

little other nourishment. Curtailing the amount of daily ingestion of caffeine caused a prompt improvement in all symptoms, but unfortunately there is a possibility that the patient has acquired some rather detrimental incidental habits which will require a longer time for elimination.

I feel that such a case is of interest from an ophthalmologic point of view and also that it indicates that the profession should be more alive to the pernicious influence in habit formation of some of the popular beverages served to young persons at public "slop" fountains.

OTIS ORENDORFF, M.D., Canon City, Colo.

#### A Simple Method of Vaccination

*To the Editor:*—After reading Dr. Force's article on "An Investigation of the Causes of Failure in Cow-Pox Vaccination" (*THE JOURNAL*, May 9, 1914, p. 1466), in which he mentions the successful use of the von Pirquet borer in vaccinating against small-pox, I would call attention to my article on "A Simple Method of Applying the von Pirquet Test" (*THE JOURNAL*, July 5, 1913, p. 27), which has been used successfully in hundreds of cases. I use the flat end (2 mm. wide) of sterile wooden toothpicks instead of the metal von Pirquet borer. It seems to me that this would be ideal, because the simplest technic of any, for cow-pox vaccination. After the arm is cleansed, the flat end of the sterile wooden toothpick would be dipped in the vaccine and gently pressed on the desired spot on the skin. While the toothpick is held in the middle by the thumb and index-finger, a few turns made by rolling the toothpick to and fro on its own axis between the fingers would result in a neat round abrasion of the epithelium without the appearance of blood. The use of a separate toothpick for each vaccination would insure all the advantages that go with absolute cleanliness and utmost simplicity.

LOUIS SHALET, M.D., New York.

#### Phonograph in Operating-Room

*To the Editor:*—For some time I have been employing a phonograph in my operating-room as a means of calming and distracting my patients from the horror of the situation when going under the anesthetic and during operations performed partially or entirely with local anesthesia. The phonograph talks, sings or plays on, no matter how anxious, busy or abstracted the surgeon, anesthetist and assistants may be, and fills the ears of the perturbed patient with agreeable sounds and his mind with other thoughts than that of his present danger. Too often when told to keep up an agreeable conversation with our patients operated on under "local," the assistants merely ask again and again if the sufferer is being hurt or if he feels any pain, thus only adding to the self-consciousness of the patient, and, after weather commonplaces are exhausted, it seems impossible to find a topic for conversation of any sort, and dead silence ensues. It is not uncommon for nervous patients to beg to have the phonograph continue, should it run down, and many of them converse animatedly with the anesthetist on the subject of the pieces being played throughout the entire operation.

I owe to Dr. Burdick, our anesthetist, thanks for his selection of records admirably adapted to the tastes and temperament of the subjects.

EVAN O'NEILL KANE, M.D., Kane, Pa.  
Surgeon, Kane Summit Hospital.

#### Cholesterinized Antigens

*To the Editor:*—In *THE JOURNAL*, May 9, 1914, p. 1458, there is an article by Dr. Loyd Thompson on the use of cholesterinized antigens in the Wassermann reaction, in which he strongly disagrees with the findings reported by us in a previous article (*THE JOURNAL*, Jan. 31, 1914, p. 363), asserting that his series of 356 tests is a larger series than ours from which to draw conclusions. As a matter of fact, the number of cases in which Thompson employed the cholesterinized antigen controlled by the syphilitic liver

antigen was only 50, as compared with 133 cases in our series. The results given by Thompson, based on examination of 306 cases in which the cholesterinized extract alone was used, obviously furnish no basis of comparison between the merits of the two antigens, and we feel that we should have obtained practically the same results with syphilitic liver antigen. Arguing from Thompson's point of view, we might cite the results of 2,500 cases in favor of syphilitic liver antigen, uncontrolled by cholesterinized extract.

In regard to the suggestion that the discrepancy in the results of Thompson's work and ours may be accounted for in the titration of reagents, we may state that the technic for titration of complement, etc., recommended by Thompson is almost identical with one that has been used by us for over a year, which was presented before the Pathological Society of Philadelphia in January, 1914, and which is in press for publication in an early issue of the *American Journal of the Medical Sciences*.

B. A. THOMAS, M.D., and R. H. IVY, M.D., Philadelphia.

### Queries and Minor Notes

ANONYMOUS COMMUNICATIONS and queries on postal cards will not be noticed. Every letter must contain the writer's name and address, but these will be omitted, on request.

#### OBSTETRIC ANESTHESIA BY SCOPOLAMIN AND MORPHIN

*To the Editor:*—Can you refer me to any recent article on scopolamin-morphin anesthesia as practiced by Bernhardt Krönig and Karl Gauss at the Freiburg clinic, Baden?

J. P. McMAHON, M.D., Milwaukee, Wis.

*To the Editor:*—Is the twilight sleep method of anesthesia in obstetrics by scopolamin and morphin known in the United States as to formula, and does any pharmaceutical house put out the preparation used in the Freiburg clinic in Germany referred to in the June number of *McClure's Magazine*?

What is considered the most up-to-date obstetric anesthesia aside from the use of chloroform and ether?

E. E. SWEENEY, M.D., Grafton, Neb.

*To the Editor:*—What is the present status of morphin-scopolamin anesthesia among obstetric authorities?

W. O. WILKES, M.D., Waco, Tex.

ANSWER.—Aside from the foregoing, we have received many letters regarding the article referred to. It is extremely unfortunate that a popular magazine such as *McClure's*, the efforts of which in the past in behalf of true medical science have been so influential for good, should have published such a sensational and misleading article without due consideration of its effect on the public. It would seem that the editor of a magazine publishing an article on a scientific subject, especially one discussing such an important subject as this, would consult some competent medical authority as to the underlying facts. The public on reading this article would naturally infer that this method of analgesia was something new. As a matter of fact, our readers of course know that the suggestion for the use of a combination of scopolamin (hyoscin) and morphin was made over 12 years ago, and was put to a pretty thorough test, especially in Germany. While it is not altogether obsolete, it has been practically discarded.

Another natural inference would be that an obstetrician would be negligent of his patients' rights if he withheld the scopolamin-morphin method in his labor cases. The facts are that this method has been thoroughly investigated, tried and found wanting, because of the danger connected with it. Even the most enthusiastic among its German advocates have emphasized its danger, and have stated that it should not be used except in hospitals, where constant, careful watching is possible.

The *McClure's* article seems to have been written, however, especially to emphasize the remarkable results obtained in Freiburg by Krönig and Gauss. As a matter of fact, the Freiburg method differs but slightly from that originally suggested. By the Freiburg method one dose of morphin is given, whereas the scopolamin is repeated as indicated—the indication being, not pain, but memory.

The history of the method is of interest in showing its development. Steinbüchel of Graz began with small doses of