

age only 18% have had asthma since before the age of 15.

By emphasizing in this paper the importance of the general physical condition of asthmatics, it is by no means intended that attention should be drawn away from foreign proteins and their frequently vital importance to the cause of the disease. In the study of each patient, foreign proteins should always be borne in mind and never excluded without reason. Skin tests should always be done in doubtful cases and these tests should be interpreted logically and perhaps repeated if necessary. While positive skin reactions obtained with reliable test substances are probably always to be regarded as evidences of slight sensitiveness, yet in many cases, this sensitiveness is so light as to be clinically unimportant and such tests may usually be disregarded. Furthermore, the finding of a negative skin test does not always rule out sensitiveness to a given substance.

However, skin tests alone are by no means the only method of study and it is usually true that success in treatment must in each case be preceded by a very careful consideration of the patient as a whole. When the different pieces of evidence are in, their relative importance must be weighed and the whole must be correlated intelligently.

## REFERENCES.

- <sup>1</sup>Rackemann, F. M.: "A Clinical Classification of Asthma Based upon a Review of Six Hundred and Forty-eight Cases." *Am. Jour. Med. Sci.*, 1921, clxii, 802.  
<sup>2</sup>Schloss, O. M.: "Allergy in Infants and Children." *Am. Jour. Dis. of Children*, 1920, 10, 433.

## VIOLET RAY IN THE TREATMENT OF VARIOLA.

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SINCE the time of writing a preliminary note upon the treatment of variola with exposure to the influence of violet ray, I have had opportunity to prove the value of such a treatment in two other cases, bringing the total cases treated by me to three.

Each case was of marked constitutional severity. Two cases were female patients: One 28 years old and the other 37. Both have been successfully vaccinated, but once, when children.

The male patient, aged 26, the first case treated by me with violet ray, had been vaccinated twice with negative results: once when in childhood, again about six years ago, while in the Army.

This case seen in consultation with the attending physician, was at the fifth day of eruption. Patient was covered with a myriad of vesicles all over his body, the face, the palmar and plantar regions. Two vesicles were visible around the cornea of left eye, which was also the seat of a phlogistic process; an epischleri-

tis, causing intense lachrymation and photophobia. The other eye was slightly congested.

The onset of the disease was a typical one, with chill, general malaise, vomiting, nausea, headache, lumbar pains, sore throat and fever, ranging from 105 and 106 F.

Delirium was also a prominent symptom.

The family physician, although hesitant about giving a diagnosis, was inclined to regard the case as one of influenza.

The examination of the respiratory tract was negative and there was no indication of any other trouble which might account for the high temperature.

Four days later the fever came down to 98.6 F., while only three little macules were manifested on the forehead.

Patient paid no attention to it and went to work as usual. Two days later, on rising in the morning, he found that his chest and his arms were covered with a large number of macules. Being frightened he remained in bed and summoned his doctor, who diagnosed smallpox.

Next day all the surface of the body was covered with macules.

When I saw the patient he was very restless and uncomfortable.

He could not lie comfortably, could not use his hands, could not stand on his feet, could hardly eat because of the number of vesicles around his lips and was distressed on account of the general skin irritation.

Nervous prostration was very marked and the patient pitifully asked to be relieved of his suffering.

Opiates, bromides, chloral, absorbent powders, antiseptic lotions were tried with very little benefit.

Knowing that violet ray has been proven to have a place in the therapy of certain skin diseases, I suggested the use of a Menin violet ray lamp, 110 voltage.

Results were gratifying and beyond my expectation. Few minutes after exposure to the ray patient started to say: "Oh, it feels fine; oh, it is really a blessing; I wish that all my body could be treated at the same time; it is so soothing."

Patient felt very much relieved and he begged to have the apparatus left with him, which I did.

The following day I and the family physician visited the patient and to our surprise we noticed a marked improvement in the clinical picture. Patient reported that he slept well for the first time after five days and nights. He could hardly find suitable language by which to thank us for the almost immediate relief afforded him.

All vesicles were dried up and the patient could eat and was able to sit on a chair and move around a little.

The distinctive variola appearances had faded so much, in twelve hours' time, that it really seemed very remarkable.

The initial exposure to the light was of about three hours' duration applied to the whole body. Then patient went to sleep immediately after the treatment.

Treatments lasted for six days and patient applied them as often as he liked, without any rule as to time and duration.

The clinical observation warrants me in stating that—due to the violet ray action—the pustule stage was aborted.

With the exception of some small area, where the influence of the ray did not penetrate, the *restitutio ad integrum* has been satisfactory. Only very small invisible marks remain, at points where vesicles were in an advanced stage.

I saw this patient two days ago and it was hard for me to detect in him any trace of the disease.

The other two cases treated by me were more or less clinically identical. One case was at the seventh day of the disease; the other, at the fourth.

The treatment consisted of exposure to the action of the ray as often as the comfort of the patient required.

The lamp was kept distant from the surface of the body from five to nine inches, according to the tolerance of the patient.

Equally satisfactory results were obtained in the treatment of these other cases.

I devised a way of giving patients the benefit of the ray, simultaneously, all over the body. Three lamps of 110 voltage each were placed on a stand so that the exposed surface extended from the head to the feet.

In this way one lamp radiated the face and the upper part of the chest and extremities; one lamp the abdomen and hands, and the other the feet and thighs. As soon as the patient felt too much heat, and could not bear that sensation any longer, I advised him to turn and expose the other side and so on until relief was obtained.

The lamps were kept from five to nine inches from the surface to be treated, but during sleep I advised keeping the lamp at least one and one-half feet away from the surface of the body.

A large sheet covered the apparatus in order to avoid dispersion of the rays. Good effects were also obtained by using an ordinary single lamp. The only objection I have to make is that one must constantly change the position of the single lamp so that all regions can be treated.

The benefit of the triple combination is greater, because the patient does not need to make any effort in moving the lamp, thus preventing fatigue.

Conclusion: From the experience obtained in treating these three cases I believe that we

have in the violet ray a new and efficient weapon to combat the very distressing sensations caused by smallpox. Furthermore, a powerful agent has been found which, if applied before pustulation has occurred, will almost completely prevent the pox marks.

It seems that the earlier the ray is used the shorter the course of the disease will be, and the constitutional symptoms will be milder.

Considering the great relief which appeared to follow this very simple agent and the inexpensiveness of its application, I believe that this treatment will soon become general.

So far as literature on this subject is concerned, I failed to find any article dealing with the treatment of variola by means of violet ray ever before published.

## Medical Progress.

### PROGRESS IN SYPHILOLOGY.

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#### THREE CASES OF SYPHILITIC INFECTION DURING LABOR.

LEMHOLT<sup>1</sup> reports three cases of this condition, so far very rarely reported in the literature. In all three cases the fathers of the infants had acquired syphilis sometime during the last three months of the wives' pregnancies, the mothers developing symptoms of syphilis immediately preceding, during, or immediately after labor. Typical chancres developed on the infants' heads, followed by typical acquired infections.

#### REINFECTION IN SYPHILIS.

Recently there have been increasingly numerous reports of reinfection; Jeanselme and Althabegoity<sup>2</sup> report a case treated with 300 injections of benzoate of mercury and occasional injections of arsphenamin. Up to the time of the appearance of the second chancre, which was not at the site of the first, he had had five negative Wassermann tests. Treponemata were found in the new chancre. This seems to be a genuine case of reinfection.

#### EXPERIMENTAL SYPHILIS IN MAN.

Pinard and Leguignand<sup>3</sup> relate the case of a man who inoculated himself with syphilis in order to prove that he had not had it: a chancre appeared in which treponemata were found. He had 8.5 gm. of arsphenamin followed by a negative Wassermann reaction. After two failures he succeeded in inoculating himself again and producing a typical chancre in which treponemata were found, and followed by a papular rash and sore throat. He then had 0.6 gm. of arsphenamin weekly for ten out of twelve