

exemplification on the eastern side of the Atlantic. The world is large and the republic of science knows no national lines. Any country has a right at any time to have any sort of an exposition for the general welfare. The multiplication of such events only results in a general augmentation of interest. This being true, the attitude of the United States should be to come to Dresden loyally, if there is time to do so creditably, to take an active part in the proceedings, then box up the whole thing and ship it to Washington as a previously fairly well-advertised feature of the real show.

C. A. L. R.

The Oil Treatment of Pellagra

To the Editor:—Much has been written about pellagra, its symptoms, etc., but very little has been written about its successful treatment; some physicians with large experience still believe that no pellagra patient in this country has recovered. Within the past 4 years I have had 16 cases, 7 being so far advanced that little or no treatment was given and the patients all soon died. The other 9 were all without a doubt true cases with all the classic symptoms of diarrhea, offensive stools, dermatitis, red tongue, insomnia, etc., and were treated by the oil method, which no one else so far as I know has used in such cases, with the following results:

The first 3 patients were treated about 4 years ago by means of petroleum emulsion, sulphocarbolates for the diarrhea and Morton wave and static sparks for the insomnia and nervousness. One, a woman, gained 30 pounds and remained symptomatically well for a year; 6 months after stopping all treatment she developed paroxysmal insanity and soon died. The other 2 kept up the petroleum for about one year and are still symptomatically well, though one had very strong religious delusions for some time. A man, treated later, is still taking the petroleum and has gained over 30 pounds and is in very good condition for the past year; though he is still a little nervous it is perhaps as much from fear as anything else because he has been told by so many doctors that he would never get well. Two others are steadily gaining and improving though they have taken the oil only for the past 3 months. Another, a hard-drinking man, was relieved of the severe dermatitis and diarrhea by 3 weeks' treatment and his mental condition cleared up much, but he soon returned to drinking and died.

Another patient has gained 23 pounds within the past 9 months—one teaspoonful of castor oil and 4 drops of turpentine at bedtime being more acceptable to the stomach and stopping the diarrhea better than the petroleum. A patient with chronic diarrhea and colitis of 7 months' standing, in whom the microscope showed no accountable cause, took the same small doses of castor oil and turpentine every night for 5 months and gained 31 pounds. This is simply mentioned to show what a decided effect the oils, neither of which is much absorbed, have on nutrition when kept up for a long period of time. It must be the cleansing and antizymotic effect.

In another case of three years' standing the patient improved for a while but soon had so much nausea that oils were not retained; she developed insanity and died.

The petroleum treatment is not offered as a specific. Though my series of cases is small it shows that the petroleum has certainly had a beneficial effect on almost every patient to whom it has been given if kept up long enough, as some of the patients did not improve much for from 4 to 6 weeks. In 4 of the patients a careful examination of the blood, stools and stomach contents was made which did not, however, show anything of importance—there was little or no hydrochloric acid present. Protozoa resembling the *Cercomonas intestinalis* were found in the stools but have never been considered pathogenic.

I ask the profession to make a patient and persistent trial of this method of treatment and report results. The results so far seem better than those offered by any other method of which I have read, 6 of the 9 patients being still alive, 2 being apparently well for 3 years.

J. W. TORRETT, B.S., M.D., Marlin, Tex.

P.S.—The preparation of petroleum used was that made by S. & D. or P. D. & Co., which contains 33.33 per cent. petroleum and 5 gr. each of hypophosphites of lime and soda to each dram given, being a little stronger than the N. F. preparation.

The Home Exchange Plan for Foreign Education of Children

To the Editor:—I believe that there are many physicians who would like to send their children to school in foreign countries for a year or two, but who hesitate on account of the great expense and the absence of parental care while the children are away. It seems to me that the home exchange plan offers a solution of the problem. Could not you, through THE JOURNAL, make arrangements with British, French and German journals by which a physician here would keep in school and be responsible for a foreign physician's boy or girl in exchange for the same care of his son or daughter in a foreign land? It seems to me that this plan has great possibilities.

C. A. EARLE, M.D., Des Plaines, Ill.

The Ice-Cap in Poliomyelitis

To the Editor:—In THE JOURNAL, Sept. 17, 1910, in the special article on "Epidemic Poliomyelitis," under treatment, you speak of elevation of the spine by pillows to prevent hyperemia of cord. Do you not think that the application of the ice-cap would greatly enhance the effect of this procedure?

In a recent case, that of a child 16 months old, the ice-cap was applied at the onset of the disease. The child usually slept when the ice-cap was applied and was peevish and restless until time for its reapplication. Both legs and part of the right arm were paralyzed. The child is responding freely to treatment. In this case the cold application certainly aided in the treatment and afforded relief to this unfortunate child.

CYRUS W. FRIDY, Philadelphia.

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.

ARTICLES ON POLIOMYELITIS

To the Editor:—Please give me references to recent articles, in English, on acute anterior poliomyelitis.

C. H. TRAVIS, M.D., New Britain, Conn.

ANSWER.—The following are a few of the multitude of articles on this subject which have appeared since the first of this year:

"Acute Anterior Poliomyelitis," by A. J. Rosenberry, in *Southwestern California Practitioner*, January, 1910.

"Acute Poliomyelitis," by W. P. Herringham, in *Clinical Journal*, London, Jan. 26, 1910.

"Some Aspects of Poliomyelitis," by Sir William Gowers, in *British Medical Journal*, Feb. 5, 1910.

"Anterior Poliomyelitis—Infantile Paralysis," by L. L. Cazenavette, in *New Orleans Medical and Surgical Journal*, February, 1910.

"Acute Anterior Poliomyelitis," by P. J. Peel, in *Chicago Medical Recorder*, February, 1910.

"Anterior Poliomyelitis," by E. J. Melville, in *Vermont Medical Monthly*, March, 1910.

"Acute Anterior Poliomyelitis," by J. W. Cokenower, in *New York Medical Journal*, May 14, 1910.

"Experimental Studies on the Etiology of Acute Poliomyelitis," by I. Straus and F. M. Hinton, in *New York Medical Journal*, Jan. 8, 1910; abstracted in THE JOURNAL, Jan. 22, 1910, p. 319.

"Medical Aspects of Anterior Poliomyelitis," by L. R. De Buys; "Anterior Poliomyelitis—Etiology and Pathology," by C. W. Daval; and "Nervous Manifestations of Anterior Poliomyelitis," by E. M. Hummel, all in *New Orleans Medical and Surgical Journal*, March, 1910.

"Contagiousness of Poliomyelitis," by H. W. Hill, in *Journal of the Minnesota State Medical Association and Northwestern Lancet*, March 15, 1910; abstracted in THE JOURNAL, April 23, 1910, p. 1408.

"Anterior Poliomyelitis and Its Treatment by Muscle Training," by J. M. Berry and B. van Denbergh, in *Albany Medical Annals*, April, 1910.

"The Acute Stage of Infantile Paralysis," by O. Medin, of Stockholm, Sweden, and "Early Diagnosis of Poliomyelitis," by G. W. McIntyre, in *St. Paul Medical Journal*, May, 1910.