

bass, brim, brook trout and shad are nicest and most digestible. From salt water the best are pompano, Spanish mackerel, red snapper and deep sea mullet, and there is no more wholesome fresh fish than the mysterious cod. All these, both from river and sea, have both fins and scales, and Moses has said no fish without both fins and scales is fit for human consumption, and the experience of centuries has generally shown in the long run that he was right in his hygienic propositions and objections. No fish is fit to eat after it has been kept so long that its eyes are sunken and its gills pale and flabby. True, the fish houses preserve them in frozen condition, sometimes for years, before they are marketed, but such fish does not constitute a wholesome diet. Sick people, or people with weak digestion, should never eat them, nor indulge in shrimp, crabs and lobsters.

Only the "*dura ilia messorum*," so envied by old Horace, can manage them, even when fresh. When they have been kept out of the water twenty-four hours, unless alive or frozen, they often become deadly.

Fresh oysters, when they are fresh and in season, are both digestible and nutritious, though not much more so than the same quantity of good milk. The whole oyster may be eaten while it is raw. Before cooking in any manner for an invalid the hard muscle must be cut off and thrown away. When cooked that part becomes hard and indigestible. Clam broth is not only nutritious, but it is thought by many to possess the power, when taken hot, to overcome nausea and vomiting in a remarkable degree. Certain it is that sometimes it is at once retained by stomachs that have rejected every other form of nourishment for days. As a rule we are not sufficiently awake to the advantages afforded by the perch and bass of our streams or the scale fish of the salt waters in framing an acceptable dietary for patients with weak digestion or for convalescents. There are no stock yard trusts on the finny flocks and herds that river and ocean bear, not so long as hooks and

lines are cheap, worms crawl and poles grow along the waterside.

### Anaphylaxis.

Continued investigations into the circumstances controlling the advent of anaphylaxis after the hypodermic injection of horse serum have added but little to the knowledge already gleaned from clinical experience, yet a brief return to the subject may help some of us to a better understanding thereof. For instance, a perfectly healthy man may receive a small injection of tuberculin and no reaction will follow, while a person suffering from tuberculosis would carry in his blood serum certain protective substances that would at once arouse a violent reaction were the tuberculin injection given to him. That reaction is a true anaphylaxis.

In like manner the blood serum of a horse, when injected into the tissues of a human being, would cause the blood to generate enough of a protective agent to dispose of that serum, but slowly, as it must be manufactured. But human blood does not stop making the antidote when enough for the purpose has been provided, it keeps on making it; so that in from seven to twenty-one days after the first dose of horse serum, if a second dose be injected, this protective body will meet it, and the reaction which ensues, and which we call anaphylaxis, may be very violent, even to the causing of sudden death.

Fortunately the occasions for thus using horse serum are very few, and the individuals who suffer with such an idiosyncrasy are fewer still, indeed are rarely met.

Sometimes fatal anaphylaxis is produced by the first injection of horse serum. This is in the case of such as cannot inhale the dust from a horse or horse stable without coughing or sneezing a great deal, more especially if such contact causes asthma. Such persons can never safely be injected with horse serum.

It has been found that where the animals experimented on with second injections were first treated with atropin, rectal injections of chloral and urethane, or were anesthetized

with ether or alcohol, these drugs were found to exert more or less of a protective influence.

Another fact of interest established is that the presence or absence of diphtheria antitoxin in the horse serum has nothing to do with the production of anaphylaxis.

### Anti-Typhoid Inoculation.

This is a subject of intense interest to every physician. It concerns his own private patients or even the members of his family.

Years ago, during the Boer war, many of the British troops received the protective inoculation against typhoid fever, but owing to many reasons, some of which are now forgotten, the practice fell into disrepute and was virtually abandoned.

Under the auspices of the United States Government the work of investigation was resumed and vigorously, though quietly prosecuted. At present many thousands of men in various national armies are thus protected, but private practice is a field wherein little of note has been undertaken in this line.

In our army (U. S.) among 10,000 inoculated men there developed only fifty-six cases with five deaths, while in 8,000 men who were not inoculated a total of 272 cases with forty-six deaths arose—within the same period of time.

Recently we had the opportunity of observing four persons, who had been exposed for some weeks to a virulent case of typhoid, and who were given injections of the killed cultures of the bacillus typhosus. The reaction was slight in all of them and none contracted the disease.

Reaction from inoculation is slight, sometimes not any at all, especially in women and children. When it occurs it is in from four to six hours after the injection, varying from slight headache and malaise to chill, fever, etc. The severe reactions following only about one case in two hundred. A previous attack of typhoid may intensify the reaction, and so does alcohol. Three doses are required. The first injection, half a cc, containing 500,000,000 dead organisms, is injected into the sub-

cutaneous tissue over the insertion of the deltoid at 4:00 p. m., so that the reaction, if any, may occur at night, and be over with by morning. The second and third injections are twice as large as the first, intervals of ten days being allowed between each dose and its successor. The foregoing is condensed from an editorial in the *New York Medical Journal*, issue of October 29, 1910.

It concludes as follows: "From an analysis of the results obtained in the armies of Germany, Great Britain, and the United States we find that inoculation against typhoid fever undoubtedly diminishes the susceptibility to the disease; that it decreases the mortality in those who do become infected; that it protects regardless of hygienic surroundings; that its protective effects last many months; that it is easily carried out and is only rarely associated with unpleasant symptoms; that there is no evidence in experience for the belief that it even temporarily increases the susceptibility to the disease; and, lastly, that no untoward results have as yet been seen. If under these most severe tests this procedure has produced such uniformly good results, why have we not in it a practicable and effective means of combating typhoid fever in war and in peace? Why should we not look hopefully for the time when its use may be as general as that of vaccination against variola now is?"

### Death of Mrs. J. F. McKinstry.

The many friends of Dr. J. F. McKinstry, Jr., of Gainesville, Fla., will unite with the editors of this Journal in their sympathy with him in his recent great bereavement, the loss of his devoted wife.

She was a true doctor's wife, active in all beneficent and charitable work yet thoroughly domestic. Whenever her husband attended the meetings of medical associations she accompanied him. In recognition of her great worth all business was suspended in Gainesville and the stores were closed at the hour when she was laid to rest beside the four little ones who had gone before. In the