Correspondence

Reprints and Journals Wanted

To the Editor:—The Medical Library Association is particularly anxious to find the following reprints and journals:

Any numbers of the *American Journal of Medical Sciences* previous to 1882 and after 1899.
Medical and Surgical Reports of the Boston City Hospital, Vols. VII, VIII, XVI and later.
Proceedings of the Philadelphia Pathological Society, Vol. XII, except Nos. 1 and 3, Vol. XIII, except Nos. 2 and 4.
Pearce, R. M.: *The General Infections and Complications and Scarlet Fever*, 1898.
Harrington, Charles, and Pearce, R. M.: *Formaldehyd as a Practical Disinfectant and an Aid in the Practice of Surgery*, 1898.
Pearce, R. M.: *Scarlet Fever, Its Bacteriology, Gross and Minute Anatomy*, 1899.
Harrington, Charles, and Pearce, R. M.: *Proprietary Domestic Disinfectants, a Bacteriological Study*, 1899.
Councilman, W. T., Mallory, F. B., and Pearce, R. M.: *A Study of the Bacteriology and Pathology of 220 Fatal Cases of Diphtheria*, 1900.
Musser, J. H., Gwyn, N., and Pearce, R. M.: *Abscess of the Brain Due to a Streptothrix*.

JOHN RUHRÄH, Treasurer, Medical Library Association.
1211 Cathedral Street, Baltimore.

The Contaminated Fly

To the Editor:—While we all realize the part played by common house-flies in carrying infection, perhaps we have not fully understood their capacity to act as incubators and store-houses for specific bacilli. I practice in a healthy town of 3,000 inhabitants where cases of typhoid are not numerous; they always appear sporadically—never to the extent of an epidemic. These cases usually appear in neighborhoods in which the drinking-water is obtained from rather shallow wells, and for this reason the appearance of an occasional case of typhoid fever has always been attributed to a contaminated water-supply. These neighborhoods usually have many flies, and no systematic effort is made to exclude them from the houses. During the latter part of the summer of 1910 a man died from typhoid fever in one of the localities I speak of. A visitor, who called to see the sick man before he died, afterward told me that she saw a bed-pan containing one of the patient's typhoid stools in the back yard with hundreds of flies about it. Every one of those flies would probably go away loaded with typhoid bacilli. There are always enough flies that find some warm crack or crevice in which to hibernate through the winter to renew the supply the next spring. Many of them must go into winter quarters loaded with bacilli; and the favorable surroundings that would enable the fly to live over winter would enable the bacilli to retain their vitality also. In communities like ours where health conditions are usually good my observations have made me believe that the fly is to be regarded with far more suspicion than the water-supply.

WILLIAM M. GREGORY, Berea, Ohio.

Magnesium Sulphate Treatment of Dysentery

To the Editor:—On the first appearance of mucus and blood in the stools the patient with dysentery should be put to bed and kept there till the stools are free from blood and mucus and the patient free from pain. Liquid diet should be given and the patient should not be allowed to sit up. When the patient is first put to bed he should be given an enema of a quart of warm water that has been boiled, to which two heaping tablespoonfuls of magnesium sulphate have been added and thoroughly dissolved. This should be introduced into the lower colon by means of a fountain syringe with the regular hard rubber rectal tip that comes with the syringe; a rectal or colon tube should never be used, for it wounds the inflamed surfaces. The enema should be repeated every four hours until the actions are free from blood and mucus and the patient free from pain. The patient should be urged to retain the enema each time as long as possible before expelling it, for the longer it is retained the better, as it reduces pain and inflammation. In addition the patient should take the following:

R	gm. or c.c.	
Magnesium sulphate	45	or 3iss
Aromatic sulphuric acid	15	3ss
Deodorized tincture of opium	8	3ii
Distilled water to make	180	3vi

M. Shake and take two teaspoonfuls in water every two hours till actions are free from blood and mucus and patient free from pain, then less frequently, as indicated; but give an occasional dose for twenty-four to forty-eight hours.

For children the enema should be the same as for adults and the syringe and tip the same. The child should be placed on its back in its mother's or a nurse's lap with newspapers under it so that the water will flow into a basin when the bowel gets full. The tip should not be removed, but the water should be allowed to pass out by it when the child strains, the water flowing into the colon all the while till all the quart is used, and then repeated as in the adult. A child two or three years old should be given 10 or 15 grains of magnesium sulphate, half a drop to two drops tincture opium and two or three drops aromatic sulphuric acid every two hours till feces are free from blood and mucus and the child free from pain.

Patients should never be allowed to sit up until all symptoms have disappeared.

This treatment has given me good and prompt results.

A. A. BARGE, M.D., Newnan, Ga.

Queries and Minor Notes

ANONYMOUS COMMUNICATIONS will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

SULPHUR REACTION IN THE URINE OF CANCER PATIENTS

To the Editor:—In THE JOURNAL, May 6, page 1371, is an abstract of an article by Salomon and Saxl in the *Wiener klinische Wochenschrift*, 1911, No. 13, page 449. Please give me the technique of this sulphur reaction in the urine of cancer patients.

W. D. ROBBINS, Chicago Heights, Ill.

ANSWER.—For this reaction, dilute 150 c.c. of urine with 100 c.c. distilled water (albuminous urine must first be boiled, treated with a small quantity of acetic acid and carefully filtered); then add 150 c.c. Salkowsky's barium solution (a mixture of 2 parts barium hydroxide solution, saturated at room temperature, with 1 part barium chlorid solution saturated at room temperature). Filter and to the clear filtrate add more reagent to insure complete precipitation. Then the ethereal sulphates are removed from the entire filtrate, by adding 30 c.c. hydrochloric acid (sp. gr. 1.12), transferring to a 500 c.c. flask, covering with a small funnel and heated to boiling on an asbestos mat, with a small flame for an hour. The flask is then covered with a beaker and allowed to stand on a water bath till the supernatant liquid is clear (requiring from four to twenty-four hours). Now filter twice through a double "barium filter," small; wash the flask with sodium hydroxide solution and distilled water; boil again, using same precautions as above, and filter through a double "barium filter." (If there is still more precipitate formed, place the flask on the water bath again.) Now treat 200 c.c. of the filtrate with 3 c.c. strong hydrogen peroxid solution (perhydrol Merck) and boil fifteen minutes, covering again with the funnel, in the same flask. Now the liquid is poured into a sedimentation glass and then observed in from one-half to four hours. In cases of carcinoma a decided sediment will be observed while a normal urine may show a trace of such a sediment; as a rule normal urine does not show a sediment in four hours—but some time later a trace of ethereal sulphate not properly removed as above may show. The sediment obtained in case of carcinoma is usually somewhat colored, but this color can be removed by alcohol-ether.

LITERATURE ON RATTLESNAKE POISONING

To the Editor:—Please give me literature on rattlesnake poisoning, particularly on the pathology and treatment.

J. M. WALSH, Fort Pierre, S. D.

ANSWER.—The following references may be consulted:

Rogers, L.: *Snake Bite Treated by Incision and Application of Permanganate of Potash*, *Indian Med. Gaz.*, October, 1905; abstr. in THE JOURNAL, Dec. 9, 1905, p. 1830.
Ferguson, A. D.: *Adrenalin Chlorid in the Treatment of Rattlesnake Bite*, *Texas Med. News*, November, 1906.
Haw, W. H.: *Two Cases of Snake-Bite with Suggestion for Treatment*, *Lancet*, London, April 27, 1907; abstr. in THE JOURNAL, May 25, 1907, p. 1819.
Baier, F. C.: *Rattlesnake Bite, with Recovery*, *Northwest Lancet*, June 15, 1907.
Braddock, C. S.: *Treatment of Snake Bites as Seen in the Jungle*, *New York Med. Jour.*, Nov. 8, 1907; abstr. in THE JOURNAL, Nov. 23, 1907, p. 1803.