

also emphasized, and the subject is warned always to inform his medical attendants later that he has had a venereal disease. In conclusion the circular cautions that there are no absolutely reliable protecting measures against venereal infection, but at the same time advises the use of some such measure, in regard to which the physician is alone competent to pass judgment. The danger of infection while under the influence of alcohol is commented on, and the extragenital sources of infection. Intimate contact with unknown persons or common use of pipes, razors, dishes, etc., is warned against, and fondling children whose medical antecedents are unknown. All persons with a venereal disease are cautioned in regard to the hygienic measures to prevent extragenital infection of others, as they may spread the disease by lack of care in this respect. These circulars are to be distributed to all physicians of Germany through the mediation of the county and local medical associations or the officials of the sickness insurance societies.

Correspondence.

Notes from Manchester and London.

LONDON, July, 1903.

To the Editor:—Mr. George A. Wright, well known through his excellent work on early excision of the hip, is still active at the Royal Infirmary, Manchester, where the writer found him at work in the operating room. His first case was one of infraorbital neuralgia, which he treated by exposing the nerve and injecting into it a 2 per cent. solution of osmic acid; the results of this method, which does not abolish nerve function, are said to be very gratifying. In a case of extensive sinuses of the ilium, the opening was enlarged, and the sinus curetted and flushed out with turpentine, an application of which Mr. Wright thinks very highly. It is not painful, and does not interfere with primary union. The third operation was the opening of a pulmonary abscess in a young child.

In conversation Mr. Wright said he was treating young children with congenital clubfoot with appropriate tarsectomies, and the double cases with astragalectomy. In tuberculous knees erosion, through a transverse incision dividing the patella, is the favorite treatment. The patella is afterward stitched with silk. Hip cases are treated at first with the Thomas splint, but if after ten or twelve months they have not done well the joint is excised. Mr. Wright does not favor the manual replacement of congenitally dislocated hips on the ground that the acetabulum is usually too defective to assure a permanent result.

Although Mr. Wright has resigned his connection with the Children's Hospital at Pendlebury, about four miles from Manchester, he very kindly gave me a card to the house surgeon, who was most courteous. The Pendlebury Hospital is modern, and is built in separate wards, one story high, connected by roomy corridors, and with ample space between. Thus light and ventilation are abundantly provided, and the children are easily moved on mattresses into the open air. Each ward has 26 beds, and two separate beds for the isolation of contagious diseases. The treatment of hip, knee and talipes cases was much practiced by Mr. Wright. Of two cases of laminectomy for Pott's paraplegia one had improved considerably, the other only as to control of sphincters. One case of double luxation of the hip was in a frame holding the thighs abducted, but although it was four months after the operation, the patient was still in bed. Knockknees are corrected after supracondylar division of the femur with the Adams saw, but plaster is not applied until a week or ten days later. Tendon grafting for paralytic deformities was frequently practiced.

On reaching London the writer found but little activity at the Royal Orthopedic and National Orthopedic hospitals, as it was the dull season. Each has about 60 beds and a large out-patient service; it is gratifying to learn that there is a good prospect for the consolidation of the two institutions, and for the erection of a large, modern hospital. Some of the surgeons connected with these institutions are very conservative, confining their operative work to tenotomies and bloodless manipulations.

It was, however, the writer's privilege to see Mr. E. M. Little correct a paralytic varus with the Thomas wrench, and also do an improved Phelps operation in another case. The modification consisted in making a v-shaped incision, with the base at the outer border of the sole, enabling the operator to cover over the deep wound.

Of all the London surgeons the writer was most anxious to see Mr. Bernard Roth, who is, perhaps, the foremost representative of the Purdy gymnastic treatment of lateral curvature of the spine. Mr. Roth demonstrated his work in London, and very kindly invited the writer to accompany him to Brighton, about an hour's run, where he also has a large class. The patients ranged in age from early childhood to advanced life; all were treated by exercises alone, and each in turn passed under the hands of Mr. Roth, who was at all times the center of inspiration. The system is peculiar, as the work is entirely individual, and yet many patients are handled in a short space of time. The exercises, mainly resistive flexion, extension, and rotation of the trunk, and horizontal exercises for trunk and legs are extremely simple, but so planned as to develop the weakened muscles very rapidly. Mr. Roth's practice is to give symmetrical exercises daily for a month, then to ascertain the "key-note" position and to include exercises in this position for two months longer; after this the patient practices certain exercises at home, reporting at long intervals; no supports are used. Careful notes and patterns are taken of each patient, so that progress can be tested. Mr. Roth, like Mr. Jones and other eminent authorities, freely admits that the rotation is incurable, but pain, which he finds in the majority of cases, is relieved, health and vigor imparted, the progress of the affection checked, and in favorable cases the posture improved. With the help of several assistants, Mr. Roth is able to treat some thirty cases in about two hours. Between each set of exercises, the patients rest on benches at the sides of the room; they seem to heartily enjoy the work, a point which Mr. Roth considers essential to success. The strength developed in a short time in the muscles of the back and waist is surprising, but far more wonderful are the energy and skill which Mr. Roth puts into his work, his general control of the class, and the directness of his methods. Practically the only apparatus used are the vertical ladder, the high bench, and the padded bar, but with his hands and these simple appliances Mr. Roth obtains speedy and enviable results.

HENRY LING TAYLOR.

(New York address, 125 W. 58th Street.)

The Alleged Cure for Lockjaw.

CHICAGO, Aug. 25, 1903.

To the Editor:—Certain publicity given by the lay press to a case of tetanus recently treated by me, and an editorial in THE JOURNAL last week, make the following statement necessary:

In the first place, I disclaim any pretention to the discovery of a specific cure for tetanus or for any other disease. However, during the past year I have made a study of the diuretic effects of certain salt solutions when injected directly into the circulation in mammals (rabbits), and the power of such diuretic saline solutions to eliminate soluble toxins from the body. To prove the theory I chose tetanus toxin, which I found could be eliminated from the body, at least in part, after sufficient time had elapsed for it to set up its characteristic symptoms. I tested this on a number of animals (each animal being controlled) with a large per cent. of positive results.

In the case of tetanus in question I simply carried over my animal experiments to a human being, and in this particular case with positive results. The case was a boy, 11 years old, who had sustained a lacerated wound of the foot. Eight days after the injury tetanus began to develop. The symptoms did not progress very rapidly. I was called to see the boy nine days after the first appearance of the disease, and while the symptoms were pronounced, all the voluntary muscles being in a state of tetanus, I gave the opinion that the disease would probably assume a chronic character. At any rate, I consid-