

regimen or else a special antidiabetic diet, and he has come to the conclusion that they were of no efficacy. The drugs employed were salicylic acid, salol (which has been recommended by Ebstein), phenic acid, antipyrin, and even mercury and the iodids when there was syphilis. As for the results obtained at Carlsbad and Neuenahr, they would be due to the strict mode of life followed. Dr. Eichhorst considers there is but one real treatment of diabetes, and that is the special diet. He never advocates changing the diet suddenly, as he has seen diabetic patients in whom the sudden suppression of farinaceous food has caused the appearance of acetone in the urine. He prefers that a diabetic patient should be in good condition and have a little sugar in the urine, rather than one who is growing thin and weak on account of too severe a diet. His patients are weighed regularly, as this is one of the best means of noting any change. He does not favor the use of alcohol, which can be advantageously replaced by various fats such as butter, cream, ham, cheese. Light tea or coffee are permissible. Eichhorst's treatment, therefore, consists in the progressive use of a special diet.

Too Many Physicians in France.

The *Temps*, the most important daily published in Paris, published an article recently on the number of physicians in France. Professor Debove, the dean of the Paris faculty, had said there were too many physicians in France, as quoted in THE JOURNAL last week, page 109. The author of the article in THE *Temps* remarked that what was needed was to have good physicians, and not to create a special profession for those who are favored by fortune. Moreover, if one examines the list of great physicians in France, one does not find that many began life with a capital to fall back on. Professor Peter, for instance, was a journeyman printer, and to come to those of more recent fame, a well-known physician of the hospitals was formerly an employe of the Bon Marché, and a surgeon whose name is seen very often was a simple usher in a public school.

Smallpox at Nice in 1901-1902.

At a meeting of the Academy of Medicine, held December 16, Dr. St. Yves-Menard, the well-known vaccination specialist, read a report by Dr. Balestre on the recent epidemic of variola in Nice (1901-1902). There were 1575 cases and 549 deaths. The disease began in the poorer quarters, and the vaccination of the regiment quartered in the town had a good effect, there being fewer cases of contagion among the men than among the women.

There was a vacancy for a seat in the section of medical pathology, and Dr. Chauffard, who is specially known for his work on the liver, was chosen by 65 votes out of 75.

Correspondence.

Was It Beri-beri?

NEW YORK, Jan. 10, 1903.

To the Editor:—For the information of Dr. Frank Fenwick Young, whose interesting experiences with "Beri-beri in Louisiana" you have published in THE JOURNAL, kindly print the fact that beri-beri has been found on ships reaching this port, all with carbon-producing cargoes (sugar, graphite, burnt Java coffee, etc.), whose crews had as their dietary *no rice at all* for the entire voyage. Dr. Judson Daland also found such an outbreak of beri-beri, on a sugar ship, too, which reached Philadelphia, whose crew were Lascars; that is, pork eaters.

In an interesting investigation which I made many years ago with Col. John Screven of Savannah, Ga., the largest rice grower in the world, we found no beri-beri in those connected with the culture of rice, but plenty of malarial rheumatism (multiple neuritis, perhaps,) in those who did not take proper precautions while cultivating the flooded grounds. The feet of all rice cultivators are especially exposed to infections, but I did not find any of those who ate rice to have "multiple neuritis," or anything else that other people might not have had. Nor in Japan, where I treated thousands of rice cultivators from the province of Owamori (the farmers' province) there was no more beri-beri than in and about Tokio itself.

I have made a comparison of "Rice Culture in Japan, Mexico and the United States," which was published by the *Sei I Kwai*, some years back, in which I showed that the main danger from rice fields and rice culture was typhoid fever from human excrement, which was used as manure. Therefore, eating rice,

even imperfectly cooked, could not produce beri-beri by itself; it would be accompanied by typhoid fever. But in the Orient all rice is most thoroughly cooked, which destroys every germ. If rice was, as diet *per se*, the cause of beri-beri, it should affect as well those who live on high grounds and mountains. Beri-beri never attacks even the higher wards of Tokio, which shows that the poison of beri-beri is heavier than air. Rice diet is not, therefore, the cause of beri-beri. Dr. Young will not find his "beri-beri" in those Louisianians who eat even nothing but rice and who live on high ground; that is, if the disease he describes is true beri-beri and not some foot infection. Beri-beri does not limit itself to "a radius of 20 miles," and could not have an outlined geographical limitation if it was due to the eating of rice. Beside this, there is no anemia, no fever in beri-beri.

ALBERT S. ASHMEAD, M.D.

Method of Yellow Fever Transmission.

NEW ORLEANS, Jan. 7, 1903.

To the Editor:—In THE JOURNAL (Jan. 3, 1903, page 50) is a report of the discussion, at the recent session of the American Public Health Association, of the method of transmission of yellow fever. THE JOURNAL can not, of course, publish a full report of such a discussion, and the report published, therefore, must necessarily be incomplete and imperfect. Your reporter has placed me in a position which I do not desire to occupy. I am sure the error would ordinarily be considered a matter of small importance not worthy of correction, but my convictions on the subject of quarantine against yellow fever are so strong, and my interest in the subject so intense that I beg the privilege of correcting your report in so far as it refers to myself.

What I said was that "Quarantine should be most strenuous against that which has been *proven* infectious even at the expense, if necessary, of those measures employed against that which is only *suspected*;" where measures against both fomites and mosquitoes can be operated no valid excuse can be urged for neglecting the mosquitoes."

The idea intended to be conveyed was that quarantine against yellow fever *should be* what it *was not*. While the treatment for fomites in transportation may or may not be important, the treatment for mosquitoes undoubtedly is of the greatest importance, and should be given the highest consideration by quarantine authorities. To neglect the obvious application of the mosquito theory to quarantine practice is an unpardonable mistake. Whether or not fomites may convey the disease, the quarantine of the future to be efficient against yellow fever *must* afford protection against the mosquito.

Respectfully, QUITMAN KOHNKE, M.D.,
Health Officer of the City of New Orleans.

Queries and Minor Notes.

ANONYMOUS COMMUNICATIONS will not be noticed. Queries for this column must be accompanied by the writer's name and address, but the request of the writer not to publish his name will be faithfully observed.

DOES NOT ENDORSE GOAT LYMPH COMPANY.

PHILADELPHIA, Dec. 31, 1902.

To the Editor:—You will greatly oblige me by stating in your columns that the endorsement by me set forth in the circular of the Goat Lymph Sanitarium Association of Chicago, is fictitious, and any mention of my name in connection with the enterprise, is entirely unauthorized.

ALBERT MC CONAGHY.

RELATIONS OF DIAMETERS IN O. L. A. POSITION.

Dec. 22, 1902.

To the Editor:—Please mention in your query column what diameters of the fetal skull are engaged in the oblique diameters of the pelvis in L. O. A. cases.

Y.
ANS.—When the head is O. L. A. and in moderate flexion, the occipito-frontal diameter lies in the right oblique diameter of the pelvis. The biparietal diameter of the head which lies at right angle to the occipito-frontal does not lie in the left oblique because the two oblique diameters of the pelvis do not cross at right angles. With moderate flexion and sinciputism the diameter of the head which lies in the left oblique of the pelvis is one that passes from the left parietal protuberance (or boss) through the right frontal protuberance (or boss).