

not readily explainable except as due to wearing glasses that others have used. As these tinted coquille glasses cost the optician but a few cents, we advise oculists either to give patients outright the pair required, or suggest that they be bought. Doubtless the better class of opticians would be willing to give their regular patients such glasses free of charge. But in all cases the patients should be warned against the use of second-hand, possibly infection-smear articles.

CORRESPONDENCE.

Antileprous Serum.

NEW YORK, Jan. 18, 1897.

To the Editor:—Will you kindly state in your paper that I am considering the propriety of starting a Carrasquilla Institute in New York city. I have received from Dr. Carrasquilla of Bogota, Colombia, six consignments of antileprous serum, seventy-two bottles in all. Further consignments will be forthcoming at short intervals. Of the above consignments, I have sent a portion, respectively, to Dr. Hansen, Norway; Dr. O. Petersen, Inspector General of Leprosy for Russia, St. Petersburg; and the President of the Hawaiian Board of Health, Honolulu. These gentlemen will experiment with the serum and make a report of results obtained at the first Leprosy Congress, to be held in Moscow, August 19 to 26, 1897.

Carrasquilla, in his latest letter to me, dated Dec. 13, 1896, says: "The efficacy of the antileprous serum tried for one year, on a large number of patients, leaves no doubt, as you will find out yourself. The process gives all kinds of securities, which makes me hope that you will recommend it to the attention of others and persuade them to study it."

The above-named countries, Norway, Russia and the Sandwich Islands, have had the following experiences with leprosy: In Norway, 1856, there were 2,877 lepers; from that to 1891 there were 4,758 additional cases, in all 7,635. In 1885, the mixed isolation law, that is, isolation in hospitals and in families, was passed. Under that law leprosy has decreased to 800 cases, which is the present number. Is it any wonder that the physicians of Norway believe in contagion?

In Russia, whose population is 124,000,000, during the period in which it was generally believed that the disease was not contagious, the leper hospitals were closed; leprosy increased apace. In 1879, Professor Münch of Kiev, and Professor Petersen, began to study the disease, and reached the conclusion that climate, situation and food have nothing to do with its spread. In 1894, a commission having been appointed by the government to study the question of leprosy, reported that they had come to the conclusion that leprosy is contagious; they consequently advised the segregation of *all* lepers. According to Dr. Petersen, there are 5,000 lepers in European Russia.

In the Sandwich Islands, leprosy was imported in 1848, or 1819 as some say. Before 1848, at any rate, the disease was very rare, or else it worked unknown to the inhabitants. Hildebrand, in 1853, was the first to report a case of leprosy. In 1861, there were six lepers in the neighborhood of this original case. From that time, the disease spread in an unheard of manner. In 1865, there were 230 lepers in a population of 45,000. In 1881 and 1882, there were 4,000 lepers. Thus in thirty-five years, one-twelfth of the population had become lepers. *Et nunc erudimini*, says Dr. Robelin, from whose work (*Es o no Contagiosa La Lepra*) I quote these figures as to Hawaii, strict isolation laws came at last, in 1865. Today there are only 1,250 lepers.

While the New York County Medical Society had these facts before them, or could, or ought to have had them before them,

yet they have approved a report of their committee on leprosy, composed of the Health Commissioner of New York, and several professors of dermatology, to the effect that leprosy is not a dangerous disease, and that isolation is not necessary.

In Colombia, while there was no isolation, leprosy increased in forty years from 400 to 27,000 cases. The government now is very much alive to the situation. The church has raised \$200,000 for a National Lazaretto. It is believed there generally that the solution of the problem is either the Carrasquilla serum cure, if it shall prove effective, or absolute isolation, and the question is taken very fearfully to heart; they can not afford there to declare jauntily that leprosy is not dangerous.

The lepers are, at the present time, crowding Bogota, to receive the possible benefits of Carrasquilla's treatment. Their crowding there has become a real nuisance.

According to the report of the Health Commissioner of New York, there is no danger of the spread of leprosy in New York climate. Therefore this is the place for starting a Carrasquilla Institute for the treatment of the lepers in the United States. The different States, Minnesota, Wisconsin, etc., will be very glad to unload their leper populations into this favorable climate, if a chance of cure by Carrasquilla's serum is offered to them here. I should be disposed to inoculate any patient who shall be sent to me by the State Boards of Health, free of charge.

As soon as the bars are down, and the three lepers of North Brother Island are discharged by our Health Commissioner, when every pretense of isolation shall have been given up, and leprosy officially recognized as *not being dangerous*, no one can have any objection to the coming to New York of all the lepers of this country.

ALBERT S. ASHMEAD, M.D.

Chlorid of Sodium.

BOSTON, Jan. 13, 1897.

To the Editor:—Salt in excess of what occurs in natural food appears to be necessary with the human family as it is with animals. Both a deprivation of it and a large excess of it, especially in the absence of vegetable food, works evil to the body, producing various sorts of disease both in body and in mind. Salt exists in all the fluids of the body. It appears to stimulate every tissue and have an influence over the metabolic changes in every part, and at all times. Yet how far these changes can be usefully modified by diminishing or increasing the ordinary amount of salt is not settled. Sure it is that some cases in practice have been improved by decreasing the salt supply, while others have gained on increasing the usual daily amount of it. Küss says it is indispensable to the formation of bile and the pancreatic and gastric juices. Animals grow better and fatten on it. They have more glossy and thicker hair, have a more healthy appearance and are more sprightly and active; while the potassium salts have the opposite effect and are more or less serious in their consequences. Salt stimulates the kidneys, and all the proteid qualities have a peculiar dependence on the presence of the various salts. Common salt promotes secretion, aids osmotic action, promotes fluid diffusion throughout the entire system. It stimulates nervous action as a whip stimulates a horse and clears and brightens the eyes.

Now, can it be that an agent which has so general influence throughout the body, in exciting the nerves and promoting secretions and the various metabolic physiology, should fail to have a more or less direct effect upon the organs and functions essential to procreation? This is a question which presented itself in the case of some friends of mine.

The two women concerned were well educated and of excellent character, but both were feeble and more or less invalids when married. Both married clergymen, were equally well and tenderly cared for. They both found plenty exercise, were of studious habit and helpful to their husbands. The husband of one conceived the idea that his wife would be

stronger and better in health if she took more common salt than she was accustomed to take. More salt was put in her butter, on her meats and in the milk she used. Often he added to her regular proportion of salt in the water she drank. The result has been that she is a very well woman—a woman of great efficiency in the work as an aid to her husband, and she has increased the household by a daughter and a son. They are still young people. The other husband took contrary views in reference to salt and denied to his wife as much as he could, thinking it injurious to use much salt. The result in her case is that she has remained weakly, nervous, neuralgic, etc., and can not spare strength for the ordinary household duties. Her lungs have become weak and her throat so sensitive that he is obliged to take her to the South for the winters. She has never been pregnant and has passed the age when women are likely to conceive. For one I am sure he has made a mistake. They have greatly desired a child. I have mentioned the other case to him and jokingly told him that I believe he has not salted his wife enough.

E. CHENERY, M.D.

Stomach Movements.

PARIS, ILL., Jan. 14, 1897.

To the Editor:—Regarding the stomach's emptying itself (see JOURNAL, page 83) I wish to say that Professor Freer demonstrated the movements of the stomach by vivisections, and that the contractions proceeded from right to left along the lesser curvature, rounded the cardiac end and proceeded from left to right along the greater curvature, moving its contents in that direction. When it reached the pylorus the latter opened and allowed a small quantity of liquid food to pass into the intestine. After a short rest the contractions began and proceeded in the manner described. In one case there were three distinct revolutions. Respectfully,

W. H. TEN BROECK, M.D.

"Thoracoplasty in America."

PHILADELPHIA, Jan. 15, 1897.

To the Editor:—I see in your issue of January 9, an article by Dr. A. H. Ferguson on "Thoracoplasty in America," in which he states that the Bureau of American Medical Literature at Washington, D. C., informed him that they were unable to find any case of Schede's operation performed in America. I beg to state that in the *Annals of Surgery*, June 1895, p. 721, I published a case with successful result, which was done without any knowledge that Schede had preceded me.

Yours very truly,

W. W. KEEN, M.D.

SOCIETY NEWS.

The Twelfth International Medical Congress.

PRELIMINARY PROGRAMS OF THE SECTIONS.

[Translated for the JOURNAL.]

SECTION I.—ANTHROPOLOGY, NORMAL ANATOMY AND HISTOLOGY.

I. *Anthropology*.—1. Measures to be taken to collect the largest possible number of exact data in regard to the anthropologic types among the Russians and the allogeneous population of Russia.

2. The most characteristic peculiarities of the Mongolian skull. Which Mongolian or other race presents these peculiarities most frequently and most pronounced?

3. How far does the cranial type of the present population of Russia differ from the ancient type of the Kourgan period? How can this modification be explained if found to exist?

4. Prof. Sergi's typical skulls. Their importance in the classification of the shapes of skulls.

5. Anomalies in the skeleton and external tissues. Have any of these anomalies a racial significance and can they be considered phenomena of atavism?

II. *Anatomy*.—1. Is the Latin nomenclature in anatomy elaborated by the German Anatomical Society to be adopted internationally?

2. By what means can uniformity of nomenclature in anatomy be introduced into Russian works on the subject?

3. Is polydactylia to be regarded as a division or a phenomenon of atavism?

4. Homology of the upper and lower members.

III. *Normal Histology*.—1. Comparison of the value of the various theories and hypotheses in regard to the structure of protoplasm in general.

2. Importance of the blastomeres in the segmentation of the ovum. Post-regeneration. Development of the interstitial and cuticular substances.

3. Importance of the centrosomes, spheres and supplementary nuclei. Importance of direct division (amitotic).

4. Genesis of the cell, *i. e.*, evolution of the constituent parts of the cellular organism.

5. Innervation of the glands.

6. Different modes of termination of the nerves depending upon certain mechanical conditions.

7. Development of the nerve fibers and cells; best methods of studying them.

8. Place and mode of the first development of the organs of the genito-urinary system.

9. Importance and genesis of the third constituent of the blood (Bizzozzer's plaques), and their connection with coagulation.

10. Is there a physiologic migration of the leucocytes? Where does it take place? In what proportions? What is the principal rôle of these elements in the body?

11. Secretory ducts of the salivary glands, pancreas and liver, especially the initial capillary tubes.

12. Is it not possible to create a better classification of the animal tissues than those that now exist, based as far as possible on the largest number of facts?

13. Genesis of the encephalon in the vertebrates, man included.

14. Mechanical principles of the development of organisms.

15. Structure of nerve cells and their reciprocal relations in the nerve centers.

16. Modifications in the structure of the cells of the glands during repose and during the activity of the corresponding cells or glandular formations.

17. Termination of the sensory nerves in the heart.

18. Termination of the nerves in the nerve cells of the spinal ganglia.

19. Sensory nerves of the muscles (smooth and striated muscular fibers).

20. Forms and extent of elastic tissue in the animal organism, and its importance.

21. Structure and presence of the basement membranes in the animal body, and their importance to it.

SECTION 2.—PHYSIOLOGY AND PHYSIOLOGIC CHEMISTRY.

1. Importance of physiologic psychology in medical education.

2. Rôle of nitrogenous alimentation in the transformation of substances and forces in the animal organism.

SECTION 3.—GENERAL PATHOLOGY AND PATHOLOGIC ANATOMY.

1. Genesis of the different forms of diabetes.

2. Pathologic physiology of thrombosis.

3. Pathologic physiology of myxedema.

4. Theories in regard to immunity. Production and influence of antitoxins in artificial immunity.

5. Rôle of the vessels and parenchyma in inflammation.

6. Constancy of the various species of pathogenic bacteria considered in regard to their botanic classification and the specification of diseases.

SECTION 4, A.—GENERAL THERAPEUTICS.

1. Serum therapeutics and prophylactic inoculations.

2. Organ therapeutics.

3. Appreciation of the present methods of alimentation (artificial alimentation, forced alimentation, koumyss cure, grape cure, substitutes for alimentation employed in therapeutics).

4. Methods of treating fever.

5. Present methods of antiphlogistic treatment (phlebotomy, etc.).

6. Hydrotherapeutics.

7. Climatotherapeutics (seashore climate, mountain climate, sea voyages, etc.).

8. General therapeutics of the different organs (for example, new methods of treating diseases of the heart).

9. Electrotherapeutics.

SECTION 4, B.—PHARMACOLOGY.

1. Rapid and certain local treatment of severe erysipelas (epidermic method).