, March 15, 1906.

To the Editor:—Under a trade-mark name, a pleasant and palatable preparation of castor oil is being distributed among physicians. A small vial containing a sample of a sweetened, tasteless, palatable and non-acrid (I am not aware that castor oil possesses acrid properties) castor oil is sent to the practitioner, and this, in a few weeks, is followed by a circular calling attention to the sample and expatiating on the merits of this elegant and improved pharmaceutical preparation. According to this circular, this preparation is composed of nearly pure castor oil, consisting of 99.99 per cent. of absolute castor oil, the remaining .01 per cent. being aromatic corrigents and sweetening adjuvants. Even sepsis appears to be a factor in ordinary castor oil, as this special preparation is rendered "aseptic." Castor oil is and always will be *par excellence*, the laxative of choice of the laity. The physician is often called on to prescribe castor oil, and patients invariably ask him to have it made as nearly tasteless as possible. I have for years prescribed a sweet, pleasant and palatable form of castor oil, one which answers all the requirements of an elegant pharmaceutical preparation. It consists of nearly pure castor oil, being about 99.98 per cent. castor oil, the remaining .02 per cent consisting of a sweetening principle and a carminative adjuvant. The formula is as follows:

R. Saccharini	gr. ii	12
Olei menthæ piperitæ.....	gtt. v	30
Alcoholis q. s. M. fiat sol. et adde:		
Olei ricini.....	℥viii	240

Sig.: Dose same as castor oil.

JOHN RITTER, M.D., PH.G.

"Ambulatory" Smallpox.

SOMERVILLE, MASS., March 16, 1906.

To the Editor:—I recently had a case of smallpox and the history of its inception may be of interest to some readers of THE JOURNAL.

The case presents no features of especial clinical significance, but the wide range of the victim's travels while in the active stages of the disease, and the possibility of transmission in many localities lead me to report what is mainly the patient's story of the early days of his illness.

The patient is a young man of 20, a member of a musical organization which left Boston, February 4, for a trip through the southern states. He was not in good physical condition when he left, as he had had a busy season and was thoroughly tired out. On February 21, at Meridian, Miss., he had an attack of chills, nausea and headache. The next day he felt very feverish and had severe backache. The symptoms became more intense during the following days, though he continued to take part in the nightly concerts given by the club at Selma, Ala., Maplesville, Columbus and Tuscaloosa. On February 25 the company went to Delaware Ohio. The following morning, February 26, he noticed a rash on his forehead and wrists and went to a physician of the town. This was the first time he had sought medical advice, as he thought he had eaten something which had "poisoned" him. The doctor gave him some pills and a lotion and told him that his self-conceived diagnosis was doubtless correct and that he would be all right in a day or two. That night he fainted on the stage and was carried to his hotel.

The rash continued to spread, and on February 27, at Galion, Ohio, he says that he "was a sight," and that "the eruption looked like little blisters." He played at Warren, Ohio, on February 28, and on March 1 at Franklin, Pa. At the latter place he consulted a second physician, by whom he states he was examined for an hour or more, and who told him that the eruption resembled that of smallpox. A variety of lotions,

dusting powder and ointments were prescribed, and he was assured that the eruption would "go away in a few days." March 2, at Erie, Pa., the patient describes himself as hardly able to stand and as being unable to sleep or eat. On March 3 he played with the company at Silver Creek, N. Y., when he "excited considerable comment by his appearance, both on the stage and afterward when he met the audience socially."

The club arrived in Buffalo on March 4, and the young man paid a visit to Niagara Falls in the afternoon. He states that other occupants of the coach in which he made the trip showed a rather pardonable reluctance to sit next to him. In the evening the proprietor of the hotel at Buffalo came to him with the objection that other guests were complaining of his appearance and asked him to consult the "house doctor." The latter was called and promptly said: "Young man, you would better get home as soon as possible." The patient left Buffalo at 10 o'clock that night and arrived in Somerville on the afternoon of March 5.

The family physician was called and at once made a positive diagnosis of smallpox, and the patient was removed to the hospital twelve days after the initial symptoms were noted, and with pustules at the height of their development.

The pustulation was discrete but very closely distributed over face and limbs. It was more widely scattered on the trunk.

The case has progressed to practical recovery without incident of clinical interest. The patient claims to have been vaccinated in childhood, but no evidence of successful inoculation is to be noted.

C. CLARKE TOWLE.

A New Radium Danger.

NEW YORK, April 7, 1906.

To the Editor:—I notice an editorial reference in to-day's issue to an explosion of a radium tube in Germany. The liability to this accident was pointed out by me nearly two years ago in the *Medical Record*, June 20, 1904, as follows: "The second cause for the perforation of a glass tube is the increase of electric potential within the tube. Just as soon as this becomes sufficiently high the electricity sparks through."

To guard against this accident I would propose what appears to me a very simple and effective remedy, namely, sealing a small piece of platinum wire into the glass tube. It need only project a very short distance into the tube, and externally may be flush with the glass."

Radium in an aluminum tube is, of course, not liable to this accident, but to another quite as serious. If an aluminum tube is inserted into a growth, the bodily fluids will corrode it, and to my knowledge a number of tubes have been injured in this way, the corrosive going entirely through the aluminum and permitting the fluids to mix with and to injure the radium. I have protected my own aluminum tube by having it thinly coated with vulcanized rubber; this was done for me by a dental friend. On testing the tube before and after it was found that its effectiveness was impaired about 20 per cent., but this is better than taking the chance of entirely ruining the specimen. It is needless to say that the rubber employed should not contain any metallic oxids, as their presence would still further interfere with the egress of the rays.

Some of the pure radium bromid is now furnished in little cells with a mica face. This should not be applied directly to a moist surface. I have protected mine by covering the face of the cell with a collodion varnish and further wrapped the cell in a rubber-dam, such as dentists use.

H. G. PIFFARD.

Mercury Sound for Dilating Esophagus.—Adam of Hamburg uses a very flexible, non-fenestrated sound, filled with mercury, for dilating a stricture of the esophagus. The weight of the sound carries it down and it automatically works its way past strictures that arrest all other sounds, even those of smaller caliber. In one cancer case he has been able to keep the passage open for seven months by introducing this sound every second day. It is easy to control the position of the sound by radiocopy.—*Münch. med. Wochtsft.*

Association News

THE BOSTON SESSION.

Some Details of the Arrangements for the Annual Session Next June.

The Committee of Arrangements is actively engaged in perfecting the arrangements for the fifty-seventh annual session of the American Medical Association to be held in Boston June 5-8. Their announcement of the hotels with prices appeared in *THE JOURNAL* last week. The headquarters of the various sections were named.

GUIDE BOOK.

A very practical feature of the arrangements is an elaborate guide book, which will enable the visiting physician to reach any point of interest and to understand all the historical scenes in Boston and vicinity. A good map is to be included, and special attention will be given to medical and surgical points of interest.

THE RECEPTIONS.

On one evening there will be the usual reception to the President of the Association, which is the chief social event of the week. At Harvard University's new medical school buildings there are to be afternoon teas from 4 to 7 o'clock on two or three afternoons, with music in the quadrangle and on the terraces. This will be principally for the ladies who are visiting, with the possibility of the physicians dropping in at the close of their afternoon programs. Special concerts and theater parties are being planned and a reception by the City of Boston in the Public Library.

CLINICS.

The advantages of Boston as a medical and surgical center are not to be neglected. Clinics will be held at a number of hospitals, and arrangements will be made whereby visitors may make the rounds of the hospitals or visit certain ones in the most convenient way. Some clinics are to be held in connection with some of the work of the section programs. All hospitals will provide clinical exhibits of some sort, and members who wish a change from the section programs will be able to find clinical work on any day.

Among the halls which are to be used for the section meeting places are the Y. M. C. A. Hall, Huntington Hall, the New Old South Church, Horticultural Hall, Chickering Hall, Jordan Hall and the buildings of Tufts and Harvard medical schools. The headquarters is to be at Mechanics Hall, where will be the registration and the scientific exhibit and the commercial exhibit. The House of Delegates is to meet in the Medical Library of Harvard Medical School.

EXCURSIONS.

A rate of one fare plus \$1 for the round trip is to be in effect over a large part of the United States, and tickets will be sold from June 1 to 6, good to return leaving Boston up to June 11, with an extension possible to June 30. Passengers from Pacific Coast points may have return limit extended to August 31.

Among the excursions to be enjoyed in the vicinity of Boston are such historical places as Plymouth, Lexington and Concord and to points on the seashore. After the session visits may be made to the lakes of Maine and New Hampshire, the mountains of Vermont and New York, the St. Lawrence River, the Thousand Islands, the Great Lakes, Niagara Falls, etc.

MISSOURI VALLEY SPECIAL.—Arrangements have been perfected for a superb special train to Boston over the Grand