

week of torment be repeated and if this is survived, another few days of rest is allowed before another round of torture and so on "until the bowels become strong enough to do their work." The ill effects of such violent treatment have been enlarged upon so often that it is pernicious to suggest that such a course of treatment be followed.

## Correspondence

### OCCURRENCE OF PAROTITIS IN INFLUENZAL PNEUMONIA

*To the Editor:*—I was very much interested in the communication from Dr. Thomas F. Reilly, entitled "Three Signs of Some Value in the Diagnosis of Unusual Cases of Influenza" (THE JOURNAL, Dec. 7, 1918, p. 1935). That part of the article describing involvement of the orifice of Steno's duct was particularly interesting. In two cases of pneumonia following influenza that I treated recently, I paid close attention to the involvement of Steno's duct, and I am able to corroborate the findings of Dr. Reilly. In both of the cases there was a typical lobar pneumonia temperature, and the crisis was reached on the ninth day. The interesting point about the two cases was the occurrence of parotitis, which appeared with the crisis. One case developed overnight, and the swelling was as pronounced as in that of a case of specific parotitis. The following afternoon, in speaking to the nurse in attendance on the other patient, I remarked about having a case complicated by mumps. She said that her patient had a swelling under the right ear. On examination I found another case of parotitis. Both patients suffered intense pain for the first twenty-four hours, and required morphin; but with constant application of the ice cap the temperature, which rose after the swelling, became normal, and recovery was uneventful.

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### AN EARLY REFERENCE IN MEDICAL LITERATURE TO THE RELATION BETWEEN FOCAL INFECTION AND ARTHRITIS

*To the Editor:*—In the summer of 1914, while on a medical pilgrimage originally planned for European centers, but unexpectedly diverted to Boston (I was one of those who took passage on the North German Lloyd steamer *Kronprinzessin Cecilie* for Plymouth, England, July 29, and the impending outbreak of war, August 3, determined a change of course of this vessel westward to Bar Harbor), I chanced to be in the office of Dr. George Shattuck, where, in looking over an edition of Dr. Benjamin Rush's "Medical Inquiries and Observations," which he had just acquired, my attention was drawn to the following case history appearing under the caption, "An Account of the Cure of Several Diseases by the Extraction of Decayed Teeth":

Some time in the month of October, 1801, I attended Miss A. C., with a rheumatism in her hip joint, which yielded for awhile to the several remedies for that disease. In the month of November it returned, accompanied with a severe toothache. Suspecting that the rheumatic affection was excited by the pain in her tooth, which was decayed, I directed it to be extracted. The rheumatism immediately left her hip and she recovered in a few days.

I cannot help thinking that our success in the treatment of all chronic diseases would be very much promoted by directing our inquiries into the state of the teeth in sick people, and by advising their extraction in every case in which they are decayed. It is not necessary that they should be attended with pain, in order to produce diseases, for splinters, tumours and other irritants before mentioned often bring on disease and death, when they give no pain and are unsuspected as causes of them.

The edition of Rush in which this appeared had belonged formerly, I believe, to Dr. James Jackson, subsequently to the late Dr. Arthur T. Cabot, from the sale of whose library it was secured by Dr. Shattuck. Two years later, on the occasion of a visit to Sir William Osler at Oxford, I noticed a set of these volumes in his library and called his attention to the account of the case recorded above. It is due largely

to his suggestion that I write to THE JOURNAL to invite attention to the occurrence of this early reference to focal infection and secondary arthritis. It may be of literary interest to note here that the delay to do so until now has been due to inability to find the reference again in any of the editions of Rush that I had an opportunity of consulting while abroad. A search for it in the libraries of the Royal College of Surgeons, the Royal Society of Medicine and the British Museum was unavailing, and not until recently did I discover why this reference could not be located in any of the editions accessible to me in London. Through the courtesy of Lieut.-Col. Fielding H. Garrison, M. C., U. S. Army, I was enabled to see the editions of Benjamin Rush's "Medical Inquiries, etc.," in the Surgeon-General's Library at Washington, and then I found that the case history referred to had originally appeared in 1803, in the "Medical Repository" (Vol. VI, Art. XII, p. 285) in the form of a letter written by Rush to the editor. Therefore, only the editions of "Medical Inquiries, etc.," published subsequent to 1803 contained the reference, namely, those of 1815 and 1819. It appears on p. 199, in Vol. I, of the 1815 edition, and on p. 197, Vol. I, of the fifth edition, published in 1819.

F. L. PLEADWELL, Capt., M. C., U. S. Navy.

### MADURA FOOT IN CUBA

*To the Editor:*—In Queries and Minor Notes (THE JOURNAL, No. 16, 1918, p. 1684) appeared a communication about Madura foot (mycetoma) in the United States. In the bibliography appended to the note, no mention is made of a very detailed monograph about the matter, written in 1901 by Drs. Antonio Díaz Albertini and Carlos M. Desvernine, and read before the Tercer Congreso Pan Americano, held in Havana in February, 1901, and published in the *Revista de Medicina Tropical*, May, 1901, and reprinted in the *Boletín "Sanidad y Beneficencia,"* March-April, 1918, pp. 319-330, in the Section "Historia Médica de Cuba," by Dr. José F. de Pazos, with the photographs of the two cases studied. These cases are of interest as being the first cases of Madura foot found and described in Cuba. Dr. Vincent of Val de Grâce, who studied the histologic findings, sent to him by Dr. Díaz Albertini, concluded that:

1. The photographs were surely of cases of Madura foot.
2. The histologic preparations showed the streptothrix, with the same characters as those revealed in examinations made by him of pus from the nodules of Madura foot.
3. The preparations sent to him by Drs. Albertini and Desvernine were the same as those prepared by himself.

In Cuba, it seems probable that *Discomyces madurae* (Vincent, 1894) was present in negro slaves when the Spanish governed the island. At present it is very rare: since the report of Albertini and Desvernine, there have not been found any other cases of Madura foot in Cuba. Other species of *Discomyces*, such as *Discomyces asteroides* (Eppinger, 1890), have been found two times by Dr. Pazos in the sputum of tuberculous patients. *Discomyces minutissimus* (Guchardt, 1859) is very frequent in cases of erythrasma in Cuba. Dr. Pazos also has found *D. bovis*, *D. israeli* and *D. thibiargii* in cases of abscess of the inferior maxilla in Cuban patients.

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Chief of Press and Publications, Secretaría de Sanidad.

### "PHYSICIANS' EXEMPTIONS FOR INCOME TAX"

*To the Editor:*—Your comments on "Physicians' Exemptions for Income Tax" (THE JOURNAL, Feb. 22, 1919, p. 576) were very instructive—in my own case, a great deal more so than you could have imagined when you published the editorial.

What did it teach me? First, of course, that I have been paying needlessly money as a tax on things that were exempt. But after I had worked out my tax papers and scanned them at leisure, it taught me this much more: I had imagined that I had about a 7,000 dollar practice, being a "true physician, and a poor bookkeeper." On seeing the actual figures, I found that it ran about \$5,300 total collections. After deducting