

Correspondence

Foreign Matter vs. the Treponema in Ink Methods

To the Editor:—In THE JOURNAL (Nov. 20, 1910, p. 1892), Dr. J. H. Barach gives an interesting criticism of the American India inks with special reference to foreign matter which may be present. His observations are good, especially as regards the "dried" preparations. I desire to add that these inks are not usually sterile, but often contain many microorganisms. Some of these methods, however, especially those in which the "wet" technic has been adopted, have been serving, exceedingly well, men who have found an office diagnosis necessary in many suspected cases of lues (*Arch. Diagnosis*, January, 1910). Can it be possible that this one communication must drive us back to the more tedious methods? Has any person claimed that these inks are free from extraneous material and their use without objection?

It may be well to note the following points:

1. No motions or other indications of life were observed in the "wavy fibers."
2. There is no mention that the turns of these lines or fibers were "close and regular" (Jordan's "General Bacteriology").
3. No emphasis was laid on the following important differentiation: "apparent rigidity vs. flexibility of spirals."
4. Stitt ("Practical Bacteriology") offers a test which should rule out "cracks" and which may be stated as follows: "*Treponema pallidum*, . . . is characterized by its very geometric regularity in the spirals which are deeply cut, etc."
5. It is manifestly unfair to condemn any of these methods until their critic can say, "After a careful investigation, I cannot distinguish between these fibers and the true *Treponema pallidum*."

And with this last point in view, I believe that I have occasion to criticize the term "experienced microscopist" when used in reference to any ordinary clinical examination. Very often the fact is overlooked that, after all, many of our so-called country doctors recognize cotton fibers, *Spirocheta refringens*, spirilla, cracks, etc., and dare not conscientiously term any and every wavy line, Schaudinn's specific microorganism. (It has been pointed out repeatedly, by the way, that the term "treponema" is preferable to "spirochete," and I believe that the latter term should be dropped, so far as the germ of syphilis is concerned.) The physicians who are doing this work every day are not tyros but usually graduates of our best schools and received their training during the era of microscopy.

Please to remember that a good Giemsa's stain requires two hours and is complicated and that the dark field attachment for the practitioner is an expensive asset. I do not believe that the article in question was intended to condemn the American inks, though it might be so interpreted by the man who has not yet observed their good points. There is a tendency in medicine, however, to belittle anything which will make laboratory work possible to the man outside the college or hospital and an attempt—unconscious often, I believe—to convince him that he is not capable of recognizing so simple a thing as the urinary cast. What is the result? Such examinations are left undone.

Far be it from me to hold up any of the ink methods as model procedures. Beauty is lacking. The preparations do not in every portion show spirochetes. Many bacteria are present in the ink and I believe that special inks should be made up for these examinations (let some chemical or optical company take up the suggestion). I have also observed many fibers and cracks. But I have yet to find the *Treponema pallidum* in a bottle of Higgins' ink and I doubt if it occurs in others. Surely, if it does, the war against the public drinking-cup should be waged against another dangerous carrier of the modern black plague. These difficulties may be overlooked when we are considering diagnosis.

Although I prefer to make these examinations from suspensions in warm, physiologic salt solution, I see no objection to studying these preparations after they have dried. It should be remembered, however, that desiccation causes often, though not always, a loss of characteristic windings.

In conclusion, permit me to say that the physician who has mastered his laboratory courses in microscopy may depend on the ink methods—he may still search for casts even though a few cotton fibers from his towel have fallen on his slide.

B. G. R. WILLIAMS, M.D., Paris, Ill.

Another Clean Medical Journal

To the Editor:—An editorial in THE JOURNAL, Aug. 20, 1910, p. 697, discusses the action of the *Gulf States Journal of Medicine and Surgery* in eliminating from its pages advertisements of such medicinal preparations as do not comply with the requirements of the Council on Pharmacy and Chemistry of the American Medical Association.

May I call your attention to the fact that the *Cleveland Medical Journal* in November, 1909, announced a similar program and since then this rule has been observed in accepting new advertisements? Existing contracts, of course, had to be observed, and although practically all of the objectionable advertisements appeared for the last time in the issue of December, 1909, it was not until August, 1910, that the last one had disappeared.

Publicity of such facts as the above should certainly help in inducing other independent journals to adopt a similar censorship. WILLIAM H. WEIR, EDITOR, Cleveland, Ohio.

[See Current Comment in this issue.—Ed.]

Request for Specimens

To the Editor:—May I ask through your columns for a few specimens? I need particularly a specimen of a tuberculous spine, a tuberculous sternoclavicular articulation and a tuberculous sacro-iliac articulation. If any of your readers, on removing one of these at autopsy will place it in a 2 per cent. dilution of liquor formaldehyde and will send it to me. I shall be glad to pay expressage, and shall be very grateful to him.

LEONARD W. ELY, Metropolitan Bldg., Denver.

Coblentz Not With Medical Research Corporation

To the Editor:—In one of the summer numbers of THE JOURNAL (Aug. 6, 1910, p. 519), there appeared an article relative to the "Medical Research Corporation" ["International Encyclopedia of Ethical Non-Official Pharmaceuticals"] with which I was at that time connected as editor-in-chief. I call attention to the fact that I have severed my connection with this corporation.

V. COBLENTZ, New York City.

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.

FINAL RESULTS IN VARICOSE ULCERS OF THE LEG

To the Editor:—Please inform me what have been the final results in varicose ulcers of the leg on which an operation was performed by excision of veins and otherwise, and if a support like an elastic stocking must be worn afterward.

NAGLOC.

ANSWER.—The final results of the treatment of varicose ulcers of the leg in which an operation such as excision of veins or otherwise has been performed depend largely on the nature of the operation done. The ulcers are so intimately dependent on the varicose veins that the end-results of the treatment of the latter represent equally well the end-results of the treatment of the former.

Perhaps the operation most frequently performed at the present time is the modified Trendelenburg operation, which consists in the excision of from 8 to 10 cm. of the internal saphenous vein just below the saphenous opening. This operation gives on an average about 50 per cent. of objective cures and 75 per cent. of subjective cures in cases followed from five to ten years. The longer the elapsed time after the operation the greater the percentage of recurrences.

The Schede operation, which consists of a circular incision around the leg just below the knee with the ligation and section of all the veins encountered, gives permanent good results in about 30 to 35 per cent. of the cases.